



opening doors to recovery and hope

**ADDICTION STABILIZATION OPPORTUNITIES
FOR
PERSONS LIVING WITH HIV**

Overview of Program:

The Living and Recovery Community (LARC) is a 30-90 day intensive residential program which offers comprehensive substance abuse stabilization and case management/housing search services. Such services are provided within a treatment-planning model that is individualized to meet the unique needs of each client. In this way, LARC offers a safe and structured space in which program participants can focus on establishing or re-establishing rituals of recovery and wellness that enhance quality of life.

Populations Served:

LARC serves men and women living with HIV/AIDS and alcoholism and/or drug addiction whose histories of addiction relapse have jeopardized their ability to access and/or maintain stable residency in either treatment or housing programs. LARC fully integrates persons involved in methadone treatment into the stabilization program.

Stabilization Services:

- Individual Addiction/Relapse Prevention Counseling
- Group Counseling (over 30 groups weekly)
- Comprehensive Case Management
- Housing Search Counseling and Advocacy
- Acupuncture Therapies
- Stress Reduction Trainings
- Life Skills Building (including Medication Management)

Program Eligibility Criteria:

- 18 years of age or older
- History of alcoholism and/or drug addiction
- HIV infection
- Medical clearance for inpatient substance abuse treatment (detoxification from all illegal and/or unprescribed substances)
- Recent instability in addiction recovery (relapse)
- Medical condition stability
- Non-infectious tuberculosis status
- Psychiatric and neurological competency to engage in program

Location:

LARC is located on the 11th floor (north) of the Lemuel Shattuck Hospital in Jamaica Plain. The hospital building itself is situated on the edge of Franklin Park within walking distance of the Forest Hills Orange Line T Station.

Facilities:

The LARC program has 15 comfortable single client rooms, 4 spacious bathrooms, an ample kitchen and dining area, a large solarium/group room, an acupuncture treatment room, and several staff office spaces. In addition, LARC has laundry facilities which include clothes washers and dryers. The LARC program is handicapped accessible.

**FOR MORE INFORMATION, PLEASE CALL THE LARC PROGRAM
617-522-2936**

Victory House

Women's Hope

The Bobbie White House

New Victories

Shepherd House

The Center for Health & Wellness

Victory Transitional House

Living & Recovering Community (LARC)

Cedar House

Women's Hope Transitional Home

Yetman House

Portis Family Home

ReVision House

ReVision Urban Farm

Living and Recovering Community
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*Thank you for your interest in the Victory Programs Living and Recovering Community.
The following information is provided to assist you during the admission process.
Please contact Victory Programs Living and Recovering Community with further questions
or to make a referral.*

ADMISSION DOCUMENTATION

To be eligible for admission, an applicant must provide documentation of the following:

1. A history of alcoholism and/or drug addiction.
2. HIV infection.
3. Medical clearance for inpatient treatment (detoxed from all illegal and unprescribed substances).
4. Recent instability in her/his addiction recovery (relapse or risk of relapse).
5. Non-infectious tuberculosis status
6. Verification of Financial Resources and Expenses

In addition, applicants must be medically stable and psychiatrically and neurologically competent to participate in the program. All applicants must sign consent forms allowing the clinical staff of Victory Programs Living and Recovering Community (LARC) to communicate with their primary care physician, mental health provider(s), methadone provider, and any other relevant care providers.

ADMISSION PROCESS

1. Initial Intake

The applicant or referring provider contacts LARC and participates in an Initial Intake to verify the applicant's basic program eligibility.

2. Fax Transmittal of Required Documents

The identified provider coordinates the completion and return of required forms and the submission of appropriate documentation, including:

- Program Application Form.
- Physician's Referral Form.
- Applicant's Consent to the Release of Information Form(s)
- Financial Resources and Expenses Verification Documentation
- Methadone Provider's Referral Form (if applicable)

3. Interview

The applicant comes to LARC for an interview with program staff. This interview includes:

- an initial needs assessment.
- clarification of the program requirement that, when admitted, the client is to bring a minimum of two weeks supply of all needed medications.
- signing of the Client Agreement to Program Participation and the Client Agreement to Rights and Responsibilities.

4. Program Acceptance

Once the applicant has been accepted for admission to LARC, s/he will be notified by phone.

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Client’s Consent to the Release of Information

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I, _____, authorize the staff of the referring _____ program

_____ and the staff of The Living And Recovering Community (LARC) to exchange any information regarding my addiction, health care, and case management needs and resources that may be useful in facilitating my application and possible admission to the LARC program. I understand that my records are protected under the federal regulation governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”), 45 C.F.R. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in the event this consent expires one year from its execution or upon the withdrawal of my application or my discharge from the LARC program.

