

Eastern Oregon Recovery Center

Substance-Use Disorder Treatment

Referral Procedure:

We support your interest in, not only, treatment but long-term recovery. At EORC we follow a priority admissions criteria for vulnerable populations (according to SAPT Block Grant guidelines). Priority populations include: pregnant and parenting women, IV drug users, individuals with HIV/AIDS, and individuals with Tuberculosis (TB).

We keep an up-to-date waiting list, with those meeting criteria for appropriate placement with EORC being placed in treatment in the order of application (if all referral paperwork is in place).

Our Intake Coordinator, Desiree Mills will review the current ASAM, the application for treatment, and all supporting documents, including past mental health records (within the last 10 years), Physical health records if there is chronic or acute illness, and probation records if there is a history of arrests, imprisonment, or summary probation. We do not take violent offenders or sex offenders into treatment, as we serve a vulnerable population.

Additionally, we are not a Dual Diagnosis Program. Our counselors are Substance Use Disorder trained; however, those with severe and persistent mental illness will not be admitted into the program. We have referral options for those who need a higher level of care.

Required Documentation:

- A complete and current Alcohol and Drug Assessment (ASAM), taken less than 30 days prior to application
- Completed Client Data Form
- Psychological Assessment and Mental Health records for the past 10 years
- Insurance Card, Driver's license or Oregon State ID
- Copy of Social Security Card
- For Parents who will have their children placed with them, the following documents must be provided:
 1. Copy of medical/ Insurance card, both sides
 2. Safety action Plan form DHS
 3. Copy of Social Security cards
 4. Birth Certificates
 5. Copy of Custody papers for the child/children

If you have any questions, please contact our intake coordinator Desiree Mills, at (541) 276-3518 ext. 213

We are a smoking facility; however, all smoking must take place outside in designated smoking areas.

Eastern Oregon Recovery Center

Since 1960, Eastern Oregon Recovery Center (formerly known as Eastern Oregon Alcoholism Foundation, EOAF) has taken pride in pursuing its mission of providing safe and effective treatment for substance use disorders.

Vision Statement:

To empower individuals and their families to achieve stability, independence, and purpose, utilizing a trauma-informed, strength-based approach through a continuum of care.

EORC utilizes a full continuum of care to achieve stability, independence, and purpose. EORC is licensed by the State of Oregon and 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 PROGRAM

Helping Individuals & Families

Chemical dependency recovery often begins in our clinical/medically-monitored detoxification center. We have a bed capacity in the Detoxification Center for ten individuals. Each client is individually evaluated for withdrawal symptoms. Specially trained registered nurses and detoxification technicians monitor clients and provide supportive and medical interventions to assist clients through the withdrawal management period. *EODC is one of two detoxification centers East of Salem.*

*In 2020, we are working to add a sobering center to assist vulnerable, intoxicated individuals in the community to have a safe place to stabilize, rather than overusing the ER or perhaps being taken to jail.

For more information call 541.278.2558

Residential Program

EORC is a 36-bed facility working with men, women and their children. The initial focus of residential treatment, at EORC, is a comprehensive Bio-Psych-Social Substance Use Assessment (ASAM). Following completion of an extensive oral interview, urine analysis screen, a thorough search of belongings, and review of all referral and supporting documents, an individual treatment plan is developed in collaboration with each client.

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

The purpose of the residential environment is to assist the client in establishing positive daily living skills, along with learning the power of shared community in the recovery process. The educational and therapeutic component of the program is designed, using evidence-based curriculum that has been proven to produce positive outcomes. A current list of the groups offered at EORC:

Primary Process Groups, Parenting Classes, Brene Brown's Shame Connections, Living in Balance, Expressive Arts, Relapse Prevention, A & D Education, Recreation, Smoking Cessation, Breaking Barriers, Boundaries, Domestic Violence Prevention, Assertive Communication,

Anger Management, and Family Workshops. Additionally, 12-step meetings are provided 7 days a week.

