



Moray Integrated Drug and Alcohol Service (MIDAS)
Residential Rehabilitation Pathway for Moray
Staff and Practitioners Guide
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Introduction

Who is this guidance aimed at?

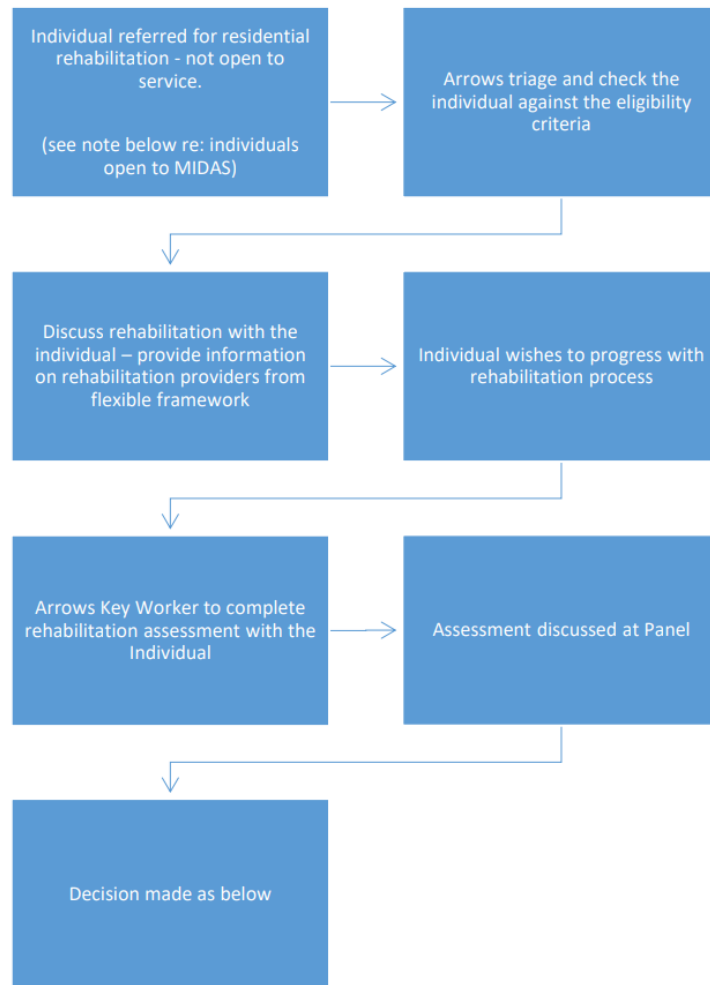
This guidance is designed for staff supporting individuals residing in Moray who are seeking residential treatment for drug and/or alcohol issues. It is crucial that the pathways to residential rehabilitation, as well as the criteria for eligibility and aftercare, are transparent, consistent, and easy to navigate for both staff members and those seeking treatment. The identification, care and support of individuals at risk of drug and alcohol related fatalities are complex tasks with no 'one-size-fits-all' solution. Residential rehabilitation plays a significant role in reducing substance related deaths in Scotland however it is essential to recognise that residential rehabilitation is not isolated and it is important that all services collaborate effectively with individuals, their families and other relevant services.

To ensure a comprehensive understanding, training on residential treatment pathways should be extended to staff members and participants in local lived experience forums. Moray's 'no wrong door approach' emphasises that interconnected services such as housing, justice and mental health services are well-informed about the available pathways to support individuals.

The National Mission

The goal of the National Mission is to decrease fatalities and enhance overall well-being. This objective involves enhancing access to residential rehabilitation as a treatment alternative. The Scottish Government explicitly advocates for the inclusion of residential rehabilitation in the comprehensive spectrum of drug prevention and treatment services accessible to the people of Scotland. As part of the National Mission initiative, £100 million has been designated nationally for five years (2021–2026) to augment the number of publicly funded placements. The target is to support a minimum of 1,000 individuals in residential rehabilitation by 2026. The Scottish Government receives quarterly reports on referrals and expenditures related to residential rehabilitation as part of ongoing monitoring efforts.

Overview



If the Panel is in agreement;

- Pre-rehabilitation support
- Liaise with chosen Rehabilitation Provider
- Admission to Rehabilitation Provider
- Begin discharge planning
- Post rehabilitation support in the community on discharge

If the Panel is not in agreement;

- ongoing support to be provided in the community by MIDAS, Arrows and/or both
- new referral can be considered in the future

Note individuals open to MIDAS requesting residential rehabilitation will have a secondary referral completed for Arrows. Arrows will complete the rehabilitation assessment and support the individual through the process

The Process

The process of successful recovery in residential rehabilitation is based around a three-phase approach. This has been developed by the Scottish Recovery Consortium and the Scottish Recovery and Residential Network.

