



Wayside House of Hamilton

Policies & Procedures Manual

Chapter 2:

Programs and Services

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1.0 Admissions Policy

Purpose

Wayside House of Hamilton (Wayside) strives to provide high quality service to individuals from first contact.

Policy

Wayside will screen each individual that calls for services to determine whether Wayside is able to meet the person’s needs. If it is found the services offered by Wayside do not meet the needs of the individual they will be referred to other services.

1.1 Residential Procedures

1.1.1 Initial Contact

At the time of first contact the designated counsellor will validate the individual for reaching out.

If the individual sounds like they are in crisis, the counsellor will provide crisis intervention and referrals. If the individual is not in crisis, they will be given an appropriate referral as indicated.

If the individual is seeking admission into the Residential Program, the counsellor will explain the admissions process. The individual will be given the telephone number to the Assessment and Referral Agency in their area or similar service to have his Provincial Assessment Tool completed. Referral agents are directed to fax or email this tool along with a Standardized Referral Tool and a Medical Evaluation Form to Wayside House’s address. Once these materials are received, the complete referral package is processed by a designated counselor.

Upon receipt of the complete referral package, the information is entered into the Catalyst data management system and the individual is assigned a unique identifier.

1.1.2 Screening

When a client is referred for admission to Residential Treatment by a recognized agency, the designated counselor will review the referral package for completeness; including confirmation that results validate the appropriate acuity level indicated for a residential treatment program.

If the screening process is impeded due to incomplete/inappropriate referral information, delays in receiving supplementary reports or concerns over validity of assessment results, the designated counselor will contact the referral agency and/or the individual and attempt to rectify these issues to their best of their ability.

If, during review of the referral package, it is identified that the individual has physical, mental health, or legal issues that may act as a barrier to treatment, additional information may be requested. It is the responsibility of the client to secure this information before they can continue on to the admission process. Wayside will assist the individual in the process, where appropriate.

Wayside House of Hamilton accept referrals from individuals currently receiving Opioid Agonist Therapy with some additional requirements and limitations:

- Clients prescribed methadone and/or buprenorphine-naloxone (Suboxone) are required to have their prescription transferred to Wayside House's local pharmacy for dispensation during the client's course of treatment. Wayside House requires that each client's OAT dosage remains stable for their entire course of treatment. Admission may be delayed to allow for stabilization following recent adjustments to OAT dosage.
- During their course of treatment, clients must receive their dose of methadone and/or buprenorphine-naloxone under supervision at the pharmacy affiliated with Wayside House.
- Wayside House does not approve applications from clients currently prescribed medicinal marijuana or extended-release morphine (commonly sold under the brand name Kadian).

If, during review of the referral package, it is determined that the individual accessing treatment has a history of convictions and/or pending charge(s), a full release must be authorized for Wayside to communicate with his or her Probation/Parole Officer or other criminal justice/corrections officials (see section 2.8.3). If the history of convictions or pending charge(s) include(s) any "Level One" offense(s), approval of the Chief Executive Officer will be required before the admissions process can proceed any further.

Individuals who have outstanding legal issues and court dates that may cause them to miss multiple days of treatment are expected to inform the designated counselor, so appropriate arrangements can be made throughout their treatment plan.

Upon validation of the Provincial Assessment tool and other supplementary reports, the client is placed on the treatment waitlist. Wayside always intends to provide an informed decision regarding admission to treatment. Clients are contacted within ten (10) business days of review of the Provincial Assessment tool to advise them of their eligibility. If Wayside's program is found not to meet the individual's needs, an explanation and appropriate alternate referrals are provided. Evidence of this contact will be documented in the individual's case notes.

1.1.3 Admissions

After adequately screening the individual, the designated counsellor will call the individual to begin the admissions procedure. An appointment will be made for a face-to-face admissions interview. If the individual is not able to attend an in-person interview, a telephone admission interview may be conducted.

The individual meets with the designated counsellor at the scheduled time for their admissions Interview. The purpose of this interview is to gather the necessary information, determine the individual's capacity to give consent, allow individuals to make an informed decision and/or if interested in attending treatment, complete documentation required for admission.

To limit wait-times for programming group information sessions may also be facilitated. Group sessions provide program information and allow time to complete necessary forms and paperwork.

During the interview the designated counsellor shall discuss with the individual how personal health information will be used, who will have access to it, particularly if it is shared outside the organization. This discussion will follow a standard script (Appendix A) that has the same information as the Wayside Public Notice Regarding Protection of Health Information, 2009.

If an individual appears to understand the purposes for collection, use and disclosure of their personal health information (because someone asked the individual if they understand), then it is assumed that the individual has the capacity to give consent.

For informed consent to be valid, a number of conditions must first be met: The purpose for collection, use or disclosure of personal health information is reasonably obvious to the individual; it is reasonable to expect that the individual would consent to the collection use or disclosure; the individual knows how the information is being collected, how it will be used and to whom it will be disclosed; the organization is not aware that the individual withdrew consent; the organization uses or discloses the information for no purpose other than that for which it was collected; individuals must be made aware that they can withhold or withdraw their consent for collection, use and disclosure of personal health information (Appendix B); individuals must also be advised of the potential implications of withholding or withdrawing their consent for disclosing personal health information.

Individuals will be asked to complete a client confidentiality form (Appendix C), any necessary consent to release forms, including family members if the individual chooses to have them involved (Appendix D) and a circle of care agreement (Appendix E) with the designated counsellor during the interview. Information collected during the interview may be entered into the 'Catalyst' system.

1.1.4 Pre-Treatment

Waitlist priority is as follows:

- Priority shall be given to individuals who face imminent and severe consequences if treatment initiation is delayed, including but not limited to: incarceration, child custody/welfare issues, impact on immigration or similar status, academic or regulatory requirements.

The waitlist is managed by moving individuals up or down based on their priority ranking and their contact with the agency, when appropriate. Otherwise, individuals are screened and accepted in order of referral date.

Individuals will be contacted by the designated counsellor and advised on treatment space availability; a date and time for admission will be given. Individuals unable to abstain from using drugs and/or alcohol will be directed to follow up with an appropriate healthcare provider. Individuals will be assessed on a person-by-person basis to determine if Withdrawal Management is necessary.

If an individual has not maintained contact, and six (6) weeks have elapsed, the designated counsellor will make a final attempt at contact for the purpose of advising that the individual has now been removed from the waitlist. This contact will be documented in the clinical file and the admission will be closed in Catalyst.

1.1.5 Fee for Service at Wayside

Where able, clients shall pay a monthly fee-for-service to Wayside.

As a Government-funded agency, there is no fee for standard service. However, if individuals are in receipt of an income they are required to pay a nominal rental portion for their stay, determined on an individual basis.

1.1.6 Continuing Care Admissions

Individuals who have successfully completed Wayside's residential treatment are welcome to attend the Continuing Care Program.

Individuals who are eligible for the Continuing Care Programs but who cannot attend because they reside outside of the local area, will be referred to a Continuing Care Program in their area and offered telephone and virtual meeting support from Wayside when needed.

Prior to program completion eligible individuals are given the Continuing Care Agreement (Appendix F), to review and complete with their Counsellor. Individuals, who agree to abide by the terms and conditions, are eligible to begin participating in Continuing Care during the final phase of the program.

1.1.7 Preparation for Admission Day

Individuals arriving to treatment are to be abstinent for the minimum period required, based upon their individual circumstances, to sufficiently address acute withdrawal management prior to their admission.

If the designated counsellor believes the individual will require extra support maintaining the minimum required period of abstinence, they will ask the individual to follow-up with an appropriate healthcare provider in preparation for their admission date.

Sometimes an individual is not able to arrive to treatment on their scheduled admission date/time. The designated counsellor will evaluate each situation on a case-by-case basis, and where warranted, may grant a scheduled admission date/time extension; not to exceed a maximum of forty-eight (48) hours past the original date/time, however the organization will take every effort to accommodate the needs of the individual.

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At times, there are last minute cancellations. When this occurs, the designated counsellor arranges for an individual on the wait list to come into treatment.

1.2 Supportive Housing Procedures

1.2.1 Screening

If an individual identifies that housing is an issue, their Counsellor will screen them to assess level of need and qualification for housing.

Qualification and priority for Supportive Housing are as follows:

- Individual would otherwise be homeless
- Individual would be returning to an unsafe environment that has the potential to jeopardize their recovery
- Individual would be returning to a community with limited to no recovery supports
- Individual identifies a need for ongoing intensive support

If the individual qualifies for Supportive Housing they will be asked to complete a Supportive Housing Application and submit the completed application to their Counsellor. The Counsellor is responsible for reviewing the application to ensure it is complete in its entirety.

Completed applications are reviewed at the weekly Case Review meeting. Collaboratively, the treatment team reviews the application and decides whether the individual will be admitted into the Supportive Housing Program.

If it is found that Supportive Housing is not conducive to the individual's treatment goals they will be referred to other services that may better serve their needs.

1.2.2 Supportive Housing Admissions

Individuals will be advised of the treatment team's decision regarding their housing application.

If Supportive Housing meets the needs of the applicant, they will be financially responsible for paying their portion of the rental fee. The lease is reviewed with the client along with the Rent Subsidy (Appendix K) if the client requires financial assistance.

Every client admitted to Supportive Housing is expected to sign and abide by a tenant and landlord lease agreement. This agreement exists between the client and landlord, separate from Wayside House.

Once an individual is financially approved for the Supportive Housing Program their application will be reviewed to determine a suitable housing location. Factors taken in to consideration when deciding residency include but are not limited to: current vacancies, client goals, current or potential employment and/or education, unit location, and current residents.

Clients are expected to develop housing and Supportive Housing goals, including a discharge plan, before they will be permitted admission in to the housing unit.

Clients transition from the residential facility to the Supportive Housing Program with the help of a Supportive Housing and/or other designated counsellor.

1.3 Hep C Team Procedures

1.3.1 Initial Contact

In order to access the Shelter Health Hepatitis C (Hep C) program individuals must be clients of the Shelter Health Network in Hamilton who are affected or at risk of acquiring Hep C.

First contact for individuals in the Hep C program can be made in the following ways:

- As a referral from the shelter health network Physician
- As a referral through the OSCAR electronic health record system.
- Contact with the Hep C Outreach Worker through the shelter

At the time of first contact with a Hep C Team member the individual will be validated for reaching out.

If the individual sounds like they are in crisis the Hep C Team member will provide crisis intervention and any referrals, if appropriate.

1.3.2 Screening

Prior to being admitted into the program individuals must show evidence of a “positive” Hep C screen. If evidence is unavailable the individual will be provided with the appropriate referral for blood work. For individuals requesting support the Outreach Worker or the team Nurse will accompany them to the clinic.

Blood work is reviewed by the shelter health network Physician. The Physician then sends the results through OSCAR to the Hep C Nurse, for review.

Individuals who test positive for Hep C are provided with a case manager. Any clients who qualify for the Hep C program are invited to the Hep C support group. The Hep C support group provides individuals with resource counselling, therapeutic support, recreational support, peer support and education.

1.3.3 Admissions

The Case Manager is responsible for contacting any new referrals to arrange for an initial contact appointment.

Individuals who agree to meet with a Case Manager are invited to the office for a face-to-face appointment or are given the option of having an appointment in their home or a public space agreed to by both the individual and the Case Manager.

