

PATHWAY PRINCIPLES OF ACCESSING TREATMENT

This document sets out a “model” initial pathway for referral into treatment. The process then follows specific pathways outlined in the body of the document. Referrals into treatment, initial and comprehensive assessments should use the Southampton Common Assessment Tool, published and made available for use in May 2006. There is no reference to “family and carer” in this document. The reason for this is that family/carer falls within the “service user” or “client” framework rather than the treatment provider tiered structure.

REFERRAL

*Through self referral or any tier 1 service. Tier 1 services include:
GPs, Probation Service, Street Homelessness Prevention, Genito-Urinary Medicine Clinic, Health Visitors, Social Services Depts, Assertive Outreach Team, Working Women’s Project, Sure Start, Community Mental Health Teams, Housing Providers, Homeless Healthcare, Safe in Sound, Exodus City Limits, Tenancy Support Services, 3 D, H 2 O.*

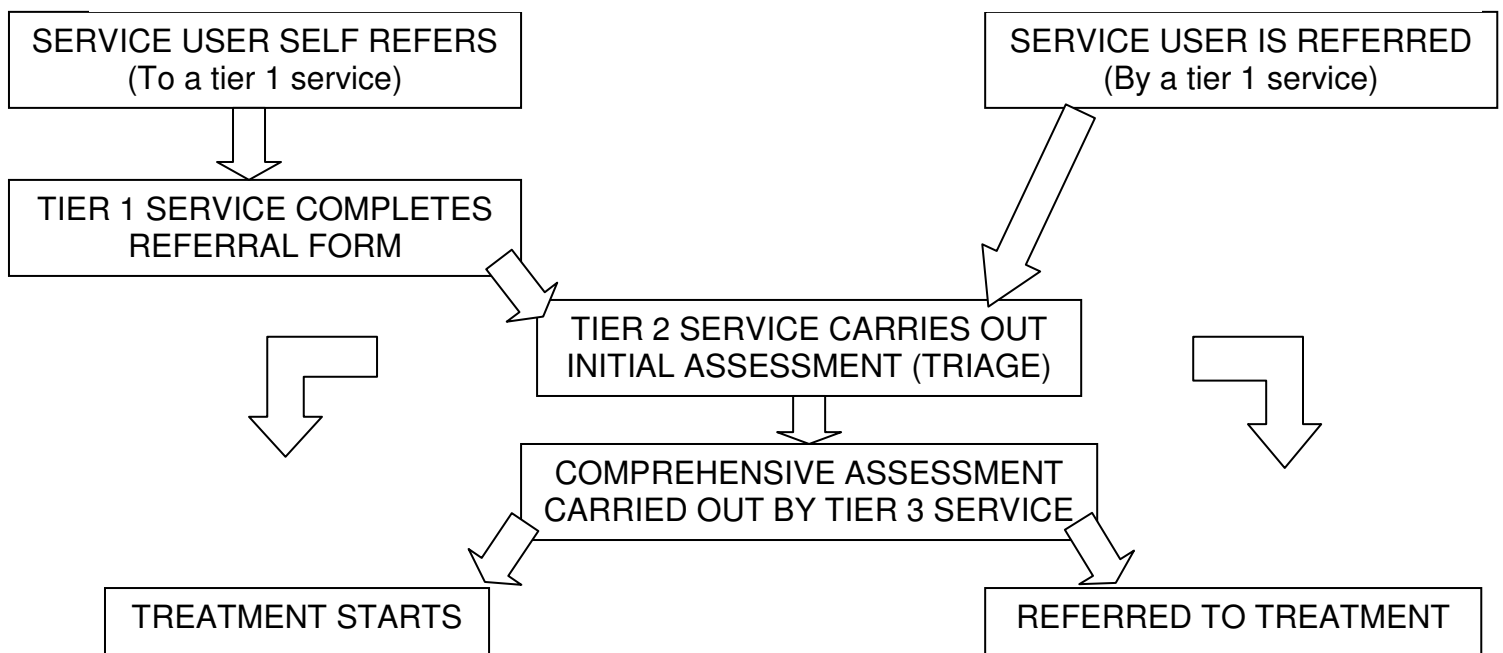
INITIAL ASSESSMENT (TRIAGE)

*The initial assessment or triage is an activity following the referral. It is designed to signpost future treatment. The initial assessment(triage) is a tier 2 activity
Tier 2 services currently are under development. Currently, the following are within tier 2:
Options (Advice and Information, Solution Focused Brief Therapy) ,
Children’s and Families Team Link Worker,
Society of St James (Open Access, Support, Domiciliary, Drug Arrest Referral Team),
No Limits, CARATS Teams (in prisons), Bargate (Drug Intervention Programme),
Parents Support Link, Harm Reduction (Needle Exchange) Service, User Group (Morph).*

COMPREHENSIVE ASSESSMENT

Comprehensive assessments are only necessary when a service user enters a treatment delivered by a tier 3 service.

The following are tier 3 services: New Road Centre provides mainstream prescribing, care management (accessing rehab), shared care. Options provide structured counselling. The Divert Project manages the treatment element of DRRs and is part of the DIP service. Society of St James offers structured aftercare (services to support people once treatment has ended) and throughcare (services to support people following any length of time in prison).

