



Ministry of  
**JUSTICE**



*National Treatment Agency  
for Substance Misuse*

# DRUG INTERVENTIONS RECORD

**2009 Prisons Training - FAQs**

**Applies to the suite of forms in use from 1 April 2009**

## CONTENTS

1	Introduction.....	3
2	Frequently Asked Questions.....	4
2.1	CARATs client definitions.....	4
2.2	Initial Contact Form completion.....	5
2.3	DIR completion.....	5
2.4	Activity Form completion.....	9
2.5	Healthcare & CARATs integrated working.....	10
2.6	CARATs processes.....	11
2.7	Transfers to / from community.....	12
2.8	Recording treatment information.....	12
2.9	Timeframes for form completion.....	13
2.10	Secure Units / Immigration.....	14
2.11	DIRWeb / IT.....	15
2.12	Miscellaneous.....	16

## **1 Introduction**

This document outlines a number of frequently asked questions at the Drug Interventions Record (DIR) Training events for prison staff that took place over February and March 2009. Answers to the questions have been formulated by the Interventions Substance Misuse Group (ISMG), Ministry of Justice, National Treatment Agency and the Home Office DIP team.

Completion of the DIR suite of forms is supported by the 2009 DIR Completion Guidelines and Field by Field Guidance.

## 2 Frequently Asked Questions

### 2.1 CARATs client definitions

#### 1. In line with the DIRWeb caseload definitions how should CARATs define their clients?

CARATs clients can be defined by four categories:

##### Triage Client:

1 - A prisoner who has a Substance Misuse Triage Assessment (SMTA) and, possibly, receives non-structured interventions (as noted at section 7.13 of the DIR), but no further intervention is required or accepted, i.e. completion of the DIR does not progress beyond point 8.2.

2 - Upon transfer from one prison to another, if a client who was active in the previous prison indicates that they do not wish to engage with CARATs at the receiving prison, they are to be classified as a “triage client”. On transfer the receiving prison must still complete an Activity Form to show that the client was picked up<sup>1</sup>.

##### Active Client:

A prisoner who agrees to further intervention and has a Comprehensive Substance Misuse Assessment (CSMA) and Care Plan completed, as recorded under the following:

- DIR 9.1 and 9.3; or
- Activity Form 4.3 and 4.5, if the client has transferred to the establishment from the community or another prison; or
- Activity Form 5.1 and 5.2 showing re-engagement following a previous case suspension (or decision to engage within 6 months of a SMTA or transfer from another prison or community where a DIR has already been completed).

##### Suspended Client:

A previously ‘Active’ client (active at your establishment) who has disengaged from the service or has had all treatment requirements completed.

---

<sup>1</sup> For continuity of care purposes contact with the client should be maintained in the same way as for suspended clients.

Closed Client:

A previously 'Active' client who has been transferred out to another establishment, released from custody or has passed away.

## 2.2 Initial Contact Form completion

1. **If, after 4 weeks have passed since the completion of the SMTA, a client still does not wish to engage with CARATs, does an Initial Contact Form need to be completed?**

No, as the SMTA (DIR) will indicate that CARATs intervention was not accepted.

2. **Following a referral if a prisoner indicates they do not wish to engage, an Initial Contact Form (ICF) is completed. Does a second ICF need to be completed after the 4 week follow-up contact?**

No. If the client still refuses to engage on the second contact, a second ICF is not required. CARATs must ensure that the service withdrawal disclaimer is completed. If the client agrees to engage at the second contact, a DIR is completed.

