



Home Office

**GUIDANCE FOR
PARTNERSHIP AREAS
APPLYING FOR INTENSIVE
DRUG INTERVENTIONS
PROGRAMME STATUS ON A
SELF-FUNDED BASIS**

GUIDANCE FOR AREAS APPLYING FOR INTENSIVE DIP STATUS ON A SELF-FUNDED BASIS

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FOREWORD

One of the keys to success for the Drug Interventions Programme has been the concentration on bringing together the many agencies who need to be involved in meeting the needs of drug-misusing offenders. Within that overall framework, the development of drug testing has played an important role. We have moved from testing the concept and product in a few small sites through Testing on Charge, and we are now in a position where Testing on Arrest is in place in all the DIP intensive areas. We expect to conduct in excess of 200,000 tests a year. A positive test is now the trigger for many other provisions such as required and follow up assessments and restrictions on bail.

In an ideal world, with unlimited resources, we would be able to fund drug testing on a much wider basis than we currently do. Resource constraints mean that it is not possible to provide central resources for drug testing everywhere. I know that many areas would like to introduce drug testing and see it as such an integral part of their plans that they are prepared to consider alternative funding approaches.

This document sets out how those ambitions might be met in a way that helps local areas but also ensures that we provide with you a consistent approach to drug testing and the other services that are important to drug-misusing offenders. The issue of drug testing is potentially sensitive and the legal framework has been carefully developed. Against that background, we need to make sure that we have one system in place and that the standards and features are the same for all, regardless of where they are tested as part of the DIP Programme. I hope that you will find this document useful in considering whether you wish to introduce testing in your area and, if so, the process that needs to be undertaken.

Peter Wheelhouse
Programme Director

1. INTRODUCTION

1.1. This document provides advice to areas considering an application to become an intensive Drug Intervention Programme (DIP) area. It is intended for partnership areas not currently covered by DIP drug testing on arrest who are interested in applying for the extension of relevant drug testing legislation to implement drug testing on arrest and related provisions (such as Required Assessment) on a self-funded basis.

1.2. Section 2 of the document provides the background and policy context for the extension of the Drug Interventions Programme on a self-funded basis. This is followed by an outline of the key partners involved in DIP in Section 3 and the key components required to establish a DIP intensive site in Section 4. Section 5 presents the costs associated with drug testing. This is followed by an outline of the performance monitoring and reporting that is required of all DIP intensive areas (section 6). Section 7 presents the key issues for consideration in applying for DIP intensive status and the guidance closes with a short description of the next steps once an area has submitted a business case for consideration.

1.3 This document should be read in conjunction with other guidance, in particular - The Operational Process Guidance for Implementation of Testing on Arrest, Required Assessment and Restriction on Bail (www.drugs.gov.uk/drug-interventions-programme/guidance/tough-choices/). A comprehensive list of guidance relating to DIP can be found at www.drugs.gov.uk/drug-interventions-programme/guidance

2. BACKGROUND TO DIP AND THE POLICY CONTEXT FOR EXTENDING THE PROGRAMME

2.1 Background

2.1.1 The Drug Interventions Programme (DIP) began in 2003 as a three-year programme to develop and integrate measures for directing adult drug-misusing offenders out of crime and into treatment. The Programme involves criminal justice and treatment agencies working together with other services to provide a tailored solution for adults - particularly those who misuse Class A drugs - who commit crime to fund their drug misuse.

2.1.2 Delivery at a local level is through DATs, using integrated teams with a case management approach to offer access to treatment and related support. This begins at an offender's first point of contact with the criminal justice system through custody, court, sentence and beyond into resettlement.

2.1.3 Some elements of the Programme are in operation in all areas of England and Wales. Since its first year, 2003-4, the Programme has had a particular focus on areas with high levels of acquisitive crime, normally property crime such as burglary, shoplifting, robbery and so on. Areas where the whole range of DIP elements are operating fully, are known as "intensive" areas. These have

been expanded twice and testing on arrest or charge is now in place in 68 DAT areas in England and 3 areas in Wales.

