ARGYLL AND BUTE ALCOHOL AND DRUG PARTNERSHIP

Referral for Residential Detoxification and Residential Rehabilitation in Argyll and Bute

Assessment

The potential need for residential detoxification and/or residential rehabilitation is established by the service user's key worker through the ongoing work with the service user and, with permission, their family/carers. The key worker discusses the process and criteria for referral to residential detoxification and/or rehabilitation, together with details of the residential programmes and community follow up with the service user. The service user's informed consent is obtained to contact other agencies working with the client and with funders. No commitment re a residential placement is given to the service user at this stage.

Consultation

All agencies working with the service user must be consulted before a decision is made to proceed with a referral for residential detoxification and/or residential rehabilitation. Service users relatives/significant others should also, when possible and where consent has been given, be included in this discussion.

For clients considering rehab the Residential Rehabilitation Referral Form should be completed by the key worker and the client. This form will then be presented to the Residential Rehab Monitoring Group who will make an informed decision.

A care package must be agreed before entry between We are with you, ABAT, Advocacy and the service users. A key worker is identified who arranges for regular updates from the residential rehab and organises a meeting before the services users exist to ensure appropriate support is in place. If this is not agreed by all then entry is denied. Residential Rehab setting must be informed of this care package.

Admission

The Residential Rehab Monitoring Group agree that:

- The necessary assessments have been carried out.
- The proposed detoxification is appropriate.
- There are no suitable inpatient facilities within the Argyll & Bute HSCP.
- Funding is available.
- The key worker is notified that consent is granted/refused.
- The key worker ensures that the necessary accommodation for residential detoxification and/or residential rehabilitation is in place and that there will be no delay in moving from one to the other.
- The key worker agrees an admission date/dates with the residential establishment and the service user is admitted to the residential program on the agreed date. The Residential Rehab Monitoring Group is informed of admission.
- The key worker attends review meetings during the course of the residential program and ensures aftercare agencies attend. They feed back reviews to the Team Manager.
- The key worker informs the Team Manager and the Residential Rehab Monitoring Group of agreed demission date and aftercare package.

Criteria for admission to residential detoxification and /or rehabilitation

1. The key worker is of the opinion that all community rehabilitation options have been tried or are not appropriate. Assessment identifies need for detoxification and/or residential rehabilitation.

   The Residential Rehabilitation Form is completed for clients wishing residential rehabilitation and focuses on the service user's motivation and risk.

2. In terms of residential care assessment should establish the following:-

   a. Why community services cannot provide the level of care/support required.

      This would normally involve exploring the service user's past use of community services - success/failure and reasons for such. If they have accessed residential care in the past, what they will do differently this time? Community rehabilitation is encouraged as it avoids the client having to cope with moving back into the community from the sheltered environment of residential care.

   b. The Client's motivation.

      Motivation for accessing treatment generally can be very varied. Orford et al (2006) reviewed studies of drinkers entering treatment and found this to be a "complex, disorderly process, usually involving chains of events occurring over several months or even years" (p174). Orford found that clients entered treatment after becoming aware that a range of life problems were related to their drinking and were getting worse. Family pressure was also noted as a motivator and often seen in a positive light by the client.

      Exploring a client's substance use related problems will give a clue to the client's motivation for treatment but in this assessment the key worker needs to explore the specific reason for residential care as the mode of treatment. There is a need to explore why the client's problems cannot be resolved in community rehabilitation.

      What does the client hope to gain specifically from residential care, what is their motivation for this treatment, what are they prepared to do to increase their chance of a successful outcome?

      What does the client expect to happen after detoxification? What are their goals and what actions are they (as opposed to workers) prepared to do to achieve these goals? What will they change in their lives when they come out of residential care?

      Is the client aware that they will be expected to input into the programme in residential rehab?

   c. The assessment should include a description of the risks if the client does not access residential care.

      Possible risks to the client are often in terms of impact on physical and/or mental health. Risks may be to other family members such as dependent children or elderly parents who are carers for the client.

   d. The assessment should, where possible, include the views of family members/carers.

      This will be dependent on client consent but should be actively encouraged by the key worker.

e. In cases of detoxification, the assessment should include why client cannot be detoxified in inpatient facilities, e.g. community hospital.

f. Clients will not be considered for residential rehabilitation unless an aftercare package has been agreed before client has been admitted.

The aftercare package may be changed as different needs emerge during the residential placement but an initial plan must be in place prior to admission.

g. The Residential Rehabilitation Form should be completed by the key worker and the client using the client's own words as much as possible.

3. Assessments indicates residential detoxification and/or rehabilitation

a. Funding is available.

b. The key worker is notified that consent is granted/refused.

c. The key worker ensures that the necessary accommodation for residential detoxification and/or residential rehabilitation is in place and that there will be no delay in moving from one to the other.

d. The key worker agrees an admission date/dates with the residential establishment.

4. Client admitted to residential unit for rehabilitation

a. The key worker confirms that the client has been admitted and agrees a review date with unit.

b. The key worker confirms an admission and review date with the Residential Rehab Monitoring Group.

c. The key worker will regularly liaise with the residential unit regarding the client's progress.

d. Key worker attends review at 5 weeks - discusses progress with the client and the unit staff. If the client is progressing, goals should be set for the next 6 week stay. A second and final review date and demission date are agreed.

e. The key worker reports the outcome of the review(s) to the Residential Rehab Monitoring Group and the date of the final review plus the expected demission date.

f. The key worker arranges for any support agencies involved in the client's aftercare to attend the final review.

g. The key worker attends the final review, normally 2 weeks before demission, with any agency involved in aftercare. All agencies agree their role in the aftercare package, normally booking appointments with client for the first week after discharge. The aim is to have an immediate, holistic, possibly intensive aftercare package that can be gradually withdrawn as the client's confidence increases.

h. If necessary, the key worker may call a case discussion with relevant agencies to plan clients aftercare and agree a plan of support.

i. The key worker informs Residential Rehab Monitoring Group when the client is discharged

Argyll & Bute Health & Social Care Partnership
Residential Rehab Monitoring Group

Residential Rehabilitation Referral Form

Client Name		D.O.B	
Address			
Carefirst identity number (if applicable) / CHI			
Allocated key worker			
Name			
Agency			
Contact number			
Summary of substance misuse (Main drug of misuse , length of dependency, e.g. alcohol/drug past, attempts at change, why is community rehabilitation unsuitable?)			
Client's experiences of residential rehabilitation (What worked well, what didn't work and what learning has the client gained from this past experience, what will they do differently and how to they plan to ensure this happens)?			
Client's views (Motivation, goals, expectations from rehab programme and staff, in their view best what will be the outcome from this admission)?			
What will the client do to prepare themselves for residential rehabilitation?			

Client's longer term aims and goals in life?		
Risks if client is not admitted?		
Are there child welfare issues?		
Who will provide aftercare support?		
Other agencies involved in client's care (Please record if they have been consulted re residential rehabilitation?)		
Family members involved in assessment (if yes please describe their attitude and any support they will offer)?	Yes	No
Is the client willing to complete an evaluation exercise after residential rehab (questionnaire and/or face to face interview)?	Yes	No
Residential Rehab Choice		
Cost of Rehab		
Care Package discussed and agreed with all services, ie ABAT, WAWU, Advocacy and Housing.	Services Involved: Lead Person: Signature 1: Signature 2: Signature 3: Date:	

Official use only		
Further information required		
Funding agreed? (Please state reasons if not agreed and add notes if appriopriate)	Yes	No