

ADDICTION SERVICES DESCRIPTION (Adult) (SI)

	CAPACITY	ADMISSION CRITERIA	EXCLUSION CRITERIA	PROGRAM DESCRIPTION	LENGTH OF STAY	GOALS
Addictions Intake	<ul style="list-style-type: none"> • Receives referrals from all sources for triage to VIHA Addictions services, including Addictions Outpatient Treatment (AOT) • Fax referral form and client questionnaire to (250) 213-4445 • Referrals from VIHA services sent on line via Pathways • Clients can self refer by dropping into 1125 Pembroke street or 1250 Quadra Street (AOT) • For more information please call (250) 213-4441 					
Sobering & Assessment Centre (Pembroke site)	20 people Open 7 days per week x 24 hours	<ul style="list-style-type: none"> • Intoxication from alcohol or other drugs • No other place to stay 	<ul style="list-style-type: none"> • Not intoxicated from alcohol or other drugs • Biomedical condition unstable and/or untreated • Deemed high risk for violent behaviour 	<ul style="list-style-type: none"> • Facility for impaired clients that offers safe, warm shelter, physical risk assessment, laundry services, showers, snacks, and referral to next step when appropriate 	Less than 23 hours	Offer safety and opportunity for improved health for street entrenched clients.
Addiction Outpatient Treatment (AOT) (Quadra Clinic)	Monday – Friday Some evenings	<ul style="list-style-type: none"> • Accepting of clients with varying levels of motivation to change who choose to engage in treatment • Ability to engage in therapeutic process through group sessions and/or one-to-one session 	<ul style="list-style-type: none"> • Major mental illness with current untreated symptoms • Presence of significant impairments of cognitive function • Biomedical condition is unstable and/or untreated or distracts from treatment • Deemed to be a high risk for potential violent behavior or interfering with the therapy of others 	<ul style="list-style-type: none"> • Assessment and referral • Group counseling, and limited individual counselling • Consultation & collaboration with other service providers • Psychiatric consultation for clients when necessary • Medical evaluation and consultation as needed, for clients of the clinic 	May vary from 1 session to 12; group involvement can continue for up to a year.	Helping people make changes by providing treatments that match the clients' stages of change and personal goals; includes abstinence-based and other strategies for harm reduction.
Community Medical Detox Unit (EMP 5A site)	21 beds	<ul style="list-style-type: none"> • High risk of severe biomedical complications as a direct result of the withdrawal process • Severe withdrawal symptoms • Generally abstinent for less than 3 days • Severe dependency • History of significant withdrawal symptoms • High risk for relapse • At-risk living situation / client has poor coping skills and/or low self efficacy 	<ul style="list-style-type: none"> • Withdrawal symptoms deemed not to need a high level of medical attention • Inability to manage own behaviours posing a risk for imminent harm to self or others • Deemed to need a higher level of medical care than can be offered by detox unit, i.e. potential need for intravenous treatment or other invasive procedures 	<ul style="list-style-type: none"> • 24 hour medically supervised evaluation and withdrawal management in a community residential unit • Biopsychosocial assessment and development of individual treatment planning 	7 – 10 days	Goal of safely and comfortably withdrawing from current use of alcohol and other drugs, and planning for longer-term, ongoing recovery efforts.
Stabilization (Pembroke site)	Currently 17 beds	<ul style="list-style-type: none"> • Established, or willing to establish, relationship with addiction counselor or other ongoing community support • Expressed commitment to recovery process • Absence of current intoxication, and no expectation of significant withdrawal symptoms 	<ul style="list-style-type: none"> • Intoxication or current out-of control use of substances • Risk of significant impairment due to withdrawal symptoms • Deemed to be a high risk for potential violent behaviour or interfering with the therapy of others 	<ul style="list-style-type: none"> • Community residential setting, providing stabilization for Post Acute Withdrawal Syndrome • Ongoing biopsychosocial assessment • Development of individual treatment planning and linkage to appropriate community support services • 2 recovery support groups per day • Individual support from an Addictions Worker 	Variable - 7 to 30 days	Re-establishment in community with proper support assistance and treatment plan in place.

