

Inter-agency Addiction Protocols

Blanchardstown

(I.A.P. Blanch)

*Four agencies co-operating and working together
to enhance area-based services for
current and former drug users*

Endorsed & ratified by the 'IAP Blanch'

Steering Group

December 2009

Part II

MISSION

The following statement is endorsed by partner agencies and staff as our joint mission in implementing these protocols:

“To ensure that service users progress to their full potential via harm reduction, self-development, care planned treatment, integration, training, education and employment opportunities, we, the participating agencies, will:

- Co-ordinate our services.
- Use common protocols in our work.
- Model our services on agreed best practice.
- Draw on our range of strengths.
- Collaborating with the Service User goals.

We will provide a continuum of service which encourages service user self-determination and which promotes equality, inclusion, progression and empowerment.¹”

¹ The term 'service user' is adopted as a generic term throughout the protocol pack. Other terms such as 'individual', 'client', 'customer', etc, are equally valid.

OBJECTIVES

The agreed objectives of the IAP Blanch are:

1. To enhance the services currently provided by participating agencies

- Creating a range of services which are service user-centred and which match the needs of current/former drug users
- Making service users aware of the range of services provided by participating agencies. This involves ensuring that staff are informed and appropriately trained.
- Increasing consistency and coherence in the approaches taken by participating agencies. This involves implementing common policies, protocols and staff training.

2. To increase communication and referrals between participating agencies

- Ensuring that service users have the opportunity to acquire accurate, up-to-date assessments of their needs
- Ensuring that unmet needs identified by service users of participating agencies can be managed by quickly referring to other agencies in the group, subject to the clear consent of service users. [Common information release forms are on Page ~ 53].
- Ensuring that service users get the most appropriate support and service, by sharing *relevant* service user information with other

participating agencies with the formal permission of service users governed by common confidentiality protocol [Page ~50].

- Increasing communication and referrals between participating agencies so that service users will have easier access to appropriate services through formalised and standardised systems

3. To increase inter-agency collaboration and to foster an integrated approach

- Improving communication between participating agencies and service users eg: Two & three-way meetings between agencies and individual service users
- Avoiding duplication of services
- Organising effective meetings, phone and electronic communication.
- Fostering joint initiatives including interagency care planning meetings.

4. To use a Interagency Coordination approach to service delivery

- Adopting the interagency coordination system, thus ensuring that one agency has overall responsibility for the service user's access to relevant services by referral to other participating [and other] agencies
- Developing a service user-centred approach aimed at enabling participating agencies to:
 - Be motivators for change

- Develop appropriate exit strategies collaboratively with individual service users
- Changing the interagency coordinator where appropriate as Service Users needs change on progression through the continuum of care.
(See The Progression Map ~ page 47)

5. To monitor and evaluate the Initiative collaboratively

- Monitor and evaluate the approach systematically, with input from service users, frontline staff and managers.

NAMING THE PROTOCOLS

Throughout the initial process of collaboration to agree these protocols, themes emerged which were discussed and debated and honed into seven protocols. They form an initial framework and it is expected that over time they will be reviewed and improved upon.

- 1. Protocol on Interagency Coordination**
- 2. Protocol on Confidentiality and Information Management**
- 3. Protocol on Referrals**
- 4. Protocol on Communications**
- 5. Protocol on Multi-Agency Individual Care Plan**
- 6. Protocol on Problem Solving**
- 7. Protocol on Implementation, Management and Monitoring**

Protocol² on Inter-Agency Coordination

Protocol Objective:

Agreed by the four agencies participating in the IAP Blanch process, this protocol:

1. Provides a definition of the term “*inter-agency coordinator*” (here after referred to as IAC)” in relation to service provision for service users with current or historical problem drug use.
2. Establishes the responsibilities of the IAC

Protocol Actions:

- Improving coordination of service delivery
- Decreasing duplication of services
- Eliminating gaps in services
- Establishing a continuum of services based on the assessment of service users’ needs
- Assisting service user progression, by motivating service users to engage with and progress through the services of relevant participating agencies

² Protocol for purpose of this document means “code of professional conduct”

Definition:

The term “inter-agency coordinator” refers to *the participating agency which at any given point provides a service user with core supports or services.*

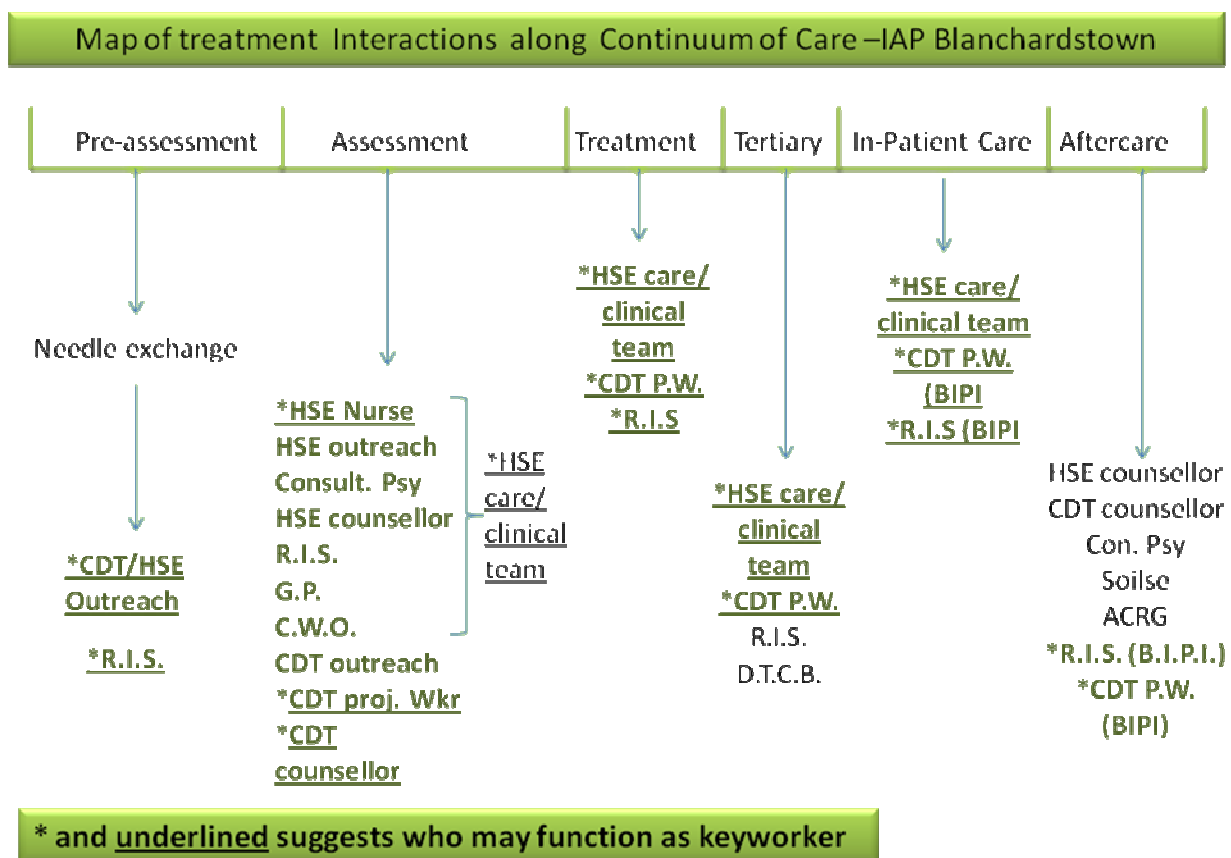
An inter-agency coordinator *assumes the most significant role in providing services and offering service coordination to service users.*

