

Priority in Treatment

Priority in treatment must be given to those individuals with the greatest clinical need. In establishing clinical need, priority must be given to substance abuser that results in the highest personal and social cost as measures by severity of personal and social consequences. The following is the order of priority for admission into ASAC treatment programs:

1. Pregnant I.V. Drug Using Women;
2. Pregnant Women;
3. I.V. Drug Users (person who has injected a drug within the last twelve (12) months);
4. Methamphetamine users (person who has used within last 12 months);
5. Special Populations (Women/Racial and Ethnic Minorities);
6. All Others.

Pregnant women will be admitted to treatment within 48 hours after seeking treatment, and intravenous drug users will be admitted to treatment within 14 days after seeking treatment. If treatment of pregnant women cannot be accomplished within 48 hours or that treatment of intravenous drug abusers cannot be accomplished within 14 days of the individual seeking treatment, it is determined that no other facility has the capacity, interim services will be provided. Interim services to intravenous drug users shall include counseling and education about HIV and tuberculosis (TB), about the risk of transmission to sexual partners and infants, about relationship between intravenous drug use and communicable diseases, and about steps that can be taken to ensure that HIV transmission does not occur and, if necessary, referral for HIV and TB treatment services. For pregnant women this shall also include prenatal care referral and effects of alcohol and drug use on the fetus.

Appointments for Outpatient services shall be provided in the following order of priority:

1. Immediately in cases of emergency.
2. Within one (1) hour of presentation at our facility.
3. Within 24 hours after a telephone contact in urgent cases.
4. Within 48 hours after reporting the onset of persistent symptoms.
5. Within 10 business days for routine treatment.