

**Drug Misusing Offenders:
Ensuring the continuity-of-care between prison and community**

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1 Introduction

1.1 What is the purpose of this guidance?

This document provides specific guidance on managing the continuity-of-care journey that drug misusing offenders follow on entering prison from the community, whilst in prison, and exiting prison. It is the product of an extensive consultation with front-line workers and managers from Counselling, Assessment Referral, Advice and Throughcare (CARATs) and prison healthcare (hereafter referred to as the "Substance Misuse Team") and Criminal Justice Intervention Teams (CJITs) conducted by the Home Office, Ministry of Justice and National Treatment Agency between January – March 2009.

During this consultation, a continuity-of-care "journey map" (see diagram on page 7) was devised charting the journey that a drug-misusing offender undergoes when entering prison from the community, whilst in prison, and exiting prison. Effective management of the continuity-of-care journey depends on the **right people sharing the right information at the right time**, and the "journey map" helped to clarify specific roles and responsibilities between the agencies involved in managing an offender's continuity-of-care journey. This guidance document sets out in greater detail what these roles and responsibilities are and how the right people can share the right information at the right time.

1.2 How to use this guidance

There is already an extensive suite of guidance documents and Prison Service Orders (PSOs) in existence that focus on specific aspects of the continuity-of-care of drug misusing offenders (see Annex C for a bibliography). This document articulates the treatment pathway of drug misusing offenders as they enter prison from the community, whilst in prison and exiting prison. Within this context, the following points should be noted:

- a) To improve the continuity-of-care journey, this guidance document emphasises two key actions that **MUST** be undertaken by both CJITs and Substance Misuse Teams respectively. These are:
 - CJITs must establish systems to track the prison to which a client is sent following remand or sentence by the court, and then forward the DIR and any other relevant information on the client to the prison.
 - Substance Misuse Teams to ask prisoners on reception into prison whether they are problematic drug misusers, so that prisoners for whom treatment information including DIRs can be expected to be received from the community are flagged. If this is not available at the point of assessment, the Substance Misuse Team should contact the CJIT team immediately.
- b) The guidance document assumes that the Integrated Drug Treatment System (IDTS) has been introduced within prisons. At the time of writing (June 2009), IDTS is being rolled-out across the entire prison estate. For the purposes of planning the implementation of this guidance document, it is helpful to assume that all prisons will have IDTS in place.
- c) This guidance document has been designed to be used in two different ways:
 - it is an integral section within the revised *CARATs Practice Manual (July 2009)*
 - it should also be used as stand-alone guidance for CJIT teams in the community.
- d) There are many things that this guidance document does not attempt to be, including:
 - a training tool for workers on how to assess/refer clients;
 - the provision of specific clinical guidance on drug misuse needs;
 - a substitute for line management support and professional guidance
 - a detraction from workers' ability and duty to exercise their proper judgement and experience in deciding how to establish effective teams and working practices
 - a risk management or a case management tool

This is because there are already established guidance documents in place which deal with many of these needs. However, this guidance document **signposts** appropriately where reference to the established guidance documents is needed.

To facilitate the effective implementation of this guidance, the document is divided into four parts, as follows:

- Part 1 – Prior to prison entry
- Part 2 – Entry into prison
- Part 3 – Whilst in prison
- Part 4 – Exit from prison

Within these four parts are specific process points that relate to the continuity-of-care journey. These process points describe activities that should be followed to manage the continuity-of-care journey effectively, and are themselves split into three components:

- *Definition and significance* – explaining what this stage in the process is and its role within the overall continuity-of-care journey.
- *Required actions* – who must take what action and when. These actions often relate to established policy requirements determined by the Home Office, Ministry of Justice and/or National Treatment Agency and are always key to moving effectively through the process.
- *Local issues* – where appropriate, this section highlights where there is flexibility around how outcomes may be achieved.

Overall, the guidance aims to be prescriptive only where necessary and allows for local partnerships to develop working practices together which meet both the requirements of the provisions and local circumstances. It is often the case that it would be inappropriate to try to impose a single model of how to achieve a required action / outcome, when what is most efficient and effective may depend on local resources and structures.

1.3 Who should use this guidance?

Primarily all of those involved in implementing these provisions, especially:

- CJIT workers and managers
- Substance Misuse Team workers and managers

It will also be of interest to those involved more widely with the Drug Interventions Programme, such as:

- Government Offices - drug and crime teams
- Drug and Alcohol Teams (DATs)
- Crime & Disorder Reduction Partnerships / Community Safety Partnership members
- Senior police officers
- The Probation Service

1.4 Who has contributed to this guidance?

This guidance document is the product following an extensive consultation run jointly by the Home Office, Ministry of Justice and National Treatment Agency between January – March 2009, where 11 regional seminars across England were held and over 500 stakeholders drawn from every CJIT and Substance Misuse Team within prisons were invited. This guidance document incorporates the current policy positions of the Home Office, Ministry of Justice and National Treatment Agency on managing the continuity-of-care journey of drug misusing offenders, plus the practical solutions suggested by participants at the 11 seminars.

1.5 When will this guidance come into effect?

This guidance is effective from 1st July, 2009.

1.6 How does this guidance relate to other guidance documents that manage drug misusing offenders entering prison from the community, whilst in prison, and exiting prison into the community?

This guidance document replaces the following documents:

- *Drug Interventions Record – Background information for Criminal Justice Integrated Teams (CJITs) and Counselling, Assessment, Referral, Advice and Throughcare Services (CARATs): A Briefing Paper* (published 16 March 2007)
- *Delivery of the Drug Interventions Programme in Prisons – Guidance for Prisons* (published June 2006)

It also builds upon the *Prison Integrated Drug Treatment System – Continuity of care guidance (January 2007)*, which should be read alongside this guidance document.

Where appropriate, this guidance document provides **signposts** to other guidance documents that exist to manage the continuity-of-care of drug misusing offenders.

1.7 Will this guidance be updated?

Yes. This guidance document should be regarded as a “living” document. The Home Office, Ministry of Justice and National Treatment Agency will monitor how the guidance is delivered from July 2009 onwards, and update it accordingly.

Following verification of the many examples of good-practice articulated during the consultation of January – March 2009, the Home Office, Ministry of Justice and National Treatment Agency intend to incorporate these examples into revised versions of this guidance document.

1.8 What is the role of the Alert Form?

The Alert Form (see annex E) has been designed, and is introduced along with this guidance document, to aide communication between Substance Misuse Teams and CJITs whenever there is a change-of-circumstance in an offender’s continuity-of-care. As local circumstances determine, the Alert Form may be used as a hard-paper copy, or downloaded electronically from www.drugs.gov.uk and adapted for use on local IT systems and according to local need.

The Alert Form has been designed in the format of a “tick-box plus one sentence contextualisation” approach. The key benefits of this approach is that it provides a quick-and-easy format to convey minimal but essential information about an offender’s change-in-circumstance whenever this occurs, and also provides a convenient record (either hard-copy or electronic) for audit purposes of the change-in-circumstance. At relevant points throughout the guidance document, references to the Alert Form and how it can facilitate appropriate communications between Substance Misuse Teams and CJITs are made.

The purpose of the Alert Form is to facilitate communications in the following circumstances:

- whilst an offender is in prison, the Substance Misuse Team can use the Alert Form to communicate changes-of-circumstance to the CJIT during an offender’s continuity-of-care in prison;
- whilst an offender is in prison, both the Substance Misuse Team and CJIT can use the Alert Form to inform each other of any deviations from the agreed “Release Plan” that occur when the CJIT is putting into place the agreed “Release Plan” arrangements in the community;
- post-release, the CJIT can use the Alert Form to inform the Substance Misuse Team of immediate contact made with an offender following release and the treatment delivered.

At the time of writing (June 2009), the Alert Form will be piloted until 30th September 2009 as follows:

- all CJITs are expected to make use of the Alert Form.
- Substance Misuse Teams within London prison establishments are also expected to make use of the Alert Form.