Establishing the Inter-Agency Coordinator

1. The I.A.C. will be chosen by the service user through [assisted] informed decision-making. Agencies may make recommendations.
2. Based on the Service User’s needs, the IAC will provide the service user with the necessary services, either directly or by co-ordinating the provision of services from other sources (see Blanchardstown Inter-agency Protocol Referral Criteria Page ~59).
3. The IAC will arrange three way meetings as are required to ensure the best possible care for Service User. Service Users or relevant Agencies may request three way meetings through the IAC.
4. It is acknowledged that relevant agencies will carry out different assessments which will complement each other in providing a co-ordinated and holistic approach.
5. Where appropriate, change of interagency co-ordinator will be agreed between the Service User and relevant Agencies.

Mapping Interagency Coordination

At different stages of an individuals treatment interactions with Services there are many possibilities for co-ordination of Service Users Care between the agencies and teams. In the following map the use of asterix will suggest possible staff roles who may best ‘keyword’ the delivery of Interagency Coordination.



Operating Coordination Protocol

Participating agencies will operate the Interagency Co-ordination Protocol as follows:

1. The Protocol will be explained clearly to each service user.
2. When determining where service users' needs can best be met, each participating agency will consider what the others can offer.
3. Prospective service users who have not been referred by other agencies will be asked if they are currently attending another service and if they have a designated key worker:
 - If the answer is negative the agency will explain the Co-ordination Protocol
 - If the answer is positive the relevant service will be contacted in order to:
 - Establish the level of contact
 - Determine which organisation is the more appropriate to act as IAC
 - This recommendation will then be discussed with the service user and if agreed, noted on the care plan.
4. Three way meetings will be arranged by the IAC when Service Users have particular needs or issues that need to be discussed/addressed. [Please see guidelines for 'Multi-Agency Meetings with a Service user' for guidance].
5. Participating agencies will use the **Inter-agency Initiative Referral Form** to make referrals between themselves.

6. Participating agencies and their staff will respect and comply with the **IAP BLANCH Confidentiality Policy** throughout these negotiations.
7. Changes to this protocol will be made only with the agreement of participating agencies.

Note

Participating agencies reserve the right to stop working with a service user when they deem it necessary.

This will be communicated to other agencies delivering services to the service user with the service users consent.

Protocol on Confidentiality & Information Management

Protocol Objective

All interagency co-operations require adherence to a shared Confidentiality Policy so that information appropriately serves the needs of service users, staff and agencies affording them protection.

It is agreed that staff in participating agencies:

- Agree to adopt and operate this Confidentiality Policy.
- Share a common understanding of confidentiality and especially, the limits to confidentiality;
- Adopt and apply common practical tools to implement this agreed Confidentiality Policy.
- Where there is transfer of clients information to another partner agency new consent needs to be secured.

Definition/Purpose of Confidentiality

- To hold safe, as an agency, any information shared by, or about a service user.
- To form a trusting and professional relationship with service users and to enable them to discuss and examine their activities in a safe and non-

judgmental environment, service users need to know that the information they give will be held in confidence.

Limits to Confidentiality

It is important to note that confidentiality can never be absolute and absolute confidentiality should never be promised to a service user. Such limits are necessary in the interest of public and/or individual safety.

Each participating agency must explain, at the beginning of contact with a service user, that confidentiality will be broken in the following situations:

1. A service user clearly indicates his or her intention to:
 - i. Die by suicide or cause self-harm
 - ii. Injure another person.
2. A service user reveals that they or another/s have abused or currently are abusing a person under the age of 18 years, physically, sexually or by neglect. [The agency will then follow the National Guidelines (*Children First*)³ in relation to reporting suspected child abuse.]
3. A staff member/agency is ordered by a court of law to submit a report or is subpoenaed to give evidence.

³ *Children First – National Guidelines for the Protection and Welfare of Children: Part II, Chapter 3 - Definition and Recognition of Child Abuse; Chapter 4 - Basis for Reporting and Standard Reporting Procedure.* 1999: Government Publications Office, Dublin.

I.A.P. BLANC Confidentiality Statement

[This document can be printed and copied for Service User]

1. Information about you which you give us, will not be shared with anyone outside the agency without your consent, except where there is a serious risk of harm to you or to someone else or if a staff member is ordered by a Court of Law. These exceptions are outlined clearly in the **IAP Blanch Confidentiality Protocol**.
2. If you give us permission to share information about you (by signing the *Release of Information Form*), we will only share what is essential to enable you to receive the most appropriate service.
3. We will tell you exactly what information is being shared about you and with which agencies.
4. Information will not be passed from one agency to another without your consent.
5. At any time, you may withdraw your consent, in writing, to the release of information about you.

Service User Signature: _____ **Date:**

Agency Staff Signature: _____ **Date:**

Signature of Witness: _____ **Date:**

(If necessary)

I.A.P. BLANCH RELEASE OF INFORMATION FORM

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[To be accompanied by Agency Assessment Form]

[This document can be printed and copied for Service User]

As some of the information that agencies hold can be sensitive, the following consent records the shared understanding that the information which each agency holds is:

- Used fairly and legally
- Only used for the purposes for which it was collected
- Adequate, relevant and not excessive
- Correct and up to date
- Kept on record for as long as is needed
- Processed in accordance with a person's rights
- Stored safely.

