Corl Kerry - Referral and Assessment for Residential Treatment (Tier 4)
This document seeks to name the criteria that can guide referrals to residential tier 4 facilities (Part A).
It provides guidance on additional assessment requirements at tier 4 (Part B).

Introduction
Types of Tier 4 Services
• Specialised Statutory Units:
Inpatient units for medical stabilisation and detoxification programmes.
• Independent/Voluntary sector residential facilities for detoxification programmes.
• Psychiatric Inpatient Treatment:

Some service users will require inpatient treatment in general psychiatric wards i.e. if there is an acute psychiatric disorder i.e. psychosis, suicidal ideation/intent etc.
The results indicate poorer outcomes in treatment in psychiatric units compared to specialist addiction services. The SCAN Consensus report (2006) and the Report of the Working Group on Residential Treatment and Rehabilitation (Substance Abuse) (2007) recommend that inpatient detoxification programmes should be provided in dedicated specialist units (ref. 1, 2).
"The use of general hospital or psychiatric beds for detoxification should be the exception since the evidence base indicates better outcomes from specialist units." (Corrigan 2007)
However the MTC Review of Tier 4 HSE Funded Residential Rehabilitation Services (ref.3) accepts that this practice will continue in Ireland due to the absence in some areas of the country of inpatient/residential units for treating substance misuse disorders.
• Medical ward in a General Hospital:
It is recommended that acute hospital provision with specialist "addiction" support will be needed for those with complex needs: pregnancy, liver disease and HIV (NHS Health Advisory Service: 4 Tier Model of Care), or if there is an acute medical problem.

• Residential Rehabilitation Units:
Residential Rehabilitation units providing specialised addiction counselling, addressing the persons psychological, emotional, behavioural and personal/family issues. "Step – down" or half way house may be required as a follow on from residential treatment. These facilities address the ongoing rehabilitation needs of the client and provide extended care while ongoing training, education, accommodation, welfare needs are addressed.

Services provided at Tier 4
• Detoxification, stabilisation programmes, assessment, residential rehabilitation.
• Other: Appropriate interventions provided on site or referrals made to other agencies to support identified needs arising from a comprehensive assessment and care-plan: medical/dental, psychiatric/psychological, social/accommodation, employment/training, family and childcare, legal issues etc.)
• Counselling interventions: Addressing the persons psychological, emotional, behavioural and personal/family issues. Insight about addiction and its consequences,

identification of areas of life/personality that need to change, introduction to new coping skills, exploration of areas of sensitivity and vulnerability in a safe environment, gradual introduction to and practice of recovery lifestyle.

Relevant Supporting Literature

1. The Report of the Working Group on Residential Treatment and Rehabilitation (Substance Abuse)(ref. 2):
"In both the UK and USA, there is agreement that treatment should be tailored to the individual, guided by an ***individualised treatment plan*** and based on a ***choice of treatment levels*** where the preferred level of care is the ***least intensive*** one ***which meets the treatment objectives*** while ensuring the safety and security of the patient.(Mee-Lee at. al. 2003)", thus supporting the 4 Tier Model of Service Delivery.
2. The SCAN Consensus Report (ref. 1) found that good treatment planning combines "modality matching", (where a service user's needs are matched to a specific treatment approach regardless of the setting and this is done for all pertinent problems identified in the assessment) with "placement matching" (where a service user is referred to a particular setting, inpatient / outpatient) whereby the least intensive level of care can effectively provide the resources that will meet the service user's needs.

3. The American Society of Addiction Medicine has developed its own tier model of service provision. A full description of the levels described in relation to tier 4 services is outlined in these guidelines (ref.4).

A. Criteria/Suitability for Tier 4 Services

The SCAN Consensus Report, The Report of the Working Group on Residential Treatment and Rehabilitation (Substance Abuse), and the MTC Review of Tier 4 HSE funded Residential Rehabilitation Services have outlined criteria for entry/referral to Tier 4 Services and include the following as well as others included by the Subgroup of NDRIC (Tier 4 Services):

Alcohol:

This is an overview detailing who would be suitable for Tier 4 services as well as specific groups of service users/those who are at risk, where a Tier 4 service is the recommended intervention.

• Identified need and preferred choice of the individual.
• Severe alcohol dependence.
• Risk of having severe alcohol withdrawals as based on previous symptoms or a recent history of high alcohol intake.
• At risk of *Delirium Tremens* or seizures.
• Those who do not live in an environment that supports an outpatient detoxification programme (homeless or living in hostels, or B&Bs, or homes where there are other alcohol and drug users).
• Concurrent medical disorders/acute physical Illness that may complicate their management i.e.
- epilepsy,

- confused or hallucinatory state,
- acute physical illness
- Wernicke's encephalopathy
- confusion, staggering gait,
- uncontrolled eye movement,
- coma, low BP, Hypothermia,
- unexplained neurological signs,
- if injectable thiamine is required.
- Concurrent Psychiatric disorders/ Acute Psychiatric Illness that may complicate their management, i.e.
- risk of suicide
- Previous unsuccessful outpatient/home alcohol detoxification programmes.
- Where continuity of care is essential for preserving gains achieved in residential treatments i.e. "that transition from detoxification to residential rehabilitation and then to step-down accommodation be seamless" (Report of the HSE Working Group on Residential Treatment and Rehabilitation).

