



ADDICTION STABILIZATION OPPORTUNITIES FOR PERSONS LIVING WITH HIV

Overview of Program:

AIDS Housing
Technical Assistance

Bobby White
Housing Services

Cedar Family Home

Health, Wellness and
Education Initiative

HPRP – “50 Families”

Joelyn’s Family Home

The Living and Recovering
Community (LARC)

New Victories

Portis Family Home

ReVision Family Home

ReVision Urban Farm

Ruah House

Shepherd House

Victory House

Victory Housing on Warren
Street

Victory Transitional House

Women’s Hope

Women’s Hope Transitional
House

LARC Program
Lemuel Shattuck Hospital
170 Morton St. 11 North
Jamaica Plain MA 02130

Tel: 617.522-2936
Fax: 617.522-1345
Web: www.vpi.org



Updated 11.2011

The **Living and Recovery Community (LARC)** is an intensive residential program which offers comprehensive substance abuse stabilization and case management/housing search services for up to 90 days. 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
- Stress Reduction Trainings
- Life Skills Building, Medication Management and Stress Reduction Techniques

Program Eligibility Criteria:

- 18 years of age or older
- History of alcoholism and/or drug addiction with recent instability/relapse
- HIV infection
- Medical clearance for inpatient substance abuse treatment (detoxification from all illegal and/or unprescribed substances)
- Medical, psychiatric and neurologic stability with the ability to engage in the program
- Non-infectious tuberculosis status

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 20 comfortable private and semi-private beds, 4 spacious bathrooms, an ample kitchen and dining area, a large solarium/group 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



Thanks for your interest in LARC. The following information is designed to guide you through the application, intake and admission process

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. Medically, Psychiatrically and Neurologically able to participate in an intense treatment program
3. HIV infection, including CD4 count and Viral Load Number (within last 4 months)
4. Medical clearance for inpatient treatment (detoxed from all illegal and unprescribed substances)
5. Recent instability in her/his addiction recovery (relapse or risk of relapse)
6. Verification of Financial Resources and Expenses

In order for the application to proceed, all release forms need to be signed 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

Phone Screening

An initial phone screen is conducted to insure that the applicant meets the eligibility criteria.

Document Completion

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)

Face to Face Interview

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

- The initial intake assessment
- Signing of necessary releases to continue the intake process
- Signing of the Client Agreement to Program Participation and the Client Agreement to Rights and Responsibilities

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

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

Date

Signature of Witness

Date

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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? _____

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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):

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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?

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LEGAL ISSUES

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

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ReVision Family Home

ReVision Urban Farm

FINANCIAL INFORMATION

Applicant's total current monthly household income: _____

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

Ruah House

Shepherd House

Medicaid number and type: _____

Victory House

Recipient identification number (if applicable): _____

Victory Housing on Warren
Street

Other Insurance (CMA, NHP, HCHP)? _____

Victory Transitional House

Women's Hope

SUPPORT STATUS

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

Name of significant other (if applicable): _____

Women's Hope Transitional
House

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

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

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NOTE: ALL INFORMATION ON THIS PAGE MUST BE COMPLETED AND SIGNED FOR THE APPLICATION TO BE PROCESSED

Request for Physician's Certification of HIV/AIDS Status

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Name of Client

Client's Date of Birth

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Housing Services

Name of Primary Care Physician

Physician's Phone Number

Cedar Family Home

Authorization for Release of Information

Health, Wellness and
Education Initiative

I, _____, authorize my physician, _____, 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 Patient Records, 42 CFR 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 executions or upon the withdrawal of my application or my discharge from the LARC program.

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The Living and Recovering
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Signature Client

Signature of Witness

New Victories

Portis Family Home

ReVision Family Home

ReVision Urban Farm

Ruah House

PHYSICIAN'S CERTIFICATION

Shepherd House

I, _____ (please print name), am currently providing medical care for _____ at the following clinic/hospital, _____. As such, I certify that he/she;

Victory House

a diagnosis of AIDS

Victory Housing on Warren
Street

is HIV symptomatic

Victory Transitional House

is HIV asymptomatic

Women's Hope

Women's Hope Transitional
House

LAB INFORMATION

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The following blood counts, indicated below, have been taken within the last four months;

CD 4 Count

Viral Load

Date of Lab Work

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Fax: 617.522-1345

Web: www.vpi.org



Signature of Medical Provider

Date



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OVER THE COUNTER MEDICATION PERMISSION