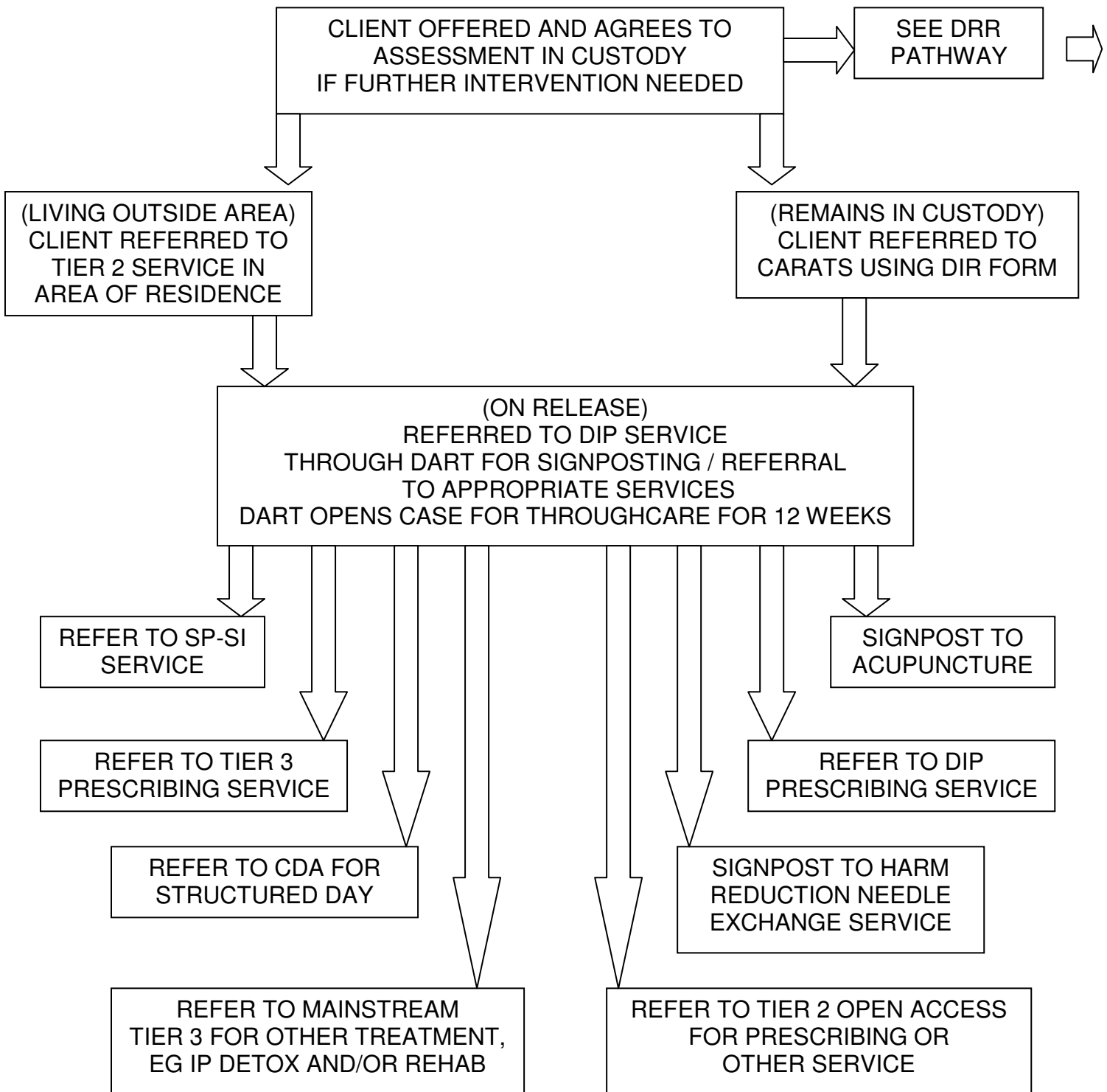


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PATHWAY DRUG INTERVENTION PROGRAMME (DIP)

There are a range of routes into drug intervention programmes. This document explores the pathway of an arrested person, seen in the first instance by the Drug Arrest Referral Team worker (DART)



PATHWAY

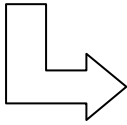
DRUG REHABILITATION REQUIREMENTS

IF IN CUSTODY

CLIENT OFFERED AND AGREES TO ASSESSMENT WHILE IN CUSTODY



IF PLEADING GUILTY AND FURTHER INTERVENTION IS NECESSARY, REFER TO PROBATION IF OASYS OF 4 OR MORE.

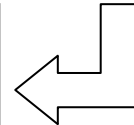


IF REMANDED ON BAIL

REFERRED BY COURT PROBATION OFFICER OR DRR PROBATION



LIASON WITH PROBATION DRR TEAM AND TREATMENT PROVIDER (DIP TEAM)



IF ON REMAND, ASSESSMENT MAY BE BY VIDEO LINK OR PRISON VISIT. PROBATION ROLE IS TO ASSESS FOR DRR SUITABILITY AND REFER TO DIP TREATMENT PROVIDER FOR COMPREHENSIVE ASSESSMENT.

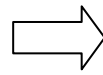
RECOMMENDATION BY DIP TEAM, AGREE HOURS, LENGTH & CONDITIONS OF DRR REFERRALS MADE TO OTHER TREATMENT PROVIDERS



DRR IMPOSED



COURT HEARING



DRR NOT IMPOSED



DIP TREATMENT ALLOCATES WORKER



DIP TREATMENT TEAM SIGNPOSTS TO VOLUNTARY TREATMENT OPTIONS

PROBATION OFFICER ROLE PROVIDES OSAP/ENFORCEMENT
DIP TREATMENT TEAM WORKER IS TREATMENT PROVIDER, INCLUDING OTHER APPROPRIATE TREATMENTS.



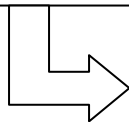
PLANNED CLOSURE
IF THERE ARE CONTINUING TREATMENT NEEDS, ARRANGE TRANSFER TO ANOTHER APPROPRIATE SERVICE



