



NHS FORTH VALLEY

Substance Use Residential Rehabilitation Pathway

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1. Introduction

“Residential rehabilitation is a vital and potent component of the drug and alcohol treatment system and should continue to be so – not as a separate treatment setting, or as an alternative to community treatment, but as one potential element of a successful recovery journey. At a system level, this means people will usually spend some time in community treatment before completing a residential rehab programme, and then either return to community based services afterwards or exit the treatment system completely.”¹

Prior to considering residential rehabilitation for a service user, all appropriate locally provided treatment interventions for their substance Use should have been tried. This may include accessing NHS Substance Use Psychology Services, Addictions Support and Counselling (ASC) community rehabilitation services, local recovery organisations and mutual aid, including the biggest network of SMART Recovery Meetings in Scotland, through the Forth Valley Recovery Community. The service user’s recovery capital domains should be assessed and help inform the treatment choices.

Care and treatment provided by residential rehabilitation services for service users with substance use problems should include a range of recovery-oriented and strengths-based interventions to address the complex problems experienced by those referred to their services. The interventions provided should enable the service user to achieve abstinence within the residential setting, help address all aspects of the person’s recovery capital and in partnership with local services prepare the service user for return to the community setting.

During the period of residential care the service user would be expected to participate in both individual and group activities, which include mutual aid and self-help, to address their substance use problems and focus on addressing their mental health, physical health, social, educational, housing and employment needs through a range of therapeutic interventions.

Please see link to the NHS National Treatment Agency for Substance Use – [Models of residential rehabilitation for Drug and Alcohol Users \(2006\)](#) for further background information.

Currently, NHS Forth Valley does not have a residential rehabilitation provision within the Board area for service users assessed as needing this type of treatment. There are a number of residential treatment facilities in Scotland; the facility which best meets the needs of a service user will be established by consideration of the service user’s outcomes from interventions already trialled and the published care standards of each facility.

The Residential Rehabilitation Pathway Checklist (Appendix 1) has been appended to this document as a summary of the guidelines detailed below, to be completed contemporaneously by the keyworker and filed in the service user’s case notes as they progress through structured preparatory work, assessment and the rehabilitation pathway.

2. Eligibility Criteria for Residential Rehabilitation

¹ “The Role of Residential Rehab in an Integrated Treatment System” (2012) www.nta.nhs.uk.

In order to be referred for a placement at a suitable residential facility outwith Forth Valley, the service user must undergo a comprehensive assessment period and agree to their individualised overall care plan based on their agreed recovery oriented outcomes. When a service user expresses a wish to engage in residential rehabilitation and their clinical presentation supports this, the keyworker should discuss at the multidisciplinary team meeting and advise that a period of around three months of preparatory work will be undertaken as per criteria for eligibility identified below.

The service user must demonstrate motivation to change their lifestyle (it may be appropriate to utilise readiness to change questionnaires), be willing and able to participate in the residential programme and accept the need to live away from their own locality for the duration of the rehabilitation programme, which may be lengthy.

- The service user must be over 18 years of age. For those presenting under the age of 18 a joint approach with CAHMS and Social Work will be taken. People must have a GP, and be a resident in the Forth Valley area. If the service user does not have a GP, they will be supported in registering with a GP as indicated in the [NHS Forth Valley Statutory Substance Use Services Generic Integrated Care Pathway Guidelines](#).
- Over the previous six months, the service user will have met the diagnostic criteria for substance dependence according to the International Classification of Diseases (ICD) 10.
- The service user will have demonstrated commitment to the residential rehabilitation programme through participation in agreed preparatory work, such as ASC Community Rehabilitation, SMART Recovery Groups, Forth Valley Recovery Community and psychological/pharmacological approaches. They should also express a desire to maintain abstinence from previously dependent substances, and be enabled to participate in the twelve-step approach and attend mutual aid meetings where possible.

3. Exclusions / Contraindications

Individuals may not be deemed suitable for a residential rehabilitation placement due to:

- Failure to engage in the necessary preparatory work.
- Poor evidence for motivation to change.
- A re-referral for this modality within 1 year following drop-out from a previous residential rehabilitation programme.
- Having had three previous attempts at residential rehabilitation in their lifetime, unless there is evidence of a considerable change in circumstances.