2.1.4 The Home Office paper “Rebalancing the Criminal Justice System in favour of the law abiding majority” (published in July 2006) included a commitment to align the DIP and Prolific and Priority Offender (PPO) programmes more closely. This closer alignment of DIP and PPO schemes should help to deliver an improved focus on the identification of offenders to be targeted, and reduce the risk of problematic offenders falling between the gap between the two programmes.

2.2 Expanding the Programme

2.2.1 Over £500m has been invested in the DIP since 2003. The Government has decided not to centrally fund a further extension of the programme to new partnerships, but has endorsed a proposal to allow local partnerships to apply for intensive area status on a self-funded basis where it can be demonstrated that the application has the full support of all partners and that the necessary systems are in place.

2.2.2 Partnerships seeking to apply for ‘intensive status’ will need to demonstrate that they can deliver across the whole programme - including testing on arrest, required assessment, case management, restriction on bail conditions and, treatment, support and aftercare - and that all the services required are properly resourced.

2.2.3 Before formal (and legal) authority is given for drug testing on arrest, the Home Office will need to be satisfied that arrangements comply with minimum requirements to ensure consistency and resilience. This will include compliance with existing procedures for drug testing and using equipment supplied from the HO contracts currently held with Cozart Bio-Science; and that there are sufficient resources in place for required assessments to take place and to service the courts for restriction on bail. Partnerships will also need to demonstrate that there is sufficient treatment capacity and other services to refer individuals – this is a legal requirement for restriction on bail.

2.2.4 New DIP intensive areas must also sign up to delivering the key performance indicators for intensive areas.

3. KEY PARTNERS IN A DIP INTENSIVE AREA

3.1 Introduction

3.1.1 Effective delivery of a local DIP is dependent upon establishing certain key structures and capabilities. These ensure delivery of key programme outcomes and focus on identifying, assessing, taking onto the caseload and engaging in treatment and other support services for those adults – particularly those who misuse Class A drugs – who commit crime in order to fund their drug misuse.

3.1.2 This section identifies the key partners and their overall strategic contributions.

3.2 The Government Office, NTA and Home Office

3.2.1 The GO, NTA and HO work together in developing the strategic direction of the programme and the delivery of DIP interventions at both a national and regional level. Drawing on their regional expertise, the Government Office and NTA have specific responsibility for regional delivery while the DIP HO policy teams retain the national focus on performance and delivery, of which regional performance is a key component.

3.2.2 The Home Office also works with the Ministry of Justice, Communities and Local Government, Department for Work and Pensions, Department of Health and the National Treatment Agency for Substance Misuse and other partners to identify solutions and approaches.

3.3 NOMS (Ministry of Justice)

3.3.1 Criminal Justice Intervention Teams (CJITs) work closely with Counselling Assessment Referral Advice and Throughcare (CARATs) services in prisons and Offender Managers in the community on pre-sentence planning, continuity of care and release planning. Detailed guidance¹ is available on the interfaces between CJITs and provision of services and interventions in prison and under sentence in the community. It is vital that areas identify and make the most effective use of the right links between CJITs, Probation and CARAT teams.

3.4 ACPO

3.4.1 The Drug Interventions Programme has developed strong links with ACPO, who take a lead role in overseeing the effective operation and strategic implementation of DIP across the 23 police forces. The Police Service has been a great supporter and remains a key partner in delivering DIP effectively. Through the ACPO Drugs Committee, DIP works successfully with the ACPO DIP Champion, and have now developed a National Police Co-ordination Unit based in Leeds. This collaboration ensures that the Police Service has a central role in driving the Programme forward working with DIP to meet a challenging set of commitments and achieve reductions in volume crime.