UNPLANNED CLOSURE
DRR REVOKED AND CLIENT RESENTENCED



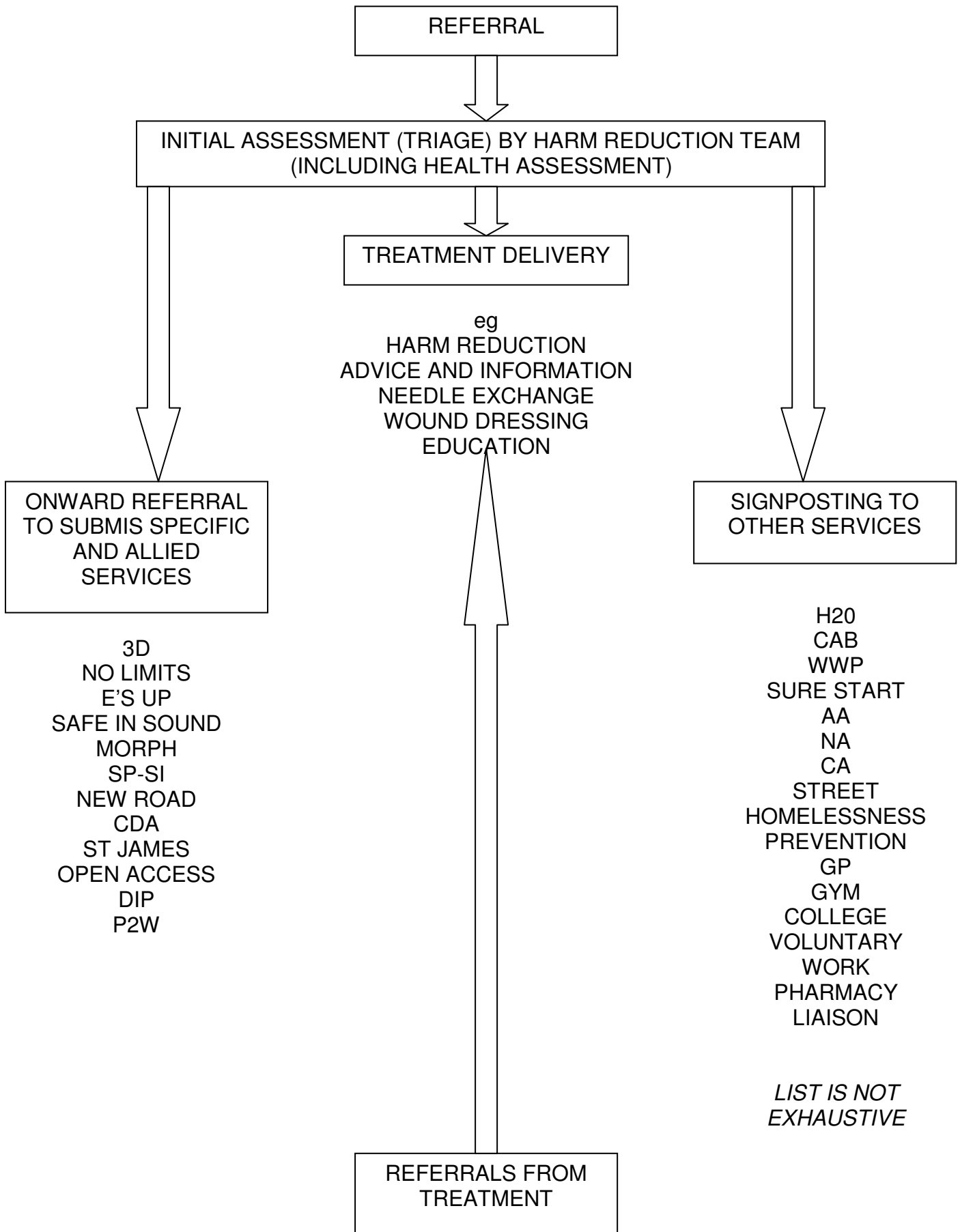
CASE CLOSED BY DRR TEAM



TRANSFERRED TO OTHER TREATMENT PROVIDER OR REFERRED TO TIER 2 FOR TRIAGE

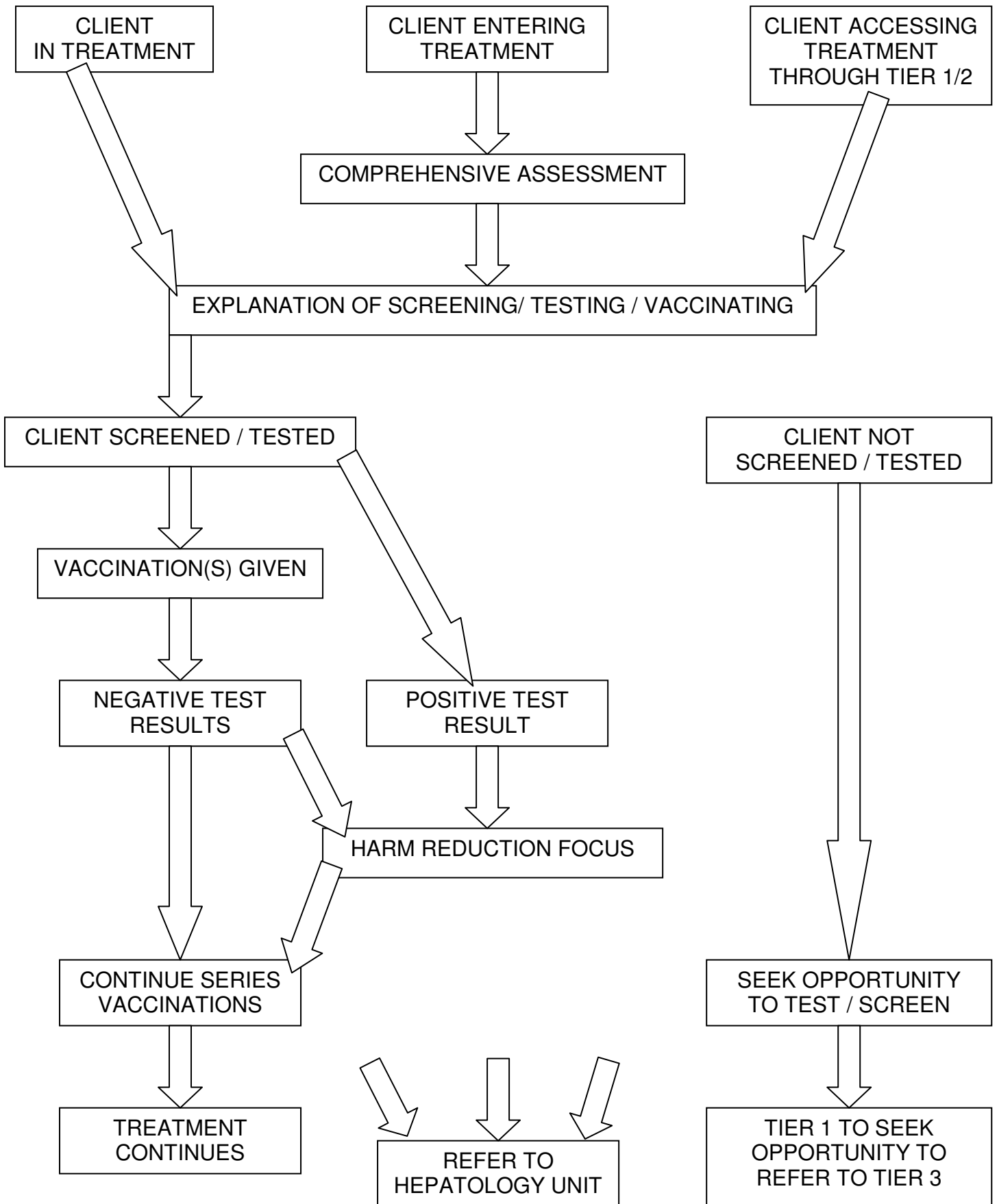
