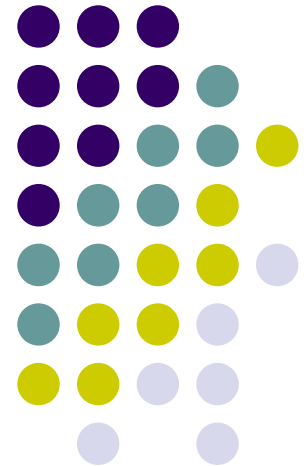


NDRIC Pilots

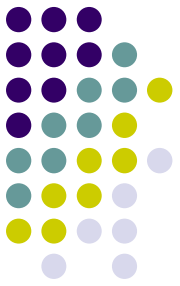
October 2010

Regional Drug Co-ordination Unit

HSE Mid-West

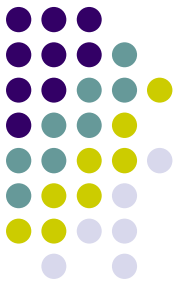


Rehabilitation



- The broad definition of rehabilitation encompasses a structured development process focused on individuals, involving a continuum of care and aimed at maximising their quality of life and enabling their re-integration into communities.

The Rehabilitation Report



The key recommendations are:

1. Rehabilitation can only be delivered effectively through an inter-agency approach based on a continuum of care that operates within the context of enhanced case management and a quality standards framework. The development of protocols for inter-agency working, with service level agreements between agencies and co-ordination by rehabilitation co-ordinators, is required.
2. An adequate level of treatment provision is central to rehabilitation. An expansion of the range of treatment options, including an increase in the number of residential detoxification beds, for recovering drug users is essential. The HSE led Working Group on Residential Treatment/Rehabilitation should consider the issue of treatment provision and make detailed recommendations in this regard.
3. The impact of Community Employment on rehabilitation should be built upon by complementary support and involvement from the HSE, the Department of Education and Science and relevant agencies to ensure that the health and educational needs of participants are being properly addressed during their period of participation, as well as pre and post such participation.
4. The housing, childcare, educational and health needs and the employment opportunities of recovering drug users should be addressed through specific initiatives.

