P.A. Harm Reduction Admission Criteria

In the beginning…prior to 2012

- Was walk in admission
- Establish opioid dependence
- Doctor appt. booked

© Haley Thompson, 2015

2008 CRISIS…..

- High case Loads for coordinators
- Limited pharmacy space
- Administration overload

© Haley Thompson, 2015

Creative solution time

- Tried unmanaged case load
- Proposal for administrative assistant
- Created wait list
- Started looking at clients NOT doing well..ie stimulant abuse

Some things worked some did NOT….

Time for a story about J.D. AND we discovered it was a common theme for LOTS of clients & we were losing credibility with community agencies

© Haley Thompson, 2015

Designed a process WITH some HR Exceptions ..

- Pregnant women
- HIV with more intensive case management
- Hospitalized clients with chronic health conditions (opioid related)

Now for a more Methadone Assisted **RECOVERY** process

© Haley Thompson, 2015

New Plan in 2012…..

- New application process (looking for recovery tasks, prior recovery work, motivation, support systems, toxicology screens for current drugs of abuse)
- Interview- builds rapport, discusses other collateral ie. children in care/working/school, how do they deal with stress/conflict and community supports
- Strengthened working/communication relationships with ADS/other key agencies and referral process
- Educate clients and community about process

© Haley Thompson, 2015

Do we turn folks away? We give choices!

We insure clients understand how to access or we make referrals to key community services

- Detox Services
- Addiction Services
- Metis Addiction services
- Mental Health Services

© Haley Thompson, 2015

Improvements we see ….

More clients

- Working
- Going to school
- Getting children back
- Going to addiction treatment (in and outpatient)
- Community support of program and positive impact for clients
- Improved health (improved case management with client's with HIV/ AIDS, pregnant clients, etc.)

© Haley Thompson, 2015