



HRI Hospital Partial Hospitalization with Housing

(This information is for clinical use only)

The partial plus program through **HRI Hospital** is a seven day per week intensive partial program that offers a lodging component. Currently, we are accepting referrals for our **Dual Diagnosis Partial Program only.**

****Dual Diagnosis PHP (adult- psych and substance abuse)****

Stride PHP (General Psych – young adults 18 – 24 years)

Women's PHP (adult- women only)

Triangle PHP (adults – focused on LGBTQ+)

GAP (General psych -adults 25 and older)

Our female house and our male house are separated with **24 hour staffing.**

Housing, meals and transportation are provided by HRI Hospital.

Referral process: please fax or email ARBOURHRIPartialPLUS@uhsinc.com psychosocial, medication list, updated clinical notes to:

Attention: Esther Kim

Fax (857) 364-0556

Phone: (617) 731-3200 ext. 153

-or-

(617) 731-3200 ext. 421

ARBOURHRIPartialPLUS@uhsinc.com

Weekend programming consists of music therapy (certified music therapist on staff), skill based groups (DBT and CBT, recovery based skills), expressive therapies.

COVID-19 safety protocol at both houses may include daily screenings and temperature checks.

Masks are required when on-site at HRI Hospital.

Requirements: referrals from a detox facility, inpatient unit, CSS/TSS, court/probation, jail diversion program sare prioritized.

All referrals will be screened upon faxing paperwork.

We accept individuals that are prescribed **Suboxone and Methadone.** **No benzodiazepines.**

Date: _____

Referring Facility: _____

Referring Staff: _____

Referring Staff Phone #: _____

Insurance Company: _____

Policy ID: _____

Psychiatric/Substance Diagnosis:

Medical Diagnosis:

Psycho-Social Stressors:

Current housing situation:

Does patient receive income for sober placement:

Pt's after care BEYOND PHP:

List the aftercare referrals:

1. _____

2. _____

Outpatient therapist: _____

Outpatient Psychiatrist: _____

PCP: _____

Please list clinical rationale and justification for PHP level of care:

Patient Name: _____

DOB: _____ Target DC: _____

SS# _____

Gender: _____

If applicable:

Secondary Insurance: _____

Policy ID: _____

Date of Most Recent suicide attempt and method:

Date of most recent SIB:

Date of last AH/VH:

Date of last violent or aggressive bx:

Date of last substance use:

History/Active eating Disorder:

Legal issues:

Sex offender status and level:

Trauma history:

Substance of choice/current length of sobriety:

Current stage of change/motivation for treatment:

Other service (DNH, CSP, SOAP):

Lodging Component Application: *Please attach biopsychosocial assessment, med list and recent notes.*



Name:

Date:

Referral Name/Agency:

To Be Filled Out By Patient:

1. Please describe any past treatments and outcomes (for example psychiatric inpatient, detoxes, methadone, suboxone, vivitrol, outpatient counseling, etc).

2. What is your current living situation?

3. If accepted to the partial program, what do you hope to get out of the program and what is your aftercare plan post discharge?

4. Please identify any prescribed medications you have and what you take them for:

5. What is your financial situation? Do you collect any subsidies (for example, SSI, SSDI, food stamps, etc.)

6. Have you ever stayed in a sober house before? If yes, please describe.

To Be Filled Out by Referral Source: 1. If the referral source is an inpatient, detox, CSS unit:

1. Please describe the patient's progress in treatment during his/her stay:

2. Is the patient participating in groups and actively participating in discharge planning? Please describe:

3. What is the patient's current level of motivation for participating in the program?

Patient Signature: _____ Date: _____

Referral Source Signature: _____ Date: _____