Service User Name: _____ D.O.B.: _____

Address:

Agency _____

Contact Name: _____ Contact number: _____

I (name) _____ give my consent to my assigned key worker and the manager/coordinator of the above agency to release the following information:

to the following agency (please tick):

HSE Addiction Service Huntstown/Hartstown CDT

Mountview/Blakestown CDT Mulhuddart/Corduff CDT

Other (Agencies outside of the protocols):

Significant others List: _____

Please Note:

1. Information passed on to any of the above listed agencies must not be passed on to further organisations without my expressed consent.
2. I have been made aware of, and understand, my rights under Freedom of Information Act, 1997 and the Data Protection Act, 1988.
3. This release of information will remain valid from the date of my signature below and until such time as I choose to withdraw my consent to any or all of the above listed agencies.
4. It may be rescinded at any time upon my request to the manager/coordinator of the agency or to my assigned key worker.

Service User Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____

Withdrawal of Consent: The request to withdraw your consent should be put in writing (your keyworker/agency will help you with this, should you need it). This will be recorded on your file and attached to this original consent form.

Date consent withdrawn: _____

Signature of keyworker: _____

Operating this Protocol

Secure Storage of Information

All notes relating to contact between staff and service users will be held in a locked filing cabinet. This cabinet must only be used for holding service user files. Only workers who deal directly with service users and the manager/coordinator of the agency may have keys for the cabinet or access to the files.

Similarly where notes are retained on computer systems, these are closed systems that are protected by double entry security passwords and are only accessible to relevant staff.

Sharing information within each agency

Issues discussed between a staff member and service user may be discussed with other members of the team as appropriate and /or necessary. This provides workers with a forum to discuss in a professional manner, issues that may be difficult and complex for the worker (as well as for the service user) and allows the team to offer support and guidance to the worker. Service users indirectly benefit from the combined experiences of the team.

Sharing information by telephone

Staff members must be careful when dealing with telephone enquiries relating to service users as it is possible to identify someone as a service user without meaning to do so.

The staff member must establish the identity of anyone requesting information as many service users will not give permission to supply information, for example, to parents or partners.

Callers must be told that a confidentiality policy is in place and that direct information cannot be given. .

Sharing information with external agencies

Agencies will inform service users about the range of services available to them and will encourage the service user to make independent contact with other agencies. If the service user is unable to do so, the lead agency may act as broker. However, the agency may only disclose the information agreed with the service user on the signed *Inter-agency Initiative Release of Information Form*.⁴ Ordinarily, release of information is accompanied by Agency Assessment form.

⁴ See also *Inter-agency Initiative Protocol on Care Plan Coordination*.

If a staff member needs to discuss a service user with another agency, he or she must get the service user to sign a consent form for the release of the information **before** any discussion can take place.

For communication outside of I.A.P Blanch agencies, the professional who is transferring information will need to validate the trail of consent in order to ensure that the service user is giving consent for release of this information. Best practice recommends that the service user should view court or similar reports before release to a consented third party.

Service Users' Access to files

Service users and in some cases, their significant other/s have the right to view information/files relative to the service user. [See Freedom of Information Act, 1997; Data Protection Act, 1988., & individual agencies policy on filing systems.]

Protocol on Referral

Protocol Objective

1. To have clear agreed procedures for appropriate assessment and
2. Referral of Service Users between partner agencies, in order to serve their needs in a safe, confidential, efficient and effective manner.
3. To make available relevant information on a need to know basis for the appropriate crafting of care plans that meet presenting needs and therapeutic goals.
4. To minimise duplication and maximise ease of access to services.

Assessment

Best practice in pathways of Service User care hinge upon appropriate skilled assessment. Individuals who have been diagnosed as having a substance use disorder very often suffer with other conditions or problems at the same time. These additional difficulties can have a significant impact on the Service Users understanding and ability to cope with his/her presenting problem and on the fulfilment of his/her treatment goals.

Inter-agency work seeks to increase participation of Service Users in planning their care and to improve service user satisfaction. It should also reduce inconvenience for service users and wasteful overlap of resource expenditure through duplication of service delivery

A comprehensive assessment provides the basis for appropriate service provision including referral to other agencies. It is agreed that matching Service User needs with appropriate service delivery begins with a thorough assessment with the client to determine each client's service needs.

An agency assessment form must be completed **before** the professional IAP referral begins and will be accompanied by Release of Information Form [Page ~53].

Assessment information includes:

- Demographic information including client's contact details, electoral district, gender, culture, ethnicity, language, age at which left school.
- the extent, nature, and duration of Service Users opiate and/or other substance use,
- treatment, medical & mental health histories,
- current circumstances, psychosocial needs and functional status
- motivation to engage/comply with treatment
- Environmental supports outside the treatment services.

The sharing of assessment information allows referring agencies to provide a 'snapshot' of client history and current circumstances as useful tools in the referral process. (See Assessment tools in Appendix 111, page ~111)

A copy of the initial assessment should accompany a copy of the signed informed consent to release of information form and be forwarded to the agency that the client is being referred to. A future development in this regard may be a joint assessment form.

Community Drug Teams Referral Criteria

For purpose of appropriate assessment and referral Mulhuddart/Corduff, Hartstown/Huntstown, and Mountview/Blakestown CDT's require that Service Users must

1. be from the relevant catchment area, although people from outside these areas will be offered a service where possible
2. have an identified issue related to drug use, i.e. either use drugs themselves or be affected by the drug use of somebody they know

Each CDT has a distinct policy with regard to working with under-18 year olds. For prospective service users aged between 16 and 18 years, i.e., 16 and 17 year olds:

- not all services are available
- parental consent is actively encouraged
- advice and information may be provided without informing parents/guardians.

For prospective users under the age of 16 yrs,

- parental consent to access services is required
- not all services are available

- advice and information may be provided without informing parents/guardians.

HSE Addiction Service Referral Criteria:

For appropriate referral and assessment the HSE Addiction Service requires:

1. Self-referrals or referrals by someone acting on the person's behalf be from the relevant catchment areas of Mulhuddart/ Tyrellstown/ Corduff/ Mountview / Blakestown, Hartstown, Huntstown areas and the surrounding Dublin 15 areas. [See Access to the Addiction Services "3 Step Guide" [page~98]
2. Referrals are made to access counselling and medical methadone substitution interventions i.e. stabilisation, maintenance programmes and detoxification programmes which can be provided in an outpatient and inpatient setting, lofexidine detoxification, access to suboxone programmes and naltexone maintenance programmes, together with viral screening, health education, Hepatitis C Shared Care, Maternity Services Shared Care, Addiction Psychiatry assessment and treatment, Rehabilitation Integration services and Outreach services.
3. Referrals can be routed directly to Treatment / Satellite clinics or through the Outreach Workers and Needle Exchange Programmes.
4. Service users under 16 should be treated in a specialist setting/team. Under-18 yr olds can be referred to the "SASSY" Programme led by the Consultant Child and Adolescent Psychiatrist in Addictions. Where

possible, consent should be obtained for all treatment provided from the parent / guardian of the underage person.