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Recovery Addictions Support (RAS) (Pembroke site)	20+ spaces	<ul style="list-style-type: none"> No use for 24 hrs before attending group No withdrawal risk High motivation to change Suitable home environment OR all of the following are true: considerable gains already achieved; adequate social skills to obtain support network and/or engage in self-help groups 	<ul style="list-style-type: none"> Severe withdrawal symptoms History of significant withdrawal symptoms Severe psychological symptoms Inability to manage own behaviours posing a risk for imminent harm to self or others Biomedical condition is unstable and/or untreated or distracts from treatment Low motivation to change 	<ul style="list-style-type: none"> Hours of operation: 8: 30 – 4:30, 7 days a week Daily psychoeducational and supportive group programming Availability of complimentary treatments for symptom relief, such as Acudetox; late afternoon sessions 	Open	Establishing longer-term, ongoing recovery, so clients can create own recovery oriented community.
Supportive Recovery /Residential Treatment (Community locations)	Holly Place – 5 beds female Lilac Place – 5 beds female The Grove – 10 beds male	<ul style="list-style-type: none"> Involvement with a qualified addictions counsellor Expressed commitment to recovery process Level of functioning stable and not affected by acute intoxication or withdrawal effects Readiness to change, characterized by willingness to co-operate but may need motivating, monitoring, and support Medically and psychiatrically stable 	<ul style="list-style-type: none"> Intoxication or current out-of-control use of substances Risk of significant impairment due to withdrawal symptoms Deemed to be a high risk for potential violent behaviour or interfering with the therapy of others Risk for suicide or self-harm Active eating disorder Biomedical condition is unstable and/or untreated or distracts from treatment 	<ul style="list-style-type: none"> Residential house 24 hour support available Group treatments available through Addictions Outpatient Treatment (Quadra Clinic) Coaching on basic life skills Development of individual treatment planning and linkage to appropriate community support services. 	Up to 90 days	Re-establishment in community with appropriate support assistance and treatment plan in place.
Addiction Outreach Clinician (AOC)	Consultation service	<ul style="list-style-type: none"> Individuals, within and outside the VIHA system, who are experiencing addiction issues and are in jeopardy of losing their housing due to their addiction. This includes clients with concurrent disorders Service is provided on a voluntary basis, with client consent required to provide service and share information with other service providers Service providers who would benefit from education about addictions and related services 	<ul style="list-style-type: none"> Primary mental health issues with no addictions component Client not willing/able to provide consent. Potential imminent risk of harm to self/others 	<ul style="list-style-type: none"> Consultation for service providers (including landlords) regarding working effectively with persons with addictions, and education regarding addiction services Education and support for clients regarding stages of change, relapse prevention, consequences of long term substance use, coping strategies in residential settings, and accessing available services Brief interventions using a variety of treatment modalities – including motivational interviewing, brief therapy, CBT, DBT and client focused approach 	Brief interventions and consultation /education only	Maintain housing and work toward recovery.
713 Outreach (Intensive Case Management Team)	Commenced January 2014	<ul style="list-style-type: none"> Individuals have a self-identified high-level of substance use Primarily for individuals who are 19 and older, youth who otherwise fit the criteria will be considered Challenges with income, housing and health Difficulties accessing health and social services Mental health concerns 	<ul style="list-style-type: none"> Client is not willing/able to provide consent Is already an active client with another wrap-around service (i.e. ACT/VICOT) 	<ul style="list-style-type: none"> Hours of operation: 8AM – 9PM Monday to Friday and 1PM – 9PM on weekends and holidays An interdisciplinary and integrated team including a street nurse, social program officer, outreach workers, Aboriginal support workers, and harm reduction workers, in partnership with AIDS Vancouver Island Community outreach, engagement, harm-reduction distribution and intensive case management 	Open	To establish community connections to reduce harm and improve health outcomes
Other VIHA Contracted Services				<ul style="list-style-type: none"> Pacific Centre (Langford / Western Communities) Cool Aid (Downtown) Native Friendship Centre (Tillicum; Downtown) Saltspring Island Community Services (Saltspring Island) Umbrella Society support services 		