

CADTH Reference List

Inpatient Addiction Rehabilitation Units for Patients With Addiction Disorders

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Key Message

No relevant evidence-based guidelines were found regarding admissions, acuity scales, group dynamics, or evaluation of inpatient rehabilitation treatment programs or units for addiction treatment.

Research Questions

1. What are the evidence-based guidelines regarding admissions for inpatient rehabilitation treatment programs or units for addiction treatment?
2. What are the evidence-based guidelines regarding acuity scales for inpatient rehabilitation treatment programs or units for addiction treatment?
3. What are the evidence-based guidelines regarding group dynamics for inpatient rehabilitation treatment programs or units for addiction treatment?
4. What are the evidence-based guidelines regarding the evaluation of inpatient rehabilitation treatment programs or units for addiction treatment?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, PsycINFO, the Cochrane Database of Systematic Reviews, the international HTA database, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were inpatients and addictions. CADTH-developed search filters were applied to limit retrieval to guidelines. The search was also limited to English-language documents published between January 1, 2016, and September 9, 2021. Internet links were provided if available.

Selection Criteria and Summary Methods

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. The Overall Summary of Findings was based on information available in the abstracts of selected publications. Open-access, full-text versions of evidence-based guidelines were reviewed when abstracts were not available, and relevant recommendations were summarized.

Results

No relevant references were identified for this report.

References of potential interest that did not meet the inclusion criteria but provided guidance or recommendations for inpatient or residential addiction treatment programs or units are provided in Appendix 1. Additional references of potential interest that did not meet the inclusion criteria are provided in Appendix 2.

Table 1: Selection Criteria

Criteria	Description
Population	Adults with an addiction disorder of any kind (e.g., substance use, behavioural addictions)
Intervention	Inpatient or residential addiction rehabilitation treatment programs or units (e.g., “aftercare” unit, “detox” unit; i.e., not treating acute withdrawal)
Comparator	N/A
Outcomes	<p>Q1: Recommendations regarding admission to program and priority groups, triage systems; recommendations regarding stages of change for clients</p> <p>Q2: Recommendations regarding patient levels of acuity, identifying acuity scales, effectiveness of acuity scales; recommendations on the best acuity scales to use to assess acuity</p> <p>Q3: Recommendations regarding strategies to increase group cohesion and best group dynamic; recommendations regarding group size; recommendations regarding intake approaches (e.g., frequency of intake, closed groups versus open groups versus semi-closed groups)</p> <p>Q4: Recommendations regarding evaluation of programs, including scales, key measurements (e.g., hopefulness scales, problem-solving), markers of success</p>
Study designs	Evidence-based guidelines

N/A = not applicable.

Overall Summary of Findings

No relevant evidence-based guidelines were found regarding admissions, acuity scales, group dynamics, or evaluation of inpatient rehabilitation treatment programs or units for addiction treatment; therefore, no summary can be provided.

References

Guidelines and Recommendations

No literature identified.

Appendix 1: Summary of Guidelines – Unclear Methodology

Seven references¹⁻⁷ were identified that did not meet the inclusion criteria of this report but offered guidelines and recommendations regarding admissions, acuity scales, group dynamics, or evaluation of inpatient rehabilitation treatment programs or units for addiction treatment. Specifically, 4 references provided recommendations regarding admission to programs and priority groups, triage systems, and regarding stages of change for clients^{1,3,4,6}; 2 references provided recommendations for the evaluation of programs^{5,6}; and 2 references provided recommendations regarding group cohesion and group dynamic.^{2,7} No references were identified regarding patient levels of acuity, identifying acuity scales, or effectiveness of acuity scales. Links are provided in the reference list to the full-text versions of the guidelines, and brief summaries of each are provided.

Table 2: Summary of Guidelines and Recommendations

Guideline development group (year)	Summary of recommendations
Clinical practice guidelines	
Provincial Auditor of Saskatchewan (2021) ¹	<p>Recommendations regarding admission to program and priority groups, triage systems; recommendations regarding stages of change for clients:</p> <ul style="list-style-type: none"> • A model should be used to assist in the triage process for clients needing mental health and addictions services (p. 248). • The evaluation model used in the region is the LOCUS assessment tool, and the score is associated with the level of service needed (p. 248). <p>The full triage process can be found within the resource.</p>
Substance Abuse and Mental Health Services Administration (SAMHSA) (2020) ²	<p>Recommendations regarding strategies to increase group cohesion and best group dynamic; recommendations regarding group size; recommendations regarding intake approaches:</p> <ul style="list-style-type: none"> • Ask members to share similar experiences (p. 3). • Ask groups to provide feedback to other group members (p. 3). • Use role-play to practice coping or refusal skills (p. 3). • Brainstorm as a group about managing high-risk situations (p. 3). • Most group substance use treatments use a fixed number of sessions, closed-group formats, and manual-based approaches (p. 4). • The ideal group size for substance use treatment has not been identified and depends on the purpose of the group (p. 5). <p>Further detail can be found within the resource.</p>