¹ *Delivery of the Drug Interventions Programme. Guidance for Prisons. Drug Strategy Unit. June 2006.*

3.5 Police

3.5.1 In order to maximise the important contribution the police make within the Drug Interventions Programme, forces will need to consider the important input from the senior strategic manager for the wider region. The Strategic Lead is responsible for the overall performance and accountability of that regions' drug testing and related DIP activities. The Strategic Lead is expected to report to both the ACPO National DIP Manager and the HO DIP team on performance issues. An operational police lead will also need to be appointed who will be responsible for the submission of accurate monthly data and to ensure that the drug testing custody suite operates all aspects of the drug testing process effectively and to address operational issues, where required.

3.5.2 The Strategic Lead will also be the main point of contact to address training requirements and equipment for drug testing sites.

3.5.3 On a daily basis, police staff work closely with the CJIT. This team is based within the custody suite and will need to conduct initial assessment of offenders needs who test positive for specified Class A drugs, heroin, crack and / or cocaine.

3.5.4 Detention officers are employed to drug test detainees in custody, which avoids police officer time being routinely used to conduct the tests. It is recommended that partners identify a core group of Detention Officers who are primarily responsible for conducting drug tests on arrest with sufficient cover to enable 24/7 coverage of the custody suite. However, we also strongly recommend that you have all your custody officers and staff in participating suites trained in order to understand and support the process in their dealings with detainees and to enable 24/7 testing. It is advisable that forces with drug testing in operation make a local assessment of peak times for testing and plan/allocate resources for implementing testing in new sites based on that information. Volumes of arrests for trigger offences should be used to assess the likely throughput levels against which to judge the staffing profile. You may also consider using trained police officers to conduct tests if there is likely to be a consistent pattern of "slack" periods where few drug tests are conducted.

3.5.5 Detention Officers must not be used to conduct drug assessments in custody – this remains the proper role of qualified drugs/ CJIT workers who should be available in custody suites for this purpose. Furthermore, CJIT workers are not authorised to conduct a drug test. Section 63B(6) of PACE specifies those persons prescribed to conduct a drugs test in police detention and these include a police officer, persons employed by a police authority/ contractor whose contractual duties include taking samples for the purpose of testing for the presence of specified Class A drugs.

3.6 DATs

3.6.1 Drug Action Teams are responsible for local delivery using integrated teams (CJITs) with a case management approach to offer access to treatment and support. Treatment and support should begin at the offender's first point of contact with the criminal justice system and continue through custody, court, sentence, treatment and beyond to resettlement into the community.

DATs should commission CJITs to provide interventions in line with the NTA Models of Care for Treatment of Adults Drug Misusers Update (2006). CJITs are required to deliver an enhanced Tier 2 service by offering the client ongoing support through case management arrangements to facilitate engagement and retention into structured drug treatment, broker access and support to wraparound provision to address the broader range of needs following treatment on/after release from custody, or at the end of a community sentence. They provide a range of services informed by local needs assessments and these services are presented in Annex A.

3.7 Criminal Justice Integrated Teams (CJITs)

Criminal Justice Integrated Teams (CJITs) are the key local delivery mechanism of the Drug Interventions Programme in the community. They are commissioned by the DATs as co-located, multi-agency partnerships, comprising members from a range of disciplines with a range of competencies and skills. A typical team might include: drug workers based in police custody suites or courts, case managers, those with specialist knowledge of housing issues, mental health, education, training and employment, family support, outreach workers working in the community and dedicated PPO case managers. It is essential that an adequate workforce is resourced to manage the increase in workload from initial and follow up assessments for those testing positive on arrest and to service the courts for restriction on bail.