PATHWAY

HARM REDUCTION SERVICE



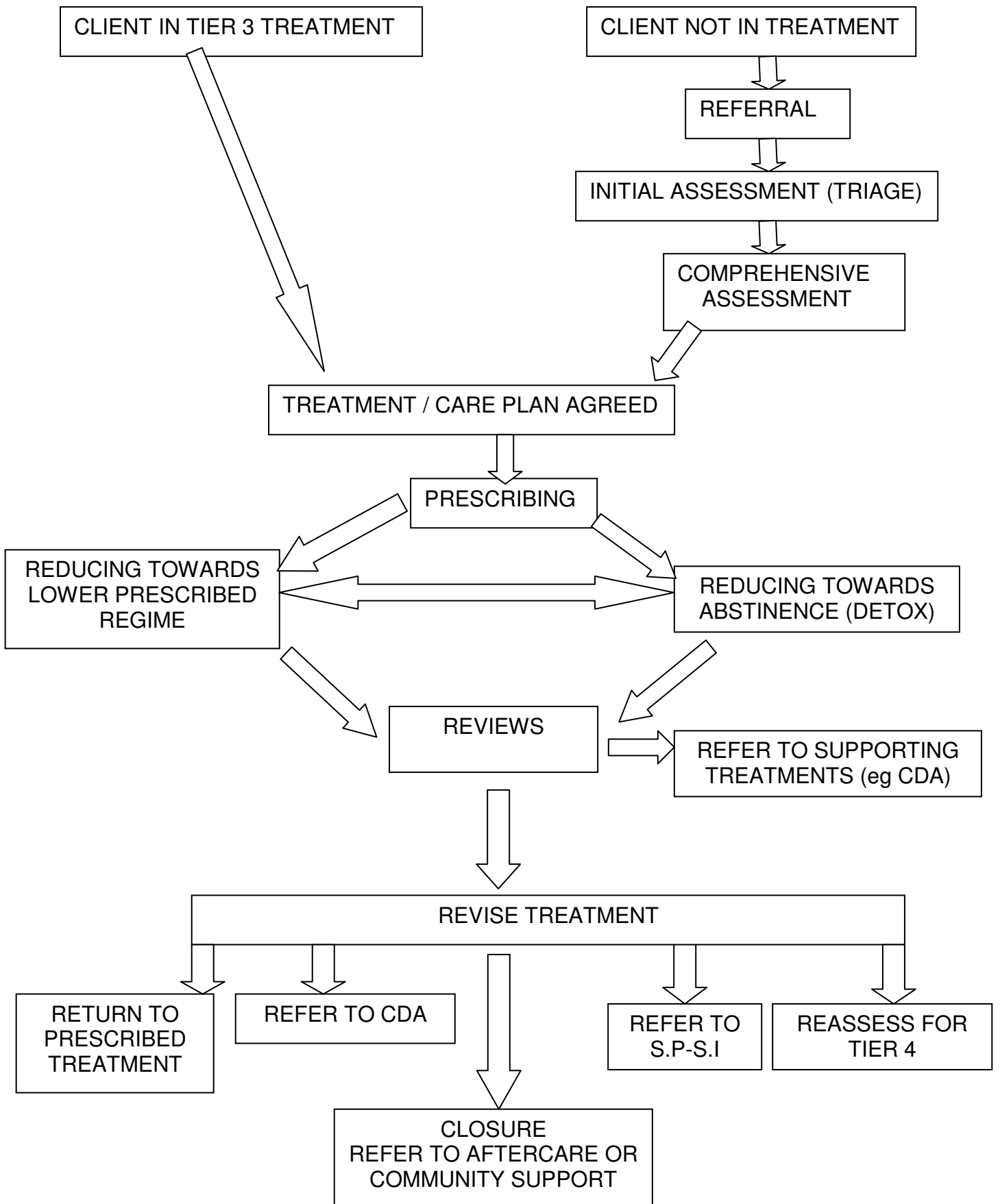
PATHWAY

HEPATITIS TESTING AND VACCINATING



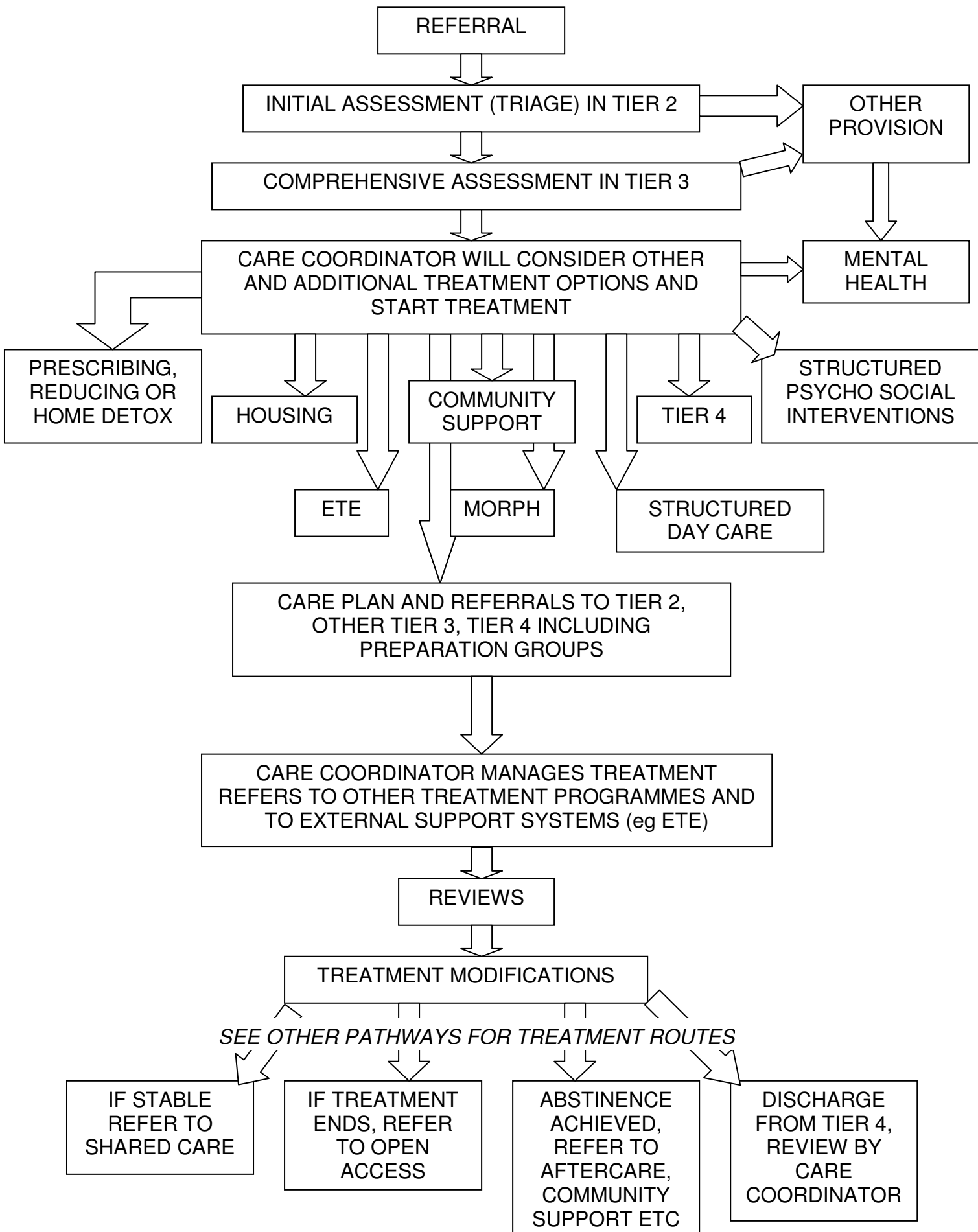
PATHWAY

HOME/COMMUNITY PLANNED REDUCTIONS (DETOX)