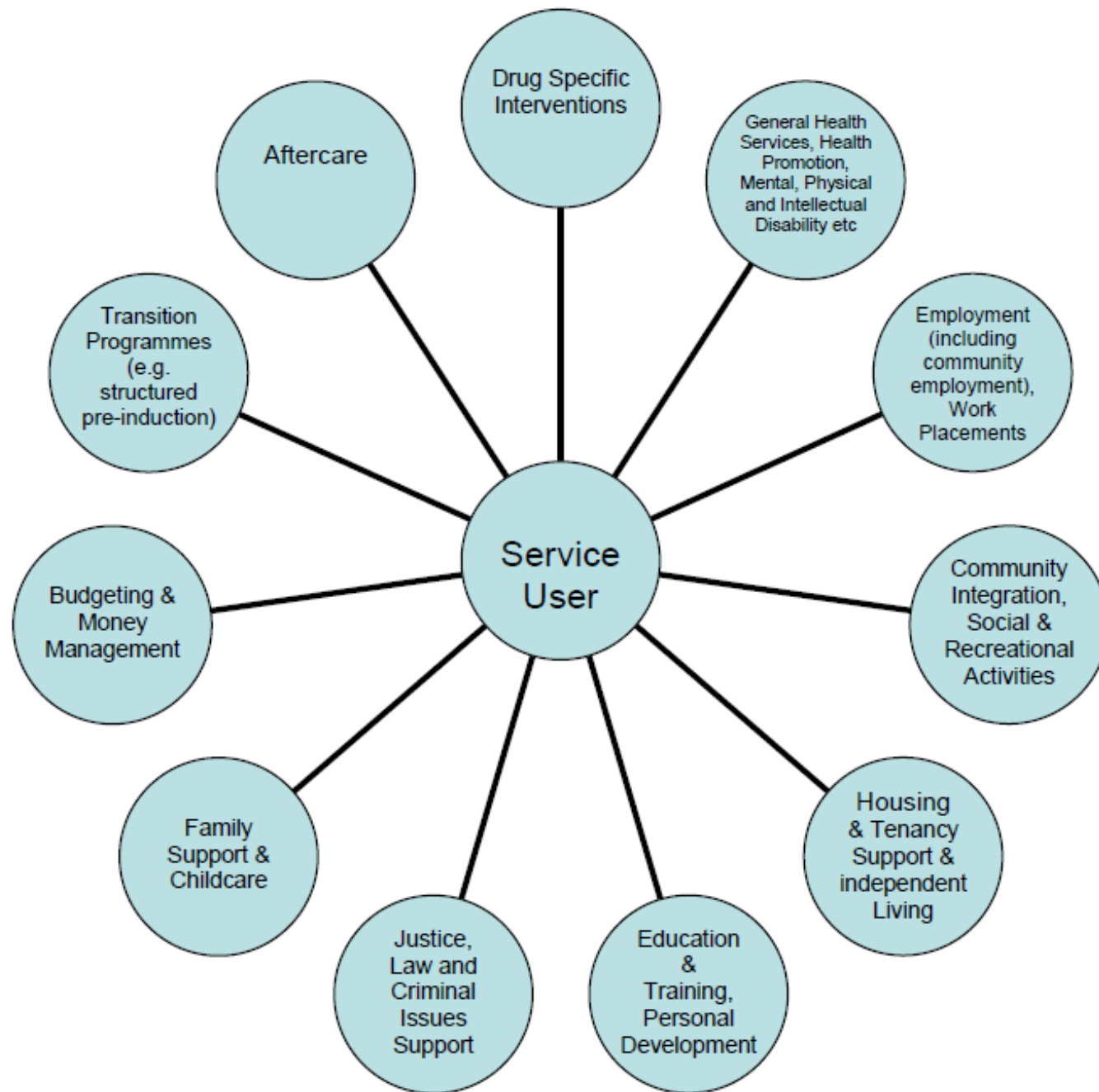
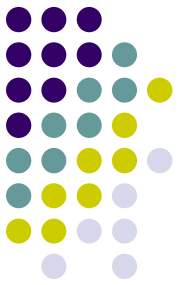
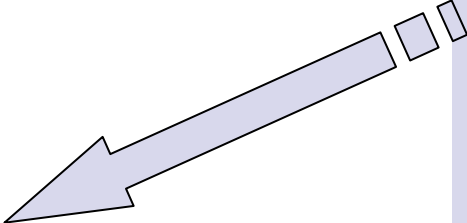
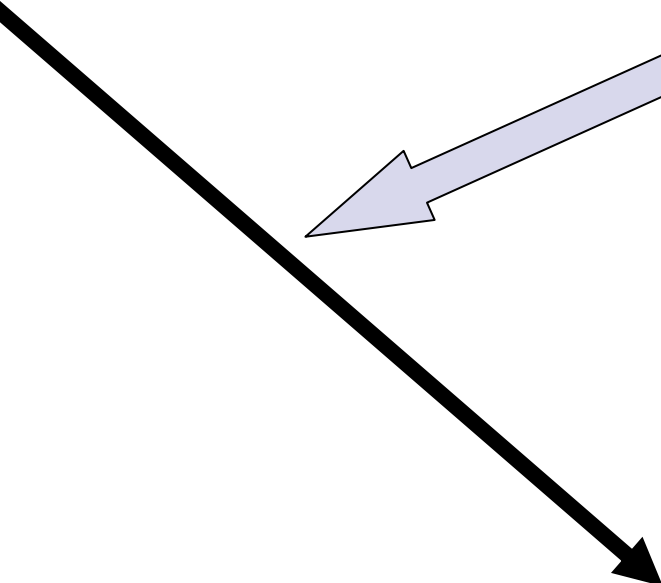


Figure 1: The range of supports required for an effective, integrated model of rehabilitation



Consider Also

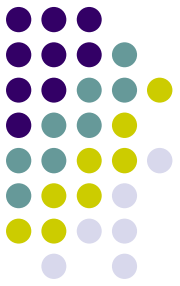


- Proximity to active use
- Motivation
- Primary Needs
- Treatment Matching
- Availability of Services
- Effective Use of Resources



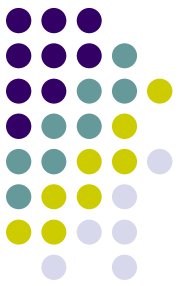
Rehabilitation 5

integrated care pathway



Key principles:

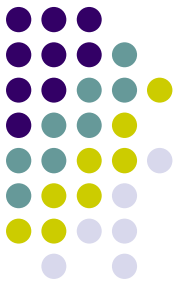
1. The Rehabilitation Report identifies that rehabilitation should start at the first point of contact a drug user has with a drug related service (any tier):
 - *“Accordingly, at an early stage the client’s needs should be assessed, ideally in the drug service within which he/she makes first contact with a view to drawing up a care plan.2”*
 - In relation to tier 1, service users may attend non-substance misuse specific services and be exhibiting signs of drug/alcohol misuse. In order to maximise opportunities arising from early interventions, appropriate staff should be trained to look out for signs of misuse in order to provide information and make referral to (the most appropriate tier of) drug service intervention.
2. On making contact with a drug specific service, initial assessment should be undertaken to identify the needs of the service user and the most appropriate service provider(s) to address those needs.
3. The service users journey through the rehabilitation process is based on the four tier model (see appendix 1) of care and should be service user focused and as integrated and seamless as possible.



