



EOAF REFERRAL PROCEDURE

Thank you for your interest in our program. EOAF must follow priority admission requirements for individuals who utilize publically funded treatment slots. We do not place individuals on the waiting list until all needed documentation has been received.

We do not accept sex offenders

The Intake Committee meets on a weekly basis to review the ASAM and other information provided to determine whether the individual meets admission criteria. Intakes are then scheduled based upon projected availability.

Required Documentation:

- A complete and current Alcohol and Drug Assessment (ASAM)
- Completed Client Data Form (attached)
- Current proof of income
- Current proof of insurance (copy of insurance card prior to placement)
- If the person referred is under a physician's care and/or has prescription drugs, medical information must be furnished prior to the intake appointment. Please include a list of medications and statements from physician indicating a client can self administer own medications. For other information see attached List of What to Bring.
- Psychological Assessment and/or mental status must be provided if under psychiatric care.

For parents (male or female) who will have children placed with them, the following must be provided to EOAF:

- Copy of medical/insurance card, both sides
- Safety Action Plan from DHS if available
- Copy of SS cards if available
- Psychological Evaluation/Mental Health Assessment
- Copy of birth certificates if available
- Copy of custody/Ward ship papers for the child

If you have any questions, please contact Emily Gaston at 541-276-6482.

ATTACHMENTS:

- Program Narrative
- List of What to Bring
- Client Data Form (return)
- Fees for Service

**Residential Alcohol and
Drug Treatment Center**

**Celebrating 50 Years
1960-2010**

**216 S.W. Hailey Avenue
Pendleton, OR 97801
Phone: 541-276-3518
Fax: 541-276-4189**



Eastern Oregon Alcoholism Foundation

Program Description

Since 1960, Eastern Oregon Alcoholism Foundation (EOAF) has taken pride in pursuing its mission of providing safe, secure and effective treatment for chemical dependency. EOAF utilizes a client-centered, holistic approach to assist clients and families to recover from the disease of addiction and related disorders. EOAF is licensed by the State of Oregon and provides a full continuum of care. EOAF offers medically monitored and clinical detoxification, residential treatment for adults and for parents whose child resides with them while in treatment, child development and parenting, transitional and alcohol and drug free housing services.

Detoxification

Chemical dependency recovery often begins in our clinical/medically monitored detoxification center. The Detoxification Center has the bed capacity for ten individuals in the Detox Program and four in the Respite Center. Each client is individually evaluated for withdrawal symptoms. Specially trained registered nurses and detoxification technicians will monitor clients and provide supportive and medical interventions to assist clients through the detoxification period. Following successful detoxification, staff will begin interventions to support abstinence while assisting clients into the appropriate services determined by ASAM (American Society of Addiction Medicine) placement criteria. EOAF will aid clients and make required referrals to other services, to include; residential and outpatient treatment programs, community based support groups, medical providers, mental health providers, housing, family and employers. EOAF will collaborate with all external referral sources to include outpatient, DHS-Child Welfare, probation officers, legal counsel and the courts to ensure the proper follow-up services are in place.

Residential Treatment

EOAF has 36 beds for residential treatment: 21 for women and their children and 15 for the men and their children. The initial focus of residential treatment at EOAF is a comprehensive Bio-Psycho-Social Substance Use assessment, utilizing the ASAM placement criteria and DSM-5 (Diagnostic and Statistical Manual, Fifth Edition). Following completion of an oral interview, urine analysis screening, and review of all referral and supporting documents; an individual treatment plan is developed with the client.

The assessment provides the necessary information for the development of an individual treatment plan that uniquely reflects the client's recovery needs. Each client is assigned a primary counselor who will meet with them on a minimum of a weekly basis, continually adapting their treatment plan to their current situation and needs. The residential program also provides individuals the opportunity to live and work with other recovering individuals gaining from their experience and support.

The purpose of the residential environment is to assist the client in establishing positive daily living skills and learning the power of the community in each individual's recovery. The educational and therapeutic component of the program is designed using evidence based programming that has been proven to produce positive outcomes. Group therapy provide clients the opportunity to understand more about themselves, acquire new living skills, develop awareness of personal recovery obstacles, and to formulate a realistic recovery action plan.

The clinicians at EOAF work under a treatment-team approach, wherein all counselors, treatment aids, medical director and external referral sources communicate with one another to create a unified, thoughtful individual, client-driven treatment plan. Every effort is taken to involve family, support persons, employers and other community partners in the treatment planning process. EOAF is also committed to providing education and support to the family members and significant others of our clients. Our involvement with the family begins at admission and continues through the duration of client's stay. Family members and significant others involvement begins in the initial assessment phase, and provides evidence based family education and assistance to the family in preparing for the transition of the client at the conclusion of the treatment episode.

