

**McLean Ambulatory Treatment Center**  
Adult Partial Hospital and Residential Program for Alcohol and Drug Abuse  
115 Mill Street  
Belmont, MA 02478

### **Program Description**

Staffed by highly experienced psychiatrists, psychologists, social workers, nurses and addiction specialists, we are committed to working collaboratively with referring providers.

### **Program Features**

- Expectation of Sustained Abstinence
- Understanding of Chemical Dependency
- Dual Diagnosis Education
- Relapse Prevention
- Introduction to Recovery Networking
- Medication Evaluation & Management
- Case Management & Aftercare Planning
- Family Education & Meetings
- Individual Therapy & Support
- Recovery Life Skills

At the Alcohol and Drug Abuse Treatment Program (ADATP) at Harvard-affiliated McLean Hospital, the Partial Hospital level of care is available for those individuals who have completed detoxification or need a step-down from residential treatment. All patients participate in treatment together and receive the most up to date information provided by our highly trained staff. We offer specialized expertise in treating individuals whose substance dependence is also complicated by psychiatric illnesses.

The program's goals are to assist patients in achieving and sustaining abstinence while also learning how to reclaim one's dignity, self worth and identity. We assist patients in building coping mechanisms to achieve an active and full life without substances. Our program is uniquely designed to meet the needs of first time patients as well as returning ones. While our program is abstinence based we also recognize that some patients may face significant challenges that lead to relapse. We recognize that treatment is a process. Our program stresses safety for all patients. In certain cases, we may reassess individual's levels of care should relapse occur.

**Partial Hospitalization** level of care is for individuals who need intensive treatment but can commute independently and safely from home on a daily basis. Partial patients are expected to attend groups which meet from 8:30 am to 3:00 pm daily, 5 days per week (with the potential for some weekend programming if clinically indicated). Many of the groups focus on early recovery issues, building coping mechanisms, relapse prevention and address in-depth psychiatric needs. Patients are assigned a case manager and psychiatrist who work closely with them throughout the treatment process tailoring their treatment in order to maximize success.

Residential Programs for those requiring a higher level of support are available through McLean Nauset 1-800-230-8764 (insurance based) or McLean Fernside 1-800-906-9531 (self-pay).



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## *Checklist for Clinical Evaluator*

	<p>Please make sure the patient is appropriate for admission to the program by reading the admission criteria included on the next page. Next call insurance to find out treatment coverage.</p>
	<p>Complete the enclosed referral packet (admission application)</p>
	<p>Make sure to put a valid phone number for the patient on the application.</p>
	<p>Fax back to Linda @ (617) 855-2699. Please include a complete list of patient's medications.</p> <p>For patients coming from other McLean Units, clinicians must call ADATP with "clinical sign out"</p> <p>Linda will schedule intake with referrer and/or patient</p>
	<p>For any questions call Linda @ 617-855-3505</p>
	<p>Please read the program description and review with your patient. Give the patient the 'Your First Day of Partial Hospital Treatment' informational sheet.</p>



McLean HOSPITAL  
HARVARD MEDICAL SCHOOL AFFILIATE

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Dear Provider:

Thank you for your referral to McLean Alcohol and Drug Abuse Treatment Program.

We have tried to make this application easy for you to complete, yet comprehensive enough to allow us to make a prompt decision regarding admissions. Please feel free to copy this application for other members of your staff. If you have any questions or require additional applications, call us at (617) 855-3505.

Fax completed forms to (617) 855-2699.

Sincerely,  
Linda Marucci  
Intake Coordinator,  
McLean Partial Treatment Program

**Admission Criteria: (must meet all)**

- The patient is completely detoxified.
- The patient is medically stable (vital signs stable with systolic blood pressure < 160, diastolic blood pressure < 100, and pulse < 100) and cleared for ambulatory level of care.
- The patient is cognitively capable of participating and benefiting from the treatment milieu of four groups per day and off site self-help meetings.
- The patient is able to hold and self-administer medication, handle self-care, and function independently in an open milieu.
- The patient is not a danger to self or others.
- The patient is able to obtain transportation to and from the program independently.
- The patient is 18 years or older.



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**Referral Form for Admission**

**Presenting Problem for Admission to your facility: (circle all that apply):**

Detox from: \_\_\_\_\_ Suicide Attempt    SI    HI    Psychosis

Depression            Mania            Self-Injurious Behavior            Med Noncompliance

Other: \_\_\_\_\_

Admit Date: \_\_\_\_\_

Diagnosis: Axis I \_\_\_\_\_

Axis II \_\_\_\_\_ Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_ Axis V \_\_\_\_\_

Medications	Dose	Reason Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Legal Status: Probation/Parole:    Y    N    Pending Charges:    Y    N    Court Date: \_\_\_\_\_

History of Violence:    Y    N (explain) \_\_\_\_\_

Suicide Attempts:    Y    N    Last Attempt: \_\_\_\_\_            Current SI:    Y    N

Self Injurious Behavior:    Y    N    Method: \_\_\_\_\_

Longest Period of Sobriety \_\_\_\_\_            Date: \_\_\_\_\_

# of psyc. Hospitalizations in past 2 yrs. \_\_\_\_\_ # of Detoxes past 2 yrs. \_\_\_\_\_

# of S.A Residential Treatments: \_\_\_\_\_            Name of Last Program: \_\_\_\_\_

Drugs used in past year (check):    Alcohol    Heroin Opiates    Marijuana    Benzodiazepines  
Stimulants    Hallucinogens    Other \_\_\_\_\_

Primary Drug(s): \_\_\_\_\_

Self Help Used in past:    Y    N    Sponsor:    Y    N



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**Referral Form for Admission to McLean Hospital**

History of Present Illness:

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Medical Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last Physical Exam \_\_\_\_\_  
(Must be within one year)

Drug Allergies: \_\_\_\_\_

Last known PPD Test Date: \_\_\_\_\_ Results: Pos (follow up?) Neg

PCP: \_\_\_\_\_ Town: \_\_\_\_\_ Phone # \_\_\_\_\_

Current Providers: Agency: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone # \_\_\_\_\_

Therapist: \_\_\_\_\_ Phone # \_\_\_\_\_

Purpose of Coming to McLean: \_\_\_\_\_  
\_\_\_\_\_

Discharge Plan (check):      Own Residence    Family    Friends    Shelter    Holding Facility

Emergency Discharge Placement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## **Your First Day of ADATP Partial Hospital Treatment**

- 1. Bring your insurance card and information; For patients coming from inpatient units, bring your discharge summary.**
- 2. Report to Linda's office, Proctor House, room 302A at 9:00 a.m. Ask for Linda.**
- 3. Fill out admission paperwork.**
- 4. Attend scheduled appointments with case manager and RN/psychiatrist.**
- 5. Report to day treatment, Room G17.**

**If you have questions or need to reschedule your appointments, please call Linda at (617) 855-3505.**