## 2.3 DIR completion

1. **What sections of the DIR must be completed, and by whom?**

The following table outlines which sections of the DIR are required to be completed, and by whom:

Drug Issues?	Alcohol issues?	Client engaging with CARATs? (CARATs staff to confirm)	DIR Sections	Notes
Yes	Yes	Yes	Healthcare: Up to the end of section 6 CARATs: 7 – 9	Clinical teams must share information with CARATs on any clinical interventions started, and/or other types of support initiated by

<b>Drug Issues?</b>	<b>Alcohol issues?</b>	<b>Client engaging with CARATs?</b> (CARATs staff to confirm)	<b>DIR Sections</b>	<b>Notes</b>
				Healthcare, to enable CARATs to complete DIR 9.5 / 9.6
Yes	Yes	No	Healthcare: Up to the end of section 6 CARATs: 8.1 – 8.2	CARATs Team completes 8.1 and retains DIR for 4 weeks. If client still does not wish to engage, 8.2 completed and the form is sent to data manager. A service withdrawal form is also completed
Yes	No	Yes	Healthcare: Up to the end of section 6 CARATs: 7 – 9	Clinical teams must share information with CARATs on any clinical interventions started, and /or other types of support initiated by Healthcare, to enable CARATs to complete DIR 9.5 / 9.6
Yes	No	No	Healthcare: Up to the end of section 6 CARATs: 8.1-8.2	CARATs Team completes 8.1 and retains DIR for 4 weeks. If client still does not wish to engage, 8.2 completed and the form is sent to data manager. A service withdrawal form is completed
No	Yes	Yes	Healthcare: Up to the end of section 6 CARATs: 7 – 9 where funded to support alcohol only clients, otherwise CARATs to complete 8.1 and 8.2	Clinical teams must share information with CARATs on any clinical interventions started, and /or other types of support initiated by Healthcare, to enable CARATs to complete DIR 9.5 / 9.6 where CARATs are working with these clients
No	Yes	No	Healthcare: Up to the end of section 6 & 8.1	

Drug Issues?	Alcohol issues?	Client engaging with CARATs? (CARATs staff to confirm)	DIR Sections	Notes
No	No	No	No sections to be completed	Initial contact form should be completed following referral

**2. What is the "NUMBER" field for at Section 2.1?**

Please refer to the 2009 DIR Completion Guidelines and Field by Field Guidance: This field should not be completed until requested - guidance will be provided as and when this is.

**3. Where are the 3-letter ISO country codes, required for 2.8 of the DIR (nationality at birth)?**

These can be found in the Help section of DIRWeb and in an annex to the DIR field by field guidance.

**4. DIR 6.1 and 6.2a – should the response reflect the client’s misuse in the last month or the month before entering prison?**

Please refer to the 2009 DIR Completion Guidelines and Field by Field Guidance: For Prisons 6.1 and 6.2a are in reference to drug misuse in the month prior to custody.

However, there may be circumstances where a prisoner has developed a drug misuse problem whilst in custody and therefore the worker has discretion to use this section to record drug misuse whilst in prison.

**5. Section 6.2a says "drugs misused most often". Should this be most frequently used drugs or most problematic?**

Please refer to the 2009 DIR Completion Guidelines and Field by Field Guidance. This should be the most problematic drugs used by the client with the most problematic drug recorded as Drug 1. If the client is unable to decide which drug they misuse most problematically (Drug 1), the worker is required to make a decision based on the information provided by the client.

**6. Can only three drugs be ticked under DIR 6.2a?**

A maximum of three drugs may be recorded under 6.2a - only up to three can be entered onto DIRWeb for monitoring and research. If the client misused more than three drugs in the last month, or in the month prior to custody if they are in prison, this additional information may be recorded under 6.9 to support continuity of care.

**7. Section 6.11 (Are you currently receiving treatment for your drug use?) – Is this a community-only question?**

No. If the client was in treatment immediately prior to custody it is appropriate for CARATs to complete this section. However, CARATs is only required to provide the agency name (unless the code is known).

**8. Can section 9.5 & 9.6 of the DIR be completed for those clients who have not had a CSMA and full Care Plan, e.g. alcohol only clients?**

The Section 9 Monitoring and Research (M&R) side of the DIR (green) should only be completed if a client goes on to have a CSMA and full care plan with CARATs. If a client does not have a CSMA and full Care Plan they should 'exit' on the form at either 8.1 (if they do not need further intervention) or 8.2 (if they refuse further intervention) or 8.6 or 8.8 if they are being released or transferred prior to CSMA. Information may be recorded under 9.5 and 9.6 on the Continuity of Care side of the form (blue) but not on the M&R side unless the client has had a CSMA and full Care Plan. Any M&R sections that are sent to data managers with 9.5 and/or 9.6 completed but 9.1 and 9.3 = No or blank will be returned to establishments.

