



## Beacon House Checklist

### Pre-Admission:

\_\_\_\_\_ Applicants are willing to commit to a 6-9 month minimum stay.

\_\_\_\_\_ Residents must attend Intensive Outpatient (IOP) and aftercare. Due to BH programming and resident responsibilities, working first shift and attending evening IOP is strongly recommended. For continuity of care residents often stepdown to IOP in the same agency with which they completed inpatient. However, residents have the right to choose their treatment providers, and may attend any accredited IOP.

\_\_\_\_\_ Individuals on scheduled or psychotropic medication may be deemed outside our scope of services. Medication is one factor among many, and each applicant will be considered on a case by case basis. Medications that are addictive, have serious side effects, indicate complex medical and behavioral health conditions, and are associated with illicit use and sales may require a higher or different level of care than BH offers. Examples of medications include, but are not limited to: Adderall, Trazadone, Neurontin, Seroquel, and benzodiazepines. If an applicant has recently stopped taking a prescribed psychotropic medication, they will need to provide a discontinuation order from their physician. If you have any questions about a particular medication/condition please call the intake line and discuss with the staff member on duty or ask for Erin Henle.

\_\_\_\_\_ Clients need a minimum of 7 days substance-free to gain admission. We may request a longer period of sobriety depending on the substance, usage and severity of the SUD. In those cases clients will be referred to a 28-day inpatient program before they can qualify for admission.

\_\_\_\_\_ Acceptance is contingent on a negative urine drug screen (UDS) and breathalyzer for illicit drugs and alcohol, performed at Beacon House immediately prior to admission. The UDS is supervised by Beacon House staff.

\_\_\_\_\_ We can handle clients with co-occurring psychiatric conditions such as anxiety, depression and bi-polar as long as they are compliant with their medication regimen and under the care of a psychiatrist. BH is not well equipped to handle severe and/or untreated psychiatric conditions. Referrals need SUD to be their primary diagnosis.

\_\_\_\_\_ Sex offenders are not permitted due to proximity of a school.

\_\_\_\_\_ Residents must have full-time employment, or obtain employment within 30 days of admission.

\_\_\_\_\_ Must be 23 years of age or older.

\_\_\_\_\_ Former BH residents who did not graduate in good standing must obtain special permission from our executive director to re-apply.

\_\_\_\_\_ Out-standing warrants need to be resolved before being admitted. Those with upcoming hearing or sentencing dates may be asked to delay move-in until after sentencing.

\_\_\_\_\_ Residents will need to have upon move in: \_\_\_ Health Insurance Card \_\_\_ Picture ID \_\_\_ Discharge Summary if coming from a facility \_\_\_ A current TB Test Record

\_\_\_\_\_ Residents need to bring their own clothing, bedding, food and hygiene items.

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### Financial

\$133.00 Refundable Deposit

\$133.00 Program Fee/Week.

Fee due upon Admission: \$266.00: Refundable Deposit (\$133) + 1 Week in Program Fees (\$133)

\$133 in Programming Fees due every Friday

\*\*\*\*We do not bill through insurance or 3<sup>rd</sup> parties\*\*\*\*

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### Admissions Process

- We can schedule an interview 7 days a week 8am-11pm, and appointments within 72 hours.
- Interviews/Assessments are performed between 10am-5pm, Monday-Friday.

- Applicants for our program have two interviews. The client interviews first with a resident manager and then with a member of the administration for a second more in depth interview and assessment. Each applicant will be reviewed by the CEO before final approval, which is typically the same day. These interviews are performed in-person at Beacon House. Residents who are accepted may move in as soon as there is an opening.
  - Beacon House can also perform interviews via Zoom conferencing for those who are incarcerated, out of town or inpatient.
  - We have 50 beds and they are available on a first come, first serve basis. Those who have been waitlisted need to call the main line daily (502-581-0765) to ensure they remain on the waitlist.
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#### Main Reasons for Deferrals

- Candidates are looking for a short-term, temporary place versus residential living. We are not a halfway house.
- Candidates has a positive urine drug screen result on day of admission
- Clients with severe, untreated co-occurring mental health issues.
- Most of our clients come to us after completing a 7-28 day inpatient program. Men without immediate prior acute treatment may be referred to an inpatient or residential program before they can reside here.
- Client does not feel they can accommodate the 2-week initial property restriction and 2-week cell phone prohibition, the IOP/ meeting requirements, curfew, other house rules, or full-time employment requirements.

#### **Transitional Living Model**

Beacon House employees two live-in resident managers, one senior resident manager, a life skills counselor and our administrative staff.

We are the next step on the recovery continuum of care after an individual has received acute inpatient detox and/or has completed a 28-day chemical dependency residential treatment program or an equivalent while incarcerated. Many of our clients come from The Brook Hospital, Praxis, Recovery Works, Our Lady of Peace, and Landmark, and Drug Court.

We are a 12-Step program that provides transitional living with wraparound recovery support services. Our daily programming includes intensive outpatient treatment (IOP) and individual and family counseling at The Morton Center, referrals to a psychiatrist and who specialized in addictions and Vivitrol programs, life skills course, weekly case management meetings, daily 12 step meetings, meetings with sponsor and in-house mentor program, community meetings and organized volunteer/service work.

The Beacon House blends a peer-driven model with on-site case management and an assertive referral program for clinical treatment and other community-based services. We bridge the gap between acute treatment and returning home by providing services to transition individuals into independent living in long-term recovery.