If, after the initial contact, it is found that the Hep C program does not meet the needs of the individual, the Case Manager will refer the individual to another organization/agency that can better accommodate their needs.

Individuals who wish to access the Hep C program after the initial contact are asked to schedule an admission assessment interview. During the assessment interview the Case Manager completes

appropriate mental health screens including but not limited to: anxiety and depression screenings, PTSD screenings and gathers general and demographic information.

During the face-to-face Admission Assessment Interview the Client Confidentiality Agreement (Appendix C) is reviewed by the Case Manager with the individual. If the individual agrees to abide by the Confidentiality Policy, the agreement, signed by both parties is placed in the clinical file.

Circle of Care Agreement(s) (Appendix D) are reviewed and completed by the Case Manager with the individual. Circle of Care Agreement(s) may include but are not limited to: Physicians, Psychiatrists and Psychologists.

2 Service Delivery Policy

Purpose

Wayside provides programs and services in a manner that is equitable and accountable; in an environment of safety.

Policy

Wayside strives to provide addiction treatment tailored to individual needs while ensuring the treatment is conducted in a professional and safe manner for all individuals who enter the Wayside facility.

2.1 Residential Procedures

2.1.1 Admission Day

Clients are expected to arrive at their scheduled admission time.

Individuals are greeted by a Counsellor or Peer Support Worker. They are provided with a tour of the facility and are introduced to staff and current residents, when appropriate to do so.

Individuals are given a few moments to privately say goodbye to any support person(s) who brought them to treatment.

During the admission process individuals are informed of Wayside's drug and alcohol testing policy (see drug testing procedure, section 2.2.5).

When individuals arrive on admission day for treatment they are evaluated by the treatment team.

Upon admission all individuals will be assessed for signs of impairment. If a determination of impairment is made or the individual is at risk for withdrawal symptoms the treatment team will ask the individual to attend an appropriate healthcare facility (which may include Withdrawal Management) before the admissions procedure will continue.

Arrangements to the healthcare facility are as follows:

- Individuals are informed that as long as they receive appropriate clearance they will be permitted to return to the treatment centre for admission into the program.
- The individual is responsible for arranging and covering the cost associated with transportation to/from the healthcare facility.

The individual being admitted will be matched up with an appropriate peer in the treatment community. This peer will act as a mentor who will show the new individual around the centre and act as their peer support during the first phase of treatment.

2.1.2 Admission Day Infestation Prevention:

Individuals are only permitted in designated areas of the residential facility, or they can go outside; they are not permitted to enter any other area of the facility until their admission is completed.

Protective clothing and gloves are available to Team Members if necessary, while handling any client items.

Individuals are asked to remove all articles that cannot be placed in the dryer. The removed items are placed in a separately-labeled plastic bag and the items are placed in the freezer for a twenty-four (24) hour period.

A Team Member escorts the individual to a designated washroom and provides the individual with pants and T-shirt. Pre-dispensed shampoo and body wash, containing an appropriate infusion of tea tree oil are provided along with a towel and face cloth.

Coats, slippers and all other bagged items are brought to the laundry room and placed in the dryer on high heat for forty (40) minutes.

After the individual has showered, changed and completed the necessary admission documentation, they are permitted to enter their assigned bedroom and any common room in the facility – with the exception of the room designated for use to conduct bag checks. Once their personal items have finished in the dryer, individuals will change out of the house pants and T-shirt issued to them and into their own clothing.

2.1.3 Searching Clients Belongings

In order to ensure safety in the residential setting, Team Members are required to search the belongings of all individuals entering residential treatment.

Individuals are advised that they must be present for the bag search.

The Team Member may use the provided protective equipment to search all belongings, including wallets, jackets and extra footwear. Individuals may be asked to empty their pockets during the bag search.

The team member will perform a thorough search of all the individual's clothing and toiletries.

Medication and cell phones will be removed from the individual's belongings and will be placed in lockup.

If weapons, drugs, alcohol, and/or any unauthorized medication are found on an individual during a bag search the substances will be disposed of properly (please see substance disposal policy, section 2.2.4)

Team members are to search any belongings brought in by supports during a visit or any purchases made after individuals return from outings when they are not under Team Member supervision. All items will subject to the infestation prevention procedure.

2.1.4 Proper Disposal of Weapons, Illicit Drugs, Unauthorized Prescription Medication and/or Alcohol

Wayside is aware that when an individual enters any of our facilities they may be in possession of illicit drugs, unauthorized prescription/over-the-counter medication, weapons and/or alcohol.

Upon any notification or findings of any illicit drugs, prescribed over-the-counter/prescription medication, weapons or alcohol; team members or clients are to bring it to and/or notify their Supervisor immediately.

If the Supervisor is not available, then it is required that the CEO should be notified and contacted for assistance.

An incident report (see Appendix G) is to be created.

In regards to over-the-counter/prescription medication:

Medication that is not permitted in the residential setting is sealed in an envelope, and stored in the medical cabinet. The medication is brought to the local pharmacy so they may dispose of it appropriately. Any individual who is unwilling to have their over-the-counter medications disposed shall be discharged with this noted on their discharge summary (Appendix K).

Alcohol found will be poured down the drain right away. This must be done in the direct service office area and observed by two (2) or more Wayside staff.

2.1.5 Drug Testing

Individuals may be asked to provide a urine screen for drug testing if impairment is suspected and/or as part of randomized urine selection. All individuals are asked to sign a Substance testing Form (Appendix H) as part of their admission day paperwork.

Individuals who are asked to provide a urine screen have the right to refuse to provide a screen, just as Wayside has the right to discharge an individual from their residential program if a screen is refused (see Discharge policy, section 2.3).

2.1.6 Residential Treatment

During the admissions procedure, individuals are asked to read Wayside's Rights and Responsibilities (Appendix I) and are given the opportunity to ask any questions.

Individuals are asked to acknowledge in writing that they have understood and are willing to abide by these rights and responsibilities while in residential treatment. It is clearly stated in the rights and responsibilities document that during their stay at the residential centre individuals may be subject to random room searches or drug and alcohol screening during their stay (see section 2.2.5).

If during a room search weapons, alcohol, drugs, paraphernalia or pornography are found in any individual's belongings they will be disposed of accordingly (see section 2.2.4).

If a Team Member believes that at any time during the individual's stay that they may be under the influence of alcohol or other drugs, the individual will be asked to provide a urine sample. In addition, residents may be asked to provide a urine sample at random.

Individuals who leave the residential facility for an outing or visit will only be tested if their Counsellor makes a request or if a Team Member suspects they are impaired when they return to the facility. If staff suspects that an individual is under the influence of alcohol and/or drugs it is the Team Members discretion to ask the individual to temporarily leave the facility until a supervisor and/or the CEO is available to assess the situation with the individual. The individual's drug screen results will be recorded in their clinical file, once the results arrive from the lab.

Any individual that is discharged from Wayside's residential program due to a positive drug screen and would like to reapply for admission into the program must receive approval from the Supervisor and/or CEO before beginning the admission process.

During the admission procedure clients are informed that Wayside House is staffed twenty-four (24) hours a day seven (7) days a week. From 7:30am to 9:00pm there is a minimum of two (2) counsellors available at all times. From 9:00pm to 7:30pm there is one scheduled staff member available unless there is an identified need for more staff.

2.1.7 Clinical Service Focus

Wayside House of Hamilton's clinical service focus is the provision of recovery-based residential and Supportive Housing treatment for substance-dependent adult men who currently reside in Ontario. Our evidence-based, clinical interventions are Helping Men Recover (Covington, Griffin, & Dauer, 2022) and Exploring Trauma (Covington, Pugh & Rodriguez, 2021).

2.1.8 Goal Setting

On admission the Counsellor reviews any individual and immediate concerns or needs.

As part of the admission documentation package individuals are asked to complete a Psycho-Social Assessment (Appendix J). Information generated by the Psycho-Social assessment identifies potential barriers or problem areas that the individuals may wish to address while in treatment. This information is used to develop an individual Client Treatment Plan (Appendix K). Throughout treatment, individuals are

expected to focus on specific goals, which they break down into manageable steps in their individual counselling sessions.

Treatment goals are used during one-with-one counselling sessions to review progress and provide the individual with feedback.

2.1.9 Individual Client Sessions

Weekly, a client and their counsellor will meet for a formal individual session. This meeting gives the individual and the Counsellor an opportunity to collaboratively guide the individual's growth during the residential treatment program.

Individual sessions serve a purpose of helping the individual and Counsellor to make connections between the individual's discoveries and progress throughout treatment. In addition, these sessions are utilized to develop a post-treatment plan and facilitate any necessary referrals.

2.2 Case Review

Attendees at the Case Review Meeting could include Counsellors, Support Workers, and Administration, Supervisors, students and the CEO.

This meeting occurs weekly or more if necessary.

The case review meeting provides counsellors the opportunity to discuss the treatment plans for current individuals in treatment and any barriers these individuals may be facing.

2.2.1 Homework

Homework may be given during groups or on an individual basis from a Counsellor.

Homework is to be kept in the individual's clinical file at the discretion of the Counsellor. Homework shall be returned to the individual upon discharge or disposed of appropriately.

2.2.2 Shift Change

Counsellor and Support Workers meet daily during "shift change" to maintain continuity of care. Shift change provides the opportunity to present and highlight important information about the day's events as well as any flags pertaining to individuals' progress.

The Counsellors use this information for treatment planning and as part of the ongoing evaluation of each individual's treatment progress.

Shift change is also a forum to discuss any concerns regarding the premises, staffing issues, directives from supervisors and/or other information that may be relevant to the operation of the house.

All shift changes are formally documented. They are dated and signed by all parties present. Information in this document may be shared with staff at any point in the future, if applicable.

2.2.3 Group Attendance, Appointments and Temporary Absences

Group Attendance

Individuals are informed during the admission process that all treatment groups are mandatory; meal times and participation included.

Individuals are required to be on time for all scheduled groups. If an individual is consistently late or missing groups, they will meet with their Counsellor where a warning of attendance will occur or a consequence will be given. This meeting with the individual is documented in their clinical case notes.

If attendance issues continue, the individual will again meet with their Counsellor and a written contract will be created. If an individual is unable to follow therapeutic interventions by staff, he may be asked to leave the program.

NOTE: When attendance issues occur, all Team Members are responsible to ensure this is discussed at shift change and clearly documented in the individual's clinical case notes and to ensure that the Counsellor is aware of these issues.

Exceptions for an individual missing program may include:

- A medical appointment, meeting with their Counsellor or outside support worker.
- Illness. Individuals will be permitted to remain in bed until a Team Member can further evaluate their condition.

Team Members are responsible to monitor an individual's condition when they are unable to attend a group and provide any handouts that were missed by their absence.

Temporary Absence

Individuals are told during their face-to-face interview that they need to make provisions in advance to reschedule any appointments occurring during their treatment period.

Wayside recognizes that emergencies do arise and/or the rescheduling of an appointment may not be possible, so individuals may need to have an approved temporary absence.

Counsellors will discuss all temporary absence requests with their Supervisor in a timely manner.

All requests will be taken under consideration including the effect the absence will have on the individuals' treatment progress.

During their residential program, individuals are asked to have their legal counsel represent them in court or have the appearances postponed until they complete treatment. Under circumstances where this is not possible, individuals may be granted a temporary absence.