Guideline development group (year)	Summary of recommendations
County of Los Angeles Public Health (2020) ³	<p>Recommendations regarding admission to program and priority groups, triage systems; recommendations regarding stages of change for clients:</p> <ul style="list-style-type: none"> • There are 3 residential services streams: a low-intensity, a high-intensity population-specific, and a high-intensity non–population-specific program (p. 58–61). <ul style="list-style-type: none"> ◦ The higher-intensity streams are for individuals with functional limitations that limit their ability to participate in social and therapeutic environments; the population-specific stream is for those who have limitations that are primarily cognitive. ◦ Each stream has an associated minimum required need of services; if not reached, the individual is moved to a lower level of intensity or transitioned out of the program. ◦ To aid with triage, the Health Status Questionnaire Form 5103 is used within the region. • Another program offered in this region is the recovery bridge housing program, a peer-supported housing program for homeless individuals or those who need a safer living environment to support recovery from substance use disorders (p. 74–79). <ul style="list-style-type: none"> ◦ Other populations who are prioritized for this program include (in order of highest to least priority): pregnant and parenting women, active IV drug users, high utilizer patients, chronically homeless patients, certain criminal justice–involved patients, young adults, HIV/AIDS patients, homeless patients stepping down from residential treatment, and LGBTQ populations. <p>Further details can be found within the resource.</p>
Southwest Michigan Behavioral Health (2019) ⁴	<p>Recommendations regarding admission to program and priority groups, triage systems; recommendations regarding stages of change for clients:</p> <ul style="list-style-type: none"> • The evaluation model used in the region is the LOCUS assessment tool (p. 6). • The protocol outlines different population groups, their associated level of urgency, admission requirements, and interim services in case they cannot access needed care right away (p. 4–9). <ul style="list-style-type: none"> ◦ Most urgent for triage: pregnant women, people who inject drugs, parents at risk of losing children, and patients with a very high risk of imminent harm to self or others <p>Further details can be found within the resource.</p>
Virgo Planning and Evaluation Consultants Inc. (2018) ⁵	<p>Recommendations regarding evaluation of programs (p. 249):</p> <ul style="list-style-type: none"> • Enhance information management <ul style="list-style-type: none"> ◦ create a provincial plan to reduce the number of independent service delivery information systems ◦ conduct a system-wide audit to ensure connectivity to wider e-health strategies ◦ maximize existing information systems that focus on quality-of-care outcomes. • Enhance performance management <ul style="list-style-type: none"> ◦ develop a performance measurement framework to track progress and outcomes ◦ develop a provincial performance measurement system across service providers with common metrics and definitions of key indicators ◦ strengthen key relationships at the national and interprovincial levels. <p>Further detail can be found within the resource.</p>

Guideline development group (year)	Summary of recommendations
Addictions and Mental Health Ontario (2017) ⁶	<p>Recommendations regarding admission to program and priority groups, triage systems; recommendations regarding stages of change for clients (p. 12):</p> <ul style="list-style-type: none"> • The appropriate referral for a client is based on standardized provincial assessment tools and a standardized residential referral package. • The residential program works with the agent and/or the client to determine eligibility and prepare the client for admission. • Sharing of client information between other substance use services or programs to which the client is referred with consent. <p>Recommendations regarding evaluation of programs (p. 22):</p> <ul style="list-style-type: none"> • There should be regular opportunities for participants and service providers to provide feedback. Participant feedback can be done on an informal basis and may be verbal or written. • Every client should be asked to complete a client perception care survey. It is recommended to use these to inform continuous improvement and quality assurance planning. • Programs should complete regular contract monitoring and reporting procedures using established metrics to gather results with the funder(s). <p>Further detail can be found within the resource.</p>
Additional references	
New Jersey Office of Administrative Law (2018) ⁷	<p>Recommendations regarding strategies to increase group cohesion and best group dynamic; recommendations regarding group size; recommendations regarding intake approaches:</p> <ul style="list-style-type: none"> • For short-term residential facilities, 1 counsellor is recommended for every 8 clients, with each client receiving at least 10 hours of group counselling per week (p. 120). <p>Further detail can be found within the resource.</p>

LOCUS = level of care utilization system.