4. Assessment and Preparation

The assessment and preparation is keyworker led and should be supported by good attendance at appointments and clear, strength-based goals established as below.

- Where deemed appropriate, the service user will complete an assisted withdrawal programme within a community or inpatient setting with the assistance of local statutory services prior to a residential rehabilitation placement. The most

appropriate setting will be decided by the clinical team. If inpatient care is offered, it will be at Forth Valley Royal Hospital Acute Mental Health Services. This intervention is subject to HEAT target A11 and Treatment Waiting Time Guarantee guidelines.

- At referral, the initial Care Partner comprehensive assessment and Risk Profile will be completed by the service user's key worker in NHS Forth Valley Statutory Substance Use Services (NHS FVSSMS) according to the [NHS Forth Valley Statutory Substance Use Services Generic Integrated Care Pathway Guidelines](#). The assessment will include taking a history of engagement and participation in previous treatment programmes.
- The service user's GP and other agencies such as third sector substance use services, criminal justice treatment and social work services should be consulted about the proposal for residential rehabilitation regarding the person's background and their views documented within the care record. This should include the provision of a joint health and social care assessment if necessary, which is carried out by both NHS and social care staff. This should be considered at an early stage of planning.
- The outcomes of assessment and/or review of care planning will be discussed with the service user's NHS FVSSMS Consultant Psychiatrist and multi-disciplinary team where identification of need for residential rehabilitation takes place. This should include a comprehensive case note review to inform on the decision making process.
- The keyworker will provide information to the service user about the choices for residential rehabilitation providers (Appendix 2). An informed decision is made in partnership with the service user about the most appropriate and suitable residential rehabilitation facility which will best meet their needs.
- An assessment report should be provided by ASC if the service user has attended the ASC community rehabilitation services.
- Verbal or written feedback should be obtained from FV Recovery Development Workers as to the service user's engagement with FV Recovery Community.
- A full psychiatric assessment will be undertaken by the service user's NHS FVSSMS Consultant Psychiatrist. This will occur within one month of the key worker completing preparatory work.
- A second assessment will be undertaken by another NHS FVSSMS Consultant Psychologist/Psychiatrist to give a second opinion regarding suitability for residential rehabilitation.
- Local social supports should be assessed including, in particular, the service user's housing needs which are necessary to inform on any aftercare arrangements. Secure accommodation must be in place prior to the placement, with appropriate housing and social support to allow for a smooth transition upon discharge. (Information on Recovery Housing, Falkirk: supported accommodation on return from Residential Rehabilitation – Appendix 3.)

- Preparatory work and ongoing assessment by the key worker working with the service user will take place before admission to the residential rehabilitation facility. Work will focus on the service user's motivation and commitment to this treatment modality in order to establish the service user's individual recovery goals and help maximise the potential for positive outcomes for the service user in their journey of recovery.
- **A clear documented care plan must be in place which details the proposed package of care for the service user whilst they are in residential rehabilitation and captures the service user's commitment and personal goals in order to sustain abstinence upon return to the community setting.**
- Family, friends and significant others who are supportive to the service user's recovery goals should be actively encouraged in supporting the service user's recovery plan. They should also be provided with information and advised about family support services within Forth Valley and actively encouraged to seek support from them.
- Where necessary, special consideration will be made towards the needs of dependant family or significant others who would be affected by the plans for residential rehabilitation. Liaison should take place with other services involved in the service user's situation, for example local Child and Family Social Services providing support to the service user who has dependants.
- Staff at community-based supports and voluntary organisations (for example, The Salvation Army, Forth Valley Recovery Community) that the service user utilises should be informed that the service user will be out of the area for a period of time.

5. Rehabilitation Proposal and Funding

Forth Valley Alcohol and Drug Partnership (FVADP) have an allocated resource for the provision of care by way of the residential rehabilitation treatment modality.

The decision to consider referral to residential rehabilitation is made by the clinical team.

- The Consultant Psychiatrist will write to the service provider regarding their intent to refer and to ensure suitability of the service user for their establishment.
- The Consultant Psychiatrist will write to the NHS FVSSM Service Manager of the treatment recommendation, in order to notify them of the decision to seek a placement for the service user in a suitable approved residential rehabilitation facility, subject to ongoing appropriate care standard reviews.
- The NHS FVSSM Service Manager will liaise with the service provider regarding the financial aspect of the placement to ensure best value and inform the Consultant Psychiatrist of the arrangements. This negotiation should occur within two weeks, with a clear projected costing for the residential stay.

