



COMMUNITY RESIDENCE PROGRAM GROUP DESCRIPTIONS

Art Therapy

An open studio environment is available in your home to explore your creative interests and work on individual projects. The process of creation helps increase awareness of self and others, cope with symptoms, manage stress, and enhance cognitive abilities.

Book Club

Participants take trips to local libraries, book stores, and book shows to explore different types of literature and reading materials.

Cognitive Behavioral Therapy

Participants learn methods to make better decisions, better assessments and interpretation of events around them. Work on increasing confidence, and expansion of the self beyond being mentally ill.

Community Outing

Participants choose local community events to attend. These outings serve to build social skills, entertain, and learn comfort in the community. Examples include visits to museums, art galleries, theatre, cultural events, parades, festivals, meal outings, shopping, etc.

Music Therapy

Learn strategies of using music as a resource in building recovery. Explore listening to music and playing instruments as coping skills and outlets for expression to increase a sense of hope for the future.

Journey in Recovery

This group educates participants on the Journey in Recovery treatment model to decrease fears of managing symptoms and gain independence. This group also assists consumers to identify goals and steps to take to attain mental wellness.

Managing My Life

Budgeting, time management, and communication skills are covered in this group. Social skills are practiced in areas of boundaries, respect, and confrontation. Participants also learn confidence and general problem solving for everyday practice.

Men's Group

Weekly discussion of men's social and wellness issues, while practicing social skills within the group. This group may take place within the house or in the community.

Building Interpersonal and Social Skills

This is a discussion forum that addresses skills necessary for healthy and productive relationships of every nature. Some of the topics covered in this group are: setting boundaries, communication skills, building trust, forgiveness, and conflict resolution.

Women's Group

Weekly discussion of women's social and wellness issues, while practicing social skills within the group. This group may take place within the house or in the community.

WRAP

This group assists participants in developing a plan to promote physical and mental wellness. Emphasis is also placed on developing a plan to cope with crisis.

Wellness Group

By utilizing community-based recreational facilities, community venues, or home-based sessions, this group focuses on physical wellness and nutrition.





COMMUNITY RESIDENCE PROGRAM SERVICE FEES

RESIDENTIAL SERVICE FEES

Single Occupancy Room.....	\$180 per day
Double Occupancy Room.....	\$160 per day
Medical Leave	\$50 per day

Medical leave is charged for residents who are hospitalized for medical or psychiatric treatment.

ANNEXING SERVICE FEES \$125 per day

PROFESSIONAL SERVICES

Medication Management.....	\$90 per visit
Case Management.....	\$110 per hour
Individual Therapy.....	\$104 per hour
One-to-One Case Coordination	\$160 per occurrence
Team Case Coordination.....	\$160 per occurrence
Annex Support.....	\$45 per hour
Targeted Case Management	\$100 per hour
Intake Assessment.....	\$125 per visit

SPECIAL SERVICE FEES

One-to-One Staff Specializing.....	\$40 per hour
Medication Delivery to Client Home.....	\$25 per occurrence

Residential and annexing fees include meals, groups, and activities during service period.





COMMUNITY RESIDENCE PROGRAM FACT SHEET

PROGRAM PROFILE	CLIENT PROFILE	TREATMENT TEAM
<p>Facilities: Frazier House Sharp House</p> <p>Program Options: Residential Transitional Annexing Specialing (1:1 Support) Groups Case Management</p> <p>Program Capacity: Residential Beds: 32 Annex Program: 40</p>	<p>Gender: Male: 55% Female: 45%</p> <p>Age: Adults 18+</p> <p>Diagnosis: Schizophrenia 45% Schizoaffective Disorder 24% Bipolar Disorder 11% Psychotic Disorder NOS 3% Major Depression 9% Post Traumatic Stress Disorder 5% Other 3%</p> <p>Community Activity: Volunteer 28% Competitive Employment 16% Student 10%</p>	<p>Director of Mental Health Programs: Christine Wills, MS, LPC, NCC, KCGC</p> <p>Staff Psychiatrist: Dr. Dagoberto Heredia, M.D.</p> <p>Program Manager: Lisa Hastings</p> <p>Team Leader: Valerie Mize, BSW</p> <p>Compliance Auditor: Mike Fowler, LSCSW</p> <p>Case Manager: Ray Padilla, LMHT</p> <p>Case Manager: Debra Banistar</p> <p>Daily Living Counselors: 9 Full-time 10 Part-time Counselors</p>

