



**PARKDALE
QUEEN WEST**
Community
Health Centre



Parkdale Queen West Community Health Centre

Safer Opioid Supply Program (SOS)

General Referral

Our open intake period is Tuesday Oct. 3 — Friday October 20, 2023 @ 5:00pm.

Referrals submitted outside of that time will not be accepted.

ABOUT OUR PROGRAM

The SOS Program provides a safer solution to the toxic street supply for people who use who use opioids daily. Participants in the program receive prescriptions for pharmaceutical opioids with the goal of supporting them to decrease their reliance on the toxic, unpredictable street supply of opioids. Participants are also supported by staff who offer case management, appointment accompaniment, counselling, harm reduction education, recreational/drop-in programming, mobile care, and connections to other services at PQWCHC and in the community.

Eligibility

The eligibility criteria for the SOS program is daily or nearly daily use of illicit opioids.

Program Participation Requirements

The program requires you to meet with your clinical prescriber or a member of your SOS care team on a regular basis. This can be as frequent as weekly or biweekly, depending on numerous factors. During these regular check ins, we will assess how the medication is working for you as well as collect urine samples. We understand this may feel invasive but is a requirement to ensure safety of your prescription. Failure to maintain connection to the team on a regular basis could result in a reduction in your dose or discharge from the program.

HOW TO COMPLETE A REFERRAL

Step 1. Referrers' responsibility

The referrer agrees to support in the onboarding of the client they have referred which includes appointment reminders, accompaniments and sharing of information.

The individual being referred understands what the program has to offer and the requirements of the members who are enrolled.

The referrer has obtained consent from the individual to submit the application and share the information provided.

Step 2. Complete the referral on behalf on an individual you support in community.

- The individual is aware of the referral and consents to the sharing of information.
- The individual understands this program requires regular participation.

Step 3. Submit the application by Friday, October 20, 2023 @ 5:00pm

- Referrals will only be accepted by email to sosreferral@pqwchc.ca.
- No referrals will be accepted in hard copy for internal or external applications.
- When the application has been received, you will a confirmation email informing you we have it.

REVIEW OF REFERRALS

After the closing date, the SOS care team will meet to review the candidates for the program.

We will assess the needs of the individuals who have applied and assess our case loads to determine the best fit.

Only selected participants will be contacted to move to the next step.

INTAKE PROCESS (FOR SELECTED CLIENTELE)

A member of the SOS care team will connect with the referral source as well as the referred individual to arrange the first step in the intake process.

The intake process is 3 steps which involves:

1. Meet with SOS Case Manager to review social needs
2. Meet with SOS Nurse to review medical history and complete further assessments
3. Meet with SOS Prescriber to discuss next steps

Depending on the individual's needs, the 1st and 2nd meeting can be combined or happen within the same day.

If 3 or more intake meetings are missed, we will unfortunately have to move forward to the next candidate. In that case, you will need to apply during our next intake period.

Please note: We do not hold onto copies of any referrals.

IF YOU DO NOT HEAR FROM US AFTER YOU APPLY

Unfortunately, due to funding constraints we can only select a portion of the applicants who apply for our program. As we do not hold wait list, please hold on to a copy of your referral to reapply when our program is open again. Please indicate on the application you have applied previously, and we will make sure we look at it further.

If you have any further questions, please contact Jordan Howe, SOS Program Manager at jhowe@pqwchc.ca



**PARKDALE
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Safer Opioid Supply Program (SOS)

Self Referral

Our open intake period is Tuesday Oct 3 – Oct 20, 2023 @ 5:00pm.

Referrals submitted outside of that time will not be accepted.

ABOUT OUR PROGRAM

The SOS Program provides a safer solution to the toxic street supply for people who use who use opioids daily. Participants in the program receive prescriptions for pharmaceutical opioids with the goal of supporting them to decrease their reliance on the toxic, unpredictable street supply of opioids. Participants are also supported by staff who offer case management, appointment accompaniment, counselling, harm reduction education, recreational/drop-in programming, mobile care, and connections to other services at PQWCHC and in the community.

Eligibility

The eligibility criteria for the SOS program is daily or nearly daily use of illicit opioids.

Program Participation Requirements

The program requires you to meet with your clinical prescriber or a member of your SOS care team on a regular basis. This can be as frequent as weekly or biweekly, depending on numerous factors. During these regular check ins, we will assess how the medication is working for you as well as collect urine samples. We understand this may feel invasive but is a requirement to ensure safety of your prescription. Failure to maintain connection to the team on a regular basis could result in a reduction in your dose or discharge from the program.