5. Access to Emergency Addiction Treatment. Criteria for emergency treatment in HSE Addiction Services include:

- Major Physical Illness i.e. HIV, Sub acute bacterial endocarditis, terminal illness.
- Pregnancy.
- Psychiatric Illness, where a service user is suffering with a major and profound psychosis or depression.
- Under 18 service users.
- Service users with learning disabilities.
- Child Care issues.
- Other such as where individual members of the team deem the Service User to be an emergency post assessment and team discussion.

IAP Blanch Referral Form

[This form is to be used in conjunction with a telephone call. It can be sent by fax or post or with the service use.]

Note: [Not to be sent by email.]

Steps for Referral

1. Obtain service user's agreement
2. Make telephone call to receiving agency to agree appointment details
3. Fill out and fax or post referral form directly to the individual who took the appointment
4. For services with walk-in facilities where an appointment is not required, give the service user the contact details of the service i.e. the contact telephone number, the address and the opening times of the service and forward as above.

Service User Name: _____ D.O.B.: _____

Address: _____

Can the service user be contacted by post at this address? Yes No

Service User's phone numbers: Home: _____ Mobile: _____

Can the service user be contact at these numbers (Yes/No):

Home: Mobile:

Referral from: _____

Date of referral: _____

Referral to: _____

Reason for referral:

The initial appointment is for (please tick):

3-way meeting One-to-one with service user Other (please state)

Confirmed date, time and venue for appointment: if appointment has been made _____

Signature of referring agency staff: _____

Protocol on Communications

Protocol Objectives

1. To structure and maintain ease of communication and effective meetings between partner agency staff who coordinate referrals, care plans and key working for Service Users
2. to hold Service User needs at the centre of our communications
3. to enhance records and documentation of service delivery
4. to enhance accountability and minimise duplication
5. to enhance outcomes

It is agreed that all Communication between IAP Blanch Partner Agencies is bounded by the agreed Confidentiality Protocol and the completion of the Consent for Release of Information form.

Means of Communication

1. Referral forms, assessment forms, letters, telephone conversations etc.
2. Interagency meetings between the designated staff of the HSE and designated staff of the CDT in the absence of the service user. The absence of the service user maybe planned or unplanned.
3. Interagency meeting between the designated staff of the HSE and the designated staff of the CDT in the presence of the service user. This is

termed a “three-way meeting”, irrespective of the number of agencies involved and always includes the service user.

Aims and Purpose of Interagency Communication and Meetings

1. To ensure service user involvement where possible
2. To foster a co-ordinated approach among participating agencies
3. To assist in building relationships between all involved.
4. To ensure effective communication between agencies
5. To ensure the avoidance of overlap between service providers
6. To enable a smooth progression route for service users through the range of required services, especially when the service users’ needs are being met by more than one agency.
7. To establish/ Clarify / Review a service user’s care plan

Process of Interagency Meetings

1. HSE and CDT’s recognise and encourage advocacy and involvement of Service User selected advocate who can be involved in such protocol meetings.
2. Any representation needs to be agreed prior to meetings with the Interagency Coordinator.
3. At the beginning of the meeting, it is important to clarify the purpose and rationale for the meeting e.g. Is it for referral, change of Interagency Coordinator, conflict resolution review of progression of care etc.

4. It is important that the service user has the opportunity to outline any concerns that they may have.
5. The Interagency Coordinator is maintained or changed as appropriate to the care pathway.
6. Following discussions an agreed treatment / care plan is agreed and recorded
7. A date for review of the service user's Care plan is arranged

Outcomes

- The outcomes of all meetings will be documented in the care plan

(See *IAP Blanch Multi-Agency Individual Care Plan* Page ~ 74)

Protocol on Multi-Agency Individual Care Plan

Protocol Objectives

Whereas agencies have their own care plans suited to working with their particular service user group, it is agreed that a *Multi-Agency Individual Care Plan* will serve as a record of the Service Users plan, facilitating inter-agency communications and Service User progression. This Plan will be reviewed with the Serviced User by Co-ordinating Agency on an agreed timescale not less than twice yearly. Should there be a change in the Co-ordinator of the plan to another lead agency this will be formally recorded in the care plan and documentation will be transferred accordingly.

For each Service User who is engaged with partner Services a *Multi-Agency Individual Care Plan* will be completed by partner agencies in consultation with Service User when the Interagency Co-ordinator has been decided or it is appropriate to initiate multi-agency meetings to progress Service User Care (see IAP Blanch Protocol *on Communications*).

The following is the agreed format for a *Multi-Agency Individual Care Plan* which will detail actions agreed and progress of the plan with involvement of the Service User.

IAP Blanch Individual Care Plan

(This Document can be printed for use with Service Users)

Service User Details

Service User Name: _____

D.O.B.: _____

Address:

Telephone No: _____

Interagency Co-ordinator _____

Agency: _____

Date of first contact: _____

Agreed Review date: _____

Checklist:

- Assessment Complete
- Confidentiality Statement Signed
- Release of Information Form Signed
- Referral Form.

IAP Blanch Care Plan - Action Sheet

[To be used by Keyworkers who update the Multi-Agency Plan]

Service User Name: _____ D.O.B.: _____

State action to be undertaken.	By whom?	When?	Outcome?
1.			Date: _____ Signed (Service user): _____ Signed (Staff): _____
2.			

				Date: _____ Signed (Service user): _____ Signed (Staff): _____
3.				Date: _____ Signed (Service user): _____ Signed (Staff): _____
4.				

				<p>Date: _____</p> <p>Signed (Service user): _____</p> <p>Signed (Staff): _____</p>
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Multi-Agency Individual Care Plan - Action Sheet

Service User Name: _____ **D.O.B.:** _____

State action to be undertaken.	By whom?	For when?	Outcome?
1.			Date: _____ Signed (Service user): _____ Signed (Staff): _____
2.			

				<p>Date: _____</p> <p>Signed (Service user): _____</p> <p>Signed (Staff): _____</p>
3.				<p>Date: _____</p> <p>Signed (Service user): _____</p> <p>Signed (Staff): _____</p>
4.				

				<p>Date: _____</p> <p>Signed (Service user): _____</p> <p>Signed (Staff): _____</p>
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Multi-Agency Individual Care Plan – Review Sheet

Service User Name: _____ **D.O.B.:** _____

Date of Review: _____

Is the review:

One to one: Three-way-meetings:

Multi-agency:

Details of Review:

Present:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Location: _____

Items discussed and outcomes:

ITEM	OUTCOMES
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Inter-Agency Coordinator Handover

[For use where applicable]

In the event that there is agreement at the review to re-designate the lead agency, please indicate below:

Previous Inter-Agency Coordinator: _____

Agency: _____

Newly Agreed Inter-Agency Coordinator: _____

Agency: _____

Service User Signature (if present): _____

Date: _____

I am satisfied with the manner in which this review has been conducted and with the agreements that have been reached with my involvement and/or on my behalf.