3.8 CPS and Courts / Local Criminal Justice Boards

The Police and CJITs need to ensure that CPS Prosecutors and Clerks to the Courts / Magistrates are aware of the Restriction on Bail provision. The court should take into account any assessment and treatment that has been undertaken as a result of a defendant having Restriction on Bail conditions attached to their bail. This will ensure continuity of care. To that end, processes need to be put in place to ensure that drug test results are communicated to the courts where an individual has been charged. CPS Prosecutors will need to be aware of the CPS Guidance on DIP which can be found at www.cps.gov.uk/legal/section14/chapter_m.html

4. THE KEY COMPONENTS OF THE DRUG INTERVENTIONS PROGRAMME

4.1 Introduction

4.1.1 This section goes into some detail about the key components of the Programme which are additional to those delivered in a non intensive area and include drug testing through required assessment to aftercare. Section 4.2 deals with the first point of contact - drug testing in the custody suite and provides details of the key components that will need to be set up via the Home Office; section 4.3 outlines the main elements of the Required Assessment process and the links with the CJIT that need to be established to conduct the Required Assessment (both initial and follow-up) and section 4.6 reinforces the links with wider agencies and prisons needed to ensure the continuity of care for drug misusing offenders.

4.1.2 Achieving DIP intensive status is a long term commitment to the provision of drug testing and the related services for drug misusing offenders. Once adopted, the introduction of this level of service is not reversible and it is therefore important that areas anticipate the short-term and long-term financial commitment involved.

Management & leadership

4.1.3 Good management and leadership are key to the delivery of a successful programme. Partnerships will need to consider the dedicated management time required to set up and manage both the front-end drug testing and contribute to achieving the broader aims of the Drug Interventions Programme.

4.1.4 Where not already in place, a strategic partnership group will need to be established to introduce drug testing on arrest / charge and integrate with the constituent DIP interventions such as Required Assessment, throughcare and aftercare and the overall continuity of care of DIP clients. The partnership group should also ensure that the necessary links are established with the local Prolific and other Priority Offender scheme.

4.2 Establishing a drug test site

4.2.1 All areas must conform to the drug testing system specified and used by the Drug Interventions Programme. It will not be open to areas to make their own arrangements for equipment or practice. DIP currently uses an oral fluid drug detecting equipment capable of screening for opiates and crack/cocaine to meet this need. This contract is currently managed centrally between Cozart Bioscience and the Home Office and **all partnership areas are required to use this supplier.** Key advantages behind oral fluid drug testing is its ease of administration and the ability to get quick, accurate and on-the-spot results. Voluntary drug testing by areas is not permitted.

4.2.2 The equipment needed to conduct drug testing on arrest is listed below:

- Drug Test Electronic Reader (Rapiscan) and Printer
- Drug test kits
- Printer paper
- Fax and e mail facilities
- Spare collection pads
- Postal boxes for forensic confirmatory analysis
- The Drug Test Recorder programme (a computer based excel spreadsheet to record drug test details)

4.2.3 The rapsican electronic reader must be procured from the Home Office and is supplied by Cozart Bioscience Ltd. Tthe Home Office hold a central contract with Cozart Bioscience Ltd for the supply of oral drug testing kits. Once intensive status has been established, areas will be able to order the supply of kits direct from the incumbent supplier (Cozart Bioscience) calling off from the centrally held contract. Areas will then be invoiced monthly for goods received.

Confirmatory analysis

4.2.4 A confirmatory drug testing service is currently provided by the authorised confirmatory supplier. Two percent of all drug test samples are required to be sent to the FSS for confirmatory analysis to maintain the integrity of the drug test service. Disputed samples or where the use of medication has been reported are also sent for confirmatory analysis

4.2.5 Areas will be required to call-off these services from the central HO contract / framework agreement. Costs associated with these services are presented in Section 5.

Drug Testing Training requirements

4.2.6 Each Police Force Area will need to have a 'Cascade Trainer' responsible for the dissemination of training across Detention Officers and Police officers within their region. A non-intensive area will be expected to have identified the Cascade Trainer and organised appropriate training as evidenced in the partnership bid. Additional training is supplied by Cozart and these costs are presented in section 5. Only staff trained by an approved Cozart trainer (cascade trainer) are authorised to conduct drug testing.