**9. If a client refuses to work with CARATs how does Healthcare approach completing the section on consent?**

It is best practice to explain the consent section of the DIR with the client up front as part of the assessment process. Healthcare will need to ensure that the client agrees to the sharing of their DIR information with other agencies as part of their continuity of care e.g. with healthcare / CARATs staff in other establishments or community providers. Note: Healthcare will still need to refer the client to CARATs, who will make attempts to engage the client.



## 2.4 Activity Form completion

### 1. I need to fill in a new Activity Form for "significant changes" - what does this include?

The Activity Form should be completed when any of the following events take place:

- To update information on the treatment interventions delivered to a client on your caseload (Section 1,2 & 3)
- To record information about a client transferred into the prison from another prison or the community, where the DIR has been received from the previous prison / CJIT (Section 1,2 & 4)
- To re-engage a client, or to suspend or close a client's case (Section 1,2 & 5)<sup>2</sup>

### 2. What is the purpose of the 'Number' box at point 2.1 of the Activity Form?

This box currently has no current purpose and must be left blank. NB: It may be used in the future.

### 3. For 5-day stabilisation and 14-day detoxification completions, does an Activity Form need to be completed?

Yes. As for all treatment interventions the end date must be recorded at section 3.3 of the Activity Form.

### 4. Does an Activity Form need to be completed to indicate when a groupwork session has ended?

No, only the commencement of the series of sessions needs to be recorded, either at DIR 9.5 or Activity Form 3.3 (or Activity Form 4.6 if the client was transferred from another prison or the community with an existing DIR).

### 5. If a client's Care Plan indicates that more than one 1:1 or groupwork session is required, does each session have to be recorded on an Activity Form?

No, only the commencement of the series of sessions needs to be recorded. For example, if a client is to have 4 groupwork sessions, the date the first session commenced needs to be recorded via an AF.

---

<sup>2</sup> This includes recording where a client has re-engaged with CARATs within six months of DIR being completed which exited at DIR 8.1/8.2.

## **6. When do I need to close cases?**

A client's case should be closed when the client leaves the prison, i.e. when they are transferred to another prison or released. A case would also be closed if the client died. Acceptable case closure reasons are listed on the Activity Form under 5.6.

## **7. If a client is transferred into my establishment, but 'EXITS' at 4.5 of the Activity Form, do we need to complete a further Activity Form if they later transfer to another establishment?**

No, as exiting at 4.5 of the Activity Form advises DIRWeb that the prisoner is not an active or suspended CARAT client at your establishment. Activity forms used solely to pick up a transfer from one establishment to another only need to be completed for active or suspended clients.

## **8. If a suspended client re-engages prior to release and leaves within 5 working days, can this information be recorded on one Activity Form?**

No, two Activity Forms must be completed, one to record the re-engagement (5.1 and 5.2) and one to record the closure when they leave (5.5 – 5.7).

## **9. If a client is released on license, do we tick "released on license" or "client transferred from prison to CJIT"?**

A client should be transferred to probation if released on licence, hence the former closure reason should be the one recorded. Whilst the CJIT should be notified of this, the client is not “transferred” to the CJIT by the prison but by Probation when the client’s licence period expires - probation is required to refer the client onto the CJIT if further support / treatment is needed.

## **2.5 Healthcare & CARATs integrated working**

### **1. Whose responsibility is it to complete the forms?**

Healthcare and CARATs have joint responsibility for completing the suite of forms. Healthcare is responsible for initiating the DIR for all clients requiring a substance misuse triage assessment, completing up to and including section 6 of the form – see

table under 2.3, Q1. CARATs is responsible for completing the remainder of the DIR, and will take the lead in completing Activity Forms except where agreed otherwise locally. Healthcare must share information with CARATs to enable them to accurately complete DIR 9.5 and 9.6 and/or the treatment start and end dates on the Activity Form where applicable.

