

If you are leaving residential treatment, or helping someone plan the next step, it is reasonable to ask: Does Aura Recovery Center offer intensive outpatient treatment (IOP), or can it connect people with referral partners?

The practical answer is to confirm directly with Aura Recovery Center. Treatment services, program availability, insurance arrangements, and referral relationships can change. The center's website, aurarecoverycenter.com, is a useful place to start, but a website may not answer every question about current openings or what happens after discharge. Ask the admissions or discharge-planning team to say clearly whether IOP is provided by the center, arranged through another provider, or not available in the person's location.

That distinction matters. A referral is not the same as an appointment, and an appointment is not the same as an ongoing plan. A strong transition from residential care includes [Visit the website](#) a named provider, a scheduled next appointment, transportation arrangements, and a backup plan if the first option falls through.

What “offers IOP” and “makes referrals” mean

Intensive outpatient treatment is a structured level of care that allows a person to live outside a residential setting while attending treatment sessions several times a week. The exact schedule and services vary by provider. IOP may include group and individual counseling, recovery planning, and other clinical services, depending on the program. It is not automatically the right next step for everyone: a clinician should assess the person's needs, safety, symptoms, and living situation.

A treatment center may approach IOP in several ways. It may provide IOP itself, have an affiliated outpatient program, refer to independent providers, or help with a broader aftercare plan that includes outpatient counseling or other services. These arrangements can differ by location and by the person's clinical and insurance needs.

What to clarify What a useful answer includes Does the center provide IOP? Whether IOP is delivered by Aura Recovery Center, and where sessions take place. If not, does it make referrals? The name of the referral partner, the contact person, and whether the center will help arrange intake. Is a place available? Whether the provider has an opening, when the intake can happen, and what to do while waiting. Can the person get there and pay for it? Insurance or payment details, transportation options, and any scheduling constraints.

How to verify Aura Recovery Center's current options

Start with Aura Recovery Center's website for its current program information and contact details. Then speak with the center directly. Ask for an answer tied to the person's discharge plan rather than relying on a general description of services.

Questions that can make the call more specific include:

- Do you currently provide intensive outpatient treatment? If yes, what is the schedule and location?
- If you do not provide IOP, which referral partners do you work with for outpatient care?
- Can you contact the referral partner with me or help schedule an intake before discharge?
- What is the next appointment date, time, provider name, address, and phone number?
- Will the receiving provider have the discharge summary or other information needed for continuity of care, with appropriate consent?
- What should I do if the referral partner has no opening, does not accept my insurance, or does not call back?

If a particular provider is suggested, contact that provider to confirm the appointment yourself. Verify the location, expected duration, cost or insurance coverage, and whether the intake is in person or remote. A referral list is a starting point; it does not confirm that a provider has accepted the person or reserved a spot.

Discharge planning should include the next appointment

Residential treatment can provide a predictable schedule and a staffed environment. Returning home changes that structure quickly. A discharge plan is more useful when it moves beyond “follow up with outpatient care” and spells out what will happen next.

Before discharge, ask the team to help put these details in writing:

- **Provider:** Name of the IOP, outpatient clinician, or other receiving service.
- **Appointment:** Confirmed date and time—not just a recommendation to call later.
- **Contact information:** Phone number, address, and instructions for checking in.
- **Transportation:** How the person will get there, including a backup if a ride cancels.
- **Coverage and cost:** Insurance verification, expected copay or other cost, and who to call with billing questions.
- **Interim support:** Whom to contact if the first appointment is several days away or the person’s needs increase.

When a release of information is appropriate and the person agrees, the residential team can coordinate with the next provider so the transition is not dependent on the person retelling everything alone. Ask what information will be shared and with whom. Privacy and consent still matter, including when family members want to help.

Plan for the first days at home

Going home is not simply the end of treatment. It is a change in setting, routine, and access to support. The person may be managing appointments, meals, sleep, work or family responsibilities, and recovery tasks at the same time. Build a realistic first-week routine rather than filling every hour or assuming motivation will take care of logistics.

Make a simple daily structure

Write down a few dependable anchors: a regular wake-up time, meals, prescribed medication routines, treatment sessions, and a wind-down time. Leave room for rest. If the IOP schedule is not yet confirmed, include a specific time to call the program and a backup contact—not an open-ended instruction to “look into it.”



