

**HUMAN SERVICES, INC. (HSI)
419 W. 25th ST. ALLIANCE, NE 69301
ADULT SHORT TERM RESIDENTIAL (Dual Diagnosis Capable)**

Each Client stay is determined through individual needs based on Accepted ASAM level of care criteria and the DSM-V. HSI provides, within scope of Practice, care for persons with co-occurring conditions unless primary diagnosis is psychiatrically based and is determined by HSI clinical staff that person needs psychiatric care as primary assessment or who meets exclusionary criteria.

ADMISSION REQUIREMENTS:

1. Referred person must have an evaluation by a LADC that meets diagnostic criteria for a substance dependence diagnosis as well as meets ASAM criteria for level III.5 Clinically Managed High Intensity Residential Services. Referring agency/counselor must then contact our Admissions Coordinator by telephone with referral information. This must include current DSM-V and current ASAM criteria.
2. Financial arrangements and negative TB test results must be completed prior to admission. If the person has received services before, any outstanding bill, must be current with payment. If not current financial arrangements must be made before readmission. TB test results must accompany evaluation.
3. Persons who qualify for **Regionally contracted** beds for Short Term Residential must bring a copay. This will be determined based on financial information and arranged prior to admission. Private Pay arrangements must be made prior to acceptance. There is a \$25.00 fee for the initial drug screen prior to admission and a \$40 laundry and phone fee. Any person refused by Region I contracted payer will be considered a private pay with no discount.
4. The evaluation is to be mailed or faxed to Human Services, Inc., 419 West 25th Street, Alliance, NE. 69301, Fax (308) 762-6121. After Admissions Coordinator requests it. This expedites the admission process.
5. The Admissions Coordinator will give an admission date to the referring agency (counselor) after receiving initial referral, evaluation, financial arrangements, TB test results and case is clinically staffed at Human Services, Inc. for appropriateness.
6. If a referred person is in outpatient treatment and not relapsing, the client may not be appropriate for residential treatment.
7. If a client is on the waiting list for more than two weeks, reassessed for appropriateness for residential treatment must be completed prior to acceptance.
8. Referred person must be chemically free three days prior to admission (this may or may not require Detox) and **must be medically stable**. If there has been a recent medical problem, a note from physician stating medical stability is required.

9. The referred person must bring a 45 day supply of approved medications and have the means to refill the prescriptions. All medications must be pre-approved by Human Services, Inc. clinical staff. If recently prescribed a new approved medication, client must be taking it for a minimum of 2 weeks and be stable before being admitted (dependent upon the medication). The referred person will need to have any side effects or interactions of their medications thoroughly explained to them by their prescribing physicians.
10. Persons on psychotropic medications will be evaluated prior to admission. Alternatives to medication with the propensity for dependency will be offered suggestions of alternative effective medications. (Examples: Ativan, Seroquel, Xanax ,or other benzodiazepine, any narcotic or mood affecting, dependency building drugs and other drugs determined inappropriate). Persons who decline alternative solutions will be offered a referral to treatment of their choice. No one will be allowed to enter or receive narcotics. If client is seen at the emergency room for treatment and narcotics are given, client will not be allowed to return to agency as agency is a non-medical facility and has no nursing staff. Client may return at time prearranged with Medical Director. Any person seeking treatment at HSI will be individually reviewed for appropriateness.
11. Human Services, Inc. requires a referred person to have a negative TB test prior to admission. If they have ever had a positive TB test, referred person must have completed a minimum of 2 weeks documentation of appropriate medications, a clear x-ray, and a note from providing physician verifying both. There may be other required tasks. Those with positive TB will not be admitted.
12. Referred person must have a **Photo ID and bring proof of income** (taxes, pay stubs, etc.).
13. Transportation to Alliance — Human Services, Inc. does not provide transportation.
14. If the referred person has a guardian due to cognitive impairments that do not allow for person to sign own consents and responsibilities, he/she may not be appropriate for facility.
15. The referred person needs to bring information to verify their financial status. Without verifiable information we are unable to give them any kind of discount.
16. The first two weeks are considered stabilization weeks. Clients may not have phone calls nor make phone calls, start any new medications or have visitors.
17. There are pets on the premise-please advise your client.