Service User Signature: _____ Date: _____

Inter-agency Coordinator Signature: _____ Date: _____

Protocol on Problem Solving

Objective

To manage difficulties between staff members of participating agencies as may arise during implementation and operation of the protocols.

Context

This protocol operates in the context that each of the four agencies engaged in these Interagency Addiction Protocols has fundamental respect for the professional practices used within, each of the agencies involved in the together with their respective ethos, aims & objectives.

Purpose

The purpose of this protocol is to ensure that frontline staff members have clear means by which to raise and solve issues of concern regarding any difficulties encountered with, staff of other participating agencies during their use of the Interagency Protocols.

Protocol

1. The staff member will in the first instance, address and resolve the matter with the party with whom she/he has the issue/difficulty. (Stage 1)

2. When Stage 1 (above) does not achieve a satisfactory solution, the staff member will raise the matter with his/her line manager in supervision (Stage 2). The line manager will support/assist frontline staff to address and resolve the matter.
3. When resolution is not possible at this stage the matter then proceeds to Stage 3 where the manager of the dissatisfied agency will contact the manager of the agency with which there is a difficulty and seek to address and resolve the matter with him/her directly. This is to be done within 10 working days of the line manager being made aware of the difficulty.
4. The managers will agree a course of action and feed this back to the frontline staff members in their respective agencies. This will be done within 10 working days of both managers discussing the situation.
5. The manager of the agency that is experiencing difficulties within their own agency with regards to the workings and understanding of the protocols has the responsibility to re-embed with their staff at the earliest opportunity, the protocols and procedures.
6. The managers will note issues arising between participating agencies so that this information will inform the ongoing development of good/best practice.

Problem Solving Procedure

Stage 1



If agreement reached – no further action is taken but should be noted with line manager.



Stage 2



Line manager advises staff member on how to deal with issue. Staff member to act on this advice.



Stage 3



Action agreed

Managers feedback to staff members involved.

Protocol Objectives

Shared learning from experience has brought about the present initiative. To ensure effective changes in practice the objective of this protocol is to create simple and practical mechanisms for

- implementation of agreed protocols,
- setting standards
- monitoring and improving collaborative practice and protocols
- establishing time frames for joint review of practice and protocols

Implementation

To effectively implement the protocols participating agencies agree to:-

1. Train all relevant staff members in the content and procedures for implementation.
2. Oversee and line-manage the ‘buy in’ of staff members in respect of these protocols
3. Record data on agreed Monitoring form evidencing the implementation of these protocols on a monthly basis
4. Reflect on and evaluate the data so that protocols can be improved and developed through practice.

Standards

Each participating agency agrees to the protocols being the standard for interagency collaboration against which practice will be evaluated. Within respective agencies therefore, managers will address with staff the requirements to modify practice according to the protocols. Training and professional support within agencies is the responsibility of local managers.

Monitoring and Self-Evaluation

In order to monitor and improve collaborative practice it is agreed that self-reporting and evaluation by staff members is the principal tool for gathering factual information. This will be done by:

Collecting statistical data relating to the use of protocols on a standard form (page ~86)

Summarising the benefits of their use in practice identifying gaps.

Procedures

1. Staff will use reporting template to record each month the activities related to interagency collaboration in respect of these protocols. These reports will be returned to local managers.
2. These monthly reports are then collated by agency managers and shared with managers of participating agencies.

3. Reports are then reviewed at IAP Blanch meetings on a bi-monthly basis.

The purpose of this meeting is to address emerging needs for development of improved protocols and problem resolution.

4. Each Partner Agency will nominate a manager to participate in this process.

Protocol Monitoring Form

[This form can be printed or copied electronically]

Date of data compilation: _____

Agency Information

Name of agency: _____

Name of person completing data return: _____

Position of person completing data return: _____

Contact number: _____

Agency referrals

How many referrals did you make to statutory/community service providers this month? _____

Protocol Referrals between statutory and community agencies this month

- a) No. of new clients this month that your agency referred to HSE/CDT
- b) No. of existing clients this month that your agency referred to HSE/CDT
- c) Of 'a' and 'b' above, which agencies were clients referred to

(tick as appropriate)

Hartstown Hunstown CDT new _____ existing _____

HSE North East new _____ existing _____

Mountview Blakestown CDT new _____ existing _____

Mulhuddart Corduff CDT new _____ existing _____

Joint working between CDT's and HSE

- a) Number of written referrals initiated by YOUR agency this month
- b) No. of clients 'handed over' by your agency this month as a result of three-way meetings (i.e. where your agency ceased to be the care plan coordinating agency)
- c) How many three-way meetings did your agency initiate this month?
- d) How many three-way meetings did your agency participate in this month?
- e) How many two-way meetings did your agency initiate in this month?
- f) How many two-way meetings did your agency participate in this month?
- f) No. of Multi-agency Care plans produced jointly between the CDT and HSE?
- g) No. of Multi-agency Care plan reviews completed between CDT and HSE?

Use of Protocols and Outcomes

(a) What were the main gaps in services for your clients that are not being met by protocol work between CDT/HSE in the past month?

(b) What changes would you propose making to the existing CDT/HSE protocols to overcome these limitations/problems?

(f) Are there other protocols you think should be developed between CDT/HSE to improve services for clients?

Conclusion

The work of the steering committee in drafting these protocols was greatly assisted by our Funders, Consultants, our Colleagues (who furnished the Literature Review) and all participating Staff and Managers. An enhanced service delivery through more effective collaboration between partner agencies will be the lasting acknowledgment of these valued contributions.

Appendix 1

Agency Services offered and contact information

Hartstown / Huntstown Community Drugs Team

Contact:

Elaine Moore, Coordinator

Hartstown / Huntstown Community Drugs Team

Unit D

Coolmine Industrial Estate

Coolmine

Dublin 15

Tel: 01 821 1385

Introduction

The Hartstown / Huntstown Community Drugs Team (H/H CDT) will endeavour through Education & Prevention Programmes to facilitate people in the area, to remain free from the misuse of drugs. And that those people who are misusing drugs be given every opportunity and support, to make informed decisions in relation to their drug use and to access treatment to become drug free.

