



♀ ST. JOHN'S WOMEN'S CENTRE
♀ MARGUERITE'S PLACE
☂ SAFE HARBOUR OUTREACH PROJECT

170 Cashin Ave. Ext., St. John's, NL Canada A1E 3B6 | T. 709.753.0220 | F. 709.753.3817 | www.sjwomenscentre.ca

Managed Alcohol Program (MAP) APPLICATION PACKAGE

If you need support filling out this application contact Becky Fleming at (709) 725-8700 or becky@sjwomenscentre.ca

Managed Alcohol Program (MAP) is a pilot project harm reduction program delivered from a housing-first and trauma-informed approach. This program aims to decrease harms and barriers associated with chronic alcohol use delivered to those for whom other treatment options are not appropriate or available. It is operated by the St. John's Status of Women Council.

Participants are supported by an interdisciplinary team, including a case manager/outreach worker, a counsellor, and Eastern Health's Harm Reduction Team. Participants are provided regulated amounts of alcohol tailored to their needs, based on a care plan developed by the participant and their team. In addition to alcohol provision, MAP also assists individuals who have been chronically underserved by the system, working to identify and overcome barriers that have prevented them from successfully maintaining safety and independence in the community. This is achieved through the development of Individualized Care Plans which allow individuals to identify needs, strengths, and actions to achieve specific self-identified goals. In other words, the participant will tell us what they want from MAP, and we will support them in this. We will not tell anyone what their goals should be or how to reach them.

MAP is mainly an outreach-based program offered to women and nonbinary individuals living in St. Johns. Whole-person support will be provided to those in the program so that participants can identify, and be supported in, achieving their goals for harm reduction and wellbeing. The participant will identify what is harmful to them. We are accepting applications for MAP participants. Eligible applicants must:

- Face significant barriers to accessing a safe supply of alcohol
- Experience significant safety and health risks related to alcohol use
- Be a woman or nonbinary person over the age of 19
- Face significant barriers to maintaining safe and stable housing
- Agree to engage in low-barrier support from a harm reduction support team at a level appropriate to the participant's needs and goals
- Have income less than the Low Income Cut Off (LICO) standards set by Statistics Canada (In 2020, the 12- month LICO amount for a single person is \$25,921.)

The following package outlines our selection process. Applicants must review this document before proceeding. If you have any questions or concerns on the following information, please contact Becky, Harm Reduction Coordinator at St. John's Women's Centre (709-725-8700). Your privacy is important, and your information within this package will be kept confidential, and will only be shared with members of the MAP team and Eastern Health partners on the selection committee.

Sincerely,

MAP Team

Candidate Selection Process

All aspects of the candidate selection process will be guided by two essential principles: **Harm Reduction Needs and Program Participation**

1. **Harm Reduction Needs:** Managed Alcohol Programming is intended to provide harm reduction services to those who have exhausted or are unable to access traditional substance use/addictions resources. Participants are not required to be interested in working towards or able to work towards sobriety. We are aware this is not a goal that's accessible to all that have issues with chronic alcohol use. The MAP team will select participants based on:
 - a. The candidate's level of experienced risk related to their alcohol use.
 - b. A demonstration of how other treatment options have either been unsuccessful
 - c. A demonstration that other options are not feasible for the candidate.
2. **Program Participation:** Successful candidates must demonstrate an interest, capacity, and a willingness to participate in MAP. This program is a low-barrier service but requires that participants are actively engaged in their care planning process. To reduce harm, it is critical that participants are willing to work collaboratively with their team to assess and adjust their alcohol amounts and related supports provided. MAP works to build independence and stability for those looking to participate in reducing their experiences of harm and risk and increasing their autonomy.

Application Process

Managed Alcohol Program applications may be obtained from (*****). The application process involves the submission of an application, followed by an in-person interview with the MAP Participant Selection Team. A support person may also accompany applicants during this process. If you would like a support person but do not have one, we can provide one upon request. The application package and supporting documents may be submitted via e-mail or in person at the St. John's Status of Women Council located at 170 Cashin Avenue Extension.

Individuals may enter the application process independently. A friend or family member may also assist in the referral/application process. If a referring agency is involved it is expected that they will be active partners with candidates throughout the application process and during residency where possible. Referring agencies include (but are not limited to):

- Community Groups
- Government Agencies
- Provincial Organizations

Referring agencies are expected to:

- Become familiar with admissions criteria and application process
- Involve the candidate in the application process
- Offer support to candidates during the application process and engagement in the program

Self-Disclosure & Openness

Understanding the experiences and needs of women and nonbinary folks entering MAP is crucial to the successful provision of intensive harm reduction services. We require truthfulness and openness throughout the application process. We prioritize serving women and nonbinary individuals who have criminal justice involvement, mental health challenges, histories of polysubstance use, experiences of homelessness or housing instability, and/or who have experienced trauma. Disclosure of any of the above is certainly not mandatory but will help in prioritizing based on need in the selection process. Letters of support from individuals and/or the community can also be included with an application.

