

MISSION STATEMENT

The Medication Assisted Withdrawal Program will provide individualized interventions and care designed to meet the individuals' physical and emotional needs; provide support, guidance and supervision, and meet the objectives of the individualized services plan. These services will be provided to adult residents of Suffolk, Franklin, Isle of Wight, and Southampton who meet criteria for the DSM V and ICD 10 codes (any or all) of Polysubstance, Opiate, Sedative Hypnotic, Barbiturate, and /or Alcohol Abuse or Dependence.

WESTERN TIDEWATER CSB MISSION STATEMENT

It is the mission of Western Tidewater Community Services Board to provide a coordinated system of quality recovery oriented care in Mental Health, Intellectual Disability, and Substance Abuse Services to the citizens of the cities of Franklin and Suffolk and the counties of Isle of Wight and Southampton. We continually strive to value staff, support diversity, and promote excellence in the provision of consumer care.



Now Accepting Referrals

Do you have patients residing in the cities of Suffolk or Franklin, or the counties of Isle of Wight or Southampton who meet DSM V diagnosis criteria for Polysubstance, Opiate, Sedative Hypnotic, Barbiturate, and/or Alcohol Abuse or Dependence?

If so, please give us a call to learn more about our new Outpatient Medical Detox Program which allows a patient to remain in the community while being safely detoxed and medically monitored daily.

Pregnant substance abuse users are provided priority treatment within 48 hours and injecting drug users are provided priority treatment services within 14 days.



Ambulatory Detoxification with On-Site Monitoring



FUNDED BY:



**Western Tidewater
Community Services Board**

**135 South Saratoga Street
Suffolk, Virginia 23434**

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Fax (757) 925-3569
www.wtcsb.org**

**The Purpose of Life
Is a Life with Purpose**

SCREENING CRITERIA

The patient.....

- Is willing to complete an individual assessment and involve family members or significant others.
- Has the ability to arrive at the clinic on a daily basis.
- Can understand and follow instructions for care.
- Has a positive and helpful social support network available.
- Is willing to accept a recommendation for treatment once withdrawal is managed to continue to attend outpatient sessions and/or self-help groups.
- Is experiencing at least mild signs and symptoms of withdrawal, or there is evidence that withdrawal is imminent.
- There is no history of DTs or withdrawal seizures.
- Is free of severe physical and psychiatric complications.

ADDITIONAL CRITERIA

A Clinical Institute Withdrawal Assessment score of less than 15.

Extended monitoring in the ER would be required if BAL is 250-300 mg%.

For Sedatives - recent use must be confined to therapeutic doses and is not complicated by daily use of alcohol or other mind-altering drugs known to produce a significant withdrawal syndrome.

For Opiates there must not be evidence of concurrent dependence on alcohol or sedative hypnotics.

THE PROBLEM

Virginia is ranked 36th in per capita spending on substance abuse prevention, treatment and research (\$5.65 per capita) behind other southeastern states such as Georgia, Louisiana, Mississippi, and Kentucky.

The expense of inpatient detox is often a barrier to treatment. The average wait time (7-14 days) usually results in premature departure from treatment against medical advice, leading to worsening of their disease process, and negatively impacting other co-morbid chronic medical conditions.

BENEFITS

The patient can remain in the community, with their family and/or other support systems and keep their job if currently employed.

Support systems will be educated on the addiction disease process as well as the recovery process.

Patients will be linked to community recovery supports, a medical home, receive assistance with transportation, job search, and vocational education as needed.