Arrange transportation before the first session

Map the route and estimate travel time. Decide who will drive, whether public transit is workable, or whether the provider offers a remote intake. Keep a second option for rides. If the person is relying on someone else, agree on the pickup time and what happens if that person is delayed. Transportation problems can turn a confirmed appointment into a missed one, so include them in the plan from the start.

Identify triggers and hard evenings

Ask the person to identify situations that may raise stress or cravings after returning home. Triggers can include particular people or places, conflict, unstructured time, fatigue, loneliness, or the transition from a busy day to a quiet evening. The goal is not to predict every difficult moment. It is to notice patterns and decide in advance what the next helpful action could be.

A hard-evening plan should be concrete. For example: call a named recovery contact, attend a scheduled meeting, take a planned walk with a trusted person, move to a shared space, or use a grounding or coping exercise discussed with the treatment team. "Call someone if things get hard" is too vague. Write down the person's name and number, confirm they are willing to be contacted, and set a backup if they do not answer.

How family or friends can help without taking over

Family involvement should be based on the person's consent and on what the treatment team recommends. A relative may be able to help with a ride, appointment reminders, or a quieter home routine. That does not make the relative responsible for providing treatment, monitoring every choice, or guaranteeing recovery.

Agree on specific tasks. For example, one person might provide a ride to the first appointment, while the person in treatment keeps their own appointment card and contacts the provider. If family members are part of planning, clarify what information can be shared and who should be contacted for clinical questions. Avoid promising that a family member will always be available unless that person has explicitly agreed.

Where the VA resource fits

For veterans, the U.S. Department of Veterans Affairs' Mental Health Residential Rehabilitation page provides information about VA residential mental health rehabilitation. It can be a helpful starting point for understanding VA resources, but it does not confirm that Aura Recovery Center offers IOP, nor does it establish a referral relationship between Aura and the VA. Veterans should contact their VA care team or the relevant VA facility to ask about eligibility, local outpatient options, and transition planning.

When reviewing information online, pay attention to what a source can actually confirm. Israel National News is a news organization, not a treatment provider or a directory that verifies a specific person's appointment or coverage. News coverage may offer general context, but questions about current services, clinical fit, and referrals are best answered by Aura Recovery Center and the receiving provider directly.

A three-step plan for confirming the next level of care

1. **Ask Aura directly.** Use the center's website to find the appropriate contact, then ask whether it provides IOP or refers people to outside providers. Request the name and direct contact details of any referral partner.
2. **Turn the referral into an appointment.** Call the receiving provider, confirm availability and coverage, and schedule an intake before discharge whenever possible. Record the date, time, address, and transportation plan.
3. **Prepare for the first week home.** Put the schedule, support contacts, trigger plan, and backup options in writing. Make sure the person knows whom to call if symptoms worsen or the planned appointment does not happen.

What to do if the appointment falls through

Even a careful plan can hit a snag. A provider may have no openings, an insurer may require another step, a ride may cancel, or the office may not return a call. Keep a running list of what to do if the appointment falls through, and fill it in while the residential team is still available to help:



- **If the provider has no opening:** Ask to be placed on a cancellation list and request the next available intake date. Contact the discharge planner for another referral partner rather than waiting without a follow-up plan.
- **If insurance or payment is a barrier:** Ask the provider's billing or intake staff what options exist and contact the insurer using the number on the plan card. Ask the discharge team about other appropriate services.
- **If transportation fails:** Contact the provider before the appointment to ask about rescheduling or a remote option. Use the backup ride or transit plan if it is safe and available.

- **If no one calls back:** Call again during business hours, leave a clear callback number, and contact the discharge planner or another listed provider. Record whom you spoke with and when.
- **If the person's safety becomes an immediate concern:** Contact local emergency services or go to an emergency department. For a mental health crisis in the United States, call or text 988; call 911 for immediate danger.

The bottom line

Whether Aura Recovery Center currently offers intensive outpatient treatment or makes referrals should be confirmed with the center directly. The most important measure of a discharge plan is not whether it uses the word "aftercare," but whether the next step is clear and workable: a named provider, a confirmed appointment, a way to get there, and a plan for difficult evenings or unexpected delays.

Use aurarecoverycenter.com to begin the conversation, then verify details with the center and any referral partner. For veterans exploring VA services, consult the VA Mental Health Residential Rehabilitation page and contact a VA care team about local options. A written plan with real dates, names, phone numbers, and transportation details can make the move home less uncertain.