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Signature of Client

Signature of Witness

Dated:



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Referring Provider's Form

GENERAL INFORMATION

Applicant's name: _____

Current address: _____

Telephone #: _____

Age: _____ Date of birth: _____ Gender: _____ Pregnant (Y/N) _____

SS#: _____ Language(s) spoken: _____

Has the applicant participated in the LARC program before? _____ When? _____

REFERRING PROVIDER INFORMATION

Name of referring provider: _____

Relationship to applicant: _____

Agency: _____

Address: _____

Phone: _____ Fax: _____

Provider's signature and date: _____

Reasons for LARC Referral: _____

ADDICTION AND RECOVERY STATUS

Description of applicant's most recent addiction relapse: _____

Description of applicant's current recovery status: _____

Description of current alcohol/ drug usage (if applicable): _____

Description of applicant's detoxification needs: _____

Is the applicant involved in methadone treatment? Yes ___ No: ___ Dosage: _____

Methadone provider agency name and #: _____

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Medical Information and Status

Name of primary care physician: _____

Physician's phone number: _____

Other involved health care agencies (CMA, VNA,...)?: _____

Date of HIV diagnosis: _____

Opportunistic infections and dates: _____

Does applicant have any neurological involvement related to HIV? Please describe:

Current medications: _____

Current medical status: _____

Housing Information and Status

What is the applicant current housing situation? _____

Is applicant's current housing situation safe? _____

What are the applicant's housing needs? _____

Amount of monthly rental payment (if applicable): _____

MENTAL HEALTH INFORMATION AND STATUS

Is applicant currently seeing mental health care provider? Yes ___ No ___

How frequently? _____ Date of last visit: _____

Mental health care provider's name: _____

Mental health provider's phone #: _____

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Psychiatric history (include diagnosis and type of treatment): _____

CASE MANAGEMENT INFORMATION

What are the applicant's immediate case management needs? _____

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What workers/ agencies are providing case management support to the applicant at present?

LEGAL ISSUES

Does the applicant have legal cases pending, and if so, what is the current status of these legal issues?

FINANCIAL INFORMATION

Applicant's total current monthly household income: _____

Current sources of income (include employment, benefits, food stamps, other sources):

Medicaid number and type: _____

Recipient identification number (if applicable): _____

Other Insurance (CMA, NHP, HCHP)? _____

SUPPORT STATUS

Married: ____ Unmarried: ____ Divorced: ____ Widowed: ____ Couple: ____

Name of significant other (if applicable): _____

Does applicant have children, and if so, how many? _____

Describe applicant's "family" and/or system of support:

Describe presence of addiction in applicant's family? _____

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PHYSICIAN'S TB CERTIFICATION

I, _____ (please print name)
of _____ (hospital/clinic affiliation) provide
primary medical care for _____,
I hereby certify that he/she:
_____ does have active/contagious TB disease.
_____ does not have active/contagious TB disease.
Date of last TB test: _____ Results _____
Date of last chest x-ray: _____ Results _____

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Additional Information:
Has this person ever tested positively for antibodies to TB? Yes ___ No ___
Date of positive test result: _____
Has this person ever had active TB disease in the past? Yes ___ No ___
Date of tx of active TB disease: _____
Has this person completed a successful course of treatment? Yes ___ No ___
Please indicate related TB medications and dates of use: _____
Medical Provider Signature _____ Date _____



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Methadone Provider's Referral Form

Name of Client, Client's Date of Birth, Methadone Provider Agency, Staff Contact, Mailing Address, City, State and Zip Code, Telephone, Date of Client's Entry into Methadone Program

Client's Consent to the Release of Information

I, _____, AUTHORIZE THE ABOVE AGENCY, _____, TO DISCLOSE TO LARC THE INFORMATION REQUESTED ON THIS FORM TO ASSIST IN MY ADMISSION TO AND PARTICIPATION IN THE LARC PROGRAM. I UNDERSTAND THAT MY RECORDS ARE PROTECTED UNDER THE FEDERAL REGULATIONS GOVERNING CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE RECORDS, 42 CFD PART 2, AND CANNOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT UNLESS OTHERWISE PROVIDED FOR IN THE REGULATIONS. I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON IT, AND THAT IN ANY EVENT THIS CONSENT EXPIRES ONE YEAR FROM ITS EXECUTION OR UPON THE WITHDRAWAL OF MY APPLICATION OR MY DISCHARGE FROM THE LARC PROGRAM.

SIGNATURE OF CLIENT, SIGNATURE OF WITNESS

Methadone Provider's Information

BRIEFLY DESCRIBE THE CLIENT'S DOSAGE HISTORY: _____

Briefly describe the client's methadone treatment goal (i.e., detox or maintenance): _____

Documentation of most recent six urine toxicology screens:

Table with 2 columns: Date, Results

Methadone Provider Staff Signature _____

- Victory House, Women's Hope, The Bobbie White House, New Victories, Shepherd House, The Center for Health & Wellness, Victory Transitional House, Living & Recovering Community (LARC), Cedar House, Women's Hope Transitional Home, Yetman House, Portis Family Home, ReVision House, ReVision Urban Farm

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Methadone Aftercare Agreement

Client Name: _____ Date of Birth: _____

Home Methadone Clinic: _____

Home Methadone Clinic Fax Number: _____

Home Methadone Contact Person: _____

Home Clinic Phone Number: _____

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This is an agreement between the Living and Recovering Community (LARC) of Victory Programs, the client listed above, and his or her home methadone clinic listed above. While at LARC, the client is courtesy dosed at the Methadone Assessment and Treatment (MAT) of Roxbury Comprehensive Community Health Center, located at the Lemuel Shattuck Hospital in Jamaica Plain, the same building in which LARC is located. Upon discharge from LARC the MAT Program ceases courtesy dosing for the LARC client, and the client must return to his or her home clinic for continued dosing.

This is an agreement that, _____, (client name)

will resume services at his or her home clinic, _____, (home clinic name)

after discharge from the LARC Program. The home clinic will be notified when the client is discharged from LARC by staff of the LARC program and/or the MAT Program. Further arrangements to coordinate care can be made by contacting LARC.

Client Signature: _____ Date: _____

Home Clinic Staff Signature: _____ Date: _____

LARC Staff Signature: _____ Date: _____

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