The pilot will be evaluated before a further decision is made on whether to extend the use of the Alert Form. During this pilot, there is nothing to stop other Substance Misuse Teams from using the Alert Form if they so wish. However, use by other Substance Misuse Teams will not form part of the formal evaluation.

1.9 Who can I contact if I have any questions arising from the guidance document?

You can contact Chris Ashley from the Home Office on:

Tel: 020 7035 3908

E-mail: christopher.ashley@homeoffice.gsi.gov.uk

2 Guidance on managing the continuity of care journey

Introduction

This section provides specific guidance on managing the continuity-of-care journey that drug misusing offenders follow on entering prison from the community, whilst in prison, and exiting prison. Successful implementation of effective throughcare and aftercare provision, particularly as clients move between community and prison, is dependent upon seamless case management. This is achieved through the **right people sharing the right information at the right time** so that treatment and support can be targeted and delivered effectively. Continuity of care is vital to the treatment and support given to problematic drug using offenders as they move between different criminal justice and treatment agencies.

Given the numbers of individual workers and different agencies involved in managing care in this context, the potential for confusion and inconsistency of service and response is large. The Drug Interventions Record (DIR) is an established common tool for use by CJITs and Substance Misuse Teams containing a minimum set of data for monitoring and research on one side, whilst allowing additional free text space for assessment and on-going treatment issues on the other, to enable the worker to describe individual circumstances in more detail. Having a common form in use in all areas has enabled familiarity amongst practitioners through regular use, leading not only to easier ways of working but also to greater consistency and effectiveness.

This guidance now goes one step further by providing greater detail on how the right people can share the right information at the right time. It is based on the “continuity-of-care journey map” (see diagram on page 7), and is divided into the following headings:

Part 1 - Prior to prison entry

- specific issues for CJITs

Part 2 - Entry into prison

- process point 1 – has the prisoner arrived from the community or from another prison?
- process point 2 – prisoner has transferred from another prison
- process point 3 – is the prisoner a PPO and/or a problematic drug misuser?
- process point 4 – prisoner has arrived from the community
- process point 5 – prisoner enters the main prison

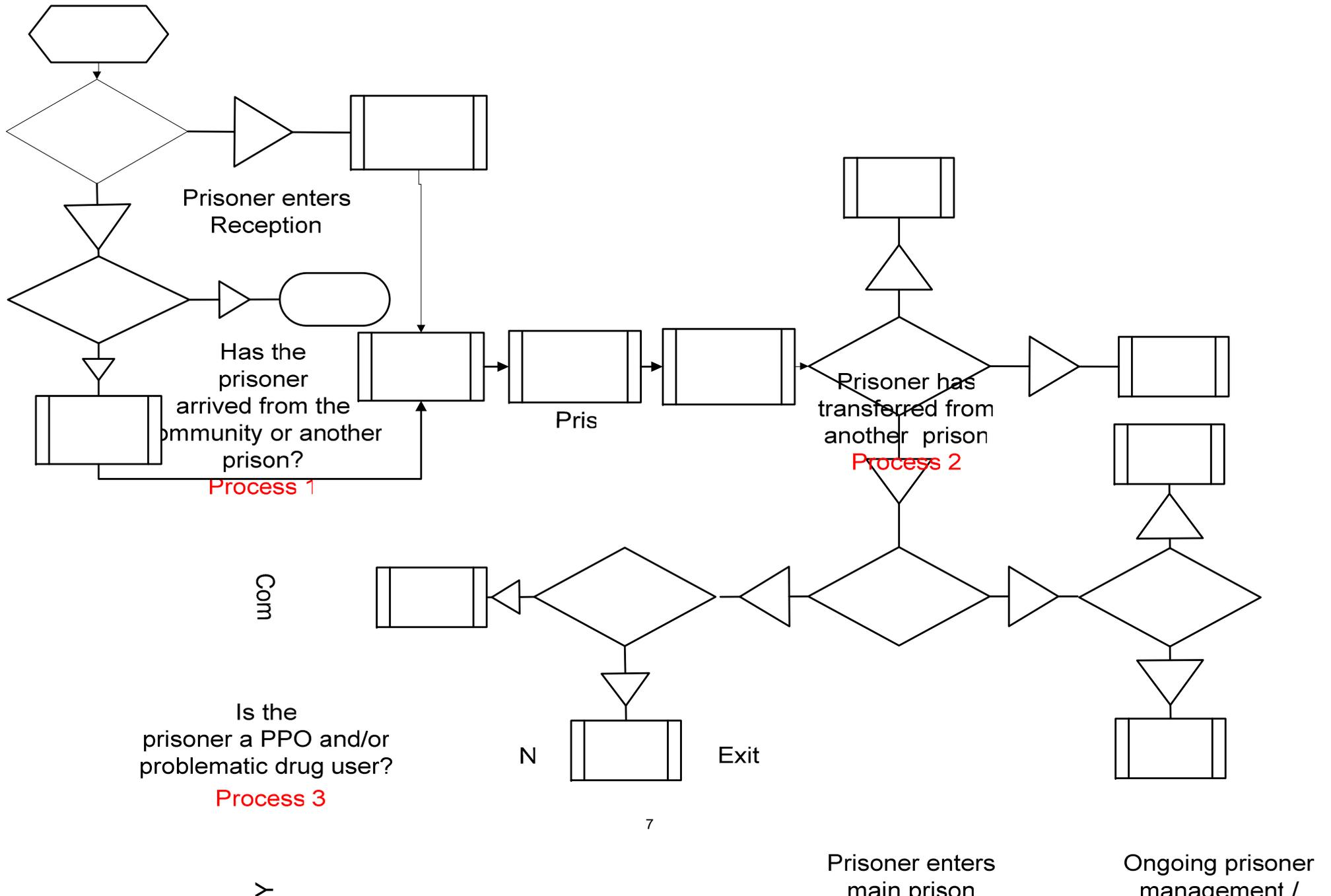
Part 3 - Whilst in prison

- process point 6 – on-going prisoner management/care whilst prisoner is in prison
- process point 7 – pre-release planning

Part 4 - Exit from prison

- process point 8 – prisoner transfers to a new prison directly
 - process point 9 – prisoner is released directly into the community
 - process point 10 – prisoner is transferred from prison to court
 - process point 12 – prisoner is transferred from court to new prison
 - process point 12 – prisoner is transferred from court back to original prison
 - process point 13 – prisoner is released from court where CJIT worker is present
 - process point 14 – prisoner is released from court where no CJIT court worker is present
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Continuity-of-care journey map of drug misusing offender entering prison from community, whilst in prison and exiting prison



PART 1 – PRIOR TO PRISON ENTRY

Specific issues for CJITs

Definition and significance

On a day-to-day basis, CJITs will be managing drug misusing offenders who will have been identified as problematic drug misusers following contact with the criminal justice system. For every new referral into the Drug Intervention programme (DIP), a DIR will be completed. The key to ensuring successful continuity-of-care when an offender is sentenced or remanded to prison is the transmission of the DIR and other relevant information about the offender to the prison where they are sent. CJITs therefore must make every effort to track the movement of clients and, for the purposes of this guidance document, specifically track the prison to where an offender is sent following sentence or remand from a court.

The expectation is that, when a CJIT becomes aware that an offender is being sentenced or remanded to a specific prison, the CJIT must transfer the client information to the prison within 24 hours.

(Note: In the event that a weekend or public holiday falls within the 24 hour period, then the CJIT must aim to get the client information to the prison by 9am on the next working day.)

