

O'Brien House Facility Referral Screening Packet



1. ASI Assessment or Psychosocial Assessment
2. ALL Required Documents
3. OBH Pre-Screening Form
4. TB/COVID-19 Documentation
5. Letter of Referral
6. Fax Application to 225-344-0119 or 225-246-7796 or upload to sspriggs@obrienhouse.org

***** YOUR PACKET WILL NOT BE PROCESSED IF ALL REQUIRED DOCUMENTATION IS NOT RECEIVED*****



Saving lives and families from addiction since 1971
446 N. 12th Street | Baton Rouge, LA 70802 | Phone: 225.344.6345 | Fax: 225.246.7796 | Fax: 225.344.0119
www.obrienhouse.org | info@obrienhouse.org | sspriggs@obrienhouse.org

To Whom It May Concern:

To make our intake process run more smoothly we are asking that you send us the following documentation via fax/email when sending a referral packet. Your assistance in this matter would be greatly appreciated. Please see below the information in which we are requesting.

- _____ Assessment (ASI) and/or Psychosocial
- _____ OBH Pre-Screening Form
- _____ **Discharge Medication Reconciliation Order/Transition Record Form*******
- _____ **30 Day Supply of Medication or Prescription refill*******
- _____ State Identification if available
- _____ Social Security Card if available
- _____ **COVID-19 Test Results from the last 72-hours**
- _____ TB Skin Test Results or Chest X-Ray documented within the last 12 months
- _____ Medicaid Number if applicable
- _____ Medicare Number if applicable
- _____ Copy of Medicaid Application or documentation that it was completed

Thanking you in advance for your cooperation in the matter.

Sincerely

Karla Alexander, LMSW, LAC

Karla Alexander, LMSW, LAC
O'Brien House Clinical Director

Courtney Lyons, RN

Courtney Lyons, RN
O'Brien House Registered Nurse



RE: TB & COVID-19 MEMO

To Whom It May Concern:

Due to CARF and State Licensing requirements O'Brien House is mandating that prior to admissions to OBH a **negative TB and COVID-19** screening is required to be accepted. The TB screening should be no more than 12 months old. The COVID-19 test should be no more than 72-hours old. It should be attached to the application for admission that is sent to OBH.

A client with a positive TB test can be admitted to OBH **only** if the client is in the **latent phase** of the disease and is currently receiving treatment. If the client is in the active phase of the disease, they will not be admitted until course of treatment is completed and they have received clearance from a medical professional stating that they can be removed from isolation and return to general population.

A client with a positive COVID-19 test is not able to be admitted to the program until they have been in a 5-day quarantine and have had 2-negative COVID-19 test prior to admission. Any alteration to this policy must be approved in writing by the O'Brien House Registered Nurse or Clinical Director.

If a client has had a previous diagnosis of TB or TB exposure a chest x-ray must be presented in place of the TB test stating that the client is negative for TB.

Thank you for your cooperation in the matter and O'Brien house looks forward to working with your organization in the future.



O'Brien House Waiting List Information

Our Mission	Our Values – We Believe In	Our Symbol of Recovery
<p>O'Brien House saves lives and families from alcoholism and drug abuse through residential treatment and community outreach</p>	<p>(1) Caring for Each Person (2) Open Mindedness to Others (3) Acceptance of the Individual (4) Confidentiality among Staff and Clients (5) Honesty and Sobriety as a Way-of-Life (6) Respect for Each Individual (7) Unconditional Love (8) Spirituality and a Dependence on a Higher Power</p>	<p>When a caterpillar changes into a butterfly, beautiful wings are created, and new life begins. At O'Brien House, the wings of a butterfly represent the client's new life in recovery.</p>

Hello! Thank you for choosing O'Brien House to begin your Journey of Recovery. You have been placed on our Waiting List.

Some helpful information:

Clients admitted to our program are encouraged to bring items such as clothing or recovery-based literature that would help them feel comfortable in a new environment. Bedding is provided but clients may bring their own toiletries and towels. If you would like to experience our campus, the O'Brien House hosts open AA meetings every morning at 9 am in our cafeteria. Prospective clients may also call our Intake Coordinator at (225) 344-6345 to schedule a tour of our campus.

1. **Things You Can Bring** - Due to space limitations in the living quarters the amount of clothing and personal items is limited to the following:

Seasonal:

- Sweaters or jackets:** 4
- Ties:** 4
- Pants/Slacks/Jeans:** 10
- Dresses:** 4
- Socks:** 10 pair
- Purses/Bags:** 3
- Suits:** 2
- Shirts/Blouses:** 10
- Shorts:** 10
- Shoes:** 6
- Undergarments:** 14 sets

Personal Hygiene Products*:

- Shampoo/Conditioner:** 2 each
- Hair grease/gel:** 2 each
- Hair spray:** 2 each (non-alcohol)
- Comb/brush:** 2 each
- Skin care/cosmetics:** 2 each
- Razor:** 8
- Soap bar/liquid:** 2 each
- Toothpaste/toothbrush:** 2 each
- Feminine hygiene products:** 2 boxes each
- Body Lotion:** 3
- Baby Oil:** 1
- Perfume/cologne:** 1 (non-alcohol)
- Mouth Wash:** 2 (non-alcohol)

*All the above must be kept neat in a basket/box/etc.