HOW TO COMPLETE A REFERRAL

Step 1. Pick up Self Referral

- Self referral forms are available at the 1st floor receptionist or with SCS staff at both PQWCHC sites: 1229 Queen Street West and 168 Bathurst Street

Step 2. Complete the Self Referral Form

- If you have any questions or support needs in completing the application, please connect with SCS staff

Step 3. Submit the application by **Friday, October 20 @ 5:00pm by email or in person**

- Submit it by emailing it to sosreferral@pqwchc.ca with the **subject line: SOS Self Referral**

OR (see next page)

- Submit it in person with the provided envelope with staff working in 1st floor reception at either of the Parkdale Queen West Community Health Centre clinics: 168 Bathurst Street or 1229 Queen Street West

REVIEW OF REFERRALS

After the closing date, we will review the referrals as a team and make selections.

We will assess the needs of the individuals who have applied and assess our case loads to determine the best fit.

Only selected participants will be contacted to move to the next step.

INTAKE PROCESS (FOR SELECTED CLIENTELE)

If you are selected, a member of the SOS care team will connect with you within 14 days of the closing date to arrange the first step in the intake process. We will do everything in our power to support a successful intake. We will attempt 3 times to connect before moving on to other applicants.

The intake process is 3 steps which involves:

1. Meet with SOS Case Manager to review your social needs
2. Meet with SOS Nurse to review your medical history and complete further assessments
3. Meet with SOS Prescriber to discuss possibilities with your prescription

Depending on your needs, the 1st and 2nd meeting can be combined or happen within the same day.

If 3 or more intake meetings are missed, we will unfortunately have to move forward to the next applicant. In that case, you will need to apply during our next intake period.

Please note: We do not hold onto copies of any referrals.

IF YOU DO NOT HEAR FROM US AFTER YOU APPLY

Unfortunately, due to funding constraints we can only select a portion of the applicants who apply for our program. As we do not hold wait list, please hold on to a copy of your referral to reapply when our program is open again. Please indicate on the application you have applied previously, and we will make sure we look at it further.

If you have any further questions, please contact Jordan Howe, SOS Program Manager at jhowe@pqwchc.ca

Initial Referral Form – SOS Program (October 2023)



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This is a self-referral OR Other referral source (worker, family, etc.)

This section to be completed by other referral source:

Date Completed: _____

Referee Name: _____

Referee Contact Details: _____

Site preference (if applicable):

Queen West Site (168 Bathurst St.)

Parkdale Site (1229 Queen St. W)

For the referral form to be processed, the referee must agree to the following:

I will remain connected to the client and support with the onboarding process as well as engagement challenges within the first 60 days of service. The client has been informed that this referral does not guarantee a spot in the program.

I have received consent by the individual to complete this referral and share their personal health information.

First name	Last name	Preferred name
Date of birth	OHIP number (if known)	Gender Sex (as shown on OHIP)
Pronouns	Phone number	Email or alternative contact

Demographics

Indigenous Black Person of Colour Woman Gender fluid/Non-binary LGBTQ2S+

Housing, Shelter, and Incarceration:

Housed – address: _____ Temporary shelter/housing: _____

No fixed address – situation: _____ History of incarceration – number of days: _____

Substance Use:

Opioids – Type: _____ Amount/Frequency: _____

Stimulants – Type: _____ Amount/Frequency: _____

Benzos – Type: _____ Amount/Frequency: _____

Alcohol – Type: _____ Amount/Frequency: _____

Other – Type: _____ Amount/Frequency: _____

Overdose History:

Number of ODs within past month: _____ Within past year: _____ Within lifetime: _____

Current or history of these physical health concerns:

Hep C HIV Seizure Disorder Diabetes Endocarditis Asthma Anemia Spinal Abscesses

Other (please list): _____

Current diagnosed mental health concerns:

PTSD Depression Anxiety Bipolar Schizophrenia

Other (please list): _____

Currently receiving Opiate Agonist Therapy (ex: Methadone, Suboxone, Kadian, etc.):

No Yes – which type?: _____ Current Provider: _____

Yes, in the past. Details: _____

Primary care (Doctor, Nurse Practitioner, mobile health team, drop-in service, hospital, etc.)

No primary care team Partially – provide details: _____

Yes – provide details (contact info): _____

Other services and support desired:

Counselling Housing Legal Mental health Life skills (cooking, cleaning, etc.) Financial/budgeting

Training/employment ID & Taxes Immigration Clothing Detox/Treatment Appointment support

Other (please list): _____

Has a Case Manager or Support Worker (enter contact): _____

PLEASE EMAIL ALL REFERRALS TO SOSREFERRAL@PQWCHC.CA – CLOSING OCTOBER 20, 2023