All groups are in place to help the clients learn more about themselves and each other, help them to overcome obstacles to their recovery, and to help each client formulate realistic recovery goals and an action plan.

The counselors at EORC work under a treatment-team approach, wherein all counselors, treatment aides, and external referral sources communicate with one another to assist the clients in receiving the most out of the treatment experience. At EORC, we work with family members to help educate them about the disease of addiction, and how they can help their loved ones get well and stay well one day at a time. We often create sober contracts with clients and their families to have a plan, should relapse occur. The goal of treatment is that each client and his or her family has a thorough understanding of addiction, recovery, and the possibility of relapse. All of this to help clients get back into recovery as soon as possible should there be a recurrence of addiction.

Child Development and Parenting Program

EORC provides a child development and parenting program for the men and women in treatment. We utilize Triple P parenting, Nurturing Parenting, and Parenting from the Inside out. Our child development staff have been well-trained in both teaching parenting, but also coaching parents to become more attached and helping children to learn healthy play, laughter, and the art of being a child.

Certified Recovery Mentors

We utilize recovery mentors to assist our clients in transitioning from residential treatment into the next phase of their development. Starting in level 3, peer mentors come and take clients out to coffee, share their experiences, and sometimes attend 12-step meetings with them. CRMs continue to work with clients even after they graduate from treatment.

Transitional Housing

EORC is unique in that it offers transitional housing for those who have completed treatment. We have a men's house and a women's house that assists clients in remaining in recovery after treatment. It is low-cost, sober housing, with plenty of group support.

Long-term Housing

EORC also offers long-term sober housing for clients with families who are looking to build a lasting foundation of recovery, family, and community involvement.



Eastern Oregon Recovery Center

Substance Abuse Services

Residential Program Application

Name: _____ Birth Name: _____

Sex: () M () F DOB: _____ SS#: _____ Have you ever served in the military? () Yes () No

Address: _____ City: _____

State: _____ County: _____ Zip: _____

Phone #: Home: _____ Work: _____ Message: _____

Emergency Contact Name: _____ Relationship: _____

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

Exclusion criteria for our residential program includes any criminal charge related to a sex offense.

Have you ever been convicted of a crime of a sexual nature? ____ Yes ____ No

Ethnicity: Caucasian African American American Indian / Alaska Native
 Hispanic Hispanic / Latino American (Name of tribe _____)
 Asian Hawaiian / Pacific Islander Other: _____

Marital Status:

() Single () Married () Widowed () Divorced () Separated () Living as Married

Living Arrangement (within the last 30 days) Date living arrangement changed: _____

() Alone () Spouse or S/O () Parents/Relatives/Adult Children () Foster Home () Jail/Prison
 () Institution/Group Home () Friends/Others () Homeless/shelter () Refused/Unknown/Other

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

Employment Status:

() Full Time () Part Time () Unemployed () Student () Retired () Disabled () Homemaker
 () Hospital Patient or Resident of Other Institutions () Volunteer () Sheltered / Non-Competitive Employment

Estimated Gross Income: _____

Source of Household Income:

() Wages/Salary () Social Security () SSI - Federal () Dividends/Interest () Volunteer
 () Public Assistance/Welfare () Alimony/Child support () Retirement / Pension () Other () None

Number of People in Household Dependent upon Household Income:

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

Number of Those Dependents Under 18 Years of Age _____

Health Insurance Information: (Please provide copy of card)

() Oregon Health Plan () Medicare () Medicaid () VA () Other Public () Private Health Ins. () None

Name of Insurance/Health Plan: _____ Policy/Group # _____

Name of policy holder: _____ Client ID #: _____

Referral Agency: _____

Contact Person: _____ Phone #: _____

DHS Caseworker: _____ Phone #: _____

Probation Officer: _____ Phone #: _____

Has individual ever been charged with a sexual offense crime? () Yes () No

Other agency involvement: _____ Phone #: _____

Legal Status (check all that apply):