If a medical issue arises and can successfully be treated in less than 2 days, it may not impact upon treatment status. Medical issues that require more time and attention may require an individual to be discharged in order to deal with their health concerns. Every effort will be made to ensure the individual returns once medical clearance is received from a physician.

Occasionally, death or life threatening illness of an immediate family member or close friend may occur. Each individual's circumstances will be looked at on a case-by-case basis. The treatment team will look at the potential risk involved and program time missed. The individual will be presented with the concerns of the treatment team prior to deciding if a temporary absence will be granted and a decision can be made.

2.2.4 Family and Friends Visitation

In the first 3 weeks of treatment individuals are permitted a brief visit each weekend. Visits must be approved by the individual's Counsellor.

After individuals are stabilized in treatment they are permitted weekend visits, provided they have an approved weekend plan with their Counsellor.

Visits are permitted Saturdays between 12:30-4:30pm and Sundays between 9:30-11:45am. Individuals are permitted to have an on-site or an off-site visit according to their approved weekend plan.

For individuals who reside in a community outside of Hamilton, special permission may be granted for an alternative visit based on the distance and travel time required.

Family/friends are allowed to bring necessary items for individuals (ie. toiletries and clothing). All items must go directly to Team Members for a bag search (see bag search procedure, section 2.2.3) and will be given to the individual after this is complete.

2.3 Supportive Housing Procedures

2.3.1 House Meetings

Individuals in Supportive Housing continue to work with their Addiction Counsellor from the residential program. All supportive housing related matters are managed by the supportive housing case managers. All housing related concerns are managed by the Landlord of the property as outlined in the client lease.

House meetings occur weekly at each of the supportive housing residence.

Each resident is expected to attend the house meeting unless previous arrangements are made with the supportive housing and/or designated Counsellor.

2.3.2 Drug Screening

Individuals may be asked to provide a urine screen for drug testing if impairment is suspected, or at random throughout their stay in supportive housing.

Individuals who are asked to provide a urine screen have the right to refuse to provide a screen, just as Wayside has the right to discharge an individual from their supportive housing program if a screen is refused (see Discharge policy, section 2.3).

2.3.3 House participation: chores, groups, crisis support etc.

All Supportive Housing clients are responsible for house participation. Each resident is responsible for the upkeep of their own bedroom. Participation is determined by the residents through the process of creating a house plan.

If it is found an individual is not participating there is a discussion with the Supportive Housing counsellor.

If lack of participation continues a contract will be developed by the Supportive Housing counsellor for the individual. Continued lack of participation may result in discharge from Supportive Housing.

Crisis support is available 24 hours a day, seven days a week. Supportive Housing clients may call the residential facility for support. If necessary, they are provided with the Supportive Housing case manager's telephone numbers and may contact them in cases of emergency. The supportive housing case manager may involve the CEO; dependent on the level of crisis.

2.3.4 Over-Night Guests- Family and Friends Visitation

All visitors and over-night guests must be mutually negotiated with the other residents living in the Supportive Housing unit. If an issue arises, the designated counsellor will arrange a house meeting to discuss the concerns and problem solve with all residents involved. It is the attention of supportive housing to facilitate living in an autonomous environment.

Visitors are permitted any day of the week as long as it is conducive to the home environment.

2.4 Hep C Team Procedures

2.4.1 Hep C Support Group

Individuals who are currently receiving support through the Shelter Health Network Hepatitis C program are encouraged to attend a psycho-educational group as scheduled throughout the year.

The support group is client-centred allowing for an open forum for questions and discussions and peer support feedback.

2.4.2 Individual Client Sessions

Individuals may receive up to one (1) hour of counselling per week for a period of up to two (2) years. Individuals are not permitted to be intoxicated at any time when service is delivered by Wayside Hep C team staff. If an individual is suspected to be impaired the Case Manager will end the session immediately and will be rescheduled when the client is prepared to attend sessions sober. Should the client request addictions services, appropriate referrals will be made.

Individual client sessions serve a purpose of helping the individual and Case Manager make connections between the individual's discoveries and progress throughout treatment. Sessions help an individual to set treatment goals. In addition, these sessions are utilized to facilitate any necessary referrals.

Case Managers are required by policy and law to report any high risk situations (see Client Confidentiality Agreement).

Each individual will be asked to sign a 'Circle of Care Agreement' in order for their Case Manager to communicate with any other service providers.

2.4.3 Group and Appointment Attendance

Whenever possible individuals are expected to call twenty-four (24) hours in advance and notify their Case Manager if they are unable to attend their scheduled group or individual appointment.

If the Case Manager is scheduled to attend an appointment in the individual's home individuals are asked to call within twenty-four (24) hours to confirm the appointment. If the individual does not confirm their appointment the Case Manager will still attempt to meet with the client at the scheduled time.

2.4.4 Medical Treatment

To qualify for treatment individuals must meet the government-set criteria, known as the EAP (Exceptional Access Program).

Individuals who do not qualify through EAP may apply using a Compassionate Care Application, available from the pharmaceutical company who provides the Pegatron treatment.

Individuals are required to meet with the Hep-C physician monthly and the Hep-C Nurse weekly, prior to, during and post-treatment.

The Hep-C Nurse is responsible for attending the individual's residence to administer weekly injections. At each visit the Nurse is responsible for providing the individual with education around how to administer their medication. On a case-by-case basis it will be decided if the Nurse is required to be present when an individual administers their medication. If it is decided the Nurse is not required to be present, arrangements will be made to have the appropriate medication delivered to the individual weekly.

2.5 Peer Support Worker Procedures

2.5.1 Position Description

The Peer Support Worker (PSW) position is designed to provide support to Wayside House of Hamilton clients from a source with lived experience of addiction and recovery. PSWs employ their knowledge and experience of the challenges associated with substance use dependency to empower Wayside House clients to attain their treatment goals. Personal completion of Wayside House's residential program is one example of this experience. Successful PSWs embody the values of open-mindedness, empathy, transparency and strengths-focused practice.

Peer Support Workers are subject to the same Personnel Code of Conduct and Employment Practices as Wayside House’s clinical staff. PSWs are required to be certified in CPR/First-Aid.

2.5.2 Position Responsibilities

PSWs are responsible for the following, to the extent afforded by their non-clinical training:

- Fielding client concerns and challenges
- Reinforcing program material via positive, motivating interactions with clients
- Providing clients with program-relevant information, including Assessment clients
- Assisting clients with program-related tasks as directed by clinical staff
- Assisting program management with tasks related to program delivery
- Accompanying clients to appointments in community

3 Service Discharge Policy

Purpose

Wayside House strives to ensure all individuals discharging from services are provided with an appropriate and individualized discharge plan.

Policy

Wayside is committed to working collaboratively with individuals to ensure they can successfully complete service plans. If this is not possible, Wayside makes every effort to connect individuals with external referral sources, to assist them in effectively completing their service plans. Safety and security shall be a priority throughout the service discharge process. There are specific circumstances under which Wayside will be forced to immediately withdraw services, limiting the ability to provide individuals with referrals.

Grounds for immediate service discharge

1. Threats or acts of violence towards Wayside team members or other service recipients
2. Harassment towards Wayside team members or other service recipients
3. Destruction of Wayside property
4. Commission of an indictable offence (Criminal Code of Canada)
5. Incapacitated (determined incompetent for purposes of directing own care)

Types of Service Discharge

1. Completed service plan: Individual successfully completes service plan.
2. Death: Individual dies prior to completion of service plan.
3. Client-initiated service discharge (self-discharge): Individual withdraws from service prior to completion of service plan and is not transferred to another service provider.
4. Transfer: Individual is transferred to another service provider prior to completion of service plan.

5. Administrative discharge (staff-initiated): Individual is discharged from service prior to completion of service plan and is not transferred to another service provider.

3.1 Residential Procedures

3.1.1 Completed Service Plan

Once an individual has completed all three phases of the residential program, their service plan is considered complete. Individuals may then transition to Wayside's Supportive Housing program or any community programs aligned with the individual's discharge plan.

Service discharge planning is an ongoing process throughout treatment. Collaboratively the individual and their Counsellor will discuss options that are conducive to the individual's recovery.

Prior to program completion, if an individual had an existing relationship with a community-based program the individual and their Case Manager will contact originating program, to coordinate discharge planning.

The Counsellor will complete a Discharge Summary (Appendix L). A copy is given to the individual.

All individuals are encouraged to participate in Continuing Care.

3.1.2 Death Procedure

When death occurs while an individual is receiving service, the Ministry of Health and Long-Term Care has a specialized protocol and documentation process that must be followed (see Operating Manual for Community Mental Health and Addictions Services: Schedule D- Directives, Guidelines, and Policies). It is the CEO's responsibility to contact the Department of Labour.

3.1.3 Client-Initiated Service Discharge

Before any individual self-discharges, team members will make every reasonable effort to resolve the issues motivating the discharge. A team member will contact the Supervisor to discuss the reasons for the discharge and seek approval before the service discharge is initiated.

A Team Member must remain with the individual being discharged while packing. During this time, the individual's medications and any items they have in lock-up shall be collected, for return to them upon departure. Individuals are expected to sign-off and acknowledge the receipt of any items from lock-up.

The Team Member will fill out a discharge form, documenting the discharge events. The Team Member will support the individual in making travel arrangements. The Counsellor is responsible to ensure all documentation is completed prior to closing the individual's file. The approval of the Supervisor is required prior to these individuals restarting the admission process.

3.1.4 Service Transfer

Where an individual has decided, or Wayside has determined, that it is not appropriate for residential treatment to continue, an external transfer will be made to an alternative service provider.

Individuals have the right to make choices between alternative service providers or to refuse referrals.

The remaining procedures are the same as described in the *Client-Initiated Service Discharge*. Please see above for description.

3.1.5 Administrative Discharge

When circumstances occur that meet the criteria for “Grounds for Immediate Service Discharge”, the Team Member will proceed as follows:

- If imminent danger is *not* present, the procedures remain the same as described in the *Client-Initiated Service Discharge*.
- For situations where danger is imminent, Team Members shall summon immediate assistance and initiate crisis management strategies.
- When the crisis has passed, the supervisor will be notified and events documented in an Incident Report.
- Team Members will pack the individuals belongings, including medications and items they have in lock-up, and store them in the residential office for safe keeping. The individual’s emergency contact will be notified and arrangements made for belongings to be returned.

The remaining procedures are the same as described in the *Client-Initiated Service Discharge*. Please see above for description.

3.1.6 Client Feedback

In cases of service completion, client-initiated service discharge, and transfer, individuals are asked to provide Wayside with feedback using the Client Survey (Appendix T). Team Members will submit all evaluations to the CEO for review.

3.2 Supportive Housing Procedures

3.2.1 Completed Service Plan

Once an individual has completed their Supportive Housing Plan they are discharged.

Service discharge planning occurs throughout an individual’s stay in Supportive Housing. Collaboratively the individual and their Counsellor will discuss options that are conducive to the individual’s recovery.

When an individual discharges from Supportive Housing they are required to return their keys and the Supportive Housing Counsellor is responsible for changing the key code at the house.

All individuals are encouraged to participate in Continuing Care.

Administration will issue a letter of completion where required.

3.2.2 Death Procedure

When death occurs while an individual is receiving service, the Ministry of Health and Long-Term Care has a specialized protocol and documentation process that must be followed (see Operating Manual for Community Mental Health and Addictions Services: Schedule D- Directives, Guidelines, and Policies). It is the CEO's responsibility to contact the Department of Labour.