4.3 Required Assessment

4.3.1 Any individual who tests positive will be required by the police to attend an initial assessment and, if appropriate, a follow-up assessment. It is recommended wherever possible, and where this does not interfere with the investigatory process for the offence for which the individual has been arrested, that the initial assessment should take place in the custody suite. This allows the drug worker to start to engage with the individual but also ensures that the individual attends and remains at the initial assessment; reducing the need for the police to take enforcement action against individuals who fail to attend and remain where the

initial assessment takes place in the community. The Home Office can help advise on levels of CJIT workers required to conduct assessments once volumes of arrests has been established.

4.3.2 Details on how to implement Required Assessment can be found in the Operational Process Guidance, Implementation of Testing on Arrest, Required Assessment and Restriction on Bail (www.drugs.gov.uk website).

4.4 Restriction on Bail

4.4.1 Partnerships will be required to show that there are robust mechanisms in place to ensure that drug tests are communicated to courts and that the CPS, Court Legal Advisers and Magistrates/Judges are aware of the Restriction on Bail conditions. It would be helpful for the HO to see the processes that will be put in place to ensure how drug tests will be communicated to the courts and plans on how awareness of Restriction on Bail will be raised with the CPS/Judiciary. Both these areas are where intensive areas have struggled to make Restriction on Bail as effective as it could have been.

4.4.2 In addition, partnerships will need to show that they have sufficient treatment and other services in place to support defendants on Restriction on Bail conditions. This is a legal requirement – without this reassurance it will be not be legally possible to switch on the drug testing and Required Assessment provisions.

4.5 Failure to comply

4.5.1 Partnerships are required to provide details of the mechanism that they intend to implement to manage breaches. These include, processes for enforcement of failure to provide a sample, failure to attend and remain at a Required Assessment and taking breach action against those for fail to comply with their Restriction on Bail conditions. This should be informed by local data providing an estimate of anticipated volumes, the handling strategy and the key partners involved. Generic breach protocols for local adaptation are available on request.

4.6 Continuity of Care and Aftercare

4.6.1 Existing Non-Intensive areas should already have processes and information sharing protocols in place to ensure effective throughcare and aftercare provision, particularly as clients move between community and prison and beyond. This is supported by national operational guidance agreed with National Offender Management Service (NOMS), Home Office and the National Treatment Agency which encourages Criminal Justice Integrated Teams (CJITs), Probation Offender Managers in the community and, for example, CARAT teams in prison to work together and share client information with consent to inform continuity of care and the preparation of release plans.

4.6.2 CJITs also play an important role in helping to identify potential DRR clients pre-sentence as well as to help prepare/motivate clients if a DRR is to be proposed.

4.6.3 "Aftercare" is the term used to describe what happens after drug misusing offenders are released from custodial settings, complete community sentences and/or leave treatment. Assessment and planning in relation to an individual's aftercare needs should be addressed as early as possible in the client's care plan whilst in treatment (see Models of Care Update 06). Supported by existing arrangements commissioned by the local partnerships, CJIT will need to consider what access might be provided, or brokered to appropriate wrap-around provision such as support with preventing homelessness, managing finances and debt rebuilding relationships with families, developing/building on skills and social support networks.

4.6.4 Applications from areas for intensive area status need to demonstrate that processes are in place to deliver continuity of care and wrap around services for those testing positive.

4.7 DIP communications material

4.7.1 Since the Programme started, a key piece of work has been the provision of central communications material to help build understanding of the roles of the various partners. The suite of material available is regularly reviewed and updated and includes: a general leaflet; three detailed booklets aimed at stakeholders in the courts (including judges, magistrates, justices' clerks, members of the Crown Prosecution Service and defence lawyers), staff in the prison and probation services and professionals working in the treatment sector; a DVD about DIP, which includes interviews with drug-misusing offenders whose lives have been changed by the Programme; posters and mousemats showing the DIP "client journey" as a diagram; and other material to support projects and sub-programme work.