WHAT CLIENTS NEED TO BRING

1. Sealed toiletries (toothpaste, toothbrush, combs, shampoo, deodorant, soap, lotion, **electric razor only**, sanitary napkins, etc) ****These cannot contain alcohol.**
2. One week of clothing (no alcohol/drug slogans, advertisements, etc.) No shorts above knees, no tank tops or midriff shirts, no gang colors or symbols.
3. Slippers, shoes, sandals (no bare feet)
4. Medications (**Must be pre-approved**) with resources for refill and bring 45-day supply upon Admission. **They must bring a personal medi-planner for own medications, agency does not provide one.**

5. Referred person may bring personal pictures for own display (as long as appropriate).
6. Money (referred person may need money for toiletries, pop machine, payphone, etc.) This should not exceed \$100.00. Staff will go to the store for items needed. ****A COPAY OR DOWN PAYMENT IS NEEDED** as arranged and will depend on financial state; maximum discount is 90% for Regionally contracted beds. All referred persons must bring \$25.00 for initial drug screen, and \$40.00 laundry and phone fee.
7. Items for letter writing, envelopes, stamps, etc.
8. Appropriate sleeping attire (no sheer clothing, no underwear only, no boxers only, or no sleeping in the nude). Bath robes.
9. Phone card.
10. **Proof** of income.
11. Sealed cigarettes/sealed chew for time allotted in treatment. All items must be sealed. E-cigarettes are not allowed. **As of August 1st this facility will be a non-smoking facility.**
12. Unopened box of **powdered** laundry detergent.
13. Electric razor-(no razor blades are allowed).
14. Over the counter medications (pain relief, heartburn, etc.), although they may not be approved.

WHAT CLIENTS ARE NOT TO BRING:

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| -No electronics (stereos, alarm clocks, CDs, cell phones, etc.) | -Stuffed animals |
| -No pocket knives or weapons | -Passports and personal papers |
| -Valuables | -Nail Clippers |
| -No gum or candy | -Nail Polish/Nail Polish Remover |
| -No snack foods | -Tweezers |
| -Over \$100.00 in cash | -Razors |
| -Checkbooks or checks | -Q-tips |
| -Magazines or leisure books | -E-cigarettes |
| -Pillows, blankets | -Razor Blades |
| | -Anything containing alcohol |

WHAT IS PROVIDED: linens, laundry facility, meals, towels, washcloths

SMOKING/CHEWING: Is not allowed at the facility, but only outside in designated areas at designated times. Bring cigarettes/chew for time allotted in treatment. **No open packs of cigarettes/chew cans are allowed at admission.** No spitting on ground and person must maintain cleanliness.

VISITORS: There will be NO visitors **until 3rd weekend.** Visiting hours are on Sunday 1:00 to 5:00 P.M., MST. Visitors must be approved by clinical staff. Visitors will not be allowed to visit if under the influence.

251.04

****PLEASE MAKE COPIES FOR YOUR STAFF AS NEEDED****

Revised 9/13
Revised 06/14
Revised 01/15
Revised 12/15

If suspected to be under the influence, they will be required to pass a drug screen at their own cost or will not be allowed to visit.

PHONE CALLS: Client may not make or receive phone calls until they have been here for 15 days. Also calls may only be made/received on Friday 4:30-11 pm, Saturday 7am-10:30 pm and Sunday 7 am-11 pm. Client pay phone number is (308) 762-9946. Client will need a phone card or they will need to call collect. Clients answer their own phone. Agency does not take messages unless it is an emergency which would be referred to on-call personnel.

EXCLUSIONARY CRITERIA

Clients may be excluded from this program for the following:

1. Program does not provide for clients other needs (e.g. Primary psychiatric, medically unstable)
2. Family members of direct service delivery employees
3. Conflicts of interest between any agency employee and the client that may restrict client's treatment involvement
4. Persons with criminal records indicating poor impulse control resulting in violence or criminal backgrounds of sexual abuse
5. Persons diagnosed with positive TB screen without documented two weeks medication and without proof of treatment (clear x-ray is not sufficient) and any contagious disease such as Staph or MRSA until documented medically to be no longer contagious.
6. Persons unable to self-care.
7. Clinical decision based on individual case.