3.2.3 Client-Initiated Service Discharge

Before any individual self-discharges, team members will make every reasonable effort to resolve the issues motivating the service discharge.

After a Supportive Housing resident has decided to self-discharge they must give 30 days' notice to the Supportive Housing Counsellor. Together with the Counsellor, the individual develops a discharge plan. The Counsellor will support the individual in making travel arrangements.

On the last day of occupancy for the resident, the Case Manager is responsible for conducting a room search before the individual departs and must collect the room key from the resident.

After the resident has vacated the premise the key code to the doors are changed and all current residents are given the new code.

3.2.4 Service Transfer

Where an individual has decided, or Wayside has determined, that it is not appropriate for Supportive Housing treatment to continue, an internal/external transfer will be made to an alternative service provider.

Individuals have the right to make choices between alternative service providers or to refuse referrals.

The remaining procedures are the same as described in the *Client-Initiated Service Discharge*. Please see above for description.

3.2.5 Administrative Discharge

When circumstances occur that meet the criteria for "Grounds for Immediate Service Discharge" the Team Member will proceed as follows:

- If imminent danger is *not* present, the procedures remain the same as described in the *Client-Initiated Service Discharge*.

- For situations where danger is imminent, Team Members shall summon immediate assistance and initiate crisis management strategies.
- When the crisis has passed, the on-call supervisor will be notified and events documented in an Incident Report.

The remaining procedures are the same as described in the *Client-Initiated Service Discharge*. Please see above for description.

3.3 Hep C Team Procedures

3.3.1 Completed Service Plan

Service discharge planning is an ongoing process throughout the Hep C program. Collaboratively the individual and Case Manager will discuss options that are conducive to the individual's program.

Case Managers will fill out a Discharge Summary. A copy is given to the individual.

All individuals are encouraged to participate in the support group.

3.3.2 Client-Initiated Service Discharge

Individuals in outpatient programs typically self-discharge by ceasing to attend. When individuals don't attend group or individual appointments, either by postponing making appointments, or not showing up for appointments, the Case Manager phones to follow up. The Case Manager will make every reasonable effort to find a way to better accommodate the individual's needs.

When an individual has repeatedly been unavailable by phone to the Case Manager and has not made contact for up to two to three (2-3) months, the Team will discuss closing the file at the client review meeting. The Case Manager is responsible to ensure all documentation is completed prior to closing the individual's clinical file, as well as completing the discharge procedure.

3.3.3 Service Transfer

Where an individual has decided, or Wayside has determined, that it is not appropriate for counselling to continue, an external transfer will be made to an alternative service provider.

Individuals have the right to make choices between alternative service providers or to refuse referrals.

The remaining procedures are the same as described in the *Client-Initiated Service Discharge*. Please see above for description.

3.3.4 Revocations of Services

If a client is abusive and/or non-compliant in their relationship with the Case Manager, services may be revoked. In these circumstances the individual will be notified immediately that counselling and group attendance will no longer continue.

If a client continues to attend group despite the revocation of services, appropriate actions will be taken. The Medical Director of the Hep C service and the CEO of Wayside must be notified immediately.

Appendices



Admission Script

Collecting Your Personal Health Information (PHI)

We are collecting your personal health information today to provide you with residential addictions treatment.

The personal information that we collect from you today will be relevant to services we may provide for you. This information will include your name and contact information; your physical/mental health history and status; your involvement (if any) with criminal justice and/or child welfare; as well as your personal background and family history.

Sharing Your Personal Health Information (PHI)

It is important that you are aware that Wayside House of Hamilton is funded to provide services by the Ministry of Health and Long-Term Care (MOH-LTC), through the Hamilton Niagara Haldimand Brant Local Health Integration Network (HNHBLHIN), which means we work with other health providers to coordinate care within the publicly-funded system in Ontario.

Unless you instruct us otherwise, we are going to enter your information into the secure Provincial database, where your **non-identifying** information is used to create statistics and reports. The information that we will share is protected by the same confidentiality conditions that apply when you provide the information to us. The reason for doing this is to coordinate care, and to combine demographical data from across the province for use in research, system planning and decision-support.

Your Right to Withhold or Withdraw Consent

Unless you tell us otherwise, we assume that you are permitting us to share your information in the manner which I just described. You do have the right to say no. If you do say no, this will limit what we enter into the Provincial database to 'non-identifying' information, which means we will not enter anything that would enable you to be recognized, i.e. your name, contact information, personal history and other unique details would remain private.

Also, you can agree to this today and in the future, if you decide that you would prefer not to allow us to share your information in this way, you can contact us and we will prevent the information being used or disclosed further.



Withdrawing & Withholding Consent

Individuals have a right to withdraw or withhold consent, to limit use and/or disclosure of their personal information within their file, if they feel it may be perceived as negative to a third party or a staff member at Wayside House of Hamilton. The withdrawal or withhold may pertain to only specific information or it may be all of the information in the file.

NAME:	DATE:
Consent is being (choose all that apply): <input type="checkbox"/> Withdrawn (taking away) <input type="checkbox"/> Withheld (not giving at all)	Action being prohibited (check all that apply): <input type="checkbox"/> Use <input type="checkbox"/> Disclosure
Type: <input type="checkbox"/> Specific information (please specify below) <input type="checkbox"/> All	
List specific instructions (including information and who, if applicable): 	

- I have had the reasonably foreseeable consequences of withdrawing or withholding consent to use or disclose my personal information explained to me.
- I understand that my withdrawal or withholding of consent does not apply to any information that is deemed reasonably necessary to prevent or reduce the risk of bodily harm to myself or other persons.
- I understand the information above.

(Signature)

(Witness Signature)

(Date)

(Date)



Consent to Release of Information

Name: _____

Catalyst #: _____

Consent to disclosure, Transmittal or Examination of a Clinical Record under Subsection 35(3) of the Mental Health Act of Ontario Ministry of Health and Long Term Care.

I, _____ authorize

Wayside House of Hamilton, 15 Charlton West, Hamilton, Ontario, L8P 2B8

Release to: _____

Contact Name: _____ **Phone #:** _____ **Fax #:** _____

Exchange with: _____

Contact Name: _____ **Phone #:** _____ **Fax #:** _____

Obtain from: _____

Contact Name: _____ **Phone #:** _____ **Fax #:** _____

The following information pertaining to myself:

- Admissions Package Referral Forms
 Discharge Summary Other (specify) _____

For the purpose of: Evaluation/ Assessment and/or Coordinating treatment efforts

For the period from:

_____ to _____
 dd/mm/yyyy dd/mm/yyyy

I understand that I have the right to refuse to sign this form, and that I may revoke my consent at anytime (except to the extent that the information has already been released).

 Client Signature

 Witness Signature

 Date



Circle of Care Agreement

Name:

Catalyst #:

Consent to disclosure, Transmittal or Examination of a Clinical Record under Subsection 35(3) of the Mental Health Act of Ontario Ministry of Health and Long Term Care.

I, _____ authorize Wayside House to: release, obtain and exchange information with any and all service providers involved in my care, for the purposes of evaluation/assessment and/or coordinating treatment efforts, including referrals.

For the period of:

_____ to _____
dd/mm/yyyy **dd/mm/yyyy**

I, _____ **do not** authorize Wayside House to: release, obtain and exchange information with the following:

Name:

Name:

Name:

Name:

I understand that I have the right to refuse to sign this form, and that I may revoke my consent at any time (except to the extent that the information has already been released). In addition, assumed implied consent applies in the context of providing or supporting health care.

Client Signature

Witness Signature

Date



Client Confidentiality Agreement

Name:

Catalyst #:

PRIVACY POLICY:

Wayside House of Hamilton is committed to protecting the privacy of personal information and is compliant with the Personal Health Information Protection Act (PHIPA), 2004, set out by the Government of Ontario. Wayside shall ensure that the security and confidentiality of personal information is made a top priority.

Wayside House staff members cannot and will not share information about you with others, except to those directly related to or associated with your treatment within Wayside House. This means that you must give us written permission to release information about you to anyone who is not involved in your treatment at Wayside House.

There are exceptions, required by law, where information shall be shared without your consent. These include:

- Suspected child abuse or neglect which must be reported to the Children's Aid Society and/or Family and Children's Services
- When someone is intending to harm themselves or someone else
- When a subpoena or summons is served by the Courts
- When a person arrives impaired and insists on driving, the Police will be notified
- Suspected elder abuse
- Reporting communicable and reportable diseases, if this becomes relevant while accessing Wayside House services
- A medical emergency (this includes EMS services, hospitals, emergency dentist or doctor visits and/or pharmacies)

Wayside House will store your personal file in a manner that is secure and maintains your confidentiality. Hard copies of information will be stored in locked filing cabinets. Electronic information is stored on password protected computers. Personal files are accessed only by staff members and students that are involved with your care at Wayside House. **Files are kept for 7 years and then shredded and destroyed in a secure manner.**

Your personal file will contain 2 sections of confidentiality:

Level 1 – Standardized documents will include, but are not limited to: Admissions package, referral forms, and discharge summary. These can be released with a Circle of Care Agreement.

Level 2 – Individualized documents will include, but are not limited to: case notes, medical forms, and incident reports. **These can only be released to you, your power of attorney or by an order of the court.**

You may ask to have any information moved from Level 1 into Level 2 with just cause.



Client Confidentiality Agreement

Name:

Catalyst #:

Wayside House enters information about you into the secure Provincial database called DATIS. DATIS uses your information to create statistics and make reports to funders about demographics, the use of services and needs for future services. No identifying information about you will be used in the statistics or reports. Collecting information is a requirement for Wayside House's funding. Wayside House is required to report personal data collection refusals to DATIS.

I agree to have my information put into DATIS Do not put my information in DATIS

It is important that you keep personal information that you hear from other people private and confidential when you are not at Wayside House. This creates a safe environment where you and others can share and build trust.

I _____ agree to keep other people's information private and confidential outside of Wayside House. ***"What you hear here, let it stay here."***

Here at Wayside House, consent is important to confidentiality; you must know and understand the following:

- That only you can consent to the collection, use or disclosure of information that is about you (unless you have a substitute decision-maker with your best interests in mind)
- You can withdraw/ withhold consent at any time
- Your information will only be collected or used in order to provide you with quality services
- You are freely giving your consent

By signing below, I am stating that I understand the information above, that there are 2 Levels of confidentiality in my file, that I agree to keep other people's personal information private and confidential and that I am freely giving my consent for Wayside House to collect, use and hold my personal information to provide quality service to me.

Client Signature

Witness Signature

Client Print Name

Witness Print Name

Date

Date



Substance Test Consent Form

Name:

Catalyst #:

I hereby consent to random urinalysis for the purpose of drug and alcohol screening during my program at Wayside House of Hamilton. I understand that I can be asked to produce a urine sample by any counsellor at any time.

Health Card Number

Client Signature

Witness Signature

Client Print Name

Witness Print Name

Date

Date



Agreement to Receive Services and Participate in Program

Name:

Catalyst #:

I hereby agree to participate and receive services at Wayside House of Hamilton.

If employed on pension, employment insurance, government income subsidy or another type of income, I agree to pay a program fee of six hundred dollars (\$600.00) for the first month. This amount is nonrefundable without exception.