Child Development and Parenting Program

EOAF provides treatment for addicted mothers and fathers who have children. In addition to the regular addiction treatment program, EOAF offers parents the opportunity to establish positive parenting roles with their children. EOAF staff are certified KIPS evaluators. KIPS (Keys to Interactive Parenting Scales) is an evidence based tool that reliably assesses the quality of parenting behaviors. From the KIPS assessment, the Child Development Coordinator is able to assist the client and their counselor to develop treatment objectives that address the identified parenting needs. The KIPS assessment is repeated on 30 day intervals to monitor progress on those objectives. As a result, the EOAF staff will be able to create treatment objectives that will assist the client in the development of the necessary skills for positive and effective parenting after treatment.

Recovery Oriented Services

The Recovery Mentor Program assists clients in successfully bridging residential treatment and recovery into the community. The Recovery Mentor provides support, advocacy and counseling for EOAF clients. The Recovery Mentor will begin the process prior to discharge by assisting the client in developing a Recovery Action Plan which outlines objectives and strategies for a successful transition. Once discharged, the Recovery Mentor will assist the client in achieving those goals.

Aftercare groups

EOAF also provides aftercare groups to assist clients in making a successful transition into recovery. The client meets weekly with EOAF staff to explore issues and obstacles as well as celebrate successes in their early recovery. In addition, residents of the alcohol and drug free housing are able to participate in the SMART (Self Management and Recovery Training) program. The SMART program is an evidence based recovery groups facilitated by trained EOAF staff.

The SMART program focuses on teaching the client how to change self-defeating thinking, emotions, and actions; and to work towards long-term satisfactions and quality of life

Alcohol and Drug Free Housing

EOAF is unique in that it also has safe and sober housing for qualified low income people who have successfully completed alcohol and drug treatment. Housing exists for individual clients, single parents and families. The purpose of this housing is to provide recovering individuals opportunities to become stable in their recovery while working on specific goals thus providing opportunities for long term sobriety, self sufficiency and successful reintegration into their community.

Continuous Quality Improvement Program

EOAF is dedicated to providing quality treatment services to our clients and customers. We are consistently gathering data in an effort to measure the quality of all of our treatment components and to assist in making data driven changes that enhance the effectiveness of our services

We take great pride in our addiction/recovery programs and our continuum of care. It is our belief that we offer one of the best and most comprehensive addiction treatment programs in Eastern Oregon.

Revised 9-26-16

**EASTERN OREGON ALCOHOLISM FOUNDATION
LIST OF WHAT TO BRING**

NOTE: Storage space is limited. Bring **NO MORE** than one week's supply of clothing. You must be able to fit personal items in a four-drawer dresser. Limit children's clothing and toys. Laundry is available two times a week.

PERSONAL CARE ITEMS

- Shampoo and Conditioner
- Toothbrush
- Toothpaste
- Deodorant
- Soap
- Shaving equipment
- Feminine hygiene products

SHOES

- Comfortable shoes or sandals
- Tennis shoes to use for activities
- Slippers

CLOTHING Limited to one week supply only

- Appropriate outerwear
- Sleep wear/bathrobe
- Long pants for groups
- Shirts, blouses, sweaters
- Sweatshirts
- Knee length shorts only
- Long skirts or dresses
- Underwear
- Socks

OPTIONAL

- Personal bedding, towels
- Family pictures
- Jewelry limited to wedding ring, Med. ID, watch, religious items & items currently wearing.

TREATMENT MATERIALS

- AA/NA Self Help books
- Letter writing materials (pens, pencils, notebooks, stamps, envelopes, 2 inch ring binders)
- Treatment related books

MEDICAL CONCERNS

- Medical card/ insurance information
- Doctor's note for self-administering medications
- Prescription medications, 90 day supply
- Over the counter medications with Doctor's order
- Information about upcoming court, DHS, medical appointments

OTHER / IDENTIFICATION

- Oregon Trail Card
- Picture ID
- Social Security Card
- Birth Certificate

OPTIONAL

- Cash (**no more than \$100.00**) - \$20 on person-remaining funds held in Client Trust Account
- Alarm clock- No clock radio

DO NOT BRING THESE ITEMS	
CELL PHONES AND CHARGERS	
Any and all electronic devices: Radios, CD/DVD/MP3 players, iPod's, video games and players; I pads / computers	Any item that contains alcohol including mouthwash, cough syrup, aftershave, perfume/ cologne, perfumed lotion
Audio/Video Tapes/ CD's	Make up, False fingernails, nail polish, remover, hair dye
Vehicles	Candy or gum
Weapons including pocket or belt knives	Sleeveless tops or shirts - No tank tops
Books or magazines that are not recovery oriented	Clothes with holes
Aerosol sprays	Flip Flops

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CLIENT DATA FORM

Date: _____ MOTS # _____

Client Name: _____ Age: _____ DOB: ____/____/____

Sex: () M () F Birth Name (If different than above): _____

Address: _____ City: _____

State: _____ County: _____ Zip: _____

Phone #: _____ () Home () Work () Message

Emergency Contact Name: _____ Relationship: _____
Address: _____
Phone #: _____ () Home () Work () Message

Health Insurance Info: () Oregon Health Plan () Medicare () Medicaid () VA () Other Public () None
() Private Health Ins., need name of policy holder: _____

Name of Insurance/Health Plan: _____ SS# _____

Referral Agency: _____

Address: _____

Contact Person _____ Phone #: _____

Is client is requesting minor children (Age 10 & under) to accompany them in treatment? () Yes () No

Who has custody of children client is requesting accompany them in treatment?