FRAZIER HOUSE

520 SW Frazier | Topeka, Kansas 66606
P: 785-235-0843 | F: 785-233-0957

SHARP HOUSE

400 SW Frazier | Topeka, Kansas 66606
P: 785-354-7151 | F: 785-235-0495

VALEO COMMUNITY RESIDENCE PROGRAM MAIN OFFICE

5401 SW 7th Street | Topeka, KS 66606
P: 785-215-8864 | F: 785-354-1068

VALEOCR.P.ORG

Christine Wills
Lisa Hastings
Valerie Mize
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Debra Banistar
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Director of Mental Health Programs
Program Manager
Team Leader
Case Manager
Case Manager
Billing Manager
Corporate Development

785-783-7526
785-783-7522
785-215-8864
785-215-8871
785-215-8858
785-228-3073
785-215-8863



COMMUNITY RESIDENCE PROGRAM APPLICATION FOR ADMISSION



Applicant: _____ **Date:** _____

Date of Birth: _____ **Social Security Number:** _____

Parents/Guardian: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Email:** _____

Referred By: _____

Phone: _____ **Agency:** _____

Diagnosis:

Primary _____ Secondary _____

Presenting Problems: (send any records)

Please note any physical problems and list on-going treatment:

Prior Hospitalizations:

Facility: _____ **Dates:** _____

Comments: _____

History:

Past Suicide Attempts: _____

Current Risk: _____

Violence: _____

Assaultiveness: _____

Self-destructive Behavior: _____

Substance & Alcohol Abuse History:

Drug	Amount	Frequency	Last Used	Age Started
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Current Medications:

Please include all non-prescription drugs taken on a daily basis

Drug	Dosage	Frequency	When Started
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a Power of Attorney? Yes No

Is there medical Power of Attorney? Yes No

Is there financial Power of Attorney? Yes No

Please provide all Power of Attorney documentation

Cell Phone: _____

Email: _____

Identify & assess patient's current strengths & problem areas:

(Please complete carefully!)

Ability	Satisfactory	Problem Area	Requires Work
to follow an approved daily plan	_____	_____	_____
to accept medication as prescribed	_____	_____	_____
to maintain acceptable sleep patterns	_____	_____	_____
to abstain from illegal drug use	_____	_____	_____
to refrain from alcohol use	_____	_____	_____
to limit personal difficulties to a point of not disturbing the house	_____	_____	_____
to articulate needs and feelings	_____	_____	_____
to handle anger appropriately	_____	_____	_____
to work cooperatively with peers	_____	_____	_____
to work cooperatively with staff	_____	_____	_____
to socialize	_____	_____	_____
to care for personal hygiene	_____	_____	_____
to care for private room	_____	_____	_____
to share in the work of the house	_____	_____	_____
to drive a car	_____	_____	_____
to adapt to a group living situation	_____	_____	_____
to handle money	_____	_____	_____
to do volunteer work	_____	_____	_____
to handle a paying job	_____	_____	_____
to continue educational goals	_____	_____	_____



COMMUNITY RESIDENCE PROGRAM RESIDENT RECORD

Resident's Name: _____ Date of Admission: _____

Social Security Number: _____ Date of Birth: _____

Medicaid Number: _____ Medicare Number: _____ Marital Status: _____

Private Insurance Company: _____

Address: _____

Policy Number: _____ Group Number: _____

Name of company you work for: _____

Social Security Number the policy is under: _____

Case Manager: _____

Name of staff person at the insurance company who has approved stay: _____

Phone: _____

Person financially responsible for this resident: _____

Relationship: _____ Address: _____

Home Phone: _____ Work Phone: _____

In Case of Emergency Please Contact:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Other Significant Persons: (Family members, social workers, counselors, payee, guardian, physician, conservator)

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Work Phone: _____