

# Richmond Behavioral Health Authority's -HOPE PROGRAM

## Information & Admission Criteria

The RBHA's HOPE Program is a Region 4 residential program for the treatment of substance use disorders and co-occurring mental health conditions. Services are consistent with the levels of care outlined in The American Society of Addiction Medicine Criteria: Treatment for Addictive, Substance-Related, and Co-Occurring Conditions, Third Edition, 2013.

The level of treatment at HOPE is **Level 3.5 Clinically –Managed High Intensity Residential Treatment**. Services are provided to individuals who meet criteria as defined below for this level of care 24 hours a day, seven days a week.

### Admission Criteria

Appropriate referrals for this Program include individuals who:

- Are 18 years or older
- Have been diagnosed with a co-occurring SUD and MH disorder
- Meet criteria for ASAM Level 3.5 Clinically-managed high intensity residential treatment services that are co-occurring enhanced, which includes high acuity on **Dimension I - (*Acute Intoxication and/or Withdrawal Potential*); Dimension II – (*Biomedical Conditions and/or Complications*); and/or Dimension III – (*Emotional, Behavioral, Cognitive conditions and/or Complications*)**, which means symptomology on these Dimensions would range in the moderately high – severe stages.
- Able to perform activities of daily living and willing to participate in a residential co-occurring treatment program and related activities

Exclusionary Criteria – Individuals who have displayed the following symptoms may not be appropriate for residential services but may be assessed on a case-by-case basis:

- Medically unstable, including communicable diseases
- Psychiatrically unstable or unable to cognitively process basic information and instructions
- Eminent danger to self or others
- Unable to care for self
- Current and/or recent violent / aggressive behavior

**NOTE: We are currently unable to provide services at the North Campus to registered sex-offenders**

## Admission Procedures

Referring Case Manager (CM) should provide information via Redcap electronic referral system  
<https://redcap.rbha.org/surveys/?s=XPF8AW4DE7>

- Information will include; most current ASAM assessment within the last 30 days along with any information that will assist program in determining individual's current level of care; i.e. medical, legal or any scheduled appointments.
- PM will contact referring CM within one business day. PM, Care Coordinator or Program Supervisor will complete assessments utilizing ASAM criteria, if there is none available or if re-assessment is indicated. A copy of a physical exam done within the last year should be submitted, if available. If the individual has not had a physical, one will be scheduled and conducted upon admission. A TB test is NOT required. A medical doctor, licensed mental health professional, and/or psychiatrist will assess treatment needs/goals for all individuals within 72 hours of admission.
- PM will contact the referring CM to confirm eligibility and schedule an admission date.
- All of the individual's current medications should be brought in at admission. Over the counter medication must be sealed and unopened.
- Participants should have all current legal issues resolved prior to entering treatment, if possible. Referring CM, PM, and Program Supervisor will work together to determine the most viable admission date for individuals needing to resolve legal issues.
- Length of stay at RBHA HOPE is determined by participant's progress in meeting treatment goals and readiness to transition to a different level of care.
- Referring CM will be notified within one business day after admission of date and time of initial treatment team meeting
- *Referring CM will advise individuals who receive SSI that a residential stay that is longer than 30 days could affect their benefits.*

## Additional Program Information

- **Individuals should be informed that RBHA is a smoke free campus! Any off-site programming attended by participants under the supervision of RBHA staff will be considered a smoke-free activity.**
- Participants should bring 2 weeks of clothing, toiletries, and personal care items. Please do not bring food, as it will be provided by the facility. Snack machines are available; however, in order to use them, individuals will need single bills and/or coins.
- Washers and dryers are available for participants' use.
- Visitation is every Sunday, from 1:00pm to 4:00pm. Orientation for visitation is required and is held at 12:30pm on Visitation days. Special visitation times may be scheduled in accordance with the participant's needs and their plan of treatment.
- Participants are allowed to use the telephone on a daily basis at designated times to contact family.
- Participants should plan to remain on-site at the facility during treatment. The treatment team along with the participant's referring case manager will decide upon any changes to this expectation.
- The referring CM is involved in the individual's treatment process from admission through discharge.

- HOPE has treatment team every Tuesday from 2:30 pm – 4:00 pm & Thursday from 1:30 pm – 3:00 pm to discuss discharge planning and individual progress. CM can participate in treatment team via conference call or in person.

### **Discharge & Change in Level of Care Criteria & Procedures**

***Any transfer in Level of Care will be completed only after written authorization from referring CSB!***

The following criteria are used to determine appropriateness for transfer/discharge from the present level of care:

- The individual has achieved the goals and objectives in the person-centered treatment plan, resolving the problems that justified admission to the present level of care and continuing disease management in a less intensive level of care is indicated;
- The individual has been unable to resolve the problems that justified admission to the present level of care; it is determined that maximum benefit has been achieved from the services at the current level of care and treatment at this level of care or discharge from treatment is indicated;
- The individual has demonstrated a lack of capacity due to diagnostic or co-occurring conditions that limit his ability to resolve his problems and treatment in a qualitatively different level of care or type of service is indicated; or
- The individual has experienced an intensification of problems or has developed new problems and can be treated effectively at a more intensive level of care.

### **Contact Information**

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