Required actions

| Who | Action |
|--------------|---|
| CJITs | <p>CJITs must make every effort to establish links with HM Courts Service and prisoner escort service staff. This is so that information on the prison to which an offender is sent can be obtained on a daily basis.</p> <p>Information on the prison destination of an offender may be collected via the following ways:</p> <ul style="list-style-type: none">- where provided, a court worker establishes links with HM Courts Service staff and prisoner escort service staff.- scrutinising daily court lists provided by HM Courts Service to determine the prison destination of an offender. <p>Once the prison destination of the offender is established, the CJIT must then communicate by fax or email, as appropriate, the DIR and any other relevant information about the offender to the Substance Misuse Team located at the prison to which the offender has been sent (via, as appropriate, the SPOC list). The CJIT should follow up the fax with a phone call to the Substance Misuse Team to alert them on two pieces of information:</p> <ol style="list-style-type: none">1) that the offender is en-route to the Substance Misuse Team's prison;2) that the Substance Misuse Team can expect to receive the offender's DIR plus other relevant information. |
| CJITs | <p>When an offender enters prison, the CJIT must close down the caseload, and send an Activity Form to the relevant regional Data Team</p> |

PART 2 – ENTRY INTO PRISON

Process point 1 – has the prisoner arrived from the community or from another prison?

Definition and significance

Particular attention should be given by the Substance Misuse Team (clinical) in reception to the prisoner's immediate origin (ie. from the community via court, or as a "transfer" from another prison). This is because different continuity-of-care activities will occur, depending on the prisoner's origin.

Required actions

| Who | Action |
|---|--|
| Substance Misuse Team (clinical) | <p>The Substance Misuse Team (clinical) must establish whether a prisoner has arrived from the community via court or from another prison.</p> <p>There are two ways to determine this:</p> <ul style="list-style-type: none"> - ask a prisoner where he or she has come from (ie. from court or from another prison) - check the paperwork provided by the prisoner escort service on the origin of each prisoner (ie. from court or from another prison) <p>If the prisoner is from another prison, go to process point 2. If the prisoner is from the community via court, go to process point 3.</p> |

Process point 2 – prisoner has transferred from another prison

Definition and significance

Having determined that a prisoner has transferred from another prison, the Substance Misuse Team (both clinical and CARATs) should observe the actions set out in the box below. This is to ensure that the continuity-of-care of drug misusing offenders who have been treated at the previous prison can continue seamlessly.

| | |
|------------------------------|--|
| Substance Misuse Team | <p>If a prisoner has transferred from another prison, then the Substance Misuse Team (clinical) must ask the prisoner two questions:</p> <ul style="list-style-type: none"> - if he/she has been in contact with the Substance Misuse Team at the previous prison; - if he/she is a PPO.* <p>(*The PPO status of a prisoner can be determined by:</p> <ul style="list-style-type: none"> - asking the prisoner - checking the Prisoner Escort Record for evidence (via a stamp on the file) that the prisoner is a PPO - receiving relevant information from the PPO Liaison Point) <p>If the prisoner has been in contact with the Substance Misuse Team at the previous prison, then the Substance Misuse Team (clinical) should retrieve the clinical and CARAT file from the documentation provided by the Prisoner Escort Service accompanying the prisoner. The Substance Misuse Team (clinical) should then assess the clinical needs of the prisoner within 24 hours of entry into prison assuming that they are stable upon the initial Reception health screen. Those identified with a substance misuse need will be referred to the Substance Misuse Team (CARATs), who must then engage with the prisoner within three days of receipt of referral.</p> <p>Note: the treatment needs of those identified as a PPO <u>and</u> having a substance misuse problem should be prioritised above all other prisoners.</p> <p>In the event that the CARAT file has not been included with the Prisoner Escort Service documentation, then the Substance Misuse Team (CARATs) should contact the “sending” Substance Misuse Team (CARATs) for the CARAT file. The “sending” team must forward the file to the “receiving” team within 24 hours of the request being made. (If the 24 hour period falls within a weekend or public holiday, then the CARAT file should be sent by 9am on the next working day). The Substance Misuse Team (CARATs) should then make first contact and review the case-file with the prisoner within 3 days after receipt of referral from the Substance Misuse Team (clinical).</p> <p>For the purposes of managing continuity-of-care, follow this guidance document from process 5 onwards.</p> |
|------------------------------|--|

Process point 3 – is the prisoner a PPO and/or problematic drug misuser?

Definition and significance

This process point assumes that the Substance Misuse Team has determined that the origin of the prisoner is from the community via court. It is at this point that particular attention should be made as to whether the prisoner is a PPO and/or problematic drug misuser. This is so that those prisoners from whom a DIR can be expected from the community can be flagged to support the Substance Misuse Triage Assessment (SMTA) conducted by the Substance Misuse Team.

Required actions

| Who | Action |
|-------------------------------------|--|
| <p>Substance Misuse Team</p> | <p>On arrival into prison reception, the Substance Misuse Team must determine whether the prisoner is a PPO and/or a problematic drug user. This can be ascertained by:</p> <ul style="list-style-type: none"> - asking the prisoner - checking the warrant (if available) for evidence of problematic drug-misuse - asking the prisoner - checking the warrant (if available) for evidence of problematic drug-misuse - checking the Prisoner Escort Record for evidence (via a stamp on the file) that the prisoner is a PPO* - conducting a Gruben Assessment - conducting a clinical drug test <p><i>(*Note: The PPO Liaison point is responsible for notifying the Substance Misuse Team of PPO arrivals. Exceptionally, where a Substance Misuse Team worker is first to identify a prisoner with PPO status that has not previously been flagged onto LIDS (for example, referral from CJITs or where a prisoner self-identifies), the Substance Misuse Team worker will inform the PPO Liaison Point who will then make the necessary arrangements to confirm PPO status. Substance Misuse Team workers should routinely check new prisoners entering prison against the LIDS record, in case some PPOs have not been flagged.)</i></p> |
| <p>Substance Misuse Team</p> | <p>If a prisoner is not identified as a PPO and/or as a problematic drug misuser, this guidance document does not require any further action to be taken (though other actions as specified by other guidance documents may apply).</p> <p>If a prisoner is identified as a PPO and/or as a problematic drug misuser, then continue to process point 4.</p> <p><i>Note: Where a prisoner is identified as a PPO and a problematic drug misuser, then the Substance Misuse Team should also take account of the requirements laid out in the guidance document: NOMS Prolific and other Priority Offender – Information for Prison Drug Strategy staff – Policy and Practice December 2006.</i></p> |

Process point 4 – Prisoner has arrived from the community

Definition and significance

Having ascertained that a prisoner is a PPO and/or a problematic drug misuser, this is the point in the continuity-of-care journey map where the Substance Misuse Team should give particular attention to the prisoner’s immediate origin from the community. The specific aim of this process point is to ensure continuity of treatment and avoid duplication of assessments being carried out. This will be achieved if a prisoner’s DIR and other relevant information can be obtained via liaison with the relevant CJIT.

This part of the guidance document also contains new instructions for managing the communication of DIRs and Alert Forms between the Substance Misuse Team and CJIT. In particular, the following principles should be applied:

1) CJITs must fax or e-mail (as appropriate) the DIR and other treatment plan material to the Substance Misuse Team, as articulated in Part 1 of this guidance and/or as requested by the Substance Misuse Team.

2) Should there be a change in the prisoner’s circumstance once in prison, Substance Misuse Team’s are NOT required to fax or e-mail the DIR back to the CJIT to inform the CJIT of the change. Instead, the change of circumstance should be communicated to the CJIT via the 1-page Alert Form. The DIR received from the CJIT should then be retained until the prisoner is eligible for exit from the prison (see process point 7).

3) Should it be necessary for the Substance Misuse Team to raise a new DIR (e.g. because a DIR can not be obtained from the CJIT), then the Substance Misuse Team should follow the following actions:

- a) communicate to the prisoner’s CJIT via the 1-page Alert Form that the Substance Misuse Team has accepted the prisoner on to their caseload;
- b) retain the DIR until the prisoner is eligible for exit from the prison (see process point 7);
- c) send a copy of the DIR to the prisoner’s CJIT.