Services offered

- Information & Advice.
- Holistic therapies including Massage, Counselling, Acupuncture, Aromatherapy and Yoga.
- Educational Programmes in the area of prevention.
- Liaison & Support Work.
- P2P Support Group involving Parents, Siblings and Spouses.
- Women's Group & Men's Group.
- Liaison with Judicial Services.
- Referrals and Assessments.
- Needle Exchange.
- Solas Clinic.
- Schools Programme.
- Summer Programme

Mountview / Blakestown Community Drug Team

Contact: Ger Supple, Coordinator
105 Coolmine Industrial Estate
Coolmine
Dublin 15
Tel: 01 821 9140

The mission of Mountview/ Blakestown Community Drug Team (M/B CDT) is to work with drug users, their families and the community, using a community approach to provide quality professional services which will support people in moving towards a drug free lifestyle.

The aims of the M/B CDT include:

- Establishing and maintaining links with those providing medical treatment for service users.
- Providing a caring environment where service users can identify the supports they require, helping to deal with their needs.
- Providing access to addiction counselling for service users.
- Providing recreational facilities for service users.
- Providing ongoing support and encouragement to service users dealing with their addiction.
- Setting up and maintaining a family support group.
- Providing quality professional and experiential skills, within all the services that are being developed and provided.

Services offered

Mountview/Blakestown Community Drugs Team offers a wide range of services, some in collaboration with other projects/agencies (marked with an asterisk*), including:

- Drop-In;
- Crisis Intervention;

- Homeless Support (food, meals, washing machine, shower facilities, referral to homeless accommodation and HSE Community Welfare Officer);
- One-to-One Support;
- Outreach (home visits, prison visits, hospital visits);
- Advocacy (regarding issues such as housing, criminal justice, social work, childcare, family, education, training, employment, general health, access to treatment and rehabilitation services, etc.);
- Community Welfare Officer (HSE)*;
- Health Promotion/Needle Exchange* (in partnership with HSE and local CDTs);
- Holistic Therapies (massage, acupuncture);
- Counselling* (partly in partnership with Genesis and HSE);
- Urine-Analysis Supervision;
- “Solas” Methadone Clinic* (in partnership with GP and other local CDTs);
- Inter-Agency Work* (Blanchardstown Inter-Agency Protocols Initiative (BIPI); Sub- and task groups of Blanchardstown Local Drugs Task Force, “Roofs” (homeless task group);
- Group Work
 - ‘Boxercise’ group;
 - Family Support Group, “Croí Cróga” (one-to-one support, counselling, acupuncture, massage, advocacy and referral, employment support, holistic therapies, respite weekends); and
 - Peer Education Harm Reduction Programme, “Word on the Street” (a peer education group for under-18s) [please refer to separate self-assessment for “Word on the Street”, BL2-4]; and
- Childcare services: (i) drop-in and (ii) structured sessional programme.

Mulhuddart / Corduff Community Drug Team Ltd.

Contact: Marie Mc Kay, Coordinator
Parlickstown House, Ladyswell
Mulhuddart
Dublin 15
Tel: 01 821 6601

The Mulhuddart/Corduff Community Drug Team provides a direct response to the drug problem by working in an integrated manner with:-

- Substance misusers
- Their families
- Those at risk
- The wider communities of Mulhuddart and Corduff.

The community drug team is the mechanism to deliver an all encompassing, effective, efficient and holistic service that is both pro-active and responsive in aiding community members identify and address substance misuse and to do so constructively by actively collaborating with community, state and voluntary agencies.

Services provided

1. “Arising” stabilisation day programme.
2. “Arising” community detox programme.
3. “Arising” aftercare programme.
4. Information and advice.
5. Crisis intervention.

6. Referral to:
 - a. Treatment services
 - b. Rehabilitation services
 - c. Detox services and all other services appropriate to client presenting needs.

7. Holistic therapies including:
 - a. full body massage
 - b. Indian head massage
 - c. Auricular Acupuncture Level 1 (six points)
 - d. Auricular acupuncture Level 11 (twenty points including Liver Wellness)
 - e. Relaxation, visualisation.

8. Liaison and support work with agencies appropriate to the service users.
9. Advocacy.
10. Education and information re: drugs with
 - a. Schools
 - b. Community groups and all interested parties.
11. Needs Assessments.
12. Key working.
13. Care planning.
14. Counselling.
15. Solas methadone prescribing clinic.
16. Health Promotion and Needle Exchange service.
17. Needle/syringe Pick up.
18. Family Support Group.
19. Sibling Support Group.
20. Summer/Winter outdoor activities.
21. Outreach, Home calls, street work.
22. Drop-in – Hot food supplied.
23. Aftercare support.

24. Buddy system/contacts – for those new in their recovery.
25. Applied Self image psychology.
26. Personal Performance coaching.

HSE Addiction Service

Contact: **Chairperson, Clinical Team**
 HSE Addiction Services

 LHO - Dublin North Central

 Ballymun Health Care Facility

 Ballymun

 Dublin 9

The HSE Addiction Service in the greater Blanchardstown area provides Clinical and Integration Services under the 5 Pillars of care provision as in our National Strategy.

Approaches to Drug Treatment

Drug treatment is one of the four pillars of the National Drugs Strategy. The objectives of the Strategy in relation to treatment are as follows:

“To encourage and enable those dependent on drugs to avail of treatment with the aim of reducing dependency and improving overall health and social well being, with the ultimate aim of leading a drug-free lifestyle and to minimise the harm to those who continue to engage in drug-taking activities that put them at risk.” **National Drugs Strategy, 2001**

Drug treatment has been defined as:

“A range of interventions which are intended to remedy an identified drug-related problem or condition relating to a person’s physical, psychological or social (including legal) well-being.” *Models of Care, 2002*

According to this definition of treatment, it is clear that the concept of treatment potentially includes a very wide range of interventions, which include but are not restricted to, medical interventions.

The main categories of treatment interventions are as follows:

- Information & Harm Reduction & health Promotion Interventions through Outreach and Needle Exchange
- Initial Assessment for treatment interventions
- Counselling Therapy
- Prescription of medication
- Local outpatient clinics (Mountview, Mulhuddart & Corduff)
- Inpatient Treatment and Rehab/Integration programs
- Stabilisation
- Maintenance
- Detoxification
- Rehabilitation and Integration Service
- Specialist interventions for Viral Illness, Pregnancy and Mental Health
- Referrals to other appropriate services
- Inter-Agency Coordination of Care as appropriate

Access to the Addiction Services

“3 step guide”

What is the Addiction Service?

The Addiction Service promotes a drug free lifestyle by providing prevention, treatment, rehabilitation and aftercare programmes to minimise harmful effects of substance misuse and prevent the spread of HIV/Hepatitis and other infections.

Our service is based on the following principles:

You will be treated with respect and dignity irrespective of:

- class
- gender
- age
- religion
- disability
- ethnic background
- health status
- sexual orientation
- marital/family status

We endeavour to work collaboratively with other statutory and voluntary organisations.