Subsequent daily program fees are set at twenty dollars (\$20.00) per day.

If my source of income is ODSP, my fee will be determined by housing costs as identified by the Government of Ontario.

If I am on Ontario Works or have no income, I understand that I will not pay a program fee unless the circumstances of my income change.

By signing below, you consent to the terms of this agreement.

Client Signature

Witness Signature

Client Print Name

Witness Print Name

Date

Date

	<h2>Locker Security</h2>	<p>Name:</p> <p>Catalyst #:</p>
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A combination lock is provided to residents for assigned individual lockers. This locker is to secure personal belongings and valuables. Please do not change your locker assignment or take the lock out of program.

The locker and combination lock remains the property of Wayside House. Wayside House reserves the right to inspect the locker at the discretion of the Executive Director. Wayside House will not inspect a locker without the occupying resident present.

Wayside does not accept responsibility for any lost or stolen property.

Locker Number

Locker Combination

Client Signature

Witness Signature

Client Print Name

Witness Print Name

Date

Date

	<h2 style="margin: 0;">Evacuation Procedures in Case of Fire</h2>	<p>Name:</p> <p>Catalyst #:</p>
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For Clients/Visitors

1. If you detect smoke or fire, sound the alarm by activating the nearest pull station.
2. Close any windows and doors in the immediate area if safe to do so.
3. Exit building by the nearest exit.
4. All house residents will meet directly across the street to ensure everybody is out of the house.
5. Contact the fire department by dialing 911 from a safe location stating "There is a fire at 15 Charlton Ave W."
6. Employees on duty will assist all clients and visitors to evacuate the building when the fire alarm is ringing, if possible.
7. If you know of anyone who might be trapped in the building, inform employees immediately.

By signing below, I acknowledge that I understand and agree to abide by this procedure in case of a fire.

Client Signature

Witness Signature

Client Print Name

Witness Print Name

Date

Date

	<h2 style="margin: 0;">Consent for Participation in Shared Electronic Health Record</h2>	<p>Name:</p> <p>Catalyst #:</p>
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Please give the client a copy of this consent form. Please read the following to the client. The client should be given a copy to follow along with if requested.

The Shelter Health Network is a group of agencies where health professionals provide health care. The agencies that belong to the Shelter Health Network are:

- Good Shepherd Center
- Wesley Urban Ministries
- Salvation Army Booth Center
- Mission Services
- Claremont House
- Canadian Mental Health Association
- Wayside House of Hamilton
- Men's Withdrawal Management

Please note that this list will be updated from time to time, and agencies may be added or subtracted as necessary. You will be informed verbally of any changes.

If you receive health care at any of the agencies listed above, the health professionals who are part of the Shelter Health Network will enter the personal health information that you provide into a computer. Once it is in the computer, if you receive care at any of the other agencies in the Shelter Health Network, the health professionals who provide your care at those agencies can also access your personal health information. This will allow you to get better services faster and will make it easier for health professionals to help you and make decisions about your health care.

Your personal health information will be stored on a web-based program called OSCAR. This information is kept secure and confidential. We would like your permission to allow health professionals at all the Shelter Health Network agencies to access your information when it is necessary for your health care.

In the computerized health record, **only** those health professionals who are responsible for your health care (such as doctors, nurses, social workers, and medical secretaries) will be able to see your information. Health professionals who are part of the Shelter Health Network will have a special passcode so they can access the health records system, and these passcodes are never shared with anyone. People who are not health care professionals, and people who do not work for these health care professionals, can never access your medical record. For example, police, hospitals, insurance companies, immigration officials or the government cannot access your health record. If you want someone else to have your medical information, you will have to sign



Continuing Care Agreement

Name:

Catalyst #:

In order to provide a therapeutic group experience the following guidelines have been developed to create safety, consistency and structure.

I, _____, understand and agree to abide by the following Continuing Care guidelines:

- I will abstain from mind- and mood-altering substances.
- If I cannot make my session I am required to call and make arrangements with the facilitator regarding my absence (except in cases of an emergency where documentation will be required).
- If I continue to have consecutive unexplained absences I may be discharged from Continuing Care. I will be expected to meet with the facilitator.
- I will be on time for all groups. I may not be admitted into my group, unless previous arrangements have been made with the facilitator.
- If I relapse, I will be honest and inform my group and facilitator. Frequent relapses may result in my discharge from Continuing Care. The facilitator will meet with me to complete safety and/or discharge planning.
- I will maintain confidentiality in my group.
- I will actively participate.
- I am willing to provide a urine sample if requested by the facilitator.
- I will respect and abide by the policy and regulations of the facility where my Continuing Care session takes place.
- I understand that if I do not abide by these guidelines I may be discharged from Continuing Care.

Client Signature

Witness Signature

Date



Consent for Participation in Shared Electronic Health Record

Name:

Catalyst #:

a separate consent at that time. This is in your control. You may have access to your own health information at any time.

If you decline to give consent, your care at Wayside House of Hamilton will not change in any way.

You may withdraw permission for health care professionals at other agencies to access your health information at any time. To withdraw, contact the doctor or nurse at the agency where you are receiving care. Your care at Wayside House will not change if you withdraw permission.

Any questions can be directed to Wayside House staff.

You are welcome to ask for more information about your health record before making a decision.

Declaration and Consent

I, _____ permit my personal information to be shared between health care professionals at different agencies for the purposes described above.

I, _____ **do not** permit my personal information to be shared between health care professionals at different agencies for the purposes above.

Client Signature

Witness Signature

Client Print Name

Witness Print Name

Date

Date



Addendum to OSCAR

Name:

Catalyst #:

Wayside House of Hamilton has a physician who attends the clinic twice weekly.

The physician can address physical illnesses, mental health concerns, and preventative health (annual examinations). He can continue as your primary physician as long as you are in the Wayside House system. Once you leave the program, you will need to find a new physician, or continue with your previous family physician.

The medical record used is OSCAR which is shared by the shelters in Hamilton, the Men's Withdrawal Management Centre and CMHA. Please see attached form.

All physicians have a duty to report a client to the Ministry of Transportation if they have a driver's license and are at risk to drive because of their addiction or illness.

Client Signature

Witness Signature

Client Print Name

Witness Print Name

Date

Date



Client Rights and Responsibilities

Name:

Catalyst #:

Policy:

Wayside House of Hamilton believes in client-centered practices. All individuals accessing services within the organization have rights that will be respected by all persons associated with the organization. Clients of Wayside House also have responsibilities that they are expected to fulfill while accessing our services.

Client Rights

You have the right to personal safety.

This means you have the right to protection from any and all forms of physical, sexual and psychological abuse and harassment.

You have the right to the protection of your personal property.

No staff member may borrow or take possession of (with/without clients' permission) any of your personal property, except in cases when the property poses a threat to health or safety; and when you have agreed for Wayside House to hold your possessions for safekeeping. If you believe you have had your property stolen, taken or used without your permission, you have the right to have the incident properly investigated.

You have the right to preserve your personal spiritual beliefs.

There are different aspects of spirituality that are discussed at Wayside House. You have the right to have your own spiritual beliefs and to have those beliefs respected by others.

You have the right to be treated with courtesy by staff, students, and volunteers.

Wayside House uses different means of therapeutic intervention while working with clients. Disrespectful or threatening language and behaviour will not be tolerated. Discriminatory behavior, based on age, ancestry, citizenship, creed (religion), colour, disability, ethnic origin, family status, gender identity, level of literacy, marital status, place of origin, membership in a union or staff association, political affiliation, race, receipt of public assistance, record of offences, sex, sexual orientation or any other personal characteristics will not be directed toward you, and will also not be tolerated by you, and could result in discharge from our program.

You have the right to ask questions and to receive honest answers.

We encourage you to raise any questions you may have and we will answer your questions honestly.

You have the right to appeal any decision made concerning you or actions taken relating to you, by staff, students, and volunteers while at Wayside House.

If a client cannot resolve a concern after raising it with the individual who made the decision, they will be directed to the *Service Recipient Complaint Policy and Procedure* posted.

You have the right to confidentiality.

No staff member of Wayside House is allowed to reveal information about you to other clients or to anyone who is not involved in your 'circle of care' (including family and friends). Furthermore any parties involved in your 'circle of care' require your consent, in writing, before Wayside House can release any of



Client Rights and Responsibilities

Name:

Catalyst #:

your personal information. Wayside House pledges to obey all laws and regulations relating to the protection of clients' privacy.

You have the right to expect your addiction treatment will be delivered both professionally and competently. Our staff members are qualified to provide the care you need, and to work within their regulated scope of practice.

You have the right to receive a competent assessment of your needs, to be informed of your options, and to participate fully in the development of your treatment and discharge plan.

You have the right to refuse to perform unsafe tasks.

Participation in daily housekeeping and grounds maintenance are part of the milieu therapy in our residential treatment programs; these activities help create a sense of community. However, you have the right to refuse to participate in any activity you consider unsafe or when you do not have the proper training/supervision to perform a specific task.

You have the right to be treated both as an individual and as a member of your community. You have the right to be considered and treated as an individual. You have the right to be included and treated as a member of your program's community, with all the benefits and obligations this membership involves. Wayside House recognizes the value and importance of the 12-Step Fellowship, however participation is optional.

Client Responsibilities

You are responsible for maintaining sobriety.

While at Wayside House, you are expected to maintain total abstinence from substance use. Medication prescribed by a recognized practitioner for a legitimate purpose will be administered only when approved prior to admission.

You are responsible for respecting the personal safety of others.

Any and all forms of physical, sexual and psychological abuse or harassment against fellow clients, staff, students, volunteers, visitors or others is unacceptable and could result in immediate discharge.

You are responsible for respecting the personal property of others.

No client may borrow or take possession (without permission) of another's personal property while at Wayside House.

You are responsible for respecting the spiritual beliefs of others.

Everyone has personal spiritual beliefs. You are responsible for respecting others when their beliefs differ from your own.

You are responsible for treating staff, students, volunteers and visitors with courtesy. Disrespectful, threatening and mocking language or behavior directed at others will not be tolerated by Wayside House. Discriminatory behavior, based on age, ancestry, citizenship, creed (religion), colour, disability, ethnic origin, family status, gender identity, level of literacy, marital status, place of origin, membership in a



Client Rights and Responsibilities

Name:

Catalyst #:

union or staff association, political affiliation, race, receipt of public assistance, record of offences, sex, sexual orientation or any other personal characteristics will also not be tolerated, and could result in immediate discharge.

You are responsible for being honest and open.

Treatment will be most effective when you are open to the variety of therapeutic interventions at Wayside House. You are expected to partner with Wayside staff in a treatment process that requires honesty, open-mindedness, and willingness.

You are responsible for listening and reflection.

Feedback will be offered and you are responsible to listen and reflect upon the information being given. If you receive feedback or information that is inappropriate or unacceptable, you have the right to complain.

You are responsible for respecting the confidentiality of others.

Information revealed to you while in treatment is not to be shared with others, except in circumstances where not sharing the information would endanger the safety or well-being of yourself or others.

You are responsible for active participation in the therapeutic process.

Success in recovery depends upon your full engagement in the therapeutic process, and the contribution you make when planning for your care and discharge.

You are responsible for participating in community living.

Assistance with housekeeping and grounds maintenance are part of the milieu therapy in our residential treatment program. You are expected to contribute to community living by performing any reasonable task assigned to you.