Phase 1

The referral, assessment and preparation of the individual for admission to residential rehabilitation.

The key worker must work with the individual, their family, statutory and voluntary services and residential services. The focus here is to prepare the individual for this pathway by informing and creating a solid therapeutic alliance whilst fast-tracking the process of referral and admission into residential treatment.

Phase 2

The period of admission and stay in a residential rehabilitation service.

There needs to be ongoing support, liaison and review between the residential service, the individual in recovery, family and community-based support services.

Phase 3

The period of return to the community from residential rehabilitation is crucial.

This transition is an area of vulnerability. The preparation and support for this phase is important to ensure the return to the community is seamless, smooth and highly supportive. Operational matters such as access to benefits, housing and GP registration require to be completed in advance. Individuals need to be able to return to a warm comfortable home. There needs to be a strong, supportive recovery community with immediate access to community support and treatment services and immediate access to training, employment, voluntary work or other meaningful activity. This work has traditionally been referred to as 'aftercare' however it should now be viewed as a long-term commitment by all stakeholders involved in supporting the individual through relapse prevention, engagement with services, mutual aid and recovery communities and onto self-managed recovery development.

This three-phase approach requires additional community-based services that will be working in partnership with the residential service. Recovery communities have the expertise to provide the majority of this continuing support in partnership with service provision.

Funding

The Scottish Government annually designates funds for drug and alcohol services, including residential services to Integration Authorities for administration through Alcohol and Drug Partnerships (ADPs). MIDAS manages funding for Residential Rehabilitation in Moray.

If an individual qualifies for residential rehabilitation, the funding for the placement will cover the entire cost. The amount of funding for residential rehabilitation is contingent on the rehabilitation provider chosen by the individual. The rehabilitation provider's service type (private, voluntary or not for profit) may affect funding options, depending on what payment routes the chosen rehabilitation provider accepts. Some voluntary or not for profit centres may only accept payment through benefits such as Housing Benefit or Universal Credit.

It is important that the key worker ensures that the individual is informed of these considerations during their decision-making process and it is the responsibility of the key worker to coordinate with the rehabilitation provider to confirm accepted forms of payment.

Housing Options and Dual Housing Support Fund

The Scottish Government have made funding available which is intended to provide immediate support to any individual looking to access residential rehabilitation, who is in receipt of Housing Benefit/Universal Credit which is being stopped/diverted to cover the cost of the rehabilitation. The [Dual Housing Support Fund](#) will cover the cost of the tenancy for the full duration of the rehabilitation placement.

The key worker should ensure contact is made with any appropriate housing provider and appropriate assessment is carried out to ensure there are plans in place for any tenancy during and exiting residential rehabilitation. This assessment should also include the evaluation of available funding to cover the costs of housing throughout the duration of the residential rehabilitation placement. In cases where the individual applying for residential rehabilitation does not have an assigned housing officer, the key worker should initiate contact with the main office.

[Referring in to Service](#)

Individuals seeking assessment for residential rehabilitation must be referred through one of the drug and alcohol services in Moray; MIDAS or Arrows.

In the case of external agencies such as justice social work, GP, mental health or housing wishing to have someone assessed for residential rehabilitation, the initial referral should be directed to Arrows unless the individual is open to MIDAS.

Once in service, the individual's key worker will assess whether they believe the individual meets the eligibility criteria.

[Eligibility Criteria](#)

To be considered for residential rehabilitation an individual must be assessed by their allocated worker as meeting the following criteria;

1. A resident of Moray.
2. Aged 18+.
3. An individual who is assessed as being dependent on drug and/or alcohol use which puts them at increased risk of harm/death.
4. An individual with a complex range of health and social needs, likely to experience significant difficulty maintaining abstinence.
5. An individual whose relationships compound their difficulties, affecting their ability to maintain abstinence, requiring more intensive support as part of a recovery program.
6. An individuals who have engaged effectively with community services and wish to explore residential rehabilitation to progress further in their recovery journey.
7. An individual who demonstrates a willingness to change and to see change as a personal responsibility.
8. An individual who has commitment to engage in a structured and intense programme of preparatory work before detoxification followed by residential rehabilitation.
9. An individual who has a willingness and understanding of the need to continue to engage with services after returning to the community.
10. An individual who is motivated to achieve abstinence and is prepared to do so.