****Note:** If you are underage you can attend our services for your first assessment.

However, if you wish to receive treatment you will need the consent of a parent/guardian.

****You will be assessed by a member of the Adolescent Substance Misuse Team which is Consultant led.**

What is the difference between a Treatment Centre and a Satellite Clinic?

- Treatment Centres dispense methadone and other prescribed drugs on the premises. They are open 5 – 7 days a week.
- Satellite Clinics have specific opening times. You will be seen by a G.P. who will assess your needs and write you a prescription, if necessary. This prescription is then taken to a local Pharmacy to be filled.

3 Steps to Accessing Treatment / Services

Step 1. Referral

You can refer yourself, or someone acting on your behalf, can refer you to any of our services available in your area.

How?

Contact the Treatment Centre/Satellite Clinic to arrange your first assessment.

Or

Contact the Outreach Worker at any Clinic/Needle Exchange service who will give you the information you need in order to organise your first assessment.

Step 2. Assessment

Your first assessment is carried out by a Nurse. The information you give at this stage is used to ensure that you receive the treatment most appropriate to your needs.

What is treatment?

Treatment is the care you receive from the members of our clinical team to assist you in dealing with your addiction or any health issues you may have relating to your addiction.

Who are the clinical team?

The clinical team consists of:

- Outreach
- Nurse
- Counsellor
- G.P.
- Psychiatrist
- Pharmacist

- **CWO
- Specialist Nurses in Midwifery and Hepatitis C

**You also have access to the services of a CWO in some locations.

Step 3. And finally.....

In order for you to avail of our services and/or treatment you will need to meet certain requirements. These requirements will be explained to you at your first assessment.

The service you require will be offered to you at the earliest opportunity.

Other service(s) provided:

- Rehabilitation/Integration Service.
- Outreach Service
- Needle Exchange/Harm Reduction
- Health Promotion
- Treatment
- Counselling Therapy
- Methadone Detox
- Lofexidine Detox
- Methadone Maintenance
- Naltrexone Maintenance
- Primary Health Care
- Viral Screening
- Health Education

- Residential Detox
- Hepatitis C Shared Care
- Maternity Services Shared Care

Rehabilitation/Integration Service Provides:

- Assessment
- Planning
- Brokering/Advocacy
- Tracking for Training, Education, Employment and any other needs.

Prevention and Education

- Communities
- Schools

Treatment Centres

Beldale View, Old Belcamp Lane, Darndale, Dublin 17. Tel: 848 8951.

Cabra Clinic, 121 Broombridge Close, Ballyboggan Road, Dublin 11. Tel: 830 7051.

City Clinic, 108/109 Amiens Street, Dublin 1. Tel: 855 5310.

Domville House, Ballymun Road, Ballymun, Dublin 9. Tel: 862 0298.

The Mews, 224 North Circular Road, Dublin 7. Tel: 838 3852.

Wellmount Treatment Centre, Wellmount Park, Finglas, Dublin 11. Tel: 850 1400.

Satellite Clinics

Barry Centre, Unit 3, Barry Shopping Complex, Barry Rd. Finglas West, Dublin 11. Tel: 864 3811.

Bonnybrook Satellite Clinic, “Brookhaven”, Glin Road, Bonnybrook, Dublin 17. Tel: 877 0205.

Buckingham Street, 42 Buckingham Street, Dublin 1. Tel: 855 5311.

Coolock Satellite Clinic, c/o “Brookhaven”, Glin Road, Bonnybrook, Dublin 17. Tel: 877 0205.

Corduff Satellite Clinic, Corduff Health Centre, Corduff, Dublin 15. Tel: 821 1131.

Donabate Satellite Clinic, Donabate Health Centre, Donabate, Co. Dublin. Tel: 843 6079.

Donnycarney Satellite Clinic, Le Chéile, Donnycarney Youth & Community Centre,

Collins Avenue East, Donnycarney, Dublin 5. Tel: 831 4985 / 851 0378.

Edenmore Satellite Clinic, Edenmore Health Centre, Edenmore Park, Edenmore, Dublin 5. Tel: 848 0666.

Howth Satellite Clinic, Howth Health Centre, Main Street, Howth, Co. Dublin. Tel: 832 2984.

Kilbarrack Satellite Clinic, Kilbarrack Health Centre, Foxfield Crescent,

Dublin 5. Tel: 839 1221.

Mobile Clinic (Stops at Dr. Steevens' Hospital, Dublin 8 & Connolly Hospital,

Blanchardstown, Dublin 15).

Mountview Satellite Clinic, Mountview Health Centre, Shelerin Road,

Clonsilla, Dublin 15. Tel: 821 0703.

Mulhuddart Satellite Clinic, 10, Dromheath Avenue, Mulhuddart, Dublin 15.

Tel: 820 8440.

Swords Satellite Clinic, Swords Health Centre, Bridge Street, Swords, Co.

Dublin. Tel: 890 2200.

Thompson Centre, 53, Mountjoy Street, Dublin 7. Tel: 860 2000.

Outreach Service – Needle Exchange/Harm Reduction

Daily

Mountview/Blakestown

Mon/Tues/Fri

Community Drugs Team,

9.00 am–1.00 pm & 2.00 pm–5.00 pm

105 Coolmine industrial Estate

Fri: Open lunchtime also: 1.00 pm- 2.00 pm

Coolmine, Dublin 15

Hartstown/Huntstown

Wed/Thurs

Community Drugs Team

9.00 am-5.00 pm

Dublin 15

Mobile Unit

Empress Place 10.45 am-11.45 am

Ballymun 12.30 pm- 1.30 pm

*(Low dose clients only)***Monday****Howth Health Centre** 2.15 pm-4.30 pm

Main Street

Howth, Co. Dublin

Tuesday**Ballymun Healthcare Facility** 6.00 pm-8.30 pm

Ballymun Civic Centre

Main Street

Ballymun, Dublin 9

*(Nursing assessment available)***Summerhill Health Centre** 2.15 pm-4.30 pm

90 Summerhill, Dublin 1

*(Nursing assessment available)***Clancy Night Shelter** 7.00 pm-8.30 pmBlessington Street ***(Residents only)*****Wednesday****Chrysalis** 7.00 pm-9.00 pmBenburb Street, Dublin 7 ***(Female clients only)***

Hartstown/Huntstown 6.00 pm-8.00 pm

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Community Drugs Team

Dublin 15

(Nursing assessment available)

Thursday

Corduff Health Centre 5.00 pm-7.30 pm

Dublin 15

Friday

Clancy Night Shelter 8.00 am-9.30 am

Blessington Street (*Residents only*)

North Strand Health Centre, 2.15 pm-4.30 pm

North Strand, Dublin 3

Wellmount Health Centre 2.15 pm-4.30 pm

Wellmount Road

Finglas, Dublin 11

RASP / Darndale 2.00 pm-4.30 pm

Old Belcamp Lane

Darndale,

Dublin 17

Integration/Rehabilitation Services

Service Mobile No:

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Ballymun Rehab/Integration Service

Tel: 087/9972232

Axis Centre, Main Street, Ballymun Dublin 9

Dublin North East Rehab/Integration Service

Tel: 086/3805407

HSE Clinic, Brookhaven Family Resource Ctr.