Letters of support are not required, but are intended to provide insight into the candidate's suitability and need for the program, as well as her/their ability to contribute to and benefit from this harm reduction service. Candidates are also welcome to compose their supporting documents themselves. A letter of support should include:

- A clear description of the referring agency's relationship with a candidate indicating how long has the agency been working with the candidate and in what capacity
- A description of the supports that the referring agency will be able to offer the candidate while they are participating in MAP
- An outline of how the candidate meets the required selection criteria for MAP
- Acknowledgment of ongoing or past addictions, mental health, aggression and trauma experiences, etc. (with participant consent only)
- How the candidate hopes to benefit from a Managed Alcohol Program

Please forward applications to becky@sjwomenscentre.ca
For further information or inquiries, please contact Becky at 725-8700.



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MANAGED ALCOHOL PROGRAM APPLICATION FORM

1. Name: _____

2. Date of Birth: _____ / _____ / _____ (Day/Month/Year)

3. Where can you be reached (fill out any or all):

Street Address: _____

City/Town: _____

Province: _____

Postal Code: _____

Phone Number: _____

Friend/support: _____

Which is your preferred way to be contacted? _____

Is this a safe place to leave a message? Yes / No

4. Self-identity

Do you identify as any of the following?

- Member of the BIPOC communities (Black, Indigenous, People of Colour). Would you like to tell us more? _____
- Racialized/ non-white
- Disabled/Differently Able
- 2SLGBTQIA+

Anything else you'd like to tell us about yourself?

5. Dependants

Do you have any dependent children? Yes No

If yes, please provide details below.

6. Alcohol and substance use

Has drug or alcohol use caused you or others concerns? Please describe.

Have you ever experienced any of the following alcohol withdrawal symptoms after drinking within the last six months?

- Tremors
- Vomiting
- Sweating or Fever
- Extreme Irritability/ Confusion
- Hallucinations (seeing, hearing, or feeling)
- Seizures. If so, how long has it been since your last seizure? _____

Do you ever use non-beverage alcohol (ie. hairspray, hand sanitizer, rubbing alcohol, etc.)?



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Do you use any other substances besides alcohol? If so, how does this relate to your alcohol use?

Does accessing alcohol ever make you feel unsafe? Please explain.

Are emergency services ever involved when you are drinking or using other substances? If so, please check off which services.

- Police
- Paramedics/Ambulance
- Emergency Room
- Mobile Crisis Response Team

Have you in the past or are you receiving any treatment for substance use? Please explain.

Did you feel that any treatment you've had in the past has been helpful? Please explain. We want to know what has worked for you.



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6. Housing

Describe your current housing situation:

Do you experience or have you experienced barriers to housing stability? Please describe.

Have you ever been evicted? Yes / No

Describe circumstances:

7. Mental Health:

Have you been diagnosed with a mental health condition? Please provide details:



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Do you agree with that diagnosis? Why or why not?

What kind of symptoms do you experience around your mental health concerns?

Are you under the care of a psychiatrist? Yes / No

Are you taking mental health medications as prescribed? Yes / No

Please list medications below.

8. Physical Health:

Please list any chronic health conditions and the medications you are taking for each condition if any, including over-the-counter medications.



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Do you require in-home nursing care, home support, or personal care to complete activities of daily living? If yes, please describe and indicate whether these supports are in Place.

Do you have a family doctor or a clinic that you go to for healthcare?

9. Violence

We want to create a safe space for everyone in our building, this includes you. We want to know if there is anything we can do to minimize the risk of violence in the program. To do this, we are asking for some information about your experiences with violence. The following questions will help us assess risks. We are committed to working with you on minimizing these risks.

Do you usually keep weapons?

- In your home? YES NO
- On your person? YES NO

If yes, please tell us in what situations you have or plan to use these?

Have you ever experienced violence that you would like to disclose as relevant to your care?



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10. Criminal Justice Involvement

Do you have any charges, orders, or mandates that could affect your involvement in this program? Please provide details about the above that might be relevant to your application:

11. Allergies: Please list all known allergies.

12. Social Supports: Please identify any social (family, friend, etc.) and professional supports you are currently associated with. Who is in your circle of care?

13. Monthly Income \$ _____

Please describe your monthly sources of income (employment, government supports, etc.) and attach proof of income with this application. If you are unable to access proof of income, note that here and we will follow up with you about this information, if needed.

Is there any additional information you would like to provide while your application is being considered for the Managed Alcohol Program?

14. Statement of Participation

I _____ (candidate), with the support of _____ (name of individual or referring agency, if applicable) was actively involved and consulted throughout this application process.

Signature: _____
 Date _____

15. Application Checklist

Please include the following with your completed application form:

- Completed application form (pages 4-7 of this application package)
- Proof of source(s) of income
- Letters of support (if applicable)

16. Important Application & Assessment Details

The Harm Reduction Coordinator can be contacted with any admissions/application inquiries. Please note:

- Applications must be addressed to the Harm Reduction coordinator and include a return address (street address, fax, email, or phone number) All candidates will be notified that their application has been received
- All candidates will be notified if they are invited to continue in the application process

- All candidates will be contacted with a decision once they have been assessed at the secondary screening level
- Applications will be kept for one year after receipt; applicants are responsible to provide updates to their contact information during this time
- Applications can be submitted via e-mail, fax, or in-person to the St John's Status of Women's Council at the address below:

Attn: Becky Fleming, Harm Reduction Coordinator
becky@sjwomenscentre.ca
St. John's Status of Women Council
170 Cashin Avenue Ext
St. John's, NL A1E 3B6
Fax: (709) 753-3817