Required actions

| Who | Action |
|-------------------------------------|--|
| <p>Substance Misuse Team</p> | <p>The Substance Misuse Team (clinical) must ask the prisoner if he/she is in contact with his/her CJIT.</p> <p>If the answer is “yes”, then the Substance Misuse Team (clinical) should establish from the prisoner the name of his/her CJIT, and then contact the relevant CJIT via the SPOC List (updated monthly) for the DIR and other relevant information on the prisoner.</p> <p>If the answer is “no” or “don’t know”, then the Substance Misuse Team (clinical) should, in the first instance, check to see whether the CJIT has been in contact to inform them that the prisoner is arriving in their prison. If a DIR or other relevant information is not received from the community within 24 hours of the prisoner’s entry into prison, then a new DIR must be opened and, depending on circumstances, completed up to either section 6 or section 8.4 (see <i>Drug Interventions Programme – 2009 Prisons Training FAQs</i> for further guidance).</p> <p>The Substance Misuse Team (clinical) should assess the clinical needs of the prisoner within 24 hours of entry into prison. Those identified with a substance misuse need will be referred to the Substance Misuse Team (CARATs), who must then engage with the prisoner within three days of receipt of referral.</p> <p>The following timescales MUST be followed: within 3 days of receipt of referral by the Substance Misuse Team (clinical), a Substance Misuse Triage Assessment (SMTA) must be completed by the Substance Misuse Team (CARATs), and information obtained from the SMTA will be recorded in the relevant sections of the DIR. The extent of information required for an SMTA will be dependent on whether a DIR and other relevant information has been received from the community.</p> |
| <p>Substance Misuse Team</p> | <p>To assist the administration of communications between Substance Misuse Teams and CJITs, the Substance Misuse Team should follow the actions described below, according to the appropriate scenario.</p> <p><i>Scenario 1 – DIR received from CJIT and there is then a change in the prisoner’s circumstance</i></p> <p>Where a DIR is received from the CJIT and there is then a change in the prisoner’s circumstances during the entry process into prison (e.g. prisoner transfers to another prison, change of treatment provision), the Substance Misuse Team should use the Alert Form to indicate the change and then, as local circumstances permit, fax or e-mail the Alert Form to the CJIT (followed up by a telephone call). In this circumstance, there is no need for the Substance Misuse Team to fax the DIR back to the CJIT, as the appropriate change-of-circumstance marked on the Alert Form is sufficient.</p> <p>The Substance Misuse Team should then retain the DIR until the prisoner is eligible for exit from the prison (see process point 7)</p> |

| | |
|--|---|
| | <p><i>Scenario 2 – New DIR raised by Substance Misuse Team</i></p> <p>Should it be necessary for the Substance Misuse Team to raise a new DIR (e.g. because a DIR can not be obtained from the CJIT), then the Substance Misuse Team should follow the following actions:</p> <p>a) communicate to the prisoner’s CJIT via the 1-page Alert Form that the Substance Misuse Team has accepted the prisoner on to their caseload. This will then be kept on file by the CJIT until a pre-release meeting is arranged or an individual is due to appear in court;</p> <p>b) retain the DIR until the prisoner is eligible for exit from the prison (see process point 7);</p> <p>c) send a copy of the DIR to the prisoner’s CJIT.</p> |
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Local issues

This guidance document recognises that the treatment interventions that a prisoner will receive on entry into prison will vary according to the particular needs of the prisoner. The following paragraphs however set out a typical sequence of activities that are likely to occur within the prisoner’s first five days in prison:

Day 1

A CARAT key worker is appointed within 24 hours of the prisoner’s entry into the prison. An SMTA is conducted by the Substance Misuse Team (clinical), and informed by relevant information provided by the CJIT. During the SMTA, the CJIT is contacted (if necessary) via the SPOC list and requested to send in the prisoner’s DIR file and other assessment details and care plan within 24 hours.

Days 2 to 5

The information gathered on day one from the initial assessment (SMTA) and documentation from the CJIT is collated in order to continue to a Comprehensive Substance Misuse Assessment (CSMA) and the development of a care plan by a member of the Substance Misuse Team (CARATs), which must be completed by day 5. *This is usually completed by a CARAT worker but in the event that a client refuses to engage with CARATs a clinical lead will need to take the role of key worker to ensure all treatment is within a structured care planned approach.*

If a client is known to the CJIT and a DIR is received by the prison, then the Substance Misuse Team should complete an Activity Form to transfer the case to that prison.

If a DIR is not received or the client is unknown to the CJIT, a new DIR needs to be completed by the Substance Misuse Team.

Day 5 (or at the conclusion of stabilisation)

The Comprehensive Substance Misuse Assessment Care Plan is completed. An Activity Form (or relevant sections of the DIR) is completed and sent to the relevant Data Team.

From Day 5 onwards

According to the prisoner’s needs, clinical stabilisation is completed and on-going delivery of clinical and psychosocial interventions continues (see process point 5).

The following guidance documents are also relevant to managing other elements of a prisoner’s continuity-of-care at this point in the journey:

- *CARATs Practice Manual*
- *Integrated Drug Treatment System – the First 28 Days Psychosocial Support: the Model Framework Policy Document 2009*
- *Prolific and Other Priority Offenders (PPOs)- Information and Practice Document (December 2006)*

- PSO 4615 – Prolific and other Priority Offenders Strategy
- Substance misusing clients with mental health problems (June 2008)
- Drug Misuse and dependence UK guidelines on clinical management – 2007
- Clinical Management of Drug Dependence in Adult Setting. Including Psychosocial Treatment as a core part - 2006

Process point 5 – Client enters the main prison

Definition and significance

This is the point in the continuity-of-care journey map where a prisoner, having been screened at reception and the prisoner's origin determined (ie. from community via court, or from another prison), enters the main prison.

Required actions

| Who | Action |
|------------------------------|---|
| Substance Misuse Team | <p>When delivering clinical and psycho-social interventions to Substance Misusers, the Substance Misuse Team must prioritise the following categories of prisoner that are referred to it:</p> <ul style="list-style-type: none"> - prisoners flagged as “Prolific and other Priority Offenders” (PPOs) and problematic drug users; - prisoners flagged as problematic drug users. <p>The Substance Misuse Team will also inform the prisoner's CJIT of his/her expected date of release.</p> <p>For the purpose of this guidance document, normal assessment activities of prisoner needs will then be carried out by CARAT teams, in accordance with the following guidance documents:</p> <p><i>CARATs Practice Manual</i></p> <p><i>Integrated Drug Treatment System – the First 28 Days Psychosocial Support: the Model Framework Policy Document 2009</i></p> <p><i>Clinical Management of Drug Dependence in Adult Setting. Including Psychosocial Treatment as a core part – 2006</i></p> |

PART 3 – WHILST IN PRISON

Process point 6 – On-going prisoner management/care whilst offender is in prison

Definition and significance

This is the point in the continuity-of-care journey map where a prisoner is accommodated within the main prison to serve his/her sentence or is on remand. During this period, the Substance Misuse Team will carry out as normal the continuity-of-care activities as specified by the *CARATs Practice Manual* and other relevant guidance documents, prior to the point when a prisoner is eligible for exit from the prison.

Required actions

| Who | Action |
|---------------------------------------|---|
| Substance Misuse Team (CARATs) | <p>During a prisoner's on-going care in prison, the Substance Misuse Team (CARATs) will inform the prisoner's CJIT of when there is a significant change to the prisoner's circumstances. This may be include (but not limited to):</p> |

| | |
|--|--|
| | <ul style="list-style-type: none"> - change of release date - change of court date - change of court appearance - death - change in case management responsibilities - change of treatment delivered <p>The means of communicating these changes are via the Alert Form, followed up by a telephone call if necessary by the Substance Misuse Team to the relevant CJIT.</p> |
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Process point 7 – Pre-release planning

Definition and significance

This is the point in the continuity-of-care journey map where a prisoner’s exit from prison is anticipated. The Substance Misuse Team should establish good links with the Prison’s *Offender Management Unit (OMU)* or equivalent, so that it can be informed in a timely fashion of a prisoner’s impending exit. The nature of the activities at this process point depend upon the circumstances of the client’s exit from prison.

If the prisoner is due to be:

- released directly into the community, then continue with this process point.
- transferred to another prison, then refer to process 8.
- transferred to court, then refer to process 10.