Glin Road, Bonnybrook, Dublin 17

Blanchardstown Rehab/Integration Service

Tel: 086/3835069

22A Main Street, Blanchardstown, Dublin 15

North Inner City Rehab/Integration Service

Tel: 087/2425653

42C Lr. Buckingham Street, Dublin 1

Finglas/Cabra Rehab/Integration Service

Tel: 086/3835059

HSE Tolco Treatment Centre,

121 Broombridge Close, Ballyboggan Rd. Dublin 11

Keltoi, Phoenix Park, Dublin 20

Tel: 620 0040

Soilse, 6/7 Nth. Frederick St. Dublin 1

Tel: 872 4535

Soilse, 1/2 Henrietta Place, Dublin 1

Tel: 872 4922

Prevention/Education

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Talbot Centre, 29 Upr. Buckingham St. Dublin 1

Tel: 836 3434

Education Service, Phibsboro Tower, Dublin 7

Tel: 882 0300

Other Useful Numbers:-

Drugs / HIV Helpline

Tel: 1800 459459

(10.00 am-5.00 pm 7 days p.w.)

N.A. (Narcotics Anonymous)

Tel: 830 0944

(24 hour service)

Nar-Anon Helpline

Tel: 874 8431

(Support for family/friends of those affected by drugs)

Further Enquiries:

HSE Addiction Services

LHO - Dublin North Central

Ballymun Health Care Facility

Ballymun

Dublin 9. Ph: 846 7309

Appendix 11

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Fran Branfield Bed BA MA PhD.

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DipIPM Dip HSM MSc PhD.

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Appendix 111

HSE Addiction Service Assessment Forms

Initial Assessment/Assessment Template

This document is extracted from the DAIS, the Service's electronic Information System

Client ID Number:

Client Name:

Address:

DOB:

Start Date:

Discharge Date:

Previous Client ID Number:

Referred by:

How long injecting Opiates:

How long smoking Opiates:

No. or previous detoxifications:

Detoxification Type:

Previous Treatment Agency:

Reasons for leaving:

Current Methadone Treatment:

Dosage:

Previous Maintenance:

Urine Test requested

Urine Test Date:

Pregnancy Test Requested

Date of Pregnancy Test:

Result of pregnancy test:

Drug History

Tobacco:

Tobacco Amount:

Tobacco Frequency:

Age first Used:

First drug taken:
Ever Injected:
Age first Injected:
Injected last month:
Ever Shared:
Shared Last month:
How Obtained Needles:
Ever treated for drug Misuse:
Supports habit with:
Longest time drug free:
Drug Free from:
To:

Forensic History

Most serious charge:
Current Charge:
History of assault:
Details of convictions:
Number of times in Prison:

Risk Assessment

HIV Test:
HEP B test:
HEP C test:
Last Vaccination date:
Vaccination Type:
Place of Vaccination:
Unprotected anal intercourse:
Unprotected Vaginal intercourse:
Any STI's ever:

Advice Given

Needle exchange times and places:
Safer Sex:
Other (give details):

Medical History

Present medical status:
Past medical history:
Prescribed medication:

Mental Health

Seen by psychiatrist/psychologist/ psychotherapist

Psychology details:
History of Overdoses:
History of self harm:
Obviously intoxicated at interview:
General appearance/behaviour:

Proof of address provided:

Treatment Recommended:

Referred to team:
Assessment completed by:
Assessment created on:
Comments:

Drugs Used

Drug Type
Route
Duration:
Frequency last month:
Amount:
Unit:
First Used:

Drug type Abbreviations:

P= primary, S= secondary, R=previous.

C.D.T. CLIENT ASSESSMENT

Background information

Referral source

Keyworker

Date of assessment

Personal details

Clients Name

MARITAL STATUS

MARRIED

SINGLE

Current accommodation

Date of Birth

Ethnic origin

Education History

Primary school age left school

Secondary school age left school

College

Qualifications

Social welfare entitlements

State type of payment

Drug and Alcohol History

What age when started using drugs

Main drug of choice at that time

Why did you start using drugs

What drug is causing you the most problem now

How long has it been a problem

Main drug of choice now

Injected ,snorted, smoked, drank

Did anyone influence you to use drugs

State any other drug use

How do you support your habit

Have you ever overdosed on drugs

How many times

Yes No

When was the last time

TREATMENT HISTORY

DETOX	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGENCY	DATE
-------	------------------------------	-----------------------------	--------	------

RESIDENTIAL	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGENCY	DATE
-------------	------------------------------	-----------------------------	--------	------

OTHER	YES <input type="checkbox"/>	NO <input type="checkbox"/>	AGENCY	DATE
-------	------------------------------	-----------------------------	--------	------

PHYSICAL & MENTAL HEALTH HISTORY

COMMUNITY G.P. NAME

ADDRESS

TELEPHONE

Physical Health History

State any current physical illness

Methadone treatment providers name

Keyworker

Counsellor

Address

Telephone

Methadone dosage

Psychiatric Health History

Have you ever had a psychiatric assessment

If yes, where and when

Consultant name

Address

Telephone

Have you ever tried to kill yourself

If yes detail most recent
time

Prescription Drugs Medication

Drugs

Dosage

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Prescribed by

How long for

For what condition

Legal status

Are you on bail, probation, license, sent by court suspended sentence, voluntary, conditioned sent by prison

Probation officer name

Telephone

Prison in institute name

Date of release

No. of times in prison

Have you any court cases pending

yes

No

Have you any outstanding warrants

yes

No

Previous court cases dealt with

yes

No

Family and significant others

Next of kin

Relationship

Name

Address

Telephone

Will the family member support you in your recovery programme

yes

No

How will they support you

Is there any other member of your family with a drug problem

Do you have any children

yes

No

Details

Do you have any issues with child care

yes

No

Care plan notes

Drug and alcohol use

Detox regime

Overall treatment goal

Physical and mental health needs – include letter/report from G.P. and psychiatrist as required

Family/ significant others support

Legal issues

Consent for us to view urinalysis

Client signature

Key workers signature

Date