This process relies on the expertise of the key worker to establish whether they believe residential rehabilitation is a preferred treatment option that would be beneficial to the individual. If the individual meets the above criteria and has been assessed to require residential rehabilitation, their allocated recovery worker from Arrows will then support them to fill out the *Residential Rehab Assessment Form*. If the individual is not open to Arrows then MIDAS will complete a secondary referral to Arrows for residential rehabilitation assessment. Once completed this form should be given to MIDAS at the weekly MDT meeting.

Choosing a Rehabilitation Provider

Moray Council will continue to oversee the commissioning of residential rehabilitation placements. Moray ADP have signed up to use the Flexible Framework Agreement for provision of residential rehabilitation services for. This Flexible Framework Agreement provides new national purchasing and contracting arrangements to support the national objectives and priorities and ongoing improvement work in Scotland. It has been developed taking into account the views and contributions of a wide range of partners and stakeholders, including people with lived experience, and is a first step in supporting national development of commissioning arrangements for these services and promoting a partnership approach for future learning.

The key benefits of the agreement are;

- Promotes quality of service provision by setting out agreed quality requirements and best practice and minimum requirements for participation.
- Standard suite of documentation and guidance to support individual purchasers' commissioning and contracting, assessment and care management processes
- Facilitates consistency of purchasing and contracting arrangements across Scotland, whilst enabling flexibility to support individual needs and local pathways
- Provides enhanced information about services available across Scotland to assist with choice of services for individuals
- Supports diversity of provision to maximise individual choice
- Provides increased understanding of cost and price issues
- Supports a collaborative and partnership approach between framework providers, commissioners and other organisations and services involved in residential rehabilitation pathways; and through framework management, will contribute to increasing understanding of service delivery and usage, quality and outcomes.

Individuals with the assistance of their key worker are encouraged to select a residential rehabilitation provider which they feel will meet their needs from a list of providers that have signed up to the Flexible Framework Agreement. Should an individual express interest in a provider not on the pre-approved list, further evaluation by the Assessment Panel would be necessary. Funding may be declined if the Assessment Panel determines that the program's quality is insufficient or if its cost exceeds that of an approved provider.

Each residential rehabilitation provider maintains their own eligibility criteria, bed capacity and waiting lists. It is important for individuals seeking residential rehabilitation to carefully consider their preferred option. If an individual does not meet the criteria of their selected provider or if the waiting list is excessively long, the key worker can assist in exploring alternative options with the individual.

The Assessment Panel

What is the purpose of the Assessment Panel?

The purpose of the Assessment Panel is to discuss the individual's application form and come to a mutual agreement whether they believe the applicant would benefit from residential rehabilitation.

Once a decision has been made by the Assessment Panel, the ADP panel member will notify the applicant's allocated worker to allow the pre-rehabilitation process to begin.

Who is on the Assessment Panel?

The panel will be led by a Senior Clinician from MIDAS.

Other panel members should include representation, where relevant i.e. if actively involved in the individual's care, from;

- Health – MIDAS
- 3rd Sector – Arrows
- Social Work
- Housing/Homeless Officer
- Moray ADP

When feasible, an individual with lived experience of residential rehabilitation may be invited to participate in the Assessment Panel. It is crucial to inform the individual of this possibility before submitting their application, allowing them to express their comfort level with the sharing of their information.

How often do the Assessment Panel meet?

The Assessment Panel will schedule meetings monthly to discuss applications however this can be convened at a shorter notice period dependant on the number of applications or where an individual has been identified as being at significant risk of harm. The result of the Assessment Panel should be discussed with the individual by the key worker who made the referral.

Exclusion Criteria

Additional consideration or potential exclusion for rehabilitation may arise under the following circumstances;

- Severe acute psychiatric morbidity (e.g. acute psychosis requiring psychiatric treatment).
- Severe chronic psychiatric morbidity (e.g. chronic psychotic illness, significant personality disorder). These cases can be considered but close collaboration with the rehabilitation provider is essential to ensure that these needs can be addressed and managed in that setting.
- Serious physical morbidity that cannot be safely managed in a residential rehabilitation setting - these cases should typically be referred to primary or acute care services.
- Indications that the individual is not prepared to make significant changes to their behaviour and life circumstances or that the individual has not fully and appropriately engaged with community services.
- Evidence demonstrating the individual's inability to maintain abstinence following previous stays in residential rehabilitation and/or referrals after dropping out from a prior residential rehabilitation placement. Decisions regarding whether to offer further

placement in residential rehabilitation for individuals in these circumstances will be made on a case-by-case basis. Evidence will be sought to confirm changes in the individual's circumstances and address factors that contributed to the previous lack of success in residential rehabilitation.