Key Worker:

- Named person who is assigned to work closely with the service user and provide a range of psycho-social interventions/advocacy.
- Tasks include:
 - Engaging with the service user
 - Ensuring consent
 - Completing assessment and developing a care plan with their service
 - Advocating on behalf of service user
 - Working to fulfil care plan actions relating to their direct service provision
 - Engaging and sharing information with other agencies as required
 - Keeping relevant case notes/records
 - Service user service objectives should be expressed as SMART (specific, measurable, achievable, relevant and time bound) objectives and interventions, and to this end regularly reviewed for progress.

Case Manager:



- The case manager is the identified person who has a formal role to manage inter-agency communication and the provision of co-ordinated care for the service user in question. They will do this through means of:
 1. Ensuring a care plan is in place and SMART objectives set
 2. Arranging regular reviews to monitor and assess the progression of the care plan
 3. Reviewing the care plan with the service user, all key workers/agencies involved, and where appropriate with the service users family.
- The role of case manager may be undertaken by a key worker or another designated person within the agency.
- The case manager will oversee a shared care plan made up of all individual care plans

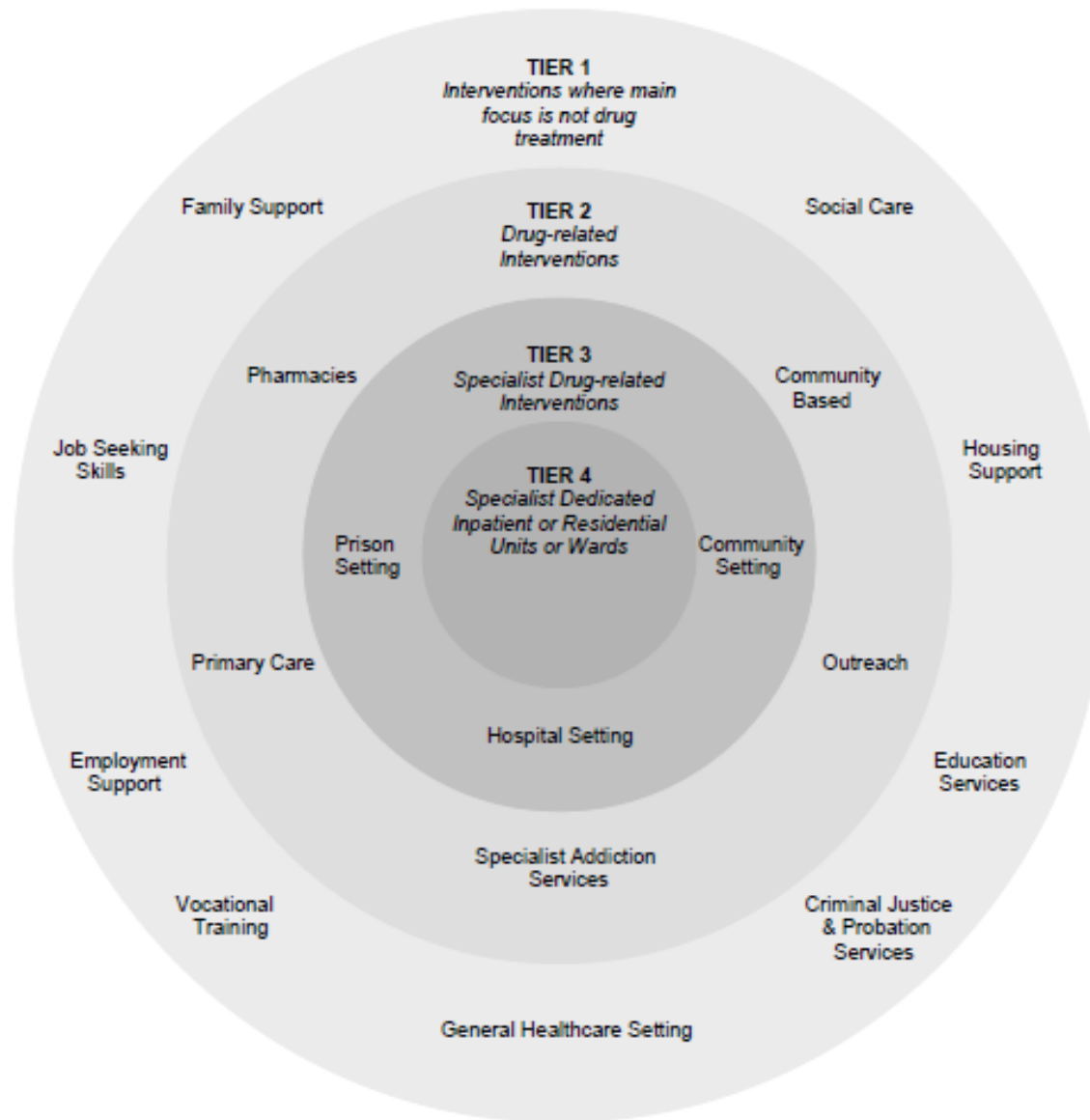
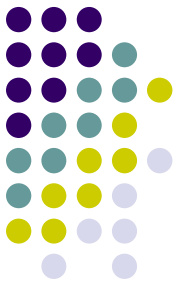