**2. When do Healthcare complete the DIR with the client? At initial reception with the (Gruben) assessment or the next day?**

For a client that is coming in from the community, without a DIR already completed by the CJIT, Healthcare should fill in a DIR within the first 24 hours and ideally before any first night prescribing is provided.

**3. Who is responsible for a client's continuity of care if the client is participating in clinical treatment but not psychosocial treatment?**

Healthcare is responsible for ensuring continuity of care when a client is released or transferred to another establishment and has an ongoing clinical treatment need.

Note that if a client has an identified substance misuse issue Healthcare must refer the client to CARATs and forward the DIR. If they continue to refuse engagement in psychosocial treatment with CARATs, the CARAT team will send off the DIR for data entry. The client will be asked to sign a CARATs withdrawal disclaimer.

## **2.6 CARATs processes**

**1. If a client undergoes an SMTA, but does not engage with the service, then later changes their mind, how should the team proceed (based on a continuous period of custody)?**

If the decision to engage is made no later than 6 months after the completion of the original SMTA, and there is sufficient time (at least 5 working days prior to release), complete a CSMA and Care Plan. In addition, section 5.1 and 5.2 of the Activity Form must be completed to record the client's engagement (in this circumstance, completing the 'Date client re-engaged' field at 5.1 confirms that a CSMA and Care Plan have been completed) and a second Activity Form, section 5.5-5.7, to close the case upon release.

If the decision to engage is made later than 6 months after the completion of the original SMTA, and there is sufficient time (at least 5 working days prior to release), a second SMTA will be completed, followed by a CSMA and Care Plan, all to be recorded on a DIR, (later, only 1 Activity Form is required – to close the case, upon release). The completion of the second SMTA cannot be counted towards the KPT.

If insufficient time is available to complete a CSMA/Care Plan, the CARAT Team must try and make an appointment with the relevant CJIT, while liaising with the clinical team. Any prescribing issues must be dealt with by Healthcare. No Activity Form is required.

## 2.7 Transfers to / from community

- 1. If a client doesn't agree to engage with CARATs following the SMTA (DIR 8.2 = No) but prior to transfer to the community changes their mind and wishes to work with CARATs for pre-release planning, how will the relevant CJIT be made aware of the engagement?**

The engagement advice in 2.6, Q1 above must be followed. In addition, a CSMA, Care Plan and/or Release Plan should be drawn up. The client will be referred to the CJIT using a copy of the original DIR and relevant information from the Care Plan/Release Plan. The continuity of care update form may also be used to communicate relevant information.

## 2.8 Recording treatment information

- 1. Is the measure of effective treatment in prisons the same as the community?**

The prisons' DIR and Activity Form data will be combined with the community NDTMS (National Drug Treatment Monitoring System) data to determine numbers of clients in effective treatment across community and prisons. Any client in care planned structured treatment, either in the community or in prison will count towards the effective treatment figures if the treatment is continuous for a period of 12 weeks or more or has resulted in a planned discharge within 12 weeks.

- 2. Can we tick that interventions are required but enter the date commenced at a later date as the client will be on a waiting list for CARATs interventions?**

An intervention may be indicated as required on the DIR. When that intervention starts the commencement date must be recorded on an Activity Form Section 3.

**3. Is there any additional guidance on how to complete treatment end date as we may not always have this information?**

All efforts should be made to ensure that this information is shared between Healthcare staff and CARATs staff. In their case management role, working in an integrated way with Healthcare, CARATs will need to ensure that treatment end dates are recorded for all structured treatment interventions that the client has received.

If the client's treatment has ended in a particular prison because they are being transferred to another prison, or released, then the treatment intervention end date may be the date the client left this particular prison - this will need to be confirmed with Healthcare if the client was receiving clinical intervention/s.

**4. When non-structured interventions have been delivered at 7.13 of the DIR and no further intervention is required or accepted (triage client), what Care Plan has to be drawn up?**

An Initial Care Plan has to be drawn up and signed prior to the completion of 7.13 of the DIR. NB: Although the document used is titled 'Care Plan', it is an 'Initial Care Plan' in this circumstance.