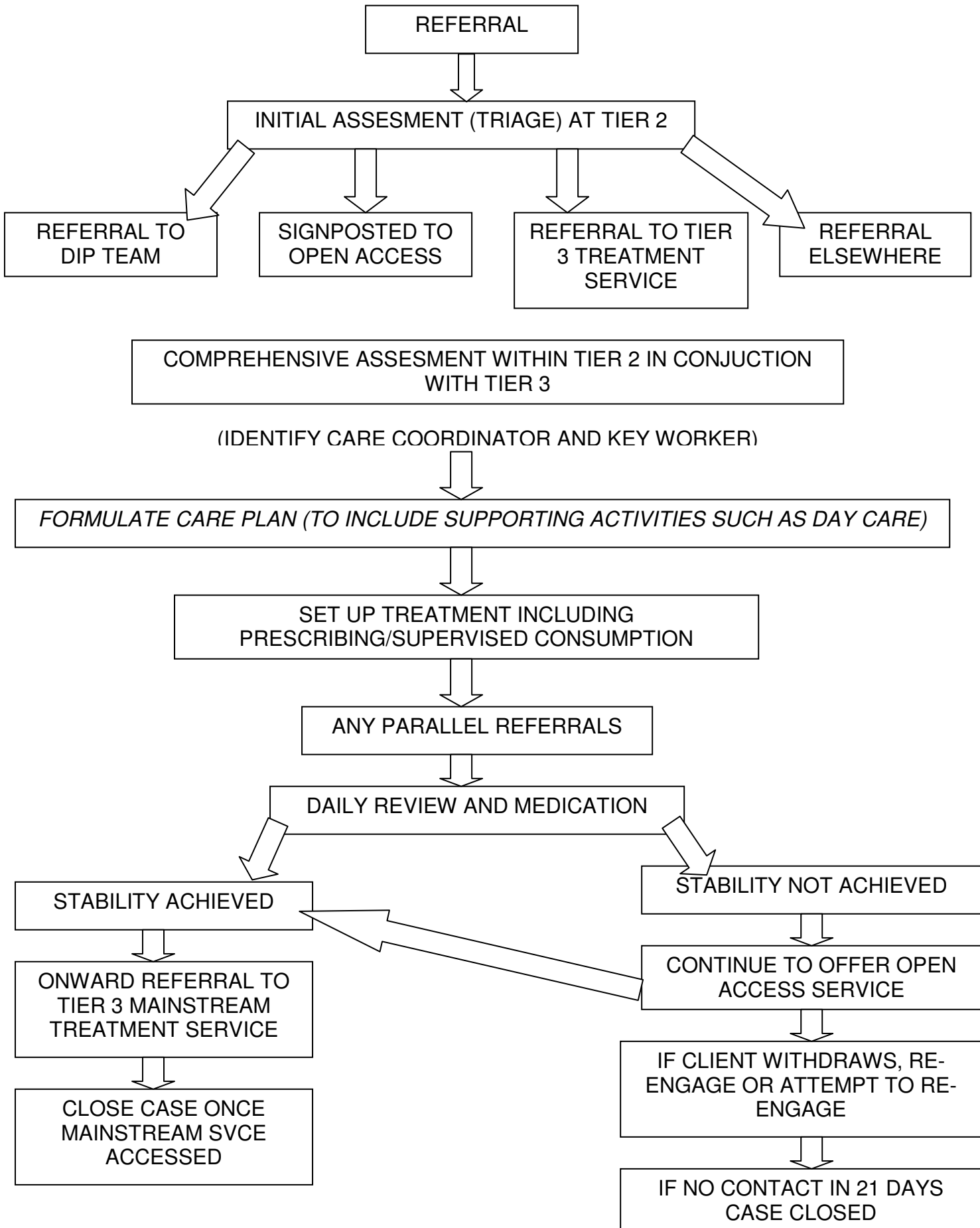
PATHWAY

MAINSTREAM TIER 3 SERVICES



PATHWAY

OPEN ACCESS SERVICE

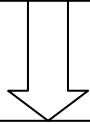


PATHWAY

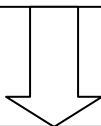
PLANNED RELEASE FROM PRISON

PREFERRED TO COMMUNITY DIP TEAM BY CARATS OR PRISON DRUG TREATMENT TEAM

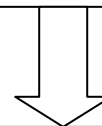
REFERRAL WILL BE DEPENDENT ON TREATMENT SOUGHT AND WHETHER THERE IS AN ISSUE OF PRESCRIBING CONTINUITY.



PRELIMINARY DECISION ON PREFERRED TREATMENT PRIOR TO RELEASE USING DIR, CAT AND ALL OTHER AVAILABLE INFORMATION



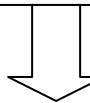
DRR (LIAISE WITH PROBATION)



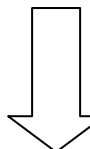
REFER TO DART FOR 12 WEEKS THROUGH-CARE



SIGNPOSTING AND REFERRALS TO COMMUNITY RESOURCES PRIOR TO RELEASE



(eg HOUSING AGENCIES, HOMELESSNESS TEAM IF NFA, MAINTENANCE OR OPEN ACCESS PRESCRIBING SERVICE, TIER 3 ASSESSMENT AGENCY FOR REHAB ASSESSMENT , HARM REDUCTION INTERVENTION , STRUCTURED DAY CARE PROVISION, STRUCTURED PSYCHO-SOCIAL INTERVENTIONS)



