

# POL: Entry Criteria

## 1. Objective

The objective of this policy is to clearly outline the entry criteria for community members who seek access to Holyoake clinical services.

## 2. Scope

This policy applies to all clinical services.

## 3. Target community

Holyoake's clinical services are targeted primarily to individuals of any age with alcohol and/or other drug (AOD) use issues and family members and significant others who may be impacted by another person's use.

Community needs, including access considerations will be identified in direct consultation with the target community and can include the use of feedback relating to existing Holyoake services from the same community. For more information on the consultation process, refer to **POL Service Development, Evaluation and Review**.

## 4. Eligibility

Holyoake's clinical services are available to individuals with AOD use issues and family members and significant others who may be impacted by another person's use. Holyoake recognises that everyone's needs are different and that some people may also require support in other areas, including but not limited to mental health, in addition to AOD support. In most circumstances Holyoake will be able to offer a service that would meet each person's individual needs.

Holyoake is also funded through a specific program (the After Care Coordinator Service) to provide clinical services to individuals with mental health concerns, who may or may not have a co-occurring alcohol and/or other drug issue.

Limitations to general eligibility include specific funder requirements and service availability.

## 5. Exclusion Criteria

Every endeavour will be made to provide support to individuals who meet the eligibility criteria as outlined above. Exclusion from the service may apply in the following circumstances:

- A person does not meet the eligibility criteria - in these circumstances, Holyoake will offer to support the person to source an alternative and appropriate service provider (refer to **POL Integrated Care**).
- A person refuses to, or is unable to meet their responsibilities as outlined in **POL Rights and Responsibilities**, for example if they pose a threat to Holyoake staff. In these circumstances, Holyoake will explore options with the person to facilitate their access to Holyoake services,

for example an alternative location, telehealth access, or the involvement of a third party. If following direct communication with the person involved, it becomes clear that the issue/s cannot be resolved, Holyoake will offer the person the opportunity to source an alternative and appropriate service provider (refer to **POL Integrated Care**).

## 6. Inclusivity

Holyoake is committed to ensuring that access to services is applied in a non-discriminatory manner with regard to culture, gender, age, religion, sexuality, disability and co-occurring health issues. For further information, refer to **POL Cultural Security**, **POL Access and Equity** and **POL Comorbidity: A Service Response to Clients Presenting with Comorbidity**.

## 7. Single point of entry

All Holyoake locations have a single point of entry for all services provided via that office location. The single point of entry provides for:

- a clear entry process that involves initial needs identification, collection of contact data, followed by a more detailed assessment, that is consistent across sites; and
- consistent information provided to all potential clients and referrers.

The only exceptions to this process are:

- Holyoake's Service Agreement with the Department of Justice (DoJ) which requires that referrals to DoJ funded programs are made by DoJ staff (i.e. ADAPT Program).
- Holyoake's Service Agreement with the WA Primary Health Alliance which requires that referrals to the After Care Coordinator program (suicide prevention) are referred by a Wheatbelt emergency department or the Wheatbelt Mental Health Service or a GP or a nurse practitioner.
- Holyoake's Grant Agreement with the Mental Health Commission which requires that individuals be referred to the Active Recovery Team by the Eastern Metropolitan Health Service

Holyoake staff work collaboratively to ensure a 'no wrong door' approach by linking potential clients to other Holyoake locations where necessary.

## 8. Priority access

In the event that the demand for a particular service exceeds the available supply, Holyoake may implement a waitlist to manage access to the relevant service. In addition, it may be necessary to prioritise client access to service based on identified priority groups, risk factors and funder requirements. For further information on waitlists and priority access provisions, refer to **POL Management of Service Demand**.

## 9. Screening and assessment

At the point of initial contact into the service, a needs identification and service matching process is conducted. Information provided by clients and/or referral sources during initial needs identification, including an indication of priority, should be documented. This provides clinical staff with baseline client information to inform their assessment.

Screening and assessment is an integral part of the intake process at Holyoake. Whilst there are a variety of assessment tools that are available to use, the standard screening and assessment tools used at Holyoake are:

- Mental State Examination (MSE).
- Suicide Risk Assessment (SRA).

For more information on the screening and assessment process, refer to **POL Screening and Assessment**.