- The NHS FVSSM service manager will liaise with the FV ADP finance representative within NHS Forth Valley to ensure the budget for residential rehabilitation is aligned appropriately in relation to the placement.
- A recovery-orientated support plan will accompany the service user that states the outcomes they plan to achieve in the residential rehabilitation facility. This will include, on completion of the programme, to aim to achieve alcohol/substance use free status. This will be signed by the referrer and the service user and a copy given to the service provider. This plan will form the basis of feedback on progress made and outcomes achieved.
- A copy of the plan will also be given to the NHS FVSSM Service Manager.

6. Residential Rehabilitation Placement

- The contract with the service provider must be agreed and signed by the NHS FVSSM Service Manager.
- When a service user is accepted, the date should be noted and the placement started as soon as possible.
- NHS FVSSMS consultant psychiatrist and key worker will expect written feedback on progress from the residential rehabilitation facility on a monthly basis related to the agreed treatment /recovery outcomes as per the agreed care plan. This will include evidence of participation in the agreed programme and positive changes in health and wellbeing. In addition, they will expect to be notified by the service provider of any unplanned changes in the care programme, or decisions to terminate the contract for whatever reason, to ensure the safe discharge of the service user to the referring service.
- The service user's key worker from NHS FV SSMS should liaise with and also arrange at least two in reach meetings with the service user and the service provider during the period of residential rehabilitation; both meetings should focus on aftercare, and support for the service user and their significant others. If visits to the facility are not possible due to unexpected urgent commitments or leave, liaison by telephone with residential rehabilitation staff and service user should occur at regular intervals.
 - The first of these meetings should be early on in the treatment phase. A provisional discharge plan should be agreed early in treatment, in the event of discharge occurring earlier than anticipated.
 - A structured discharge and aftercare package should be agreed at the second meeting, which should occur at eight weeks into treatment.

7. Extension of Placement

A placement extension may be requested within the first 8 weeks of treatment. Evidence of the need for an extension should be produced by the provider, clearly demonstrating unmet outcomes and the need for the outcomes and treatment goals to be re-negotiated. However, in the event that a client contacts a key worker/care manager directly and requests an extension on their own behalf or at the request of the facility, they must be

advised that this will not be considered unless the written rationale is received from the treatment provider. When received by NHS Forth Valley the clinicians who recommended the Residential Rehabilitation placement should evaluate the request, in conjunction with the other partners involved in preparation and aftercare and liaise directly with the service manager and finance contact. A decision should be expected and relayed to clinicians within one week.

8. Aftercare

The service user's NHS FV SSMS key worker will be involved in the planning, delivery and monitoring of the aftercare package.

This should include referral to ASC community rehabilitation service, signposting and liaison with all relevant services to support continuation of the recovery process and enhancing the service user's recovery capabilities. The Forth Valley Recovery Community and peer support programme should be utilised as appropriate to complement key working and enable service users' engagement with activities to sustain recovery.

It is proposed as part of the discharge process that the key worker sees the service user within 24 hours of discharge. Weekly contact should be offered for one month. There should be a formal review meeting after the service user has been home for one month to discuss further treatment the appropriate repertoire of options for the patient.

If clients relapse, provision should be made for them to re-enter the treatment pathway. Clients should be reassessed by an appropriate key worker /care manager who should give them an opportunity to reflect on the reasons for their relapse and discuss the treatment / intervention options available to support them.

9. Requests for Readmission during the Aftercare Phase

In the event that there is a request from either the client or rehabilitation service provider for immediate readmission to the residential rehabilitation facility, this must be immediately reported to the appropriate NHS FV SSMS Consultant Psychiatrist. Under no circumstances, including the offer of a free period of care, should the key worker / care manager negotiate readmission to the residential rehabilitation facility. The decision to consider re-referral to residential rehabilitation must be made by the Consultants the appropriate clinical team.

10. Quality Assurance

The views of service users and their significant others should be actively sought by the keyworker and clinical team to guide Forth Valley ADP about future placements. Any service user feedback collected by the residential rehabilitation provider should also be used to guide placement decisions.