() Parents () Mother () Father () DHS () Grandparent () Other

Explain: _____

<u>Name</u>	<u>DOB</u>	<u>Sex</u>	<u>Special Information:</u>
_____	_____	M F	_____
_____	_____	M F	_____
_____	_____	M F	_____

Other Information: DHS Caseworker _____ Phone # _____

Probation Officer: _____ Phone # _____

Other: _____ Phone # _____

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Drug of choice: Primary _____ Secondary _____ IV Drug Use: () Yes () No

Is client pregnant? () Yes () No

Military History? () Yes () No

Any significant physical health issues? _____

Current Medications: _____

Physical Handicaps/Limitations _____

Primary Physician:

Primary Dentist:

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Address: _____

Address: _____

Any mental health issues? () Yes () No **Current MH Diagnosis:** _____

Suicidal Ideation/Attempts? () Yes () No Explain _____

Are you taking psychiatric medications? () Yes () No

Names/dosages of the psychiatric medications you are currently taking: _____

Are you being treated by a mental health provider/organization? () Yes () No

Name: _____ **Phone #** _____

Address: _____

Are there Advance Directives? () Yes () No

Is there a legal guardian? () Yes () No

Is there a Power of Attorney? () Yes () No

Ethnicity: () White (Non-Hispanic) () Black (Non-Hispanic) () Native American () Asian () Alaskan Native

() Hispanic-Mexican () Hispanic-Puerto Rican () Hispanic-Cuban () Other Hispanic () Southeast Asian

() Native Pacific Islander () Other Race

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Marital Status: () Single () Married () Widowed () Divorced () Separated () Living as Married

Living Arrangement: () Alone () Spouse or S/O () Parents/relatives/Adult Children () Foster Home

() Institution/Group Home () Friends/Others () Homeless/shelter () Refused/Unknown

Highest Grade Completed: _____ Currently enrolled in school? () Yes () No

Estimated Gross Income: _____

Source of Household Income: () Wages/Salary

() Social Security

() SSI - Federal

() Dividends/Interest

() Public Assistance/Welfare

() Alimony/Child support

() Pension/Unemployment/Veterans

() Other () None

Number of People in Household Dependant upon household income:

_____ Under 6 _____ 6 - 17 _____ 18 - 64 _____ 65+

Oregon Department of Human Services —Child Welfare Referrals

What is the plan for this parent/child? _____

DHS Referrals:

1-Attach DHS Release of Information Form

2-Attach CAF Referral Form

3-Attach DHS Child Welfare OR-Kids sheet with child information

4-Attach all collateral information that will inform the A&D assessment

5-Attach Letter of Intent to place children in treatment with parent

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EOAF FEE POLICY

FEES FOR DETOXIFICATION AND RESIDENTIAL TREATMENT

Services are billed based upon usual and customary rates, contracts and sliding fee scale schedule. Please call to make financial arrangements prior to Intake

1. DETOX PROGRAM:

Private Pay (no insurance): \$250 per day for Social/Clinical Services and \$610 per day for medically monitored Services, sliding fee scale applies based upon ability to pay.

Insurance Rates: \$250 per day for Social/Clinical Services and \$610 per day for medically monitored Services

2. RESIDENTIAL TREATMENT:

Private Pay (no insurance): \$215 day- sliding fee scale applies based upon ability to pay. Payment is generally due at the time of service

Private Insurance: \$215 day or contracted rate. Client pays deductible (down payment required on entry and required for the co-pay amounts)

Oregon Health Plan: EOAF contracts with various Coordinated Care Organizations for residential treatment beds. Rate is negotiated in contract.

Indigent: EOAF contracts with OHA for a designated number of units (days) to provide treatment for persons who meet admission criteria and meet low to moderate income levels.

Note:

Parents who have their child(ren) join them in Treatment may be required to pay a percentage of their resources towards the care and services for their child(ren).

If eligible, clients are required to apply for Food Stamps to help pay towards food costs. For those who do not qualify, other arrangements will be made.

- For Private Pay, a down payment may be required. The daily rate is on a sliding fee basis.
- See Pol. Sec. VIII Fin. Pol. 8.4 Sliding Fee Discount Policy

Pol. Sec. III, 3.6 Agency Fee Policy

Form: CLCH:Fee for Service

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