Those who are not offered a place in residential rehabilitation should be offered ongoing work within the most appropriate partner agency e.g. MIDAS and/or Arrows. Consideration should be given to reasons as to why the referral is not accepted and the Care Plan should be reviewed to consider if further support or input can be offered within existing community services. Further work in the community may allow issues that had prevented the referral from being successful to be addressed and a further referral could then be considered.

Where an individual is not satisfied with the decision from the Assessment Panel, they can raise their concerns with their key worker. We all have a role in encouraging good and bad feedback. If someone has a comment, complaint, concern or compliment please encourage them to share it via;

- NHS Grampian Feedback Service
- Health and Social Care Moray - share your feedback

Pre-Rehabilitation Support

What is the purpose of pre-rehabilitation support?

The purpose of pre-rehabilitation support is to prepare the individual for their residential rehabilitation stay. Pre-rehabilitation support is a person centred and flexible process to support the individual to mentally prepare for rehabilitation. During this period the individual's key worker should ensure to discuss relevant topics such as;

- Views and expectations of residential rehabilitation
- Current mental wellbeing
- Current physical wellbeing
- Current drug use
- Family and friends
- Housing
- Protective factors
- Any potential barriers
- Views and expectations of recovery

Many of the above topics will have been initially discussed during the application process however pre-rehabilitation support allows the individual and their key worker to have further meaningful discussions regarding their current circumstances and how they may be affected post discharge.

Co-operation with the chosen rehabilitation provider before admission is an important step during the pre-rehabilitation process. The key worker should support the individual to find out more about the service provider before admission. Good questions to discuss, if relevant, are;

- What will a typical day be like?
- What are the rules/expectations of the service provider?
- Will I be allowed visitors?
- Is aftercare included in the service provider's own program?

If possible the key worker should support/encourage the individual to visit their chosen rehabilitation provider as having a familiarity with their chosen provider may be beneficial in reducing stress and nerves and in turn reduce the risk of disengagement from support.

Detoxification

Achieving stability in substance use within the community may be necessary before gaining access to residential rehabilitation. MIDAS facilitates detoxification from alcohol or drugs as part of Mental Health Services in Moray. This service can be provided either on an outpatient basis in the community, as an inpatient or at a residential rehabilitation provider that facilitates detoxification depending on clinical requirements. Arrows and MIDAS will collaborate with rehabilitation providers to facilitate a seamless transition from detoxification to rehabilitation, aiming to minimise the risk of relapse and overdose while awaiting admission to rehabilitation.

Planning detoxification timing to align with admission to residential rehabilitation is often suitable for many individuals. This strategy helps prevent individuals from experiencing prolonged waits on sub-therapeutic doses of OST or having undergone alcohol detoxification without the necessary resources to maintain abstinence while awaiting residential rehabilitation. If deemed appropriate, Naloxone should be provided following detoxification. Detoxification by the rehabilitation provider will only occur in circumstances where there is evidence of clinical need. This situation typically incurs significant additional costs which may need approval from the Assessment Panel.

Support While in Residential Rehabilitation

While the individual is in rehabilitation, it is essential that their key worker keeps in contact with the individual and the rehabilitation provider. This allows the individual to have a sense of familiarity during the process and lets both the individual and the rehabilitation provider feedback to the key worker on their wellbeing and progress.

As soon as the individual enters rehabilitation, it is important for the key worker to begin discharge planning. This is to help identify what challenges and barriers may affect the individual upon discharge and to try and ensure a smooth transition for their return home.

Post-Rehabilitation Support

To try and reduce the risk of relapse, post-rehabilitation support should be provided for a minimum of three months. This timeframe is crucial to help strengthen the individual's emotional resilience and enable their independence.

During this time the individual should be encouraged by their key worker to access further support, if relevant, in relation to their wellbeing, finances, housing, etc. The individual should also be encouraged to seek lived experience support, such as recovery communities, which in turn may support them to discover education, volunteering opportunities and/or employment opportunities if relevant.

When nearing the end of post-rehabilitation support, the key worker must take a phased approach to discharge, ensuring not to suddenly and abruptly cut off contact and support with the individual. The goal of this phased discharge approach is to reduce the risk of relapse.