4.7.2 DIP has a section within the www.drugs.gov.uk website. This includes up-to-date material about the Programme, downloads of the latest guidance and evaluation reports, Key Messages and a section for ordering communications materials. Visitors can also sign up for the monthly DIP e-bulletin to keep in touch with news and announcements.

4.7.3 Material has also been produced for drug-misusing offenders who are on, or are considering being part of, the DIP caseload. There is a website, a leaflet and a DVD describing how clients benefit from the Programme and how the various agencies and processes fit together to help them. Again, the material is available for DATs and CJITs to order for local use via the DIP web pages. The client website can be viewed at www.treatmenttheworks.com

SECTION 5: INVOICED COSTS / RESOURCES

5.1. This section presents details of the costs that areas will be invoiced for to cover consumable items such as drug testing kits, confirmatory analysis services. Actual costs of operating a DIP intensive area extend to the financing of Detention Officers, CJIT workers and the downstream provision of treatment services. This does not, therefore, represent the whole resource profile nor the level of finance needed to operate an effective DIP intensive area but provides guidelines for estimating costs associated with drug testing consumable items.

5.2 Drug testing equipment:

The HO will provide indicative costings on request, to assist with local areas' planning. Areas will need to budget to purchase the following equipment and consumables through calling off from the HO centrally held contract: Rapsican machines (x 2) per custody suite; Oral swab kits; Rapsican printer paper; Spare collection pads; Postal boxes for confirmatory analysis; training for cascade trainers.

5.3 Call-off from the confirmatory contract

A central confirmatory drug testing service is contracted by the Home Office. All drug test samples that are disputed, or where the use of medication has been reported must be sent for confirmatory analysis. In addition, 2% of all samples are required to be sent for Quality Assurance analysis. Taken together, areas need to allow for 14% of all drug tests conducted to be sent for confirmatory analysis.

Areas need to budget for this cost. Price is available on request.

All areas will call off of the HO centrally held contract for both screening kits and confirmatory testing services. Sites will be invoiced by the relevant supplier on a monthly basis.

5.4 Estimate of invoiced costs

The average estimated cost for a BCU conducting 2,500 – 3,000 drug tests per annum including confirmatory activity would provide invoiced costs in the region of £29,000 - £34,000 p.a. excluding VAT. This is an estimate and costs may vary. Further details are available on request.

SECTION 6: PERFORMANCE MONITORING AND REPORTING

6.1 The impact of drug testing for partnerships is substantial. To help monitor performance and track drug misusing offenders through their treatment journey, DIP has set a robust series of key performance indicators (KPIs) with which every intensive area is expected to comply. These are designed to measure key elements of the DIP process and are presented below:

KPI 1. 95% of adults arrested for a trigger offence to be drug tested.

KPI 2. 95% of adults who test positive and have an initial required assessment imposed, to attend and remain at the initial required assessment.

KPI 3. 85% of adults assessed as needing a further intervention, to be taken onto the caseload.

KPI 4. 95% of adults taken onto the caseload to engage in treatment.

6.2 The Drug Test Recorder, an excel spreadsheet that contains a record of drug tests undertaken, forms one of the data streams that areas need to submit on a monthly basis. Areas will need to provide details of how they intend to manage the drug testing data processes, the submission of monthly data returns and what contingency arrangements will be established to ensure the timely data submission.

6.3 The DIR is used for both performance monitoring and as a tool for ensuring continuity of care. Submission of accurate data is a key tool in facilitating this process. The DIR is part of a suite of forms which covers contact with a CJIT worker, information relating to the required assessment, activity data for monitoring and research purposes for use by the CJITs and CARATs and personal client information to inform continuity of care (Continuity of Care Update Form). Information is extracted from the DTR and DIR to produce KPIs and the various performance monitoring reports.

6.4 Performance data should be used locally to feedback on a region's performance

6.5 All data is submitted on a monthly basis and will form the basis of the performance assessment. All areas will be subject to a 6 month probationary period in which performance will be assessed by the Home Office to ensure that the partnership is delivering the standards of DIP provision consistent with expectations. Following a 6 month review the HO will recommend whether intensive status shall continue and that an area is transferred into the appropriate intensive reports.