Figure 2: Rehabilitation Services/Interventions as seen within the Four Tier Model

Note. The above figure reflects the core business of services and these services may operation specific interventions at difference tiers. For example, tier 2 interventions may be delivered separately from Tier 3 but will often also be delivered in the same setting and by the same staff as Tier 3 interventions, as per the National Treatment Agency Models of Care: 2006 Update (see appendix 1 for more details).

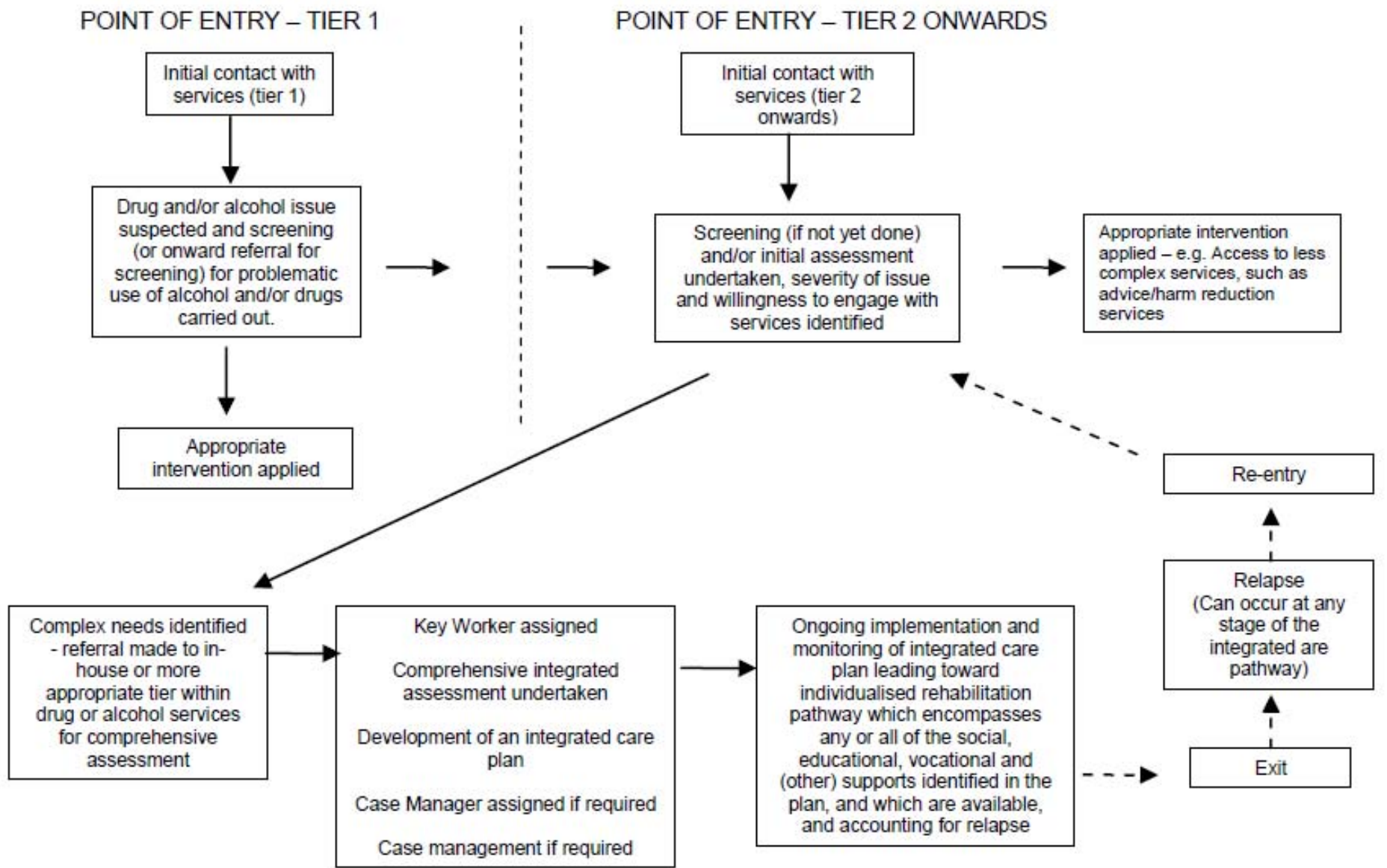
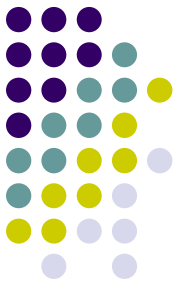