• To provide intensive psychological interventions to begin to equip alcohol users with the skills of managing their daily life and managing staying drug free (SCAN Consensus Report).

• "Greater social deterioration, less social stability and higher risk for relapse, benefit more from residential treatment. (Models of Care for treating alcohol Misusers)

Opioids and Other Drugs:

Higher completion rates for inpatient detoxification programmes compared to outpatient detoxification programmes are seen for this group (50% and 77% completion rate vs. 20% completion rate; 81% vs 17% completed withdrawal programme compared to outpatient treatment in the Maudsley Hospital Study, Gossop et. al. 1986).

This is an overview detailing who would be suitable for Tier 4 services as well as specific groups of service users/those who are at risk, where a Tier 4 service is the recommended intervention:

• Identified need and preferred choice of the individual.

• Individuals who do not live in an environment that supports an outpatient detoxification programme (i.e. homeless, or living in hostels, or B&Bs, or homes where there are other alcohol and drug users, isolation or lack of family support)

• Individuals who have failed an outpatient withdrawal programme or outpatient rehabilitation programme.

• Those who have complex needs, i.e. co-morbid psychological/psychiatric ill health; dual diagnosis, and requiring assessment and treatment of co-morbid disorders.

• Severity of dependence and dependence on more than one drug or alcohol, chaotic drug use requiring stabilisation of drug use, detoxification programmes, a break from drug use, in depth assessment and treatment of physical or psychiatric health needs.

• History of complications during previous withdrawal programmes.

• Where treatment is required for medical and social reasons (Day: Opiate detoxification in an inpatient setting, 2005)

- Medical reasons: physical complications, i.e. cardiac conditions associated with cocaine.
• Pregnant women: stabilisation programmes, titration up of substitution treatment, detoxification programmes when appropriate.
• Stable patients: need to consider inpatient treatment as there is a higher completion rate of a detoxification programme in an inpatient setting compared to an outpatient setting (Day: Opiate detoxification in an inpatient setting, 2005).
• Those with less severe dependence and particular early in their drug/alcohol using careers (SCAN Consensus report).
• Where continuity of care is essential for preserving gains achieved in residential treatments i.e. "that transition from detoxification to residential rehabilitation and then to step-down accommodation be seamless" (Report of the HSE Working Group on residential Treatment and Rehabilitation).
• To provide intensive psychological interventions to begin to equip drug users with the skills of managing their daily life and managing staying drug free (SCAN Consensus Report).
• "Greater social deterioration, less social stability and higher risk for relapse. Benefit more from residential treatment. (Models of Care for treating alcohol Misusers) (report of the Working group on Residential treatment +rehabilitation).

Additional Criteria specific to Residential Rehabilitation Treatment
Additional criteria include the following for placement in tier 4 residential rehabilitation services where an inpatient / outpatient detoxification programme is completed or not required:
• No capacity to remain clean and sober in a tier 3 setting
• No environment to sustain stability
• Lack of awareness of the consequences of addiction to self and others
• History of relapse
• A vulnerability which emerges when exploring psychological/life/historical issues
• Geographical reasons.
As well as identifying service users who are suitable for residential treatment and rehabilitation, it is also important to keep in mind that not all service users require or are suitable for residential treatment and rehabilitation.

B. Comprehensive Assessment for Residential Treatment
Assessment 1
This is based on the domains outlined in the "Comprehensive Assessment – Minimum Standard Guidance", (page 15 of manual) The assessment may be completed by a number of disciplines (multidisciplinary) all supporting the assessment and application for residential treatment. i.e. medical assessment, psychiatric assessment, counselling assessment, assessment by Rehabilitation Integration Officers/ Service, assessment by key worker/case manager, etc.
Assessment will also need to consider:
• "Criteria" for Residential Treatment as outlined above.

• Level/type of residential treatment required as per ASAM Guidelines (level III/IV).
• Assessment of severity of problems and level of function.

Assessment 2

This is made by the staff in the Residential Unit. Assessments follow the domains as outlined in the "Comprehensive Assessment" but assessment also ensures that criteria are fulfilled as outlined by the specific residential unit. Assessments in the Residential Units will further ensure: (SCAN Consensus Report)

• Assessment of substance use through self report and through use of other subjective and objective measurements / laboratory investigations.
• Assessment of physical health: past history, current medications, current health assessment, physical health examinations, investigations and treatment required/care plan.
- Physical health assessments may be repeated during a person's stay in residential treatment. More specialist health assessments will need to be arranged for specific groups i.e. elderly, pregnant women, individuals with liver disease and blood borne virus infections. Regular liaison with primary care teams and acute medical services will be required and appointments made for assessment and follow-up care arranged.
• Assessment of mental health.
- Assessment and treatment of co-morbid psychological and psychiatric need throughout residential treatment.
• Assessment of level of function and severity/ complexity of difficulties.
• Assessment of neuropsychological needs and cognitive functions.
• Assessment of level of daily living skills and coping skills.
• Assessment of type of psychological interventions required to meet individual needs and skills required to be developed.
• Family tree assessment and assessment of family needs and involvement.
• Assessment of ongoing educational/training needs.
• Assessment of ongoing accommodation needs.
• Assessment of aftercare plan and supports/agencies required.