6.6 The DAT is responsible for overall performance management. They must ensure that:

- the Drug Interventions Record is properly completed, data submitted in a timely manner and ensure that workers are trained to an appropriate level in its use
- performance is regularly reviewed through data reports generated by the Drugs Management Information System
- local arrangements are developed to share good practice, linking to other DATs as appropriate
- appropriate effort is focussed upon delivering against the Key Performance Indicators, taking remedial action as necessary
- DIP KPIs applicable to the specific area are agreed
- all partners work together to improve performance and share good practice (see the Increasing Client Engagement Action Plan)

6.7 The existing arrangement for the inputting of non-intensive DIR data will remain (regardless of an area's status) until the end of the current contract (March 2008) at which point this will be reviewed. Areas will be advised of any possible cost implications as appropriate.

SECTION 7: HOW DO I APPLY FOR DIP INTENSIVE STATUS?

7.1 What should I include in my application?

7.1.1 Applications will need to demonstrate an understanding of and provide evidence to support the need for drug testing and related provisions. Partnerships are expected to configure services to address local drug needs. Issues for consideration include:

Evidence

- An assessment of the current situation including current volumes of arrests made for trigger offences, an evaluation of the current drug problem and anticipated benefits of drug testing on arrest in your area.

Effectiveness

- Do partnerships work well? How will these work in a co-ordinated manner to provide a DIP end-to-end system?
- Partnerships will need to demonstrate a commitment to long term funding, provision of services and performance management measures (throughout the process).

Capacity

- What physical accommodation is available and how will this be utilised ?
- What levels of staffing are planning on being employed and what was the rationale used to calculate the staffing requirements

Processes

- The police are required to establish effective and timely processes to enforce sanctions for failure to provide a sample, attend and remain at required assessments and breaches of Restriction on Bail conditions.
- Demonstration of an understanding of the 'downstream' effects of introducing drug testing such as sufficient CJIT workforce, treatment provision and aftercare services.

Costings

- Partnership bids will need to include funding plans of proposed new structures or details of re-organisation of existing structures to establish the necessary DIP provisions outlined in Section 4 and to provide an accurate estimation of monthly and annual invoiced costs.

Performance

- How will data be collected, monitored and quality assured. What processes will be established to support this function?

PPO Alignment

- Areas will be expected to provide details of the close and co-operative working between DIP and PPOs delivering an integrated approach to offender management

7.1.2. The role of the Government Office has been instrumental in the development of effective intensive areas and partnership areas are advised to work closely with the DIP lead in the Government Office to develop an effective strategy. Applications should go via your regional Government Office for endorsement before being submitted to the Home Office.

7.2 Application process

7.2.1 The partnership bid will need to demonstrate partnership-wide buy-in to include the DAT Chair, GO Representative, the NTA representative, Chief Constable/ BCU Commander, Chief Justice Clerk to the court/ Bench Legal Managers, Probation, CPS, and the Home Office Regional Director. The application needs to be signed by the Chief Constable and the DAT Chair. All applications should be submitted via the GO DIP lead to Tracy Beswick, Drug Testing Policy Lead, Drug Interventions Programme. The Home Office will consider partnership applications and other relevant advice from the GOs and NTA before coming to a final decision.

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Drug Interventions Programme.
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SECTION 8: WHAT HAPPENS NEXT?

8.1 The GO and HO will assess the strengths of the business case for self-funded status. Feedback will be provided on the business case submitted informing areas of any issues that need further consideration or planning.

8.2 DIP policy leads will arrange to visit the partnership to discuss plans, the intended provisions and any potential shortfalls in the business case. The aim of the visit will be to provide support to the partnership, meet the key stakeholders and discuss outstanding issues.

8.3 Once the business case has been approved by Home Office Ministers, a timetable for implementation will be prepared. Partnerships will be issued with a checklist of key components to be established. This will include scheduling of any local announcements and planned communications activity.