Required actions

| Who | Action |
|---------------------------------------|---|
| Substance Misuse Team (CARATs) | <p>When a prisoner’s release date becomes known, the Substance Misuse Team (CARATs) must draw up a “release” plan.</p> <p>The “release” plan should be initiated at the start of the care-planning process and, at the very least, devised at least six weeks prior to the prisoner’s release (where the prisoner is in custody for sufficient time). Ideally, the “release” plan is informed by a 3-way meeting between the prisoner, his/her CJIT key worker and the Substance Misuse Team.</p> <p>If the DIR is less than 6 months old, then information contained on the DIR should be used to inform the “release” plan.</p> <p>It will be for the Substance Misuse Team and CJIT to determine the best way to inform the “release” plan according to circumstances. However, ideally, the meeting should be either face-to-face or via a video-link (where available). In exceptional circumstances (where logistics do not allow for face-to-face or a video-link meeting) then the meeting may be conducted over the telephone.</p> <p>At this meeting, the prisoner’s release plan must be agreed, and is likely to include (but is not limited to):</p> <ul style="list-style-type: none"> - referral to housing - referral to benefit - on-going treatment post-release - other support needs specific to the prisoner <p>If the release plan subsequently changes after the meeting and prior to the prisoner’s exit from prison, then the Substance Misuse Team must inform the CJIT team via the Alert Form (followed up by telephone call) within 24 hours of the change. If there are ongoing prescribing issues, there may need to be contact between clinical professionals to ascertain dosage etc. and CJITs should be kept informed of these changes via the Alert Form.</p> |

| | |
|--------------|--|
| | Until exit, a prisoner remains the responsibility of the Substance Misuse Team and remains on the Substance Misuse Team's caseload and should not be on the CJIT caseload. |
| CJITs | <p>The CJIT team must make every effort to attend any meetings held to arrange the prisoner's "release" plan. Ideally, the meeting will be face-to-face or via a video-link (where available). In exceptional circumstances (where logistics do not allow for face-to-face or a video-link meeting) then the meeting may be conducted over the telephone.</p> <p>After the meeting and whilst the prisoner remains in prison custody, the CJIT team is responsible for setting up in the community the prisoner's needs as articulated in the release plan. This is so the prisoner can access the community services immediately after release. The CJIT team should nominate a case worker to oversee the arrangements and, when the prisoner is released, act as the prisoner's contact.</p> <p>Should a change arise to the release plan during its implementation prior to a prisoner's release, then the CJIT should inform the Substance Misuse Teams of the change via the Alert Form (followed up by a telephone call) within 24 hours of the change occurring.</p> <p>Whilst the prisoner remains in custody, the CJIT team should as a matter of courtesy inform the Substance Misuse Team of the nature and content of any separate contact between the CJIT and the prisoner.</p> |

Local issues

The Substance Misuse Team should establish a firm policy for managing End of Custody Licences (ECL) according to the local ECL arrangements in place at a particular prison. In particular, the Substance Misuse Team should maintain strong links with the prison *Offender Manager Unit (OMU)* or equivalent. Through these links, the Substance Misuse Team will be able to be informed of whether an ECL is to be granted, and plan the client's release accordingly (see: *End of Custody Licence – Guidance for CARAT Teams; June 2007*).

PART 4 – EXIT FROM PRISON

Process point 8 – prisoner transfers to a new prison directly

Definition and significance

This is the point in the continuity-of-care journey where, subject to prison population management demands, a prisoner is transferred directly to another prison. Substance Misuse Teams in all prisons should establish good links with the *Offender Management Unit (OMU)* or equivalent and OCA teams, so that the Substance Misuse Team can be informed in a timely fashion if a client is to transfer to another prison. The Substance Misuse Team should also check the LIDS system on a daily basis to help manage any "unplanned" transfers.

In order for a transfer to occur, an eligible prisoner will need to be 'Fit for Transfer' in line with the clinical transfer protocol. Please refer to the guidance document *Prisons Integrated Drug Treatment System Continuity-of-care guidance (currently being updated - 2009)* for an overview of these circumstances.

Required actions

| Who | Action |
|--|--|
| "Sending" Substance Misuse Team | <p>If a prisoner is due to transfer to another prison, the "sending" Substance Misuse team must:</p> <ul style="list-style-type: none"> - ensure that the prisoner's clinical record is up-to-date with current prescription record; - ensure that the "Transfer Plan" is completed. - ensure that the prisoner's CARAT file is transferred alongside the clinical file with the client via the prisoner escort service. The CARAT file should include the DIR if less than 6 months old. <p>On the day of transfer, the "sending" Substance Misuse Team should inform both the "receiving" Substance Misuse Team and the prisoner's CJIT via the Alert Form (followed up</p> |

| | |
|--|--|
| | <p>by a telephone call if necessary) of the prisoner's transfer.</p> <p>In the event that the CARAT record is not transferred with the prisoner and the "receiving" team makes contact, then the "Sending" Team must transfer the file to the "receiving" Team within 24 hours of the request being made.</p> <p>The "sending" Substance Misuse team must complete an Activity Form to close the case and transfer it to the "receiving" prison.</p> |
| "Receiving" Substance Misuse Team | <p>Using the Alert Form (and followed up by a telephone call if necessary), the "receiving" Substance Misuse Team should inform the prisoner's CJIT of his/her arrival at the "receiving" prison, plus any additional relevant information (such as new key worker, new release date).</p> <p>The "receiving" team must complete an Activity Form to take the prisoner onto their active caseload.</p> |

Process point 9 – prisoner is released directly into the community

Definition and significance

This is the point in the continuity-of-care journey map where a prisoner is released directly into the community. Where a prisoner asks for a pick-up from the prison gate, then the CJIT should make every effort to arrange a pick-up so that the risk of the prisoner re-offending and risk of relapse is minimised. In practice, CJITs should assess the risk of a prisoner re-offending and or relapsing on release to inform the decision made on prioritising which prisoners are met at the prison gate. It is expected that those prisoners judged to be at greater risk of re-offending after release should be prioritised and met at the prison gate, unless there are personal safety concerns.

Required actions

| Who | Action |
|------------------------------|---|
| CJITs | <p>If the prisoner has requested a pick-up on release from prison then, prior to release, the CJIT team in partnership with the Substance Misuse Team should use the information contained in the Release Plan or any other relevant information to assess the risk of the prisoner re-offending and relapsing on release. It will then be for the CJIT to prioritise which prisoners are met at the prison gate.</p> <p>Where a prisoner is met at the prison gate, the CJIT must inform the Substance Misuse Team via the Alert Form (and followed up by a telephone call if necessary) of the pick-up and, as appropriate, re-engagement within 5 working days of release.</p> <p>The CJIT must complete an Activity Form to take the client onto their active caseload.</p> |
| Substance Misuse Team | <p>When a prisoner exits the prison, the Substance Misuse Team must close down the caseload, and send an Activity Form to the relevant regional Data Team</p> |

Local issues

As local circumstances permit, the CJIT may wish to consider establishing a protocol with suitable Voluntary Sector providers to assist with the pick-up of prisoners from the prison gate.

Process point 10 – prisoner is transferred from prison to court

Definition and significance

This is the point in the continuity-of-care journey map where a prisoner is transferred from prison to court. At this point, it will not be known what the outcome of the prisoner's appearance in court will be. However, there are four possible outcomes (with four possible process outcomes):

- sent to new "receiving" prison (follow process 11)

- sent back to original “sending” prison (follow process 12)
- released into community by court with CJIT worker present (follow process 13)
- released into community by court with no CJIT worker present (follow process 14)

To cater for each outcome, the Substance Misuse Team should observe the *Required actions* described below:

Required actions

| Who | Action |
|------------------------------|---|
| Substance Misuse Team | <p>When it becomes known that a prisoner is due to transfer to court, the Substance Misuse Team should inform the prisoner’s CJIT of the transfer via the Alert Form (followed up by a telephone call if necessary).</p> <p>Information on whether a prisoner is due to transfer to court may be obtained as follows:</p> <ul style="list-style-type: none"> - through self-report by the prisoner - through the LIDS system |
| Substance Misuse Team | <p>All prisoners going to court must be accompanied by their clinical record and CARAT file, which is referenced in the Prisoner Escort Record and given to the escorting service. This is an important means for communicating continuity-of-care information to another prison, should a client be sent by the court to a different establishment.</p> <p>For further information on how to deal with specific clinical drug needs of prisoners who transfer, please refer to <i>Prisons Integrated Drug Treatment System Continuity-of-care guidance (currently being updated - 2009)</i>.</p> |

Process point 11 – prisoner is transferred from court to new prison

Definition and significance

This is the point in the continuity-of-care journey map where a prisoner is transferred from court to a new or “receiving” prison.