Clinical Practice Guidelines

1. Provincial Auditor of Saskatchewan. Saskatchewan Health Authority – Providing timely access to mental health and addictions services in Prince Albert and surrounding areas; 2021. https://auditor.sk.ca/pub/publications/public_reports/2021/Volume_1/CH22%20--%20Saskatchewan%20Health%20Authority%E2%80%9494Providing%20Timely%20Access%20to%20Mental%20Health%20and%20Addictions%20Services%20in%20Prince%20Albert%20and%20Surrounding%20Areas.pdf Accessed September 14, 2021.
See: Section 3.3 New Care Model Used to Match Clients to Appropriate Services (p. 248)
2. SAMHSA Advisory. Group therapy in substance use treatment. Rockville (US): Substance Abuse and Mental Health Services Administration; 2020. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep20-02-01-020.pdf Accessed September 14, 2021.
3. START-ODS. Substance use disorder treatment services provider manual. Los Angeles (US): Los Angeles County; 2020. <http://publichealth.lacounty.gov/sapc/NetworkProviders/Privacy/ProviderManual5.0.pdf> Accessed September 14, 2021.
See: Residential Services (p. 58–61); Recovery Bridge Housing (p. 74–79)
4. Southwest Michigan Behavioral Health. Access management, triage & referral protocol; 2019. <https://www.swmbh.org/wp-content/uploads/MHL-04.02.01-Access-Management-Triage-Referral-Protocol.pdf> Accessed September 14, 2021.
5. Improving Access and Coordination of Mental Health and Addiction Services: A Provincial Strategy for all Manitobans; 2018. https://www.gov.mb.ca/health/mha/docs/mha_strategic_plan.pdf Accessed September 14, 2021.
See: Surveillance, Monitoring and Performance Management (p. 249–250)
6. Addictions and Mental Health Ontario. Ontario Provincial Standards for Adult Residential Addiction Services; 2017. <https://amho.ca/wp-content/uploads/Ontario-Provincial-Standards-Adult-Residential-Addiction-Services-2017.pdf> Accessed September 14, 2021.
See: Standard 1 – Referral (p. 12–13); Standard 7 – Monitoring and Evaluation (p. 22–23)

Additional References

7. New Jersey Office of Administrative Law. New Jersey Administrative Code > Title 10. Human services > Chapter 161A. Standards for licensure of residential substance use disorders treatment facilities; 2018. https://www.state.nj.us/humanservices/providers/rulefees/regs/NJAC%2010_161A%20Standards%20for%20Licensure%20of%20Residential%20Substance%20Use%20Disorders%20Treatment%20Facilities.pdf Accessed September 14, 2021.
See: Section 10:161A-10.1 Provision of Substance Abuse Counseling (p. 120)

Appendix 2: References of Potential Interest

Previous CADTH Reports

8. Treatment Programs for Substance Use Disorder. Ottawa: CADTH; 2021. <https://www.cadth.ca/index.php/treatment-programs-substance-use-disorder> Accessed September 14, 2021.
9. Programs for the Treatment of Opioid Addiction: An Environmental Scan. Ottawa: CADTH; 2019. (Environmental scan; no. 87). <https://cadth.ca/sites/default/files/es/es0335-programs-for-treatment-opioid-addiction-in-Canada.pdf> Accessed September 14, 2021.

Guidelines and Recommendations

Inpatient Rehabilitation Treatment Program Not Specified

10. Clinical Standards for OASAS Certified Providers. New York: Office of Addiction Services and Supports; 2020. <https://oasas.ny.gov/system/files/documents/2020/07/clinical-standards-for-oasas-certified-programs.pdf> Accessed September 14, 2021.
See: Section 3, Table A-B; Section 4, Table D

Alternative Outcomes

11. Ontario Ministry of Health. Annual Report. Addictions Treatment Programs. Toronto: Office of the Auditor General of Ontario; 2019. https://www.auditor.on.ca/en/content/annualreports/arreports/en19/v1_302en19.pdf Accessed September 14, 2021.
See: Recommendation 3 (p. 150)

Additional References

12. Addictions and Mental Health Ontario. Evaluation of Residential Support Services 2017 Final Report; 2017. <https://amho.ca/wp-content/uploads/Evaluation-of-Residential-Support-Services-2017-Final-Report.pdf> Accessed September 14, 2021.