8.5 Once this schedule has been agreed with key partners an authorisation letter enabling an area to conduct testing will be issued by the Secretary of State

8.6 Implementation of DIP intensive status will begin.

8.7 The HO will review performance on a monthly basis to inform the outcome of the 6 month probationary period after which the area will become fully integrated into the Programme.

ANNEX A: KEY DIP ELEMENTS

The Drug Action Team will:

- operate a steering group comprising key local partners - and working with Government Office and NTA - to oversee implementation of the Programme
- identify a named DIP Champion at a sufficiently senior level to be able to influence local partners
- ensure that DIP priorities are taken into consideration and are properly reflected in local commissioning and treatment planning processes
- improve rates of retention engagement and retention of offenders in appropriate treatment and support
- have sufficient capacity to meet projected treatment demand (in-patient detoxification, specialist prescribing, day care, GP prescribing, structured counselling, residential rehabilitation) meeting and exceeding where possible NTA national targets
- exchange relevant information using appropriate protocols and processes to ensure effective inter-agency working and to support continuity of care
- ensure that commissioning and letting of contracts is equitable and transparent, is consistent with DIP requirements and local needs and meets the diverse needs of the local community (see DIP Operating Standards and Contract Management)
- make clear links to housing provision through local authority homelessness strategies to ensure that the needs of DIP clients are properly taken into account
- develop an effective communication strategy to inform the local community about DIP, related services and outcomes
- create / maintain a Criminal Justice Integrated Team to deliver DIP in the local area, working towards the integration of interventions delivered at all points of the CJS, from arrest through working with probation and prison service CARAT teams and beyond to deliver aftercare services.
- ensure that a competent and resilient workforce is recruited, developed and retained to deliver DIP, taking an innovative and wide-ranging approach to workforce growth and development
- ensure effective links and protocols are established between CJIT and local PPO scheme
- Ensure that DIP performance management requirements are met

The Drug Action Team will commission the CJIT to:

Provide interventions in line with the NTA Models of Care for Treatment of Adults Drug Misusers Update (2006), and deliver an enhanced Tier 2 service by offering ongoing support through a case management approach using key working and care planning to ensure continuity of care. Delivery of services should be informed by an assessment of local needs including consideration of:

- access to drug related advice, information and harm reduction interventions;
- triage assessment and referral where appropriate i.e. for comprehensive assessment and structured drug treatment;

- drawing up an initial care plan with the client following a triage assessment;
- access to prescribing services;
- access to Tier 2 interventions (including brief psychosocial interventions e.g. motivational interventions) for those accessing treatment or have left treatment;
- provision of a 24/7 phone line or out of hours arrangements particularly targeted at those vulnerable new and existing clients leaving custodial establishments and/or treatment;
- access to structured treatment through local care pathways commissioned by the local DAT partnership;
- access to advice/support through local care pathways e.g to address primary care or mental health needs
- alignment with the local PPO scheme
- partnership work with Probation (Offender Managers) and Prison Healthcare teams / CARAT teams
- partnership with other relevant service providers to broker/provide access to wraparound provision such as help with preventing homelessness, developing skills , rebuilding family relationships, accessing social and peer networks, and managing finances

The CJIT must

- have sufficient capacity, and arrange appropriate working hours / practices to cover custody suites and courts (Crown and Magistrate) in line with DIP priorities and demand, including the need to carry out Required Assessments promptly (intensive areas only), and Restriction on Bail relevant assessments where necessary
- ensure compliance of those who are subject to Restriction on Bail conditions and report breaches to the police promptly
- have appropriate arrangements to accept and continue treatment for those who live in their areas, referred to them from other CJITs, including those who have been required to have a Required Assessment or have been given Restriction on Bail conditions. Report to the police failure to attend / remain at the Required Assessment and breaches of Restriction on Bail conditions and to the original CJIT as appropriate
- have in place a Single Point of Contact (SPOC)