Required actions

| Who | Action |
|--|--|
| “Receiving” Substance Misuse Team | The “Receiving” Substance Misuse Team should follow the activities articulated under Process Point 1. |
| “Sending” Substance Misuse Team | When a prisoner exits the prison, the Substance Misuse Team must close down the caseload, and send an Activity Form to the relevant regional Data Team |

Process point 12 – prisoner is transferred from court back to original prison

Definition and significance

This is the point in the continuity-of-care journey map where a prisoner is transferred from court back to the original or “sending” prison.

Required actions

| Who | Action |
|------------------------------|---|
| Substance Misuse Team | If the prisoner has transferred back from court to the “sending” prison, then the Substance Misuse Team should retrieve the CARAT files from the prisoner escort service. |

| | |
|--|--|
| | The expectation is that the Substance Misuse Team will then resume the prisoner's continuity-of-care (ie. from process 6). |
|--|--|

Process point 13 – prisoner is released from court where CJIT worker is present

Definition and significance

This is the point in the continuity-of-care journey map where a prisoner, having transferred to court from prison, attends a court where a CJIT worker is present and may subsequently be released.

Required actions

| Who | Action |
|---|--|
| CJITs <i>(where court workers are provided)</i> | Using the information received via Alert Forms and other communications from Substance Misuse Teams that have been sent to the CJIT under process point 10, CJITs should establish systems that allow them to anticipate when and to which court a prisoner is transferred from prison. In addition, court workers should obtain from HM Courts Service staff the list of people due to appear in court, and identify any prisoner who is previously known to the CJIT. Where such prisoners are identified, the Court Worker should make contact with the prisoner in the court cells <u>prior to the prisoner's hearing</u> . This will be an opportunity to talk to the prisoner about available services provided by the CJIT in the event of release. The Court Worker should also attempt to arrange an appointment where the prisoner can attend the local CJIT in the event of release. |
| CJITs <i>(where court workers are provided)</i> | Should a prisoner's release be likely and he/she requests a pick-up, then the Court Worker should make every effort to arrange via the local CJIT for a "pick-up" from court. |
| CJITs <i>(where court workers are provided)</i> | If a prisoner is released, then the CJIT should inform the "sending" Substance Misuse Team within 24 hours of release using the Alert Form (followed up by a telephone call). Following successful contact with the client, the CJIT should notify the Substance Misuse Team of the contact within 24 hours of the contact being made. The CJIT should also contact the prison's Substance Misuse Team to obtain relevant information (including DIR, if less than 6 months old) on the client so that the client's continuity-of-care can continue. Where successful contact is made, the CJIT must take the client onto their active caseload, and send an Activity Form to the relevant regional data team. |
| Substance Misuse Team | The Substance Misuse Team should use local systems to establish non-returns from court (e.g. checking LIDS system, receiving an Alert Form from the CJIT). Where a non-return from court is established, the Substance Misuse Team must close down the caseload, and send an Activity Form to the relevant regional Data Team within 7 days. |

Local issues

As local circumstances permit, the CJIT may wish to consider establishing a protocol with suitable Voluntary Sector providers to assist with the pick-up of prisoners from the court.

In the event that a prisoner is sent to a court outside his/her CJIT of residence then, having received previous notification from the Substance Misuse Team under process point 10 of the prisoner's appearance in court, the prisoner's CJIT should contact the CJIT where the court is located. Where a CJIT worker is present in that court, the worker should attempt to engage with the prisoner (as outlined in process point 13 above).

Process point 14 – prisoner is released from court where no CJIT worker is present

Definition and significance

This is the point in the continuity-of-care journey map where a prisoner, having transferred to court from prison, attends a court where a CJIT worker is not present and may subsequently be released.

Required actions

| Who | Action |
|---|---|
| Substance Misuse Team | If the prisoner is due to appear in a court located where court workers are not present, the Substance Misuse Team must encourage the prisoner to make contact with his/her local CJIT in the event of release. |
| Substance Misuse Team | <p>The Substance Misuse Team should interrogate the LIDS system to establish whether the prisoner has been released. If so, the Substance Misuse Team should contact the prisoner’s CJIT via the Alert Form (and followed up by a telephone call) to notify them of the release.</p> <p>The Substance Misuse Team must also close down the caseload, and send an Activity Form to the relevant regional Data Team</p> |
| CJITs (where court workers are not provided) | <p>Following notification by the Substance Misuse Team of a prisoner being released, the CJIT must make every effort to contact the client. If contact is made, then the CJIT should obtain from the prison’s Substance Misuse Team any relevant information (including DIR, if less than 6 months old) on the client so that the client’s continuity-of-care can continue.</p> <p>Following successful contact with the client, the CJIT should notify the Substance Misuse Team via the Alert Form (and followed up by a telephone call) of the contact within 24 hours of the contact being made. The CJIT must also take the client onto their active caseload, and send an Activity Form to the relevant regional data team.</p> |

Annex A - Legal framework on Information sharing and consent

Introduction

This section sets out the legal framework for the sharing of personal and sensitive personal data. As part of managing the continuity-of care of drug misusing offenders, CJIT and Substance Misuse Team workers will collect personal and sensitive personal data through the DIR. As a result, the Data Protection Act 1998 (DPA) and Human Rights Act 1998 will apply to the processing of data collected via the DIR.

In processing this data, it is essential to comply with the 8 principles established by the Data Protection Act that sets out a framework for information handling. In the context of confidentiality, the most significant principles are:

- The 1st, which requires processing to be fair and lawful and imposes other restrictions;
- The 2nd, which requires personal data to be processed for one or more specified and lawful purposes;
- The 7th, which requires personal data to be protected against unauthorised or unlawful processing and against accidental loss, destruction or damage. It also provides for an individual's right of access to personal data.

With regards to the Human Rights Act 1998 there is a requirement that actions that interfere with the right to respect for private and family life (e.g. disclosing confidential information) must also be justified as being necessary to support legitimate aims and be proportionate to the need. Current legal interpretation is that compliance with the Data Protection Act 1998 and the common law of confidentiality should satisfy Human Rights requirements.

In practice, the applicability of the Data Protection Act and Human Rights Act to the sharing of information between CJITs and Substance Misuse Team workers is interpreted as follows:

'Any information required to provide adequate continuity of drug treatment should, with the client's informed consent, be shared between Substance Misuse teams and with partner services such as Criminal Justice Integrated Teams, community drug treatment providers and Probation offender managers'.

The application of "informed consent" within the context of the continuity-of-care of drug misusing offenders is outlined below. However, it is important to note that, for the purposes of monitoring and research, "informed consent" is not required provided the data collected is of a de-personalised nature.

Information sharing - Continuity of care

In order to improve continuity of care and treatment, it is important to ensure consistency in terms of what, when and how information is shared. It is a sensitive issue and it is important that it is properly handled. Ensuring that a drug misusing offender is appropriately supported throughout his or her contact with the criminal justice system or treatment is therefore essential in maximising their chances of remaining engaged in treatment. It is likely that various individuals and agencies may be involved with the individual at different stages of their treatment and/or criminal justice process and it is therefore important for workers to clarify whether someone else is already involved in their care/case and whether (within the legal framework) they should be speaking to and exchanging information with that other individual or agency.

For continuity of care purposes, it is important to articulate the following principles:

- 1) Information may only be shared with informed consent (NB exceptions apply in line with existing confidentiality arrangements e.g. where the client may be likely to harm themselves, or another person, and in relation to Required Assessment (RA) and Restriction on Bail RoB) where the CJIT is responsible for ensuring that RoB conditions are met.)
- 2) The client must both be informed about and understand the uses to which the information will be put, plus also the circumstances when confidentiality may be broken. They must agree to the information being shared for purposes as outlined. The worker and the individual must sign the consent form attached to the DIR to confirm that this has occurred.