2. **Cell Phone Requirements:** Clients will be required to turn in their cell phones upon intake and may have access to them when they get to Phase II. (3-4 weeks). A land line is available to clients at certain times for personal calls.

3. **Things You Cannot Bring:** Clients will not be allowed to have access to electronics such as laptops, electronic reading devices (Kindle, Nook, iPod, etc.) until they are in Phase III and then it will be at their own risk. Clients will have

access to any music listening devices at certain times on the weekends and at all other times they must be turned in and will be kept in a locked storage space. To have a vehicle on campus, clients must have up-to-date paperwork (valid registration & insurance) as well as a valid driver's license. Clients will be required to turn in their keys upon intake where they will be kept until they have permission from their primary counselor to have access to the vehicle.

4. **No Hold Harmless Statement:** O'Brien House is not responsible for valuables brought on campus. Each client is provided a locked storage space and the client must provide their own lock with two keys or provide the combination to Clinical Director.

5. **Required Documents Needed for Admission**

Talk with your agency to ensure the following documents are submitted to us:

1. A faxed, mailed or hand delivered copy of the prospective client's ASI (Addiction Severity Report)/Psychosocial Evaluation.
2. An O'Brien House Pre-Screening Form (call the intake office and we will send you a copy)
3. A Psychiatric Evaluation, if applicable.
4. Medical Records and Medical Documentation that indicates if the prospective client has been tested for COVID, HIV, TB and any other communicable diseases so that the Clinical Director/Sr. Counselor/OBH Nurse can review to determine if the O'Brien House is the appropriate placement for the client.
5. 30-day supply of medication or a 30-day prescription for refill.

If you would like any more information about our program, please visit our website at www.obrienhouse.org.

Thank you,
O'Brien House Admissions/Intake Staff

FYI if you need access to AA meetings this is the link that has a list of every registered AA meeting in the Greater Baton Rouge Area.

<http://aabatanrouge.org/meetings/>

Intake Cost Sheet

The Intake Fee of \$250.00 represents an average cost for the provision of numerous miscellaneous items and services. These include but are not limited to the following. Not every client requires every one of these items or services.

- TB test
- Lice-all bath solution
- Preventive heat treatment of clothing/linen
- Point of contact UA cup
- Recovery books
- Nametag
- Towels & Wash cloths
- Toiletries and hygiene products
- Bus Passes
- Backpack
- Big Book & 12x12
- Recovery related art supplies and recreational activities
- Graduation certificate, chip, meditations book
- Notary Fee

Pharmacology Services – Outside of Intake Fee, if applicable

- Point of Contact Cup \$7.50
- Point of Contact & Send Off \$15.00 (Redwood Only)
- Spice Test – Redwood \$35.00 (ordered by clinical)
- TB Test \$10.00

Notary & Identification

- ID (only) \$27.00 or \$18.00 (duplicate)
- Notary services) \$12.50 (if not done through pro-bono)

OTHER

- Community Service Worker \$10.00 (TB Test)

OBH PRE-SCREENING FORM

Date:		Healthy LA Provider:			Client Availability Date:	
Name				Address:		
Age:	Sex:	Race:	DOB:	SS#:	Medicaid #:	
Referral Source:			Contact Name:		Contact #:	

Substance Abuse History

Treatment Location	Treatment Dates	Type of Discharge	Type of TX (inpatient, outpatient)

Ever been a client at O'Brien House? YES or NO If so, when? _____
 Do you have any relatives residing in or working for O'Brien House? YES or NO If so, who? _____
 Is client currently clean? YES or NO *Must provide a clean urine screen upon entry*

Drug of Choice	Amount	Frequency	Age of 1 st Use	Length of Use	Last Use	Method of Use

Mental Health History: Circle all that apply-current and/or in lifetime

ADD/ADHD Schizophrenia Bipolar PTSD Depression Anxiety Mental Retardation
 Hallucinations Auditory (hearing voices) Personality Disorders Violent behavior Homicidal
 Suicidal ____ ideation ____ attempts

Any mental health problems not listed above:			
Current psych meds:			
History of psych meds:			
Explanation of <u>ALL</u> above:			
Ever attended outpatient or inpatient for psych issues?	YES / NO	If yes, how many times:	
Dates and Names of Psych Facilities:			

Medical History: Circle all that apply-current and/or in lifetime

Respiratory Stomach condition Skin condition Kidney condition Stroke Hypertension
 Vision condition Heart/Circulation Seizure disorder Diabetes Back problems
 Liver condition Pancreas condition Infectious condition (HIV, TB, Hep C) Other (that is not listed)

List current medications:			
List current medical problems			
Any physical disabilities preventing you from working? YES / NO			If yes, please list:
Is client ambulatory?	YES / NO	Is client able to work or do service work?	
Is client currently applying for or awaiting a decision for disability/SSI? YES / NO			