You are responsible for behaving as both an individual and a member of your community.

You are to be concerned about your own well-being and the well-being of others while at Wayside House. You are responsible for following Wayside House rules; established to protect the well-being of all persons involved with the organization.

I have read Wayside House's 'Client Rights and Responsibilities', and confirm my commitment to assume every responsibility expected of me.

Client Signature

Date



House Guidelines

Name:

Catalyst #:

As a Wayside House of Hamilton resident you are expected to:

1. Abstain from the use of alcohol, drugs and or any un-prescribed medications.
2. Meet regularly with your primary counsellor to review and discuss your involvement in the program.
3. Always treat others with respect and consideration.
4. Follow your schedule as posted by staff.
5. You are not allowed in the kitchen at any time unless directed by staff.
6. The dining room is off limits during participation and meal set up times.
7. House participation must be done as per the schedule, seven days a week without exceptions.
8. Your room, washrooms and the living environments must be kept clean and tidy as per Wayside House standards.
9. Help with the general housekeeping, maintenance, garbage, recycling and snow removal.
10. Dress appropriately at all times, hats, sleeveless shirts, and suggestive clothing are not allowed.
11. Absolutely no discrimination of any kind be it racial, sexual, cultural, or religious.
12. Physical violence, threats of violence and bullying will not be tolerated.
13. Theft of any kind is not allowed.
14. Weapons of any kind are strictly forbidden.
15. You are not to glorify your drug or alcohol use at any time.
16. Pornography of any kind is strictly forbidden.
17. Smoking is allowed on the rear patio only and during designated smoking times.
18. Electronics are strictly forbidden. You are only permitted to have a clock radio in your room.
19. You will not enter any sleeping quarters except for your own.
20. Wake-up call is at 6:30 am Monday through Friday, 7:30 on weekends and holidays.
21. Rough housing is not allowed inside or outside.
22. Food and beverages are not allowed on the 2nd and 3rd floors.
23. You are not allowed to leave the City of Hamilton without authorization.
24. You must have permission from staff to leave the property and then you must sign yourself out. Failure to sign out means you have left the program and are subject to discharge.
25. When you return to the building you must enter by the front door and notify staff on duty of your return, then sign in.
26. Any prescriptions you receive must be given to staff and Wayside House will have it filled.
27. All medications including over-the-counter must be approved by Wayside House staff.
28. You are not allowed to buy, borrow, sell, or lend anything to the other residents.
29. You are not allowed to use the door intercom or release system at any time nor will you open the door to let anybody inside.
30. The phone is for the use of **ALL RESIDENTS** and calls are limited to **TEN MINUTES** 6:00pm to 10:00 pm.



House Guidelines

Name:

Catalyst #:

31. Wayside House of Hamilton reserves the right to terminate your residence at any time.
32. If you are asked to leave the program by Wayside House staff for any reason, you should do so promptly and without argument. You have the right to return and discuss the matter with your Primary Counsellor and or the Executive Director during regular business hours. **Until that time the staff member's ruling is final.**
33. If residence is terminated you are required to leave immediately. **We are not responsible for storing your belongings.**
34. If residence is terminated in your absence, reasonable care will be taken to parcel and secure your belongings. After 14 days, they will be disposed of. If you cannot claim your belongings in person, **we must** have written and verbal authorization from you to turn them over to somebody else.
35. If you are under the influence, and you are determined to be a risk to yourself or to others, police will be notified.

I agree to abide by these Guidelines while I am a resident of Wayside House of Hamilton.

Client Signature

Witness Signature

Client Print Name

Witness Print Name

Date

Date



Basic Assessment

Name: _____

Catalyst #: _____

Print Your Name: _____

Date of Birth (Year-Month-Day): _____

Age: _____

Today's Date (Year-Month-Day): _____

Instructions: The following assessment uses the Social Determinants of health to inform the development of your treatment plan while recognizing the influences on your overall health
Please answer ALL questions as honestly as you can. Please note: "A/D" means "alcohol and/or Drug(s)"
DON'T RUSH-ACCURACY IS BETTER THAN SPEED

Do you have an immediate or pending crisis or a situation that must be dealt with now? If so, don't go on with this document, but speak to a Counsellor about it right now!

Section A- Background

A-1 How did you come to hear about us? _____

A-2 What is your primary drug of choice (alcohol is a drug)? _____

What others have you used in the PAST YEAR? _____

A-3 Have you ever tried to stop A/D use all on your own without outside help?

Yes No

A-4 Have you tried to stop with the aid of self-help groups (AA, NA etc.)?

Yes No

A-5 In the PAST TWELVE MONTHS how many times have you been in a DETOX? _____

In what city or cities was this? _____

How long did you stay each time? _____

Was your stay helpful or negative? _____

How long did you cut down on your A/D use after leaving? _____



Basic Assessment

Name:

Catalyst #:

How long did you stay sober after leaving? _____

A-6 In the PAST TWELVE MONTHS, how many times were you admitted or kept appointments at an A/D ASSESSMENT-REFERRAL AGENCY? _____

Where was this? _____

How long was your involvement in days or weeks? _____

Was all this helpful or negative? _____

How long did you cut down your A/D use as a result? _____

How long did you stay sober afterwards? _____

A-7 In the PAST TWELVE MONTHS, how many times were you admitted to an IN-PATIENT MEDICAL or PSYCHIATRIC facility because of your A/D use? _____

Where was this? _____

How long was your stay? _____

Was the outcome helpful or negative? _____

How long did you cut down your A/D use as a result? _____

How long did you stay sober afterwards? _____

A-8 In the PAST TWELVE MONTHS, how many appointments concerning your A/D use did you keep in an OUT-PATIENT PSYCHIATRIC or COUNSELLING facility? _____ Where was this? _____

How long did you stay involved in this? _____

Was the outcome helpful or negative? _____

How long did you cut down your A/D use as a result? _____



Basic Assessment

Name:

Catalyst #:

How long did you stay sober afterwards? _____

A-9 If you have used them, how long did you use PROTECTIVE DRUGS (antabuse,temposil)?

Were they helpful? Yes No

If you were using then, but are not now, why did you stop? _____

A-10 What is your purpose in coming to Wayside? What do you hope to achieve during your stay here? _____

A-11 People often have mixed feeling about moving into a strange place and new surroundings. What are yours? (Embarrassed, nervous, angry, depressed, resentful, hopeful, exhausted ,or whatever else you may be feeling): _____

A-12 **Briefly** list your present main complaints and problems: _____

A-13 Under what conditions do things seem to get worse for you? _____

A-14 Under what conditions do things seem to get better for you? _____

A-15 List the things you like to do most, the kind of experiences and people that really give you pleasure: _____



Basic Assessment

Name: _____

Catalyst #: _____

A-16 List your main assets and good points: _____

A-17 List your main bad points: _____

A-18 List your main social difficulties: _____

A-19 List your main love and sex difficulties: _____

A-20 List your main school or work difficulties: _____

A-21 List your main life goals: _____

A-22 List the things about yourself that you would most like to change: _____

A-23 List your chief physical ailments, diseases, complaints or handicaps: _____

A-24 What occupation(s) have you been trained for? _____

A-25 Have you even lived in another halfway house or an in-patient treatment program?

Yes No

If yes, list the MOST RECENT one first and work back:

A) Name of house or program _____

Where is it located? _____

Date admitted _____ Date discharged _____



Basic Assessment

Name:

Catalyst #:

How would you grade the treatment you received?

VERY HELPFUL SATISFACTORY NEUTRAL POOR VERY UNHELPFUL

B) Name of house or program _____

Where is it located? _____

Date admitted _____ Date discharged _____

How would you grade the treatment you received?

VERY HELPFUL SATISFACTORY NEUTRAL POOR VERY UNHELPFUL

C) Name of house or program _____

Where is it located? _____

Date admitted _____ Date discharged _____

How would you grade the treatment you received?

VERY HELPFUL SATISFACTORY NEUTRAL POOR VERY UNHELPFUL

We have a great variety of "tools" to help in different areas of your life. In order of importance, list

THREE of the following you think might be particularly helpful to you:

Assertiveness Training	Attendance at AA (or NA, etc).	Clear thinking
Cocaine-specific treatment	Dealing with Anger	Dealing with Problems Centered Around Relationships
Educational Videos	Health Education	Individual Counselling
Journal-keeping and End-of-day Self-Reviews	Addiction-Oriented Reading	Life Skills Training
Money Management	Physical Recreation	Problem Solving
Relapse Prevention	Stress Management	



Basic Assessment

Name:

Catalyst #:

1. _____

2. _____

3. _____

A-27 Would you be willing to maintain a personal contact after you leave Wayside in order to take part in our Continuing Care program or other activities? Yes No

A-28 Given what you know about yourself, what do you think will give you the greatest difficulty, concerns or problems living here at Wayside? _____



Basic Assessment

Name: _____

Catalyst #: _____

Section B- Accommodations/Family/Marital

B-1 What has been your most recent accommodation, NOT COUNTING DETOX (own house, condo, rented house, apartment, flat, room, shelter/hostel, institution, no fixed address, other? _____

B-2 How long have you lived there? _____

B-3 With whom were you living (partner, children, family, another family, friends, alone, institution, other)? _____

B-4 How long have you had this living arrangement? _____

B-5 How would you describe these living arrangements?

Excellent Good Neutral Poor Very Bad

B-6 Present marital status:

Never Married Married now for the first time
Married now for the second (or more) time Living Common-Law
Separated Divorced and not remarried Widowed and not remarried

B-7 Number of years married to present spouse? _____

Ages of your male children? _____

Ages of your female children? _____

B-8 How would you describe your marital status?

Excellent Good Neutral Poor Very bad

B-9 What are the strengths or your marital status? _____

B-10 What are the weaknesses of your marital status? _____



Basic Assessment

Name:

Catalyst #:

B-11 How do you get along with your present family (spouse, children or parent(s), if single)? _____

B-12 Do any of the people you have been living with have a current A/D problem, or have they a history of such problems? _____

B-13 Were you adopted? Yes No

B-14 Father's age _____ or your age when he died _____.

B-15 Mother's age _____ or your age when she died _____.

B-16 If your father and mother did not raise you when you were young, who did? _____

B-17 Number of living brothers _____ and their ages _____

B-18 Number of living sisters _____ and their ages _____

B-19 If your father and mother separated, how old were you then? _____

B-20 If your father and mother divorced, how old were you then? _____

B-21 How many times has your father been divorced? _____

B-22 How many times has your mother been divorced? _____

B-23 I was child # _____ in a family of _____ children.