- 3) Once consent has been given for such sharing in respect of those agencies, and not subsequently withdrawn by the client, workers can share information contained on the DIR between agencies. This means, for example, that not only can a CJIT worker give information to a Substance Misuse Team, but that the CJIT team may also receive relevant information from Substance Misuse Team in return without further consent being obtained. This is within the legal framework.

If the individual refuses consent in relation to continuity of care, appropriate referral should still be made but the client should be advised that treatment/support might be delayed as questions, assessments etc may need to be duplicated by each agency involved.

The consent form makes clear that individuals working as part of a CJIT or Substance Misuse Team will not normally disclose information on the DIR without consent to their parent organisation (or indeed anyone). However it is important to ensure that in line with local confidentiality arrangements, clients are aware of the circumstances in which information may be shared without their consent, and informed of this as early on in the assessment and subsequent contact.

The CJIT /PPO guidance (<http://www.crimereduction.gov.uk/ppo/ppominisite10.htm>) also refers to the importance of information sharing protocols, which are the formalised statements agreed between relevant partners setting out the practical processes for the appropriate sharing of information. These do not replace the legal framework within which all of this must take place. Rather, they use the framework to help define the roles, responsibilities and actions required of all concerned if they are to operate within it. To put it simply, they set out – within the legal framework - who shares what information with whom, how, why, when, and in what format.

Such protocols will be particularly useful in the context of a case conference/Shared Priority Forum so that each person at the table is aware of what and how they should contribute.

Protocols should also include guidance for relevant workers about what to do when a situation arises which does not appear to fit with normal procedures. There should be nominated senior colleagues in each partner organisation who have the authority to deal with such instances.

Annex B – Monitoring and Research

The Drug Interventions Programme and drug treatment in prisons attracts significant public funding. It is essential that these government agencies can both monitor value for money and the progress of clients through the Programme and prisons.

The monitoring is done through measuring inputs, outputs and outcomes to monitor the effectiveness of the Programme. The results of monitoring will help to identify ways in which the Programme and drug treatment in prisons might be improved in the future to ensure that it continues to meet the needs of drug misusing offenders and continues to have a positive impact on crime reduction and on the communities affected by crime caused by drug misusing offenders.

Monitoring will also help to identify whether any specific aspects of the Programme are impacting disproportionately on certain groups (such as those from black and minority ethnic groups or women) to enable any necessary action to be taken to mitigate that disproportionality.

The DIR collects valuable information for Monitoring & Research, particularly in relation to the Drugs Act 2005 provisions (required assessment – initial and follow-up); and in relation to treatment in prisons and ‘activity’ between Prison and the Community.

ANNEX C – Bibliography of established guidance documents on the continuity-of-care of drug misusing offenders

Aligning the Prolific and other Priority Offender (PPO) Programme and the Drug Interventions Programme (DIP) – May 2005

CARATs Practice Manual (revised July 2009)

Clinical Management of Drug Dependence in Adult Setting. Including Psychosocial Treatment as a core part – 2006

Drug Interventions Record – completion guidelines and field by field guidance for the Drug Interventions Record suite of forms – April 2009

Drug Misuse and dependence UK guidelines on clinical management – 2007

End of Custody Licence – Guidance for CARAT Teams – June 2007

Integrated Drug Treatment System – the First 28 Days Psychosocial Support: the Model Framework Policy Document 2009

Managing Drug Misusers Under Probation Supervision – November 2007

NOMS Prolific and other Priority Offender – Information for Prison Drug Strategy staff – Policy and Practice December 2006

Prison Service Order 3550: Clinical Services for Substance Misusers

Prison Service Order 4615: Prolific and Other Priority Offenders Strategy

Prison Integrated Drug Treatment System – Continuity of care guidance (currently being updated - 2009)

Prolific and Other Priority Offender Strategy Premium Service - August 2005

Substance misusing clients with mental health problems – June 2008

Annex D – Description of stakeholder roles and responsibilities

The DIP process has been in place since September 2003 and is now a part of every prisons drug strategy. It follows established principles outlined in PSO 3630, PSO 3550 and PSI 3500. Within these parameters the following responsibilities are explicit to the DIP process.

Prison Governors (including Directors in contracted-out prisons)

Governors/Directors are responsible for:

- overseeing the initiative in their establishment; and
- delegating responsibility to a member of the senior management team to ensure that DIP procedures have been implemented and are working effectively in their establishment.

Interventions and Substance Misuse Group (ISMG)

ISMG is responsible for:

- providing advice and support to Regional Interventions Managers and establishments on operational aspects of DIP;
- assisting Regional Interventions Managers and establishments with the development of DIP procedures in line with this guidance;
- assisting Regional Interventions Managers and establishments to implement the recommendations of the any DIP reviews;
- attendance and support to each DIP/Prison clinics;
- maintenance and distribution of the Prison SPOC list;
- distribution of the Home Office SPOC list when received; and
- distribution of DIP related guidance/updates as required.

DOMS Office Regional Interventions Managers

The responsibilities of Regional Interventions Managers are:

- To provide information to ISMG on SPOC in prisons and promptly advising of any changes;
- to engage with local DATs with regards to the DIP planning process;
- to ensure inter-agency protocols are set up and adhered to at a local level and that the infrastructure is in place for interagency liaison;
- to ensure a consistent and coordinated response in their area;
- to ensure needs of women, high security, and young people over the age of 18 are addressed in their area; and
- to ensure attendance at the relevant DIP/Prison clinics.

Prison Healthcare (part of prison Substance Misuse Team)

Healthcare will be responsible for:

- screening on reception to identify offenders who have a history of drug misuse;
- with the consent of the prisoner, initiating the DIR (sections 1-6) and referring immediately to the CARAT team those who are identified;
- using information received from CJITs to feed into the assessment process;
- liaising with the CARAT team to set up a working protocol to ensure consistent delivery of drug treatment services to those offenders that require them;
- addressing clinical needs of substance misusing offenders e.g. detox as outlined in PSO 3550 and Clinical Management of Drug dependence in the adult prison setting;
- on a daily basis, ensure that CJITs Referral information is passed to the CARAT team when received by Healthcare;
- forwarding to the CARAT team any additional information that may be relevant;
- liaising with the CARAT team and CJITs when community prescribing is indicated in order to ensure continuity of clinical care; and
- working in line with PSO 3550 Clinical Services for Substances Misusers, Clinical Management of Drug dependence in the adult prison setting and PSI 3500 Promotion of Healthcare: The Protection and Use of Confidential Health Information in Prisons and Interagency Information Sharing.

CARAT Teams (part of prison Substance Misuse Team)

CARAT teams will be responsible for:

- taking the lead for case management of drug treatment needs of offenders whilst they are in custody;

- undertaking Substance Misuse Triage Assessment (SMTA), Comprehensive Substance Misuse Assessment (CSMA), care planning and offering harm minimisation information as appropriate;
- informing other prison departments that offenders have agreed that information can be shared with the local CJIT for continuity of care purposes in order to facilitate the objectives of this guidance;
- encouraging offenders to give consent to the sharing of information with OMs and/or PSR authors;
- liaison with PSR authors with regard to substance misuse and related needs that may inform the report;
- liaison with OMs early in sentence and prior to release (and ongoing contact during sentence if required);
- marking the front of CARAT files as DIP for all those offenders have agreed that information can be shared with the local CJIT for continuity of care purposes;
- liaison with all internal departments to set up a referral system;
- using the DIR as a minimum basis to refer out to CJITs. At the same time informing CJITs of: -
 - release dates and HDC dates;
 - care-plans for every referral; and
 - inter-prison transfers
 - release plans;
- checking daily through LIDS the 'Discharge List' for the previous day to ensure that no prisoners have been transferred, or released without notification to the CARAT Team. CARAT teams may not be notified of transfers or releases for operational and security reasons;
- interfacing with CJITs and informing them of any significant milestones in treatment;
- providing all CJIT referrals with release planning at least six weeks prior to release, if timing permits;
- ensure release planning is carried out in partnership with CJITs, OMs and others involved in resettlement; and
- where appropriate and time allows informing and inviting CJITs and other relevant parties to Care Plan reviews and release planning meetings.