- () DUI Diversion Client () DUI Convicted Client () Parole () Probation
- () 30 Day Civil Commitment () 90 Day Civil Commitment () 180 Day Civil Commitment
- () Psychiatric Security Review Board () Guardianship (Court) () Guardianship (Child Welfare)
- () Aid and Assist (ORS 161.370) () Unknown () None () Other _____

Number of Arrests in Past Month: _____ **Total Arrests:** _____

Number of DUI Arrests in Past Month: _____ **Number of Total DUI Arrests:** _____

Substance Use During Last 90 Days: () Yes () No

Primary Substance: _____ Age of First Use: _____ Frequency of Use: _____ Route: _____

Secondary Substance: _____ Age of First Use: _____ Frequency of Use: _____ Route: _____

Tertiary Substance: _____ Age of First Use: _____ Frequency of Use: _____ Route: _____

IV Drug Use: () Yes () No

Medication Assisted Txt: _____ **Nicotine** _____ **Alcohol** _____ **Opiate** _____ **Other** _____

Positive Drug or Alcohol Test in last 30 days: () Yes () No

Self Help Programs (frequency of attendance):

- _____ No Attendance in last month _____ 16-30 times in last month
- _____ 1-3 times in last month _____ Some attendance, frequency unknown
- _____ 4-7 times in last month _____ Unknown
- _____ 8-15 times in last month

Is client pregnant? () Yes () No

Allergies? () Yes () No

Explain: _____

Tobacco Use? () Yes () No **I**

Special Dietary Needs? () Yes () No

Explain: _____

Special accommodations for disabilities / physical limitations? () Yes () No

Explain: _____

Primary Physician:

Name: _____

Address: _____

Phone #: _____

Preferred Pharmacy:

Name: _____

Address: _____

Phone #: _____

Primary Dentist:

Name: _____

Address: _____

Phone #: _____

Mental Health Provider:

Name: _____

Address: _____

Phone #: _____

Is client 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>Social Security Number(s):</u>
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____



Eastern Oregon Recovery Center

Substance Abuse Services

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): \$410 per day for Social/Clinical Services and \$810 per day for medically monitored Services, sliding fee scale applies based upon ability to pay.

Insurance Rates: \$395 per day for Social/Clinical Services and \$810 per day for medically monitored services

2. RESIDENTIAL TREATMENT:

Private Pay (no insurance): \$410 day- sliding fee scale applies based upon ability to pay. \$11,500 per month. Payment is generally due at the time of service

Private Insurance: \$410 day or contracted rate. Client pays deductible (\$5000 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

EASTERN OREGON RECOVERY CENTER

List of What to Bring

PERSONAL CARE ITEMS

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

SHOES

- Comfortable shoes
- No open-toed shoes
- Tennis shoes to use for activities
- Slippers

CLOTHING *Limited to 7 days' supply only*

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

TREATMENT MATERIALS

- AA/NA Self Help books
- Letter writing materials (pens, pencils, notebooks, stamps, envelopes, 2-inch ring binders)
- Treatment related books
- Cell phones and chargers (Level 4)
- Headphones or earbuds

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 or medical appointments

OTHER / IDENTIFICATION

- Oregon Trail Card
- Picture ID
- Social Security Card
- Birth Certificate
- Debit Cards for SSI/Child Support

OPTIONAL

- Personal bedding and towels
- Family pictures
- Jewelry limited to wedding ring, Med. ID, watch, religious items & items currently wearing.
- Cash (**no more than \$100**)
- Funds held in Trust Account
- Alarm clock – No clock radio
- Candy
- Cigarettes/Lighters

DO NOT BRING THESE ITEMS

Radios, CD/DVD/MP3 video games/players, Audio/Video Tapes, ipads or computers	Any item that contains alcohol including cough syrup, mouthwash, aftershave, perfume/cologne. Alcohol must be listed as the 5 th ingredient or further
Vehicles	Clothes with holes
Weapons including pocket or belt knives	Flip flops
Books or magazines that are not recovery oriented	
Aerosol sprays	

NOTE: Storage space is limited. Bring **NO MORE** than 7-days' 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.