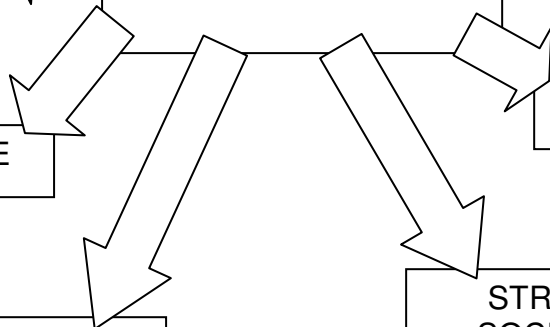
OPEN ACCESS SERVICE ← DAY OF RELEASE → DIP SERVICE

STRUCTURED DAY CARE

TIER 3 PRESCRIBING

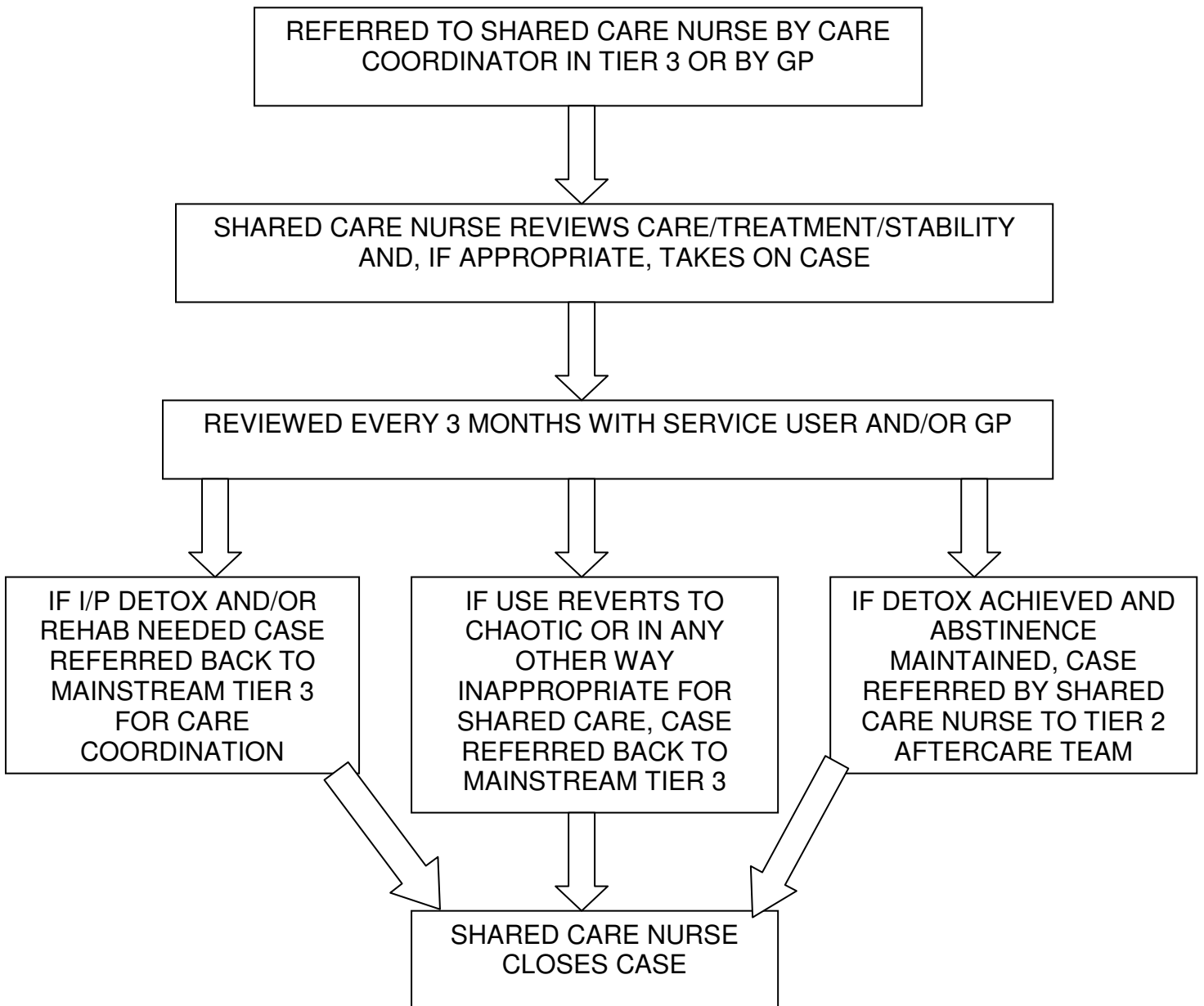
RESIDENTIAL REHAB

STRUCTURED PSYCHO SOCIAL INTERVENTIONS



PATHWAY

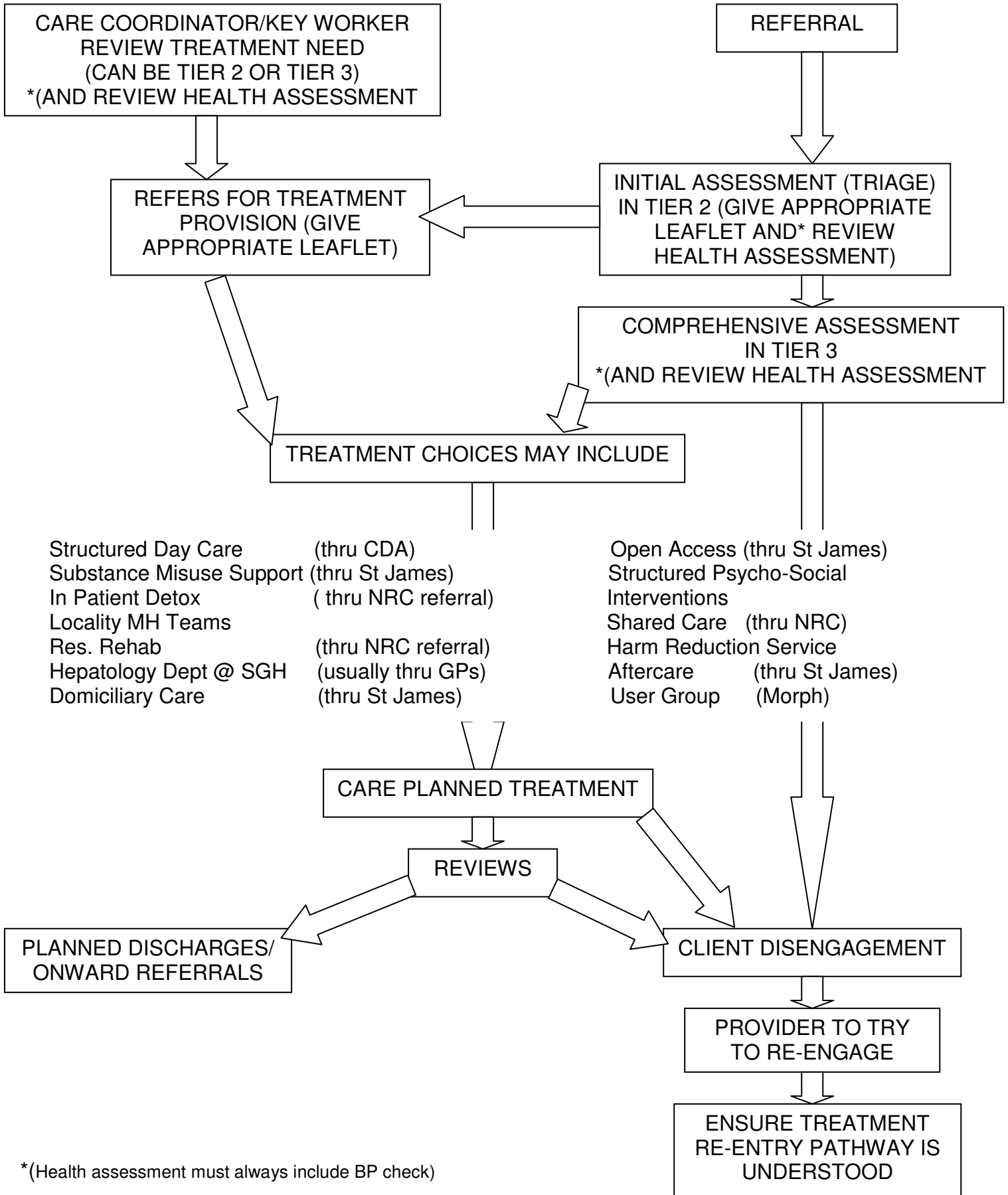
SHARED CARE (GP PRESCRIBING)



**PATHWAY
STIMULANT USERS**

IN TREATMENT

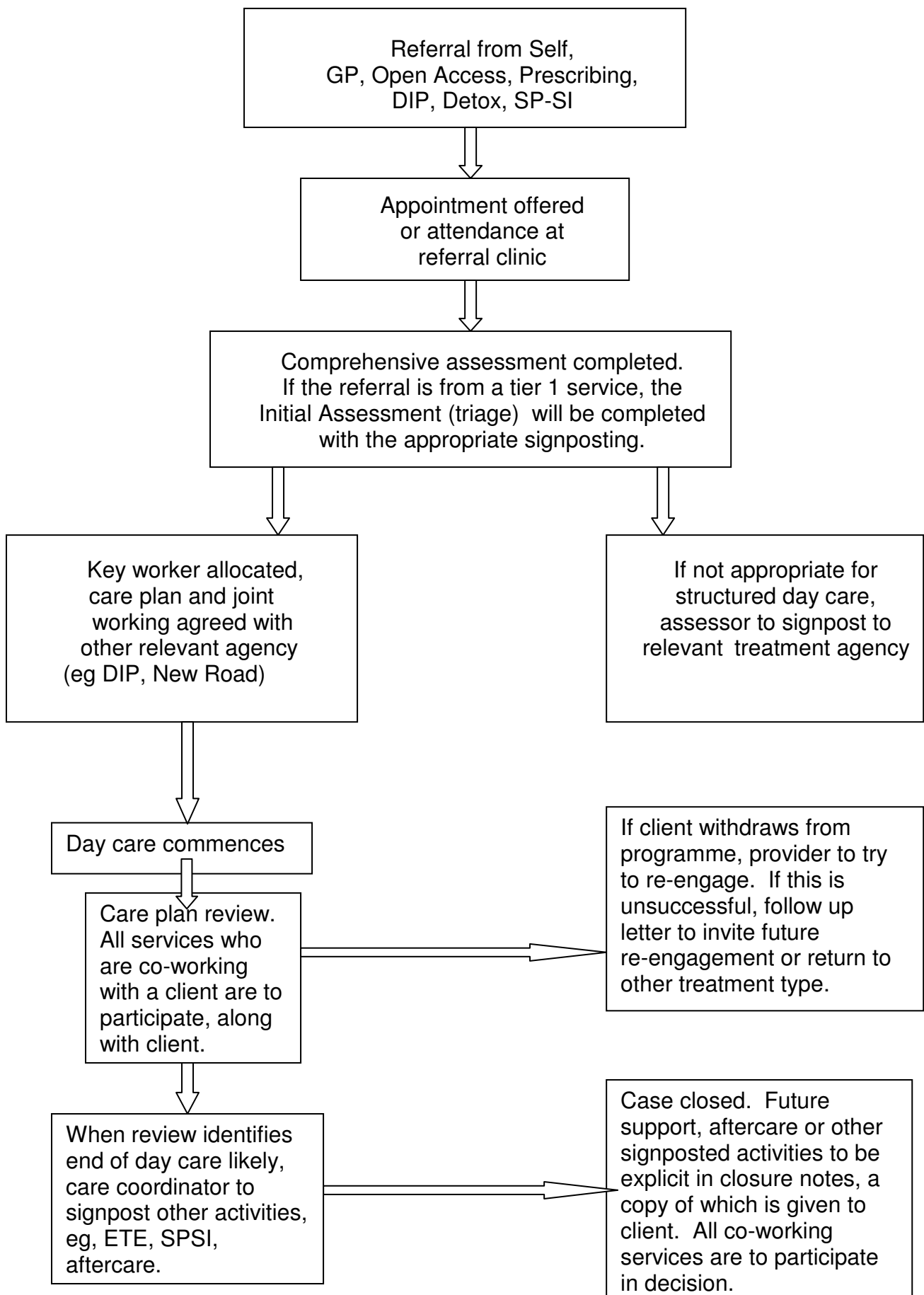
NOT IN TREATMENT



*(Health assessment must always include BP check)