B-24 When you were growing up, what was family life like? _____

B-25 Were there any major family problems (A/D, abuse etc.?) _____

B-26 Briefly describe the kind of person your mother (or stepmother or person who substituted for your mother) was when you were a child and how you got along with her _____



Basic Assessment

Name: _____

Catalyst #: _____

B-27 Briefly describe the kind of person your father or stepfather, or person who substituted for your father) was when you were a child and how you got along with him _____

B-28 Briefly describe anything you found disturbing in your relationship with your brother(s) or sister(s) _____

B-29 Was there ONE family member your felt especially close to? Who? _____

Section C: Other Social Relations

C-1 To whom do you feel closest? _____

C-2 How long have you known each other and been close? _____

C-3 How do you feel about this person? _____

C-4 What do you like best about the relationship? _____

C-5 How much has your A/D problem affected this? _____



Basic Assessment

Name:

Catalyst #:

C-6 What are your social activities and how do you feel about mixing with people (insecure, follower, leader, etc.)? _____

C-7 What part does A/D use play in your social activities? _____

C-8 What do you think your friends think of your A/D use? _____

C-9 If you choose not to return to A/D use, how do you feel about socializing without them? _____

C-10 How do you get along with men in general? _____

C-11 How do you get along with women in general? _____

C-12 Do you have men friends? Yes No Women friends? Yes No

C-13 Which of the sexes do you get along better? _____

C-14 Why? _____

C-15 With which do you spend the majority of your time? _____

C-16 What is your sexual orientation (ie. straight, gay, bisexual)? _____



Basic Assessment

Name:

Catalyst #:

C-17 How important do you feel that sex is in comparison with other aspects of a relationship? _____

C-18 Have you ever had any concern regarding sex? _____

C-19 Are you aware of how A/D use affects sex? _____

C-20 Do you have many friends? Yes No How many? _____

C-21 Do you feel you can count on any of your friends for help with your problems? _____

C-22 What kind of problems so you have with your friends (standing up for your rights, starting conversations, losing your temper, etc.)? _____

Section D: Perceptions and Reactions

D-1 Have you ever felt really down, hopeless, depressed? Yes No

D-2 Have you ever felt really excited, invincible? Yes No

D-3 Have you ever had periods of ups and downs that seem to occur at the same time as marked changes in your eating and sleeping patterns? Yes No

D-4 Have you ever thought of harming or killing yourself? Yes No

D-5 Is this a problem just now? Yes No

D-6 Do you often act on the spur of the moment without considering the consequences (get angry and fight, eat too much, spend too much, turn to A/D use)? Yes No

D-7 Have you ever harmed anyone physically? Yes No



Basic Assessment

Name: _____

Catalyst #: _____

D-8 What were the circumstances and were they related to A/D use? _____

D-9 How recent was your last physical examination? _____

D-10 Has your doctor ever indicated that you might have health problems such as diabetes, hyperthyroid, etc.? _____

D-11 How do you feel about yourself just now (no confidence, depressed etc.)? _____

D-12 Why do you think you feel this way- to what are your feelings related? _____

D-13 How religious are you? Extremely Very Average Not Atheist

Section E: Education and Employment

E-1 Last grade completed

1 2 3 4 5 6 7 8 9 10 11 12 13

College 1 2 3 4 Degree

University 1 2 3 4 Degree

Was this Academic, Technical, Vocational (underline ONE)

E-2 Are you satisfied with your present level of education? Yes No

E-3 Are you interested in academic, technical or vocational upgrading? Yes No

E-4 What is your present employment status? _____

E-5 If unemployed, for how many weeks? _____

E-6 What is your usual occupation? _____

E-7 What was your last occupation? _____

E-8 How many weeks were you employed in the last 6 months? _____



Basic Assessment

Name: _____

Catalyst #: _____

E-9 How satisfied are you with your present employment? _____

E-10 Are you interested in changing your employment? _____

E-11 Which of these school/employment events have happened to you in the past 6 months, and prior to that?

	<u>Last 6 Months</u>	<u>Prior to That</u>
Lateness/absenteeism	<input type="checkbox"/>	<input type="checkbox"/>
Raise/promotion	<input type="checkbox"/>	<input type="checkbox"/>
Layoff	<input type="checkbox"/>	<input type="checkbox"/>
Accidents	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>
Decrease in grades/productivity	<input type="checkbox"/>	<input type="checkbox"/>
A/D use at school/on the job	<input type="checkbox"/>	<input type="checkbox"/>
Verbal warnings from school/union/employer	<input type="checkbox"/>	<input type="checkbox"/>
Written reprimand	<input type="checkbox"/>	<input type="checkbox"/>
Suspension/loss of pay	<input type="checkbox"/>	<input type="checkbox"/>
Job demotion	<input type="checkbox"/>	<input type="checkbox"/>
Fired/expulsion/dismissal	<input type="checkbox"/>	<input type="checkbox"/>
Quit/resignation	<input type="checkbox"/>	<input type="checkbox"/>

Section F: Leisure

F-1 In which of the following activities have you engaged in, in the PAST SIX MONTHS?

Worked in community or volunteer groups , what kinds? _____

Played sports, which ones? _____

Watched TV, Favorite shows? _____

Played music & what instrument? _____

Pursued a hobby, what is it? _____



Basic Assessment

Name: _____

Catalyst #: _____

- Taken educational or interest courses, what subjects? _____
- Went to the movies
- Went to rock concerts
- Went to musical/variety shows
- Went to theater productions or concerts
- Read books/magazines
- Listened to music
- Done recreational traveling/camping
- Gone to church
- Engaged in social events

F-2 Was A/D use a general part of these activities? Yes No Sometimes

F-3 If you did not engage in any of these activities in the past six months, would you like to? Which ones? _____

F-4 Do you find that it is a problem to really enjoy your leisure time? Yes No Sometimes

F-5 If it is, why do you think you have such a problem? _____

Section G: Legal Status

G-1 Do you have any current legal problems? Yes No If 'yes' please specify: _____

G-2 Have you ever has any A/D-related driving charges? Yes No

G-3 If 'yes' how many in the past year? _____

G-4 Have you ever has any other charges and, if so, what was the nature of the charges?



Basic Assessment

Name: _____

Catalyst #: _____

G-5 To what extent were each of these charges influenced by your A/D use? _____

Section H: Finances

H-1 What has been your main source of income in the past 6 months? _____

H-2 In these past 6 months, have you experienced financial difficulties? Yes No

H-3 In what areas have you had financial difficulties?

- Increasing debt
- A/D purchases
- Paying rent
- Paying alimony/child support
- Keeping food on the table
- Keeping clothes on your back
- Looking after your medical/dental health properly

Section I: Alcohol Use

I-1 Over the past six months, how many days in a row did you drink?

Didn't drink at all For 1 or 2 days at a time For 3 to 7 days at a time

For 8 to 14 days at a time For more than 15 days at a time Continuously

I-2 Over the past 28 days on how many days have you had at least one drink? _____

I-3 During the past six months how many days in a row did you abstain from drinking?

- Didn't abstain once
- Abstained for 1 or 2 days at a time
- For 3 to 7 days at a time
- For 8 to 14 days at a time
- For 15 days or more at a time
- Abstained for six months

I-4 What is the longest period of time, in days that you have abstained in the past six months? _____



Basic Assessment

Name: _____

Catalyst #: _____

I-5 How old were you when you first started drinking regularly (at least once a week)? _____

I-6 How old were you when your drinking first started to cause you problems? _____

I-7 When drinking, do you become argumentative or verbally abusive?

Yes No Sometimes Who is the usual target? _____

I-8 When drinking, do you become physically aggressive or violent?

Yes No Sometimes Who is the usual target? _____

I-9 Do you do things in public that other people do not like? Yes No Sometimes

I-10 Do you become withdrawn or isolated? Yes No Sometimes

I-11 Where do you usually drink? (CHECK ONE)

	The MOST	The LEAST
Tavern/bar	<input type="checkbox"/>	<input type="checkbox"/>
Restaurants	<input type="checkbox"/>	<input type="checkbox"/>
In your own Home	<input type="checkbox"/>	<input type="checkbox"/>
In other people's homes	<input type="checkbox"/>	<input type="checkbox"/>
At work	<input type="checkbox"/>	<input type="checkbox"/>
Social events	<input type="checkbox"/>	<input type="checkbox"/>
While driving	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors	<input type="checkbox"/>	<input type="checkbox"/>
others-specify _____		

I-12 With whom do you usually drink? (Check ONE)

	The MOST	The LEAST
Alone	<input type="checkbox"/>	<input type="checkbox"/>
With spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>
With other relatives	<input type="checkbox"/>	<input type="checkbox"/>
Male friends only	<input type="checkbox"/>	<input type="checkbox"/>



Basic Assessment

Name:

Catalyst #:

- | | | |
|--------------------------|--------------------------|--------------------------|
| Female friends only | <input type="checkbox"/> | <input type="checkbox"/> |
| Friends of both sexes | <input type="checkbox"/> | <input type="checkbox"/> |
| People I meet in taverns | <input type="checkbox"/> | <input type="checkbox"/> |
| Fellow workers | <input type="checkbox"/> | <input type="checkbox"/> |

I-13 When drinking do you usually smoke? Yes No Sometimes

Gamble? Yes No Sometimes

I-14 What are the main reasons you drink? _____

I-15 Are you aware of any inner thought or feelings which trigger your desire to drink? _____

I-16 Are there any particular situations which could be most likely to make you feel like drinking? ____

I-17 Since you decided you had a problem with alcohol what is the longest period of abstinence you've had? _____

I-18 Why do you stop drinking? _____

I-19 If you have stopped for a period of time, why do you begin again? _____

Section J: Medications and Drugs



Basic Assessment

Name:

Catalyst #:

(A) PRESCRIBED

J-1 Are you currently taking ANY prescribed medication? Yes No

If 'yes', complete the following:

What are you taking?	For what condition are you taking it?	Prescribing Doctor?	When was it Prescribed

(B) NOT PRESCRIBED- see attached 'Psychoactive Drug Classes'

J-2 Have you ever used any of the following drugs? Give drug name.

- Barbiturates/Sleeping Pills _____
- Benzodiazepines _____
- Inhalants/Solvents _____
- Narcotic Analgesics/Cough Syrup _____
- Hallucinogens _____
- Tranquilizers _____
- Antidepressants _____
- Amphetamines/Related Compounds _____
- Other Stimulants _____
- Volatiles/Nitrites _____



Basic Assessment

Name:

Catalyst #:

IF YOU HAVE INDICATED COCAINE USE, THE FOLLOWING QUESTIONS APPLY TO THE OTHER DRUGS YOU HAVE LISTED, BUT not TO COCAINE.

Other drugs (cocaine, crack cocaine, etc.) _____

J-3 Which of the above have you used in the past six months? _____

J-4 How many days have you used these drugs in the past 28 days? _____

J-5 Were these drugs prescribed for you? Yes No

J-6 What has been your usual method of use?

Oral Sniffing Injection Smoking Inhaling Other (specify) _____

J-7 How much of each drug do you use daily? _____

J-8 Over the past six months, when you were using drugs, how many days in a row did you use them?

1-2 days at a time 3-7 days at a time 8-14 days at a time

15 days and over at a time (specify) _____ Continuously

J-9 Have you ever used these drugs in combination with alcohol?

Yes No Sometimes

J-10 If so, how frequently are they used in combination with alcohol?

Seldom Sometimes Usually Always

J-11 When you are taking drugs do you become argumentative or verbally abusive?

Yes No Sometimes Who is the usual target? _____

J-12 When you are taking drugs do you become physically violent or aggressive?

Yes No Sometimes Who is the usual target? _____

J-13 When taking drugs do you do things in public that other people do not like?



Basic Assessment

Name:

Catalyst #:

Yes No Sometimes

J-14 When taking drugs do you become withdrawn, isolated?

Yes No Sometimes

Section K: Health

K-1 When did you last see a physician?

Within the last month 1-3 months ago 4-6 months ago More than 6 months

K-2 What was the reason for the visit? _____

K-3 How would you rate your health over the past 6 months? Good Fair Poor

K-4 Have you recently had any of the following?

