

Women's Center Frequently Asked Questions

What population is served?

- Females age 18 and older with SUD diagnosis, both in and out of catchment area
- Women with children (can bring up to 2 upon approval) age birth to school age
- Co-occurring disorders, legally involved individuals
- Thought disorders are reviewed and often decided upon case-by-case
- Ability to take transgender individuals on a case-by-case basis

What is required for referral?

- Referrals often come from local CSB or hospitals
 - CSB referrals require the following:
 - ASAM with 3.5 LOC recommendation
 - Recent (within 6 months) Comprehensive Needs Assessment or approved alternative based on other CSB SUD assessment protocols
 - HPR-1 which can be provided in a Word Document that asks for residential treatment if not completed normally by referring CSB
 - Current medication list
 - Signed release for UVA to allow for medical review
 - Hospital or higher level of care referrals require the following:
 - Most recent social worker/provider note or assessment
 - ASAM recommending step down services of 3.5 LOC
 - Medication list
 - HPR-1 which can be provided in a Word Document that asks for residential treatment if not completed normally by referring CSB
 - Signed release for UVA to allow for medical review

What populations are unable to be served?

- Those with unmanaged severe mental illness (SMI) or that have mental health symptoms that do not allow for access to SUD curriculum provided
- Those with significant medical issues or inability to complete daily hygiene or other ADLs
- Mobility issues are discussed on a case-by-case basis due to the location being single level, however consumers are often transported and need to be able to move in and out of a vehicle

What can an individual expect daily life to be like?

- Daily schedules are provided at morning meeting each day to assist with development of routine.
- Individuals are expected to be up, have their meds, and be ready for the day by 830 AM
- At least 1 group (usually 2 or more on site), an outing to Blue Ridge Center for group, and daily AA/NA meetings offered in the community, virtually, or in-house
- Individual counseling offered once per week, with ability to add additional individual when needed

What substances require detox?

- Alcohol, Opiates, Benzodiazepines
 - If an individual arrives for admission and tests positive on a UDS for opiates or benzodiazepines, they are sent to the hospital for medical clearance before admission. They will need to provide a clean UDS (unless given medication for detox that is documented) and attempt readmission after 72 hours.
 - If an individual arrives for admission and provides anything but a .000 on the breathalyzer, they are sent to the hospital for medical clearance or have to provide a .000 breath sample 3-5 days after first attempt if detox is not needed. A positive alcohol UDS is provided, but .000 is blown, this is discussed case-by-case and involves the referring worker/agency.

What is required for individuals who are pregnant to be able to complete treatment?

- Pregnant women wanting to enter treatment must be established with an OBGYN
- OBGYN appointment (if not local) must be identified at admission and referring agency may need to assist with transport depending on location
 - OBGYN must be willing to do the following:
 - Provide signed documentation that the individual is medically stable for SUD treatment
 - Provide notification that use of UVA if an emergency arises is appropriate
 - Be willing to provide a list of medications that are approved (PRN meds) and consult as needed for any additional medications needed (Psych referral, etc.)

What is required for women wanting to bring children?

- Children must have a current PCP and be current on immunizations, with documentation provided.
- Individual must identify an emergency contact for the children in case of need for medical attention or a need to have the child return home for mother to complete treatment
- Children must also be medically cleared for facility
- Mothers are responsible for the following while children are with them in treatment:
 - Providing all medication, formula, diapers, etc. for the duration of stay (community options are available for assistance)
 - Daily oversight, positive discipline, and overall care for their own children.
 - Not allowing other residents to provide care for the children
 - Engage in all required portions of treatment to improve their recovery.

What medications are not allowed?

- Medications are discussed based upon medication list provided at referral and most are accepted on a case-by-case basis. Any medications prescribed that are related to previous substances of choice may need to be changed prior to admission.

What MAT options are offered?

- The most common currently seen are Suboxone, Methadone, Naltrexone, and Acamprosate.
- Any other MAT options will be discussed at time of referral, depending on established care and medication list.
- Access to clinics that offer Suboxone or Methadone while in services, or collaboration with current providers to ensure that they continue to progress in their recovery

What insurances are accepted? Other funding sources?

- Insurances accepted:
 - All Medicaid MCOs
 - Anthem Commercial
- Other funding sources accepted:
 - SOR/SARPOS
 - Other options can be discussed prior to referral when needed

What discharge planning is completed?

- Discharge planning/care coordination begins at time of referral
- Women's Center staff collaborate with current providers and referring worker to identify required needs upon completion of 3.5 LOC.
- A discharge planning meeting occurs virtually with all current providers by the 3rd week of treatment to plan for discharge, required services, and referrals needed.