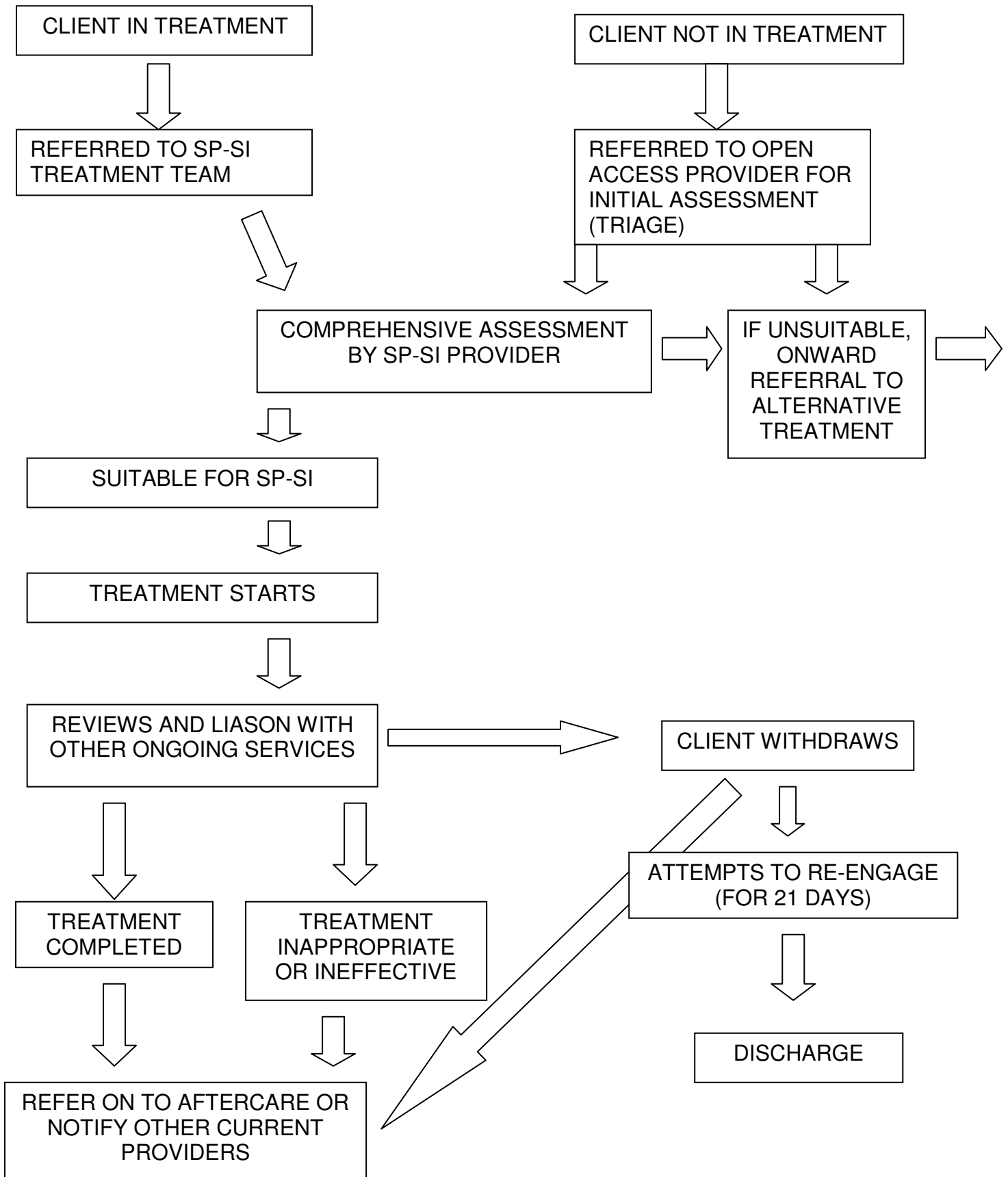
PATHWAY

STRUCTURED DAY CARE



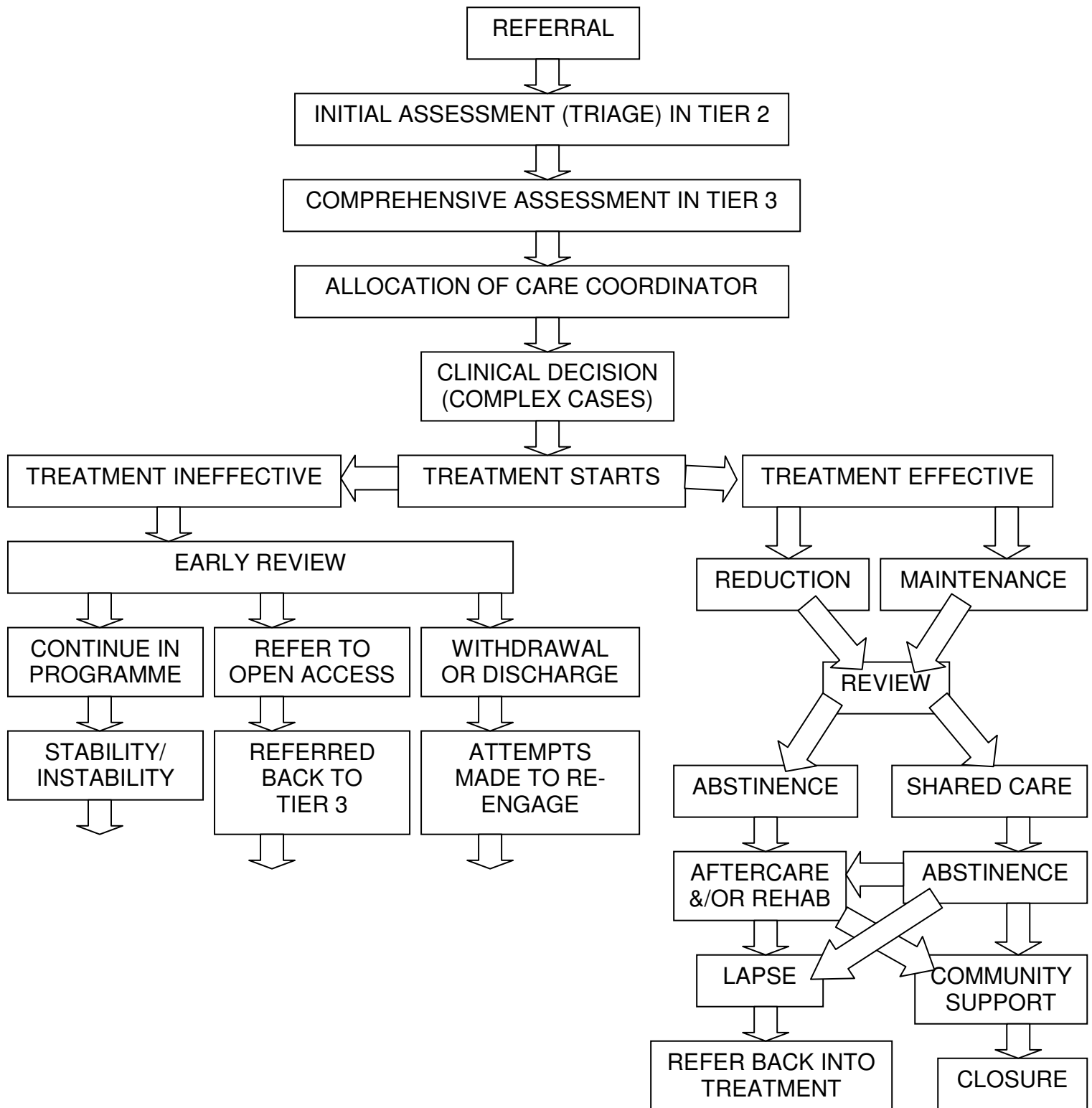
PATHWAY

STRUCTURED PSYCHO SOCIAL INTERVENTIONS (SP-SI)