## **2.9 Timeframes for form completion**

**1. What are the timeframes for completing CARATs paperwork?**

For non-live IDTS prisons (under normal circumstances):

- SMTA (DIR up to section 8) completed within 5 working days of referral
- CSMA completed within 15 working days of the SMTA
- Care Plan completed within 5 working days of the CSMA

For transfers between prisons where no file/DIR has been received within 10 working days of being transferred from the original prison, the above timeframes apply. Where the file/DIR is received, this must be reviewed within 5 days of receipt.

For live IDTS prisons (under normal circumstances):

- SMTA (DIR up to section 8) completed within 3 working days of referral
- CSMA completed within 5 working days of referral (or at the end of the stabilisation period: 5-7 days after initial reception)
- Care Plan completed within 5 working days of referral (or at the end of the stabilisation period)

For new clients the SMTA is the DIR, and the CSMA and full Care Plan dates are also to be recorded on the DIR. The DIR should not be sent to the Data Manager until these events have been recorded – CARATs have 20 working days from the SMTA date (DIR 4.3) in which to complete this information and send off the form for data entry.

## **2. When should a completed Activity Form be sent to the Data Manager?**

Activity Forms must be sent to the Data Manager within 7 days of completion of the form.

### **2.10 Secure Units / Immigration**

#### **1. If we need to refer a client out to a secure mental health unit what forms should we complete? If the client does not return to prison then we close the case, but if the expectation is that the client is coming back what then?**

If a client is on the "active" caseload and is referred out to a secure unit or hospital with the expectation that they may return to the prison the case should be suspended for the duration that they are gone. This requires completing an Activity Form Sections 1, 2 and 5.3, 5.4. If the client is not coming back to the prison the case will need to be closed when it is known that they will not return, this may be when they leave the prison or some stage later. If the client returns to the prison an Activity Form should be completed to record that the client has been Re-engaged (Section 1, 2 and 5.1, 5.2).

#### **2. If we need to refer a client out to a secure mental health unit, what should we do?**

If going to a secure unit as an in-patient, the CARAT worker will close the case using the Activity Form section 5.5-5.6, 'Other – give details'. If going for an assessment, only, the case is suspended, using 'Client has mental or physical incapacity', or 'Other – give details' in section 5.3-5.4.

### **3. What codes should be recorded when transferring a client to an Immigration Centre?**

As Immigration Centres do not provide a CARAT service and are not part of the DIP process, they have no attributed DIP codes. Therefore, at Activity Form 5.6, record "Client transferred to immigration centre – *location name*" under 'Other – give details'.

## **2.11 DIRWeb / IT**

### **1. Is an electronic version of the DIR/Activity Form going to be rolled out?**

There are currently no plans to roll out electronic versions of the forms.

### **2. Can we track clients via DIRWEB at other prisons?**

At present DIRWeb does not enable a specific establishment to view data held on the system for another prison, or a CJIT.

### **3. Should clients who engaged with CARATs prior to the DIR being introduced (pre 2005) be entered onto DIRWeb?**

All of these clients were entered onto DIRWeb when the system was introduced. During the upcoming reconciliation exercise, all clients now released or transferred from your prison will be closed. If they are still in your prison and you are no longer working with them, you can suspend them by completing section 5 of the Activity Form. Although not all the information will be on DIRWeb, the suspended lists would be accurate.

If you conduct any interventions (e.g. pre-release work) with these clients, you must first complete a DIR. This will enable you to refer the client to the CJIT.

## 2.12 Miscellaneous

### **1. First night clinical intervention (DIR 6.15 / AF 4.2b) - why is prescribing under Patient Group Directions (PGD) not being monitored?**

Under IDTS a doctor is required to be involved in first night prescribing. This good practice is what is being monitored.

### **2. Is funding available for admin support to help with the DIR process?**

Yes, IDTS funding may be used for this purpose if it is assessed locally that additional administrative support is required and this is built into the project planning for IDTS. This would need to be signed off by the local Project Board.