Figure 3: Integrated Care Pathway for Rehabilitation

Protocols



- Clarity around the referral process
- Common understanding of service user confidentiality
- Common assessment tools (where relevant)
- Understanding around settlement of disputes between organisations

- An understanding of the tier system and a willingness to refer individuals to appropriate tiers following assessment
- Putting in place case management and key working and facilitating integrated care through shared care plans
- Identifying and reporting gaps and blocks to service delivery (see appendix 2)
- Sharing of service user information whilst being mindful of their confidentiality

NDRIC Pilots - OVERVIEW



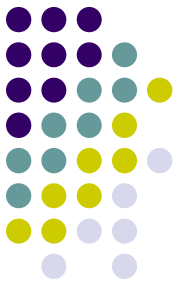
- The objectives of the pilot projects are to:
 - support the implementation of the National Drugs Rehabilitation Framework and integrated care pathways model in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation
 - build awareness and knowledge of the National Drugs Rehabilitation Framework amongst key stakeholders
 - identify progress in implementation
 - identify gaps in services and drivers/obstacles in respect of implementation
 - assess the initial impact of the Framework
 - help to clarify roles and inform implementation of the Framework

The pilot projects will...



- inform the future development of the National Drugs Rehabilitation Framework including key areas such as:
 - care planning/ shared care planning
 - case management and key working
 - inter-agency working
 - intra-agency working
 - shared understandings of client confidentiality
 - development and implementation of protocols
 - development and implementation of service level agreements or schedules within

Aims to....



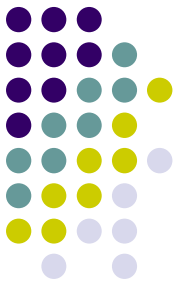
The overall pilot process is to inform the following:

1. Assessment of the initial impact of the National Drugs Rehabilitation Framework on:
 - a) Service users and their families
 - b) Care Pathways
 - c) Key organisations involved in implementation; in terms of policies and practice. Areas to be considered include screening, assessment, referral, care planning, shared care planning, sharing of information, key working and case management.
 - d) Relevant agencies and Departments

This will involve seeking feedback from persons engaged in the above areas of activity to:

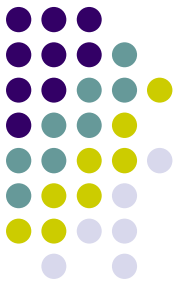
1. Identify factors that affect implementation in stakeholder bodies (drivers, tensions, contradictions and obstacles)
2. Recommendations for actions to be taken by the stakeholders to support implementation
3. Inform future thinking on specific roles
4. Identify the learning that has taken place and how this relates to the development of new practice and the use of the tools referred to in the framework document

Each pilot will entail



- a) Implementation and operation of the National Drugs Rehabilitation Framework Document
- b) Development and implementation of local protocols around assessment, referral, information sharing, shared care planning, and dispute settlement in line with the national protocols, and service level agreements (including schedules therein where applicable)
- c) Monitoring of the impact of the National Drugs Rehabilitation Framework and informing strategies for progression

Selection Criteria



The following requirements are essential to facilitate the running of a pilot project:

- a) The Drugs Task Force areas should have a fully functioning Treatment & Rehabilitation Sub-Groups with the membership in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation and reflecting NDRIC membership (i.e. representatives of those involved in the shared care plan should be around the table – see Figure 1, National Drugs Rehabilitation Framework)
- b) The Drugs Task Force/ Treatment & Rehabilitation Subgroup should have identified an agreed nominated Rehabilitation Co-ordinator in the area who will be a member of the Treatment & Rehabilitation Sub-Group and who will lead the Sub-Group in regard to the implementation of the pilot project and the National Drugs Rehabilitation Framework.
- c) Agreement to participate and co-operate fully with the evaluation process designed to assess process indicators and outcomes measures of the pilots, which will include collection of data.