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Updated 11.2011

Client Name: _____

Today’s Date: _____

The following over-the counter medications are permissible to use as indicated per manufacturer’s recommendations on a PRN basis only and will not conflict with the client’s current medication regimen. The medication doses are not to exceed the manufacturer’s daily recommended dosages:

- Acetaminophen
- Ibuprofen
- Naproxen
- Aspirin
- Tums/Roloids
- Other: _____

Provider’s Name: _____

Provider’s Phone: _____

Provider’s Signature: _____



Methadone Applicants Only

NOTE: FOR METHADONE CLIENTS ALL INFORMATION ON THIS PAGE MUST BE COMPLETED AND SIGNED FOR THE APPLICATION TO BE PROCESSED

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
_____	_____
Date of Client's Entry into Methadone Program	Telephone Number

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 CFR 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 it has been taken in reliance on it, and that in any event this consent expires one years from it's execution or upon withdrawal of my application or my discharge from the LARC program.

_____	_____
Signature of Client	Date

Methadone Provider's Information

Briefly describe the applicant's dosage history: _____

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

Documentation of most recent six urine toxicology screens:

Date	Results
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Methadone Provider Staff Signature _____

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Methadone Applicants Only

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Methadone Aftercare Agreement

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Technical Assistance

Client Name: _____ Date of Birth: _____

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Home Methadone Clinic: _____

Cedar Family Home

Home Methadone Clinic Fax Number: _____

Health, Wellness and
Education Initiative

Home Methadone Contact Person: _____

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Home Clinic Phone Number: _____

Joelyn’s Family Home

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.

The Living and Recovering
Community (LARC)

New Victories

Portis Family Home

ReVision Family Home

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

ReVision Urban Farm

Ruah House

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

Shepherd House

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.

Victory House

Victory Housing on Warren
Street

Victory Transitional House

Women’s Hope

Client Signature: _____ Date: _____

Women’s Hope Transitional
House

Home Clinic Staff Signature: _____ Date: _____

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LARC Staff Signature: _____ Date: _____

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WHAT A CLIENT NEEDS TO BRING

Clients who are admitted to LARC should bring the following items:

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- Casual day time clothes, pajamas and a robe
- It is suggested that valuables not be brought into the program
- Toiletry items, shampoo, toothpaste, etc.
- Towels, washrags, etc.
- Small alarm clock
- Comfortable shoes
- Comforter and your own pillow
- Insurance card/picture ID
- Money to purchase small items
- Small radios (televisions are not permitted)
- Cell Phone (policies will be explained during intake)

Laundry facilities are available on the floor, but you need to bring your own laundry detergent as each new admission is required to wash his or her clothing upon admission.

DRESS CODE

As this is a coed program, clients are not expected to wear clothing that is sexually provocative or explicit. All shorts must be of appropriate length and undergarments must be worn at all times. Pajamas are not permitted to be worn to groups, on the floor after morning wake up routine or outside during fresh air breaks. Any clothing with references to drugs, alcohol, tobacco or gambling are not permitted. Shirts and shoes should be worn at all times for sanitary reasons.



FINAL CHECKLIST FOR PROVIDERS/REFERRAL SOURCES

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Please fax this packet back to 617-522-1345 Attn: Don Drake, PD

Please be sure that all paperwork is fully completed, especially the following items as they may cause a delay in the intake process:

The HIV Certification is completed by the applicant’s medical provider along with the most recent CD4 count and Viral Load Count

The applicant/client is discharged with 30 days of medication. If you would like to call in the medication, LARC uses the following pharmacy:

ALLCARE PHARMACY – 508-754-8878 for prescribers

Note: On Friday admissions, medications may not be delivered until late Monday afternoon so please take this into account when planning weekend medication coverage for the client.

Is the over the counter medication permission sheet reviewed and completed by the client’s prescriber. Not completing this may limit the client’s ability to use over the counter medications.

If the client is using methadone assisted treatment, are all forms completed per instructions?

Clients at LARC participate in the Community Servings Meal Program. Please be sure that **page 13**, the Home Delivered Meals Program sheet for Community Servings is completed and signed **by the medical provider. Arrows indicate where signature is needed.**

Client is aware of what items he/she are required to bring to the program. Please notify the program ahead of time if the client does not have access to some of the items.

Cell phones are permitted but can be used in the privacy of the room only.

If you need anything or have any questions, please do not hesitate to contact us at 617-522-2936. Thank you.