- Heart disease
- High blood pressure
- Liver disease
- Stomach problems, such as peptic ulcer, gastritis, etc.
- Rheumatic fever
- Tuberculosis
- Diabetes
- Kidney disease
- Stroke or paralysis
- Seizures, fits, convulsions, epilepsy
- Pancreatitis
- Hallucinations
- Delirium tremens (D.T.s)
- Tremors or shakes
- Any recent physical injury (specify) _____

K-5 Are you receiving treatment or medical supervision for any other condition (specify) _____



Basic Assessment

Name:

Catalyst #:

K-6 Have you any new or recent symptoms or complaints about your health which you have not discussed with your physician (specify) _____

K-7 Have you experienced any of the following problems over the past 6 months:

- Tension, anxiety, nervousness
- Difficulty eating- a change in eating patterns
- Difficulty sleeping- a change in sleeping patterns
- Depression
- Loneliness
- Irrational fears, phobias
- Trouble concentrating
- Feeling people are against you or trying to harm you
- Feeling inferior to others
- Having uncontrollable thoughts or impulses
- Feeling aggressive or violent towards others
- Having thoughts of suicide
- Having sexual problems
- Feeling preoccupied, forgetful
- Amnesia- trouble remembering past events
- Grieving over the loss of someone or some past events
- Other problems (specify) _____

K-8 What do you usually eat in a day? _____

Questions about your emotional well-being

K-9 Have you received help for an emotional health problem



Basic Assessment

Name:

Catalyst #:

in the past 6 months , prior to the past 6months (the problem might be centered around thoughts of suicide bereavement, sexuality, depression, disorientation etc.)

If yes to either or both parts of 9, -please complete L-10 and L-11

K-10 How many times were you admitted to a medical or psychiatric treatment for an emotional health problem? _____

Where was this? _____

How long was your stay? _____

Was it a helpful experience or negative? _____

K-11 How many times were you involved in out-patient psychiatry or counselling for an emotional health problem? _____

Where was this? _____

How long did you stay involved in this? _____

Was the outcome helpful or negative? _____

Section L

L-1 What has been the effect of your A/D use on the following areas of your life? Put an "X" in the box that has the answer closest to your own.

My A/D use has affected the items listed below in a way that I think is --->	Very Positive	OK	Poor	Very Negative
Family Situation				
Marital Situation				
Other Relationships				
Educational Opportunities				
Employment Situation				
Enjoyment of Leisure Time				
Legal Status				
Financial Condition				
Physical Health				
Emotional Health				

Wayside House Treatment Plan

Name:

Client

Date

Counsellor:

Client Strengths	Problem Areas

Treatment Goals

Client Goals:	Counsellors Goals:

--	--	--	--

Combined Goals and Outcome Strategies

Tx	
Soc	
Med Health	
Edu/Emp	
Fin/Leg	
Housing	
Fam/Rel.	

Wayside House of Hamilton Assessment Summary

A Summary and Presenting Concerns:

--

B Accommodations/Family/Marital:

--

C Social Relations:

--

D

Perceptions and Reactions:

E

Education and Employment:

F

Recreational/Leisure/Social:

G

Legal:

H

Financial:

I

Alcohol Use:

J

Medications & Drugs:



Health:

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Life in General:

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Wayside House of Hamilton
Residential Program Discharge Summary

First Name	Counselor
Last Name	Discharge Date DD/MM/YYYY
Catalyst #	Outcome
Phone	Program closed
Email	

Continuing Care agreement signed	Supportive Housing
Hep C Program	SH Address
	Family Program

BASIS-32 at admission	OPOC completed
BASIS-32 after 30 days	Income source
BASIS-32, additional	Housing source

Ongoing legal concerns	# E.D. visits
Living with concurrent disorder	Mental health supports established

# of referrals made	Referred back?
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Progress & Outcome Monitoring	Charting
Agreement signed Admission survey Midpoint survey Transition survey	Assessment summary Treatment plan Transition plan Peer-reviewed

Family Program	
Participated Client signed forms Family signed forms	Treatment plan session Midpoint session Transition plan session Survey completed

Discharge Information Notes	
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Counselor signature _____
Date completed DD/MM/YYYY

Clinical Supervisor _____

**SPECIAL AGREEMENT BETWEEN
CLIENT/TENANT
AND
WAYSIDE HOUSE OF HAMILTON**

Under this special agreement the tenant (**CLIENT/TENANT**) will have a separate contract with Ron Tomlin and with Wayside House. The tenant's contract with Ron Tomlin will be their Lease. This Special Agreement will apply to the housing unit located at (**Unit Address**).

1. This agreement is for the provision of housing for tenants/clients who have a support service arrangement with Wayside House. Within the context of this agreement, the goal of Wayside House is to help ensure that their clients receive the services they want and need in order to maintain a successful tenancy with the landlord. (**The Landlord**) will retain all the rights and responsibilities of a landlord and Wayside House will retain all the rights and responsibilities of a support service.
2. Within the terms of this agreement (**The Landlord**) will receive a rent supplement from the Canadian Mental Health Association (CMHA) in the amount of one hundred and seventy four dollars (\$174) for a portion of the established rent. CMHA receives all of the rent supplement money to fund a portion of the rental units from the Ontario Ministry of Health and Long-Term Care. Should the Ministry of Health and Long-Term Care decide to discontinue funding for rent supplements, then CMHA will no longer pay (**The Landlord**) an established rent supplement for the unit and the rent shall be paid in full by the tenant. When CMHA provides for a tenant a rent supplement for a unit, the tenant will be asked to sign a Memorandum of Understanding (Appendix C). The tenant will also sign a Letter of Understanding (Appendix B).
3. (**The Landlord**) establishes the market rent for their units. CMHA approves the allocation of the rent supplements. For those units where CMHA provides a rent supplement, the minimum rent payable by the tenant will be based on the maximum shelter allowance of Ontario Works/Ontario Disability Support Plan, with appropriate utility adjustments. In accordance with Ministry of Health and Long-Term Care policy, increases in market rent of an amount that falls within the *Residential Tenancy Act* guidelines will entail an increase in rent supplement and will not be passed on to the tenant. Any requests by the landlord to increase rents on the unit covered in this agreement must be made at least ninety (90) days prior to the anniversary date of this Agreement and in accordance with section 116 of the *Residential Tenancy Act*.
4. Rent payments and rent subsidy payments are due to Ron Tomlin of the first day of each and every month of the term of this Agreement.

5. This Agreement shall continue under the same terms and conditions unless written notice of termination is given by either party to the other with at least ninety (90) days notice.

SUPPORT SERVICES

Please see attached form Appendix A Summary of Support Services and the Supportive Housing Agreement attached.

ONGOING CONTACT AND RESPONSIBILITIES

- The client and the support worker will ensure that the rent is paid on time. Prompt payment of rent is essential since rental arrears may result in a Notice to Vacate.
- Wayside House will notify the landlord and CMHA of any changes in service arrangements including any change in the client's support worker.
- The landlord will notify Wayside House of any changes in housing services, including relevant staffing.
- **(The Landlord)** will deal with the tenant on day-to-day tenancy matters unless otherwise advised.
- If an unresolved problem develops which could affect the client's tenancy, the landlord will contact the support worker directly.
- If there is a problem that cannot be resolved by either the landlord or the support worker, either party may request a case conference to try to find a workable solution.
- The landlord will notify the support worker if a Notice to Vacate is going to be served against the client.
- The client, the support worker, and the landlord will each keep a copy of this referral agreement and copy of the signed letter of understanding.

Client/Tenant Signature

Date: _____

Wayside House of Hamilton
Support Worker

Date: _____

APPENDIX A - DRAFT

SUMMARY OF SUPPORT SERVICES

Wayside House of Hamilton provides supportive housing for people with problematic substance use.

A goal of Wayside House is to assist the client in their growth towards community integration. The service is defined and directed by the client. The role of the support worker is to assist the client in negotiating for the various services that the client needs and wants - services that support all aspects of the individual's life such as housing, vocational/educational, social and treatment.

Housing supports is long-term support it is comprehensive (addresses the client's needs), and it is flexible (the intensity of involvement varies with the client's need). The service is also portable (it follows the client to their community based dwelling).

Housing support services include the following features:

- A long-term relationship with the client
- Assessment of the client's skills, resources, strengths and weaknesses
- Development of an individual service plan, including an independent living plan and a crisis management plan
- Links to community resources and mental health services
- Advocacy for service improvement
- Ongoing support and monitoring of the client's progress towards his/her goals
- Crisis prevention and/or intervention
- Skills teaching

The Housing Support Worker defines success in terms of meeting the needs, wants, and goals defined by the client and in conjunction with negotiated continuing care goals established with assigned supportive housing worker.

[Client/Tenant]

Date:_____

Support Worker
Wayside House of Hamilton

Date:_____

APPENDIX B

LETTER OF UNDERSTANDING

I (**CLIENT/TENANT**) understand that I will be leasing from (**The Landlord**) as a result of a special agreement between Wayside House of Hamilton and Ron Tomblin. A rental subsidy will be provided by the Canadian Mental Health Association (CMHA), Hamilton Branch. I will be given a copy of this agreement (SHPPSA-WH Form 1).

I understand that I will have a Lease with (**The Landlord**) for my housing and a separate arrangement for support services with Wayside House. I understand that Ron Tomblin retains all the rights and responsibilities of the landlord, and that Wayside House retains all the rights and responsibilities of a support service.

I understand that (**The landlord**) has allocated my unit based on the understanding that Wayside House will continue to provide support services, which will help me to live successfully in the community and to maintain my tenancy responsibilities.

I understand that it is my responsibility to provide Wayside House with a copy of any notices received from The Landlord (e.g., change in Landlord, rent increases, etc.) at least 60 days prior to the date of any change. It is the responsibility of Wayside House to provide this information to CMHA 30 days prior to the date of any change. Without CMHA being provided a minimum of 30 days written notice, the client assumes responsibility for all costs incurred (including subsidy amount).

Client/Tenant Signature

Date: _____

Support Worker
Wayside House of Hamilton

Date: _____

**APPENDIX C
MEMORANDUM OF UNDERSTANDING
IN RELATION TO RENT SUPPLEMENTS**

I **CLIENT/TENANT** understand that I may receive a rent supplement from the Canadian Mental Health Association (CMHA), Hamilton Branch in accordance with the agreement signed with my landlord. I understand that CMHA receives all of the money to fund this rent supplement from the Ontario Ministry of Health and Long-Term Care.

I understand that if the Ontario Ministry of Health and Long-Term Care decide to stop providing the funding to pay for the rent supplements, CMHA will no longer pay a rent supplement. I understand, however, that even if CMHA no longer pays a rent supplement, I must pay my rent in full to (**The Landlord**). I understand that if I do not pay my rent in full to (**The Landlord**), (**The Landlord**) may terminate my lease and I may lose my housing.

I understand that rent subsidy is determined by my monthly income. I must provide verification of income to CMHA annually. I further understand that if any changes in my level of income occur, I must notify CMHA within 15 days and this may bring about a change in the amount of rent supplement I may receive. Any change in the amount of rent supplement is entirely at the discretion of CMHA.

Client/Tenant Signature

Date: _____

Support Worker
Wayside House of Hamilton

Date: _____

Canadian Mental Health Association
Hamilton Branch

Date: _____