Criminal Justice Integrated Teams (CJITs)

CJITs are responsible for the provision of the services outlined below in the community in line with the NTA Models of Care for Treatment of Adults Drug Misusers Update (2006), and deliver an enhanced Tier 2 service by offering the client ongoing support through case management arrangements in order to facilitate engagement in structured drug treatment. This includes:

- drug related advice, information and harm reduction interventions;
- triage assessment (including where appropriate through the Required Assessment provisions of the Drugs Act 2005 following a positive drug test), and referral i.e. for comprehensive assessment and structured drug treatment where appropriate;
- drawing up an initial care plan with the client following a triage assessment;
- access to prescribing services;
- provision of Tier 2 interventions (including brief psychosocial interventions e.g. motivational interventions) for those accessing or who have left treatment;
- provision of a 24/7 phone line for clients particularly targeted at those leaving custodial establishments and/or treatment;
- a single point of contact for referrals from professionals including criminal justice agencies, CARAT teams and treatment agencies;
- a case management approach using key working and care planning to ensure continuity of care;
- access to structured treatment through local care pathways commissioned by the local DAT partnership;
- partnership work with Probation (Offender Managers) and Prison Healthcare teams / CARAT teams
- partnership with other relevant service providers to broker access to wraparound services such as housing, employment, rebuilding family relationships, peer support, education, life skills (e.g. finance management) etc,
- to address the individual's broader range of needs on and after release from custody, at the end of a community sentence and following treatment.

Probation - Offender Managers

The responsibilities of Offender Managers are to:

- ensure overall case management of those offenders in custody who will be on post custodial supervision on release;
- obtain information about assessments undertaken and substance related treatment interventions delivered in custody when preparing a PSR;

- liaise with CARAT teams to set up a working protocols to ensure consistent delivery of drug treatment services for offenders released on licence;
- ensure that when dealing with offenders who have agreed that information can be shared with the local CJIT for continuity of care purposes the CARAT Team in their treatment key worker role is kept informed of progress;
- work closely with the CARAT Team when preparing a drug-misusing offender for release and develop release plans. This should be done in conjunction with other key staff in the prison including Prison Probation Teams, personal officers or offender supervisors and should include discussions about the needs of any licence conditions;
- instigate recalls in consultation with other agencies involved in delivering part of the sentence plan e.g. CJITs. If the offender is recalled and has a substance misuse issue the OM should liaise with the relevant CARAT team and pass on any relevant information regarding substance misuse issues; and
- for those who were subject to a DRR and subsequently imprisoned - OMs should liaise, or ensure the treatment provider liaises, with the relevant CARAT team to pass on relevant information about drug treatment received whilst the offender was subject to a DRR.

Observation, Categorisation and Allocation Unit (OCA)

The responsibilities of OCA are:

- to ensure that the CARAT team are kept informed of transfers as soon as possible, within the constraints bounds of security requirements; and
- liaising with the CARAT team to set up a working protocol to ensure consistent delivery of drug treatment services to those offenders that require them.

Prison Resettlement Departments

The responsibilities of resettlement team are:

- to liaise with the CARAT team to set up a working protocol to ensure consistent delivery of drug treatment services to those offenders that require them;
- to ensure the CARAT team are kept informed about all release plans of DIP offender
- establishing responsibilities and identifying boundaries between CARAT teams and themselves; and
- wider communicating with the CARAT teams regarding the provision of resettlement needs.

Drug Action Teams (DATs)

Drug action teams (DATs) are the partnerships responsible for delivering the drug strategy at a local level. Drug action teams are partnerships combining representatives from local authorities (education, social services, housing) health, probation, the prison service and the voluntary sector.

The DATs ensure that the work of local agencies is brought together effectively and that cross-agency projects are co-ordinated successfully. DATs take strategic decisions on expenditure and service delivery within four aims of the National Drugs Strategy; treatment, young people, communities and supply. Their work involves:

- Commissioning services, including supporting structures
- Monitoring and reporting on performance
- Communicating plans, activities and performance to stakeholders

Government Offices

Government Offices make a regional contribution to the Government's aim to build a safe, just and tolerant society, protect the public and ensure the balance between the rights and responsibilities of individuals, families and communities is properly maintained. Government Offices also deliver the four key themes of the National Drug Strategy.

In supporting work to reduce crime, anti-social behaviour and the harm caused by drugs, Government Offices work with and monitor the performance of local Crime and Disorder Reduction Partnerships (CDRPs) and Drug Action Teams, promoting their joint working with Local Strategic Partnerships where appropriate. Government Offices also work with local authorities, the voluntary and community sector, and Local Strategic Partnerships in helping to build strong communities.

National Treatment Agency

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England. Treatment reduces the harms caused by drug misuse to individuals, public health, and community safety.

It is now in the front-line of a cross-Government drive to reduce the harm caused by drugs. Among the indicators that make up this new target will be a new measurement of the number of people in effective treatment. Our task is to improve the quality of treatment in order to maximize the benefit to individuals, families and communities.

The NTA works in partnership with national, regional and local agencies to:

- ensure the efficient use of public funding to support effective, appropriate and accessible local services
- promote evidence-based and coordinated practice, by distilling and disseminating best practice
- improve performance by developing standards for treatment, promoting user and carer involvement, and expanding and developing the drug treatment workforce
- monitor and develop the effectiveness of treatment.

Annex E – template of Alert Form

ALERT FORM

Date form completed:.....

| Client details |
|--|
| Name: |
| Date of Birth: |
| Prisoner Number: |
| Client <i>Criminal Justice</i> Status: <i>(Delete as appropriate)</i> Remand / Sentenced / Released |

| Prison / Community details |
|----------------------------|
| Name of Prison: |
| Prison Code: |
| Name of DAT: |
| DAT code: |

| Client court-of-origin details |
|---------------------------------------|
| Name of original court of appearance: |
| Date of original court hearing: |
| Initial release date: |

| Prison / Community contact details |
|------------------------------------|
| Name of Prison Key Worker: |
| Prison SPOC telephone number: |
| Name of Community Case Worker: |
| Community SPOC telephone number: |

CHANGE OF CIRCUMSTANCE

| ✓ | | |
|------------------------------|----------------------------------|--|
| 1. <input type="checkbox"/> | Change of release / court date | <i>Insert new date</i> |
| 2. <input type="checkbox"/> | Change of Key / Case worker | <i>Insert new Key / Case worker</i> |
| 3. <input type="checkbox"/> | Change of Prison | <i>Insert new prison and code</i> |
| 4. <input type="checkbox"/> | Change of court appearance venue | <i>Insert new court and code</i> |
| 5. <input type="checkbox"/> | Change of release status | <i>(Delete as appropriate)</i> From Remand to Sentenced / Released |
| 6. <input type="checkbox"/> | Client disengaged from treatment | |
| 7. <input type="checkbox"/> | Client re-engaged with treatment | |
| 8. <input type="checkbox"/> | Change of treatment delivered | <i>Insert details of change in treatment delivered</i> |
| 9. <input type="checkbox"/> | Change in release plan | <i>Insert details of change in release plan</i> |
| 10. <input type="checkbox"/> | Death | |
| 11. <input type="checkbox"/> | Other | <i>Insert details of any other change in circumstance</i> |

POST-RELEASE ACTIVITY

| | | |
|------------------------------|------------------------------------|--|
| 12. <input type="checkbox"/> | Did Client engage with CJIT? | <i>(Delete as appropriate)</i> Yes / No |
| 13. <input type="checkbox"/> | Has Client engaged with treatment? | <i>(Delete as appropriate)</i> Yes / No <i>If "Yes", insert details of treatment provided</i> |