Legal

Court ordered? YES or NO If yes, which court system? _____

If yes was client given the freedom of choice for which facility to attend? YES or NO

Is client on probation or parole? YES or NO

If yes, name and # of officer: _____

List all legal charges: _____

List all convictions: _____

Explain charges and convictions: _____

If any above are Assault/Battery charges or any violent crimes, please explain in detail below:

Next court date? _____ Is client in drug court? YES or NO If yes, which court? _____

Does client have to register as a sex offender? YES or NO

Military Information

Military? YES or NO What Branch? _____ Were you in deployed: YES or NO

If deployed, where? _____ Active Duty? _____ D/C Date? _____

Receiving veteran services? YES or NO

*****Special Population*** (PREFERENCE WILL BE MADE TO THESE SPECIAL POPULATIONS)**

If female, are you pregnant? YES or NO Are you an IV Drug User? YES or NO

Are you a woman with dependent children? YES or NO

COVID-19 Questionnaire

Has client ever tested positive for COVID-19? YES or NO

IF YES, PLEASE PROVIDE DOCUMENTATION OF RECENT NEGATIVE RESULTS WITH INTAKE PACKET.

OBH Eligibility Requirements Checklist

Please CHECK ALL that apply

- A. Homeless (or at risk of becoming homeless due to addiction) _____
- B. Voluntary _____
- C. 21 years of age or older _____
- D. Ambulatory _____
- E. Physically and emotionally ready and willing to accept full time employment or if receiving disability able to complete service work _____
- F. Willing to submit to random alcohol/drug screens _____
- G. Must qualify based on ASAM level of care _____
- H. Completed inpatient treatment within the last 6 months _____
- I. Has provided completed TB test results from within the last year _____
- J. Has provided COVID-19 test results _____
- K. 30-day supply of Medication or 30-day Medication prescription (psych or medical) _____
- L. If a former client, do you have a \$0 balance _____

O'Brien House
1231 Laurel St. Baton Rouge, LA 70802

DISCHARGE MEDICATION RECONCILIATION ORDER / TRANSITION RECORD

Must be written in Layman's terms

Client Name: _____
DOB: _____ SSN: _____
Medicaid Provider: _____
Medicaid Number: _____
Pharmacy RX Info: _____

CURRENT MEDICATIONS (MEDICATIONS YOU WILL CONTINUE TO TAKE):
C = Continue S = Stop

Medication	Dosage	C	S	Route and Frequency	Indications

Check as applicable:

Client has enough medications to sustain prescribed amounts through next provider appointment. Prescriptions were called into _____ Pharmacy.
Pharmacy Phone #: _____

Client does not have any prescribed medication.

RBVO Nurse's Signature: _____ Per MD/LIP: _____ Date: _____ Time: _____
Physician Name and NPI #: _____
Physician/LIP Signature: _____ Date: _____ Time: _____
Physician NPI#: _____
Client Signature: _____ Date: _____ Time: _____

POTENTIAL CLIENT SCREENING FOR CORONAVIRUS COVID-19

Date: _____

Client Name (Print): _____

O'Brien House requires a signed voluntary consent to follow guidelines and recommendations established for mitigation of spread of coronavirus and for social distancing in compliance with federal, state, and local guidelines (LGEs).

SCREENING PROCESS:

COVID-19 RESPONSE (coronavirus) screening protocol:

- Step 1 Sanitize hands
- Step 2 Place on PPE that will be issued (e.g., mask, gloves, etc.)
- Step 3 Symptom check (e.g., complete COVID-19 coronavirus survey)
- Step 4 Temperature check
- Step 5 Negative (-) **COVID-19** (coronavirus) screen will be approved for admit

Have you experienced the following symptoms?

<input type="checkbox"/> yes <input type="checkbox"/> no	Fever greater than 99.1
<input type="checkbox"/> yes <input type="checkbox"/> no	Do you have a persistent cough
<input type="checkbox"/> yes <input type="checkbox"/> no	Have you experienced body-aches/fatigue
<input type="checkbox"/> yes <input type="checkbox"/> no	Do you have difficulty breathing
<input type="checkbox"/> yes <input type="checkbox"/> no	Do you have a sore throat
<input type="checkbox"/> yes <input type="checkbox"/> no	Do you have a fever
<input type="checkbox"/> yes <input type="checkbox"/> no	Have you been in close contact with anyone with coronavirus or flu like symptoms that you are aware

A NEGATIVE COVID TEST IS REQUIRED FOR ADMISSION TO O'BRIEN HOUSE.

ALSO PLEASE PROVIDE AN ANTICIPATED DISCHARGE PLAN IF YOU ARE ADMITTED AND BECOME ILL AT THE FACILITY. IF YOU START TO EXPERIENCE ANY FEVER OR RESPIRATORY SYMPTOMS YOU WILL BE IMMEDIATELY MEDICALLY DISCHARGED FROM THE PROGRAM.

I understand that as a potential client, I will be expected to notify agency staff immediately if I am experiencing any of the symptoms. I have also been given information related to COVID-19 and understand the risk of exposure.

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____