This service user experience and significant others experience post treatment evaluation should be an essential part of the contractual agreement.

Appendix 1

NHS FV Substance Use Residential Rehabilitation Pathway Checklist

Criteria/ Steps	Completed / Date	Comments	Stage of Rehab Pathway
<p>All appropriate locally provided treatment interventions tried</p> <ul style="list-style-type: none"> - Addictions Support & Counselling (ASC) community rehabilitation services - SMART Recovery Groups - Mutual Aid - Forth Valley Recovery Community - Psychological/ pharmacological approaches 			Eligibility Criteria
<p>Preparatory work (for minimum of 3 months)</p> <ul style="list-style-type: none"> - Patient expresses wish to participate in residential rehabilitation & be willing - Demonstrate motivation to change lifestyle, accept need to live away from own locality for period of time. - Express desire to maintain abstinence from previously dependent substances - Be enabled to participate in 12 step approach & attend mutual aid meetings where possible 			Eligibility Criteria
Be registered at GP and resident in Forth Valley			Eligibility Criteria
Discussed at MDT, 3 month of preparatory work undertaken, assessment & review of care planning		Key worker to complete	Eligibility Criteria
Meet ICD-10 diagnostic criteria for substance dependence in past 6 months		Consultant Psychiatrist to complete	Eligibility Criteria
Comprehensive case note review		Key worker to complete	Assessment & preparation
Complete assisted withdrawal programme in the community or inpatient setting with assistance of local statutory services		Detoxification to be arranged – key worker/ Consultant to arrange	Assessment and Preparation
Care Partner comprehensive assessment – including history of engagement & participation in previous treatment programmes		Key worker to complete	Assessment & preparation
FACE Risk profile		Key worker to complete	Assessment & preparation
Service user provided with information about choices for residential rehabilitation providers		Key worker to complete	Assessment & preparation
Informed decision made in partnership with service user		Consultant Psychiatrist to complete	Assessment & preparation
Assessment report provided by ASC and/or FV Recovery Development Workers		ASC counsellor/ FV Recovery Development Workers	Assessment & preparation
Full psychiatric assessment by NHS FV SMS Consultant Psychiatrist within one month of key worker completing preparatory work		Consultant Psychiatrist to complete	Assessment & preparation
Second opinion assessment undertaken by another NHS FV SMS Consultant regarding suitability for residential rehabilitation		Other Consultant Psychiatrist/psychologist to complete	Assessment & preparation
Relevant agencies informed and consulted as relevant including GP, criminal justice team, social work etc		Key worker to complete	Assessment & preparation
Review previous health/social care assessments		Key worker to complete	Assessment & preparation

Assessment of local social supports including service user's housing needs (necessary to inform aftercare arrangements). Secure accommodation must be in place prior to placement, with appropriate housing & social support to allow for smooth transition upon discharge.		Key worker to complete	Assessment & preparation
Clear documented care plan <ul style="list-style-type: none"> - Details proposed package of care for service user while in residential rehab - Captures service user's motivation, commitment & personal goals in order to sustain abstinence upon return to community setting 		Key worker to complete	Assessment & preparation
Family, friends & significant others actively encouraged to support service user recovery plan as appropriate, including being provided with information with service user's consent and family support services		Key worker to complete	Assessment & preparation
Liaison with social services/other services to ensure any dependents are cared for/ considered (pets included)		Key worker to complete	Assessment & preparation
Voluntary organisations involved with services user e.g. The Salvation Army, FVRC to be informed as relevant and appropriate		Key worker to complete	Assessment & preparation
Consultant Psychiatrist write to service provider regarding intent to refer & ensure suitability of service user for establishment		Consultant Psychiatrist to complete	Rehabilitation, Proposal & Funding
Consultant Psychiatrist to write to NHS FV SSM Service manager of treatment recommendation in order to notify decision to seek placement for service user in suitable approved residential rehab		Consultant Psychiatrist to complete	Rehabilitation, Proposal & Funding
NHS FV SSM service manager liaise with service provided regarding financial aspect of placement & inform Consultant psychiatrist of arrangements (within 2 weeks)		NHS FV SSM service manager to complete	Rehabilitation, Proposal & Funding
Recovery orientated support plan will accompany service user, stating outcomes they plan to achieve in residential rehab facility including aim to achieve alcohol/substance use free status, signed by referrer & service user & copy given to service provider. Copy also goes to NHS FV SSM service manager		Key worker to complete	Rehabilitation, Proposal & Funding
Contract with service provider must be agreed & signed by NHS FV SSM service manager		Key worker to complete	Residential Rehabilitation Placement
On acceptance of service user, date should be noted & placement started ASAP		Key worker to complete	Residential Rehabilitation Placement
NHS FV SSMS consultant psychiatrist & key worker will expect written feedback on progress related to agreed treatment/ recovery outcomes from residential rehab on monthly bases as per care plan		Rehab facility to communicate	Residential Rehabilitation Placement
Service user's key worker should liaise with rehab & arrange at least 2 meetings during rehab period, both meetings focussing on aftercare, support for service user & significant others. If visits not possible, telephone contact should occur regularly.		Key worker to complete	Residential Rehabilitation Placement
Structured discharge & aftercare package should be agreed at second meeting, at 8 weeks into treatment.		Key worker to complete	Residential Rehabilitation Placement
Planning, delivery & aftercare package co-ordination & delivery		Key worker to complete	Residential Rehabilitation Placement
Referral to ASC community, signposting & liaison with relevant services to support		Key worker to complete	Residential Rehabilitation Placement