PATHWAY

SUBSTITUTE PRESCRIBING



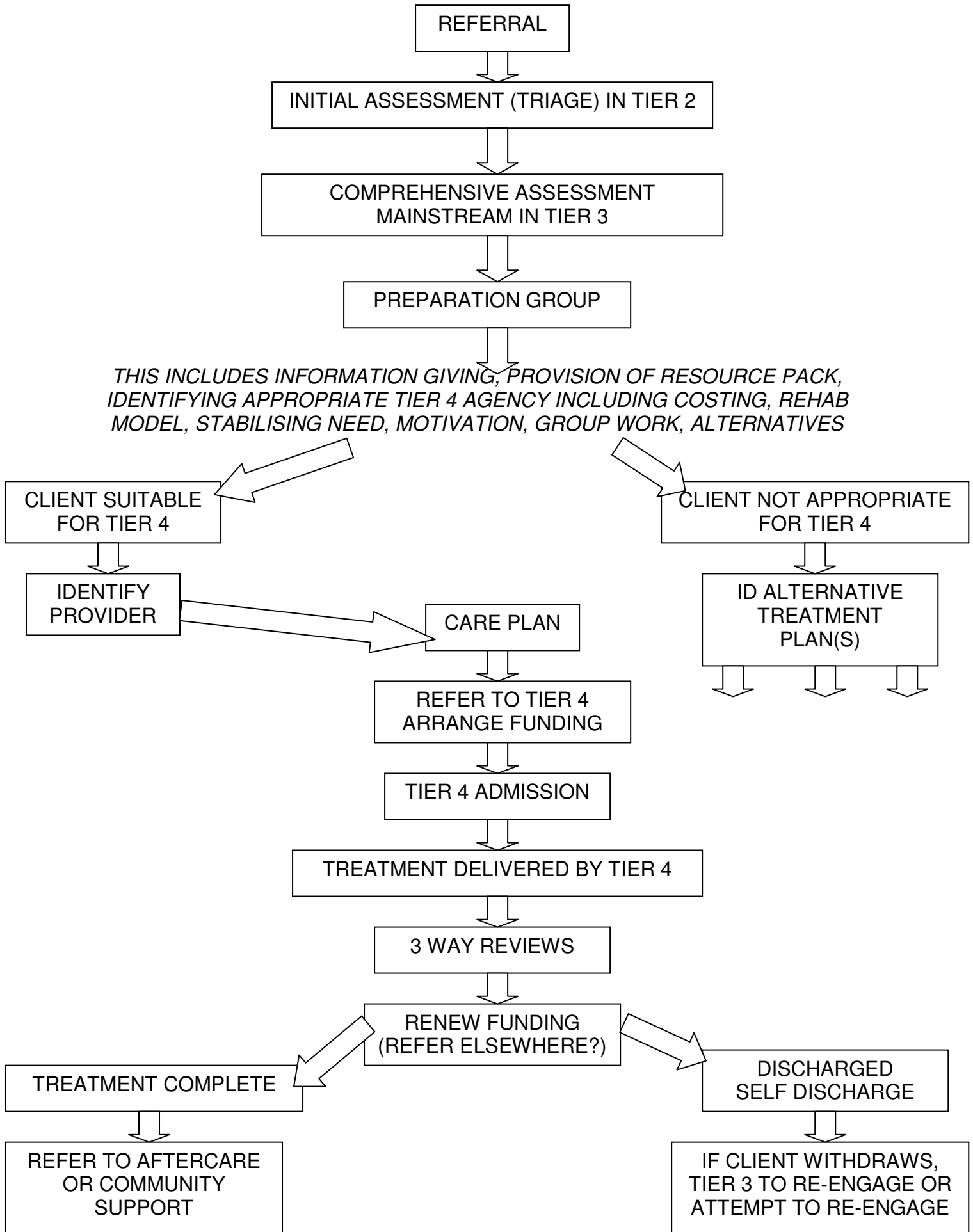
NB: The following activities are available for service users throughout treatment. They should be part of the care plan and may be made at any point throughout treatment from triage onwards Availability is subject to some degree of stability in treatment and appropriateness.

Structured Day Care	Open Access	Harm Reduction	User Group
Substance Misuse Support	Locality Mental Health Teams	Hepatology Dept	
Structured Psycho Social Interventions	Shared Care	Aftercare	
In Patient Detox	Residential Rehab	Domiciliary Care	

Referrals may be made or service users signposted to a number of other agencies when need is identified in the care plan. Housing agencies including Street Homelessness Prevention; Tenancy Support; Employment, Training and Education (ETE); CAB; P2W; GUM clinic; Health Visitors; Social Services Depts; WWP; Sure Start; GPs.

PATHWAY

FROM TIER 3 TO TIER 4



PATHWAY

UNPLANNED RELEASE FROM PRISON

There is an inherent difficulty forming a pathway for any unplanned activity which will be full of unknowns, whereas a treatment pathway will usually be reflective of a planned activity. That said, this pathway attempts to recognise some essential elements of this process. In the context of unplanned release from prison, it will most likely be the result of a bail decision, an unexpected sentencing decision (including acquittal or no case to answer) or a short notice or unplanned electronic tagging decision. Often the prison will be unaware of the actual release until after the event and will be unable to notify DART or the community team.

CARATS OR PRISON DRUG TREATMENT TEAM IDENTIFY PROBLEMATIC DRUG USER ON SENTENCE OR REMAND

INFORMATION ABOUT PDU FAXED OR E MAILED TO DART (FOR THROUGH-CARE)

DART FOLLOW UP RECEIPT OF INFORMATION, PASSING ON TO EITHER DIP TREATMENT PROVIDER (MAY BE RAPID ACCESS OR DRR TEAM), TIER 2 OPEN ACCESS TEAM OR MAINSTREAM TIER 3 TEAM.

WHEN IT IS KNOWN PDU HAS BEEN RELEASED FROM PRISON, THROUGH-CARE WORKER IS TO NOTIFY NOMINATED TREATMENT PROVIDER AND MAKE BEST EFFORT TO ENGAGE PDU WITH THAT PROVIDER.

TREATMENT TEAM TO REFER TO HOUSING PROVIDERS IF HOMELESSNESS HAS BEEN IDENTIFIED AS A NEGATIVE ISSUE LIKELY TO AFFECT TREATMENT.

DART ROLE IS TO INTERVENE, OFFER HARM REDUCTION ADVICE AND SIGNPOST TO APPROPRIATE SERVICES AND PROVIDE A HIGH LEVEL OF SUPPORT BOTH DIRECTLY AND THROUGH REFERRED AGENCIES. BEAR IN MIND THERE IS AN INCREASED RISK OF OVERDOSE DURING A LAPSE AFTER A PERIOD OF ABSTINENCE.

CLIENT ENGAGES IN TREATMENT

CLIENT / PROVIDER / DART REVIEW TREATMENT AND EITHER CONTINUE OR REFER ON TO APPROPRIATE PROVIDER

IF CLIENT DOES NOT ENGAGE, DIP TO ATTEMPT TO RE-ENGAGE.

IF RE-ENGAGEMENT UNSUCCESSFUL, CASE TO REMAIN OPEN FOR 21 DAYS