continuation of recovery			
Key worker review within 24 hours of discharge & weekly contact for 1 month		Key worker to complete	Residential Rehabilitation Placement
Formal review meeting once service user has been home for one month		Key worker/ Consultant Psychiatrist	Residential Rehabilitation Placement

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Appendix 2

Recommended Residential/Inpatient Rehabilitation Treatment Centres, Scotland

Facility Name	Referral Source	Contact Number	Location
Castle Craig Hospital Classic 12 Step Minnesota Model CBT/Family therapy Age 17+	Any Agency, Self-Referral, GP, Health Professional, Social Work, Court	01721 722763	West Linton, Borders
Turnaround Residential Unit (Paisley) An alternative to custody CBT Age 18-30, Men Only	Social Work, Court, NHS (if Criminal Justice connection)	01505 810800	Paisley, Renfrewshire
Jericho House (Men Only) 12 Step No SMART Age 18+	Any Agency, Self-Referral, GP, Health Professional, Social Work, Court	01475 741950	Greenock, Inverclyde
Jericho House (Women Only) 12 Step Age 18+	Any Agency, Self-Referral, GP, Health Professional, Social Work, Court	01475 742383	Greenock, Inverclyde
Phoenix Futures 12 Step and SMART Phoenix House Model Age 18+	Any Agency	0141 332 0121	Glasgow
LEAP (Lothian & Edinburgh Abstinence Programme) 12 Step Age 18+	Any Agency, GP, Health Professional, Social Work	0131 446 4400	Edinburgh
Rainbow House 12 Step and SMART CBT Age 18+	Any Agency, Self-Referral, GP, Health Professional, Social Work, Court	0141 950 1772	Glasgow
Murdostoun Castle (Abbeycare) 12 Step and CBT approach Age 18+	Any Agency, Self-Referral, GP, Health Professional, Social Work, Court	01603 513 091	Bonkle, North Lanarkshire

Appendix 3

Information on Recovery Housing, Falkirk

Within Falkirk, Housing Services have worked in partnership with FADP to develop a model of Recovery Housing, where individuals have access to 24 hour support in a supported tenancy. Wraparound person-centred substance use support and treatment will be offered, including fostering links with the Recovery Community. This could be an option for those returning to Falkirk from a period in residential rehabilitation.

Where an individual is working with services such as substance use, health or social work, then, where they fit the criteria, they can be referred for recovery housing.

Eligibility criteria are that the individual must:

- be either in recovery or assessed as being motivated to recover from problematic substance use,
- be experiencing housing difficulties, such as homelessness,
- require housing support i.e. have a history of difficulties with housing management,
- be motivated to sustain a tenancy and willing to work towards moving on to an appropriate permanent tenancy, and
- NOT have forthcoming court appearances.

Where an individual does not meet the criteria then they should be referred to Access to Housing for housing advice if required.

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