
COMPREHENSIVE ASSESSMENT FORM

Ballyfermot Treatment & Rehabilitation Pilot project

September 2011

A framework through which service providers will ensure that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs and create for them an individual rehabilitation pathway.”

Date of agreement: 13th September 2011

NOTES RE: USE OF COMPREHENSIVE ASSESSMENT

This comprehensive assessment should be carried out by a trained and competent person.

As the service user continues to engage with services following initial assessment, a comprehensive assessment should be undertaken as part of the process to developing an interagency care plan.

The service user does not have to complete sections of the assessment form if they choose.

Outcomes

- A. Completion of a comprehensive assessment addressing the wider needs of the service user.
- B. Development of an interagency care plan with all areas of identified need addressed and actions/interventions agreed between the service user and all service providers.
- C. The Case Manager in the lead agency is identified along with the key worker/point of contact in each service responsible for progressing each action and an agreed time-line.
- D. The interagency care plan is regularly reviewed and updated reflecting the current needs of the service user.

Key Processes

- 1. As the service user continues to engage with services following initial assessment, a comprehensive assessment should be undertaken as part of the process to developing an interagency care plan. An interagency care plan involves the service user and all existing and future services involved in their care, contributing to its development.
- 2. The interagency care plan will outline the interventions agreed, referrals required and timeframe outlined to review the intervention/issue/action identified.
- 3. If a comprehensive assessment has already been completed by another service, there may be some value in obtaining a copy which may be updated with the service user.
- 4. The key worker should obtain the service user's written agreement to share relevant information that the service user has provided in the comprehensive assessment for purposes of referral or making contact with other services for additional supports.
- 5. The comprehensive assessment should be carried out by a trained and competent person. Training levels and competencies to be determined by NDRIC.
- 6. The comprehensive assessment should be completed in line with the common assessment guidelines and a care plan developed with realistic goals and addressing the physical, psychological, social and legal needs identified.
- 7. An essential part of developing the interagency care plan is the involvement of services already working with the service user and with any new services identified to agree actions and timescales.
- 8. Any referral or interagency meeting at this stage should be carried out in line with the Referral Protocol or the Interagency Care Plan Meeting Protocol.
- 9. Criteria for determining the most appropriate lead agency, should include :
 - i. Intensity and regularity of contact with service user
 - ii. Capacity of service provider
 - iii. Client preference
- 10. The case manager is generally appointed from within the lead agency, but both positions may change over time, by agreement at the interagency care plan meetings, as progress of the interagency care plan goals is achieved.
- 11. The case manager assigned to the service user will manage and co-ordinate the implementation of the interagency care plan agreed among the services identified in the interagency care plan.
- 12. The case manager is responsible for monitoring and following up on referrals and general goals and responding to issues or blocks as these arise.
- 13. The case manager is responsible for ensuring the interagency care plan is reviewed with the service user at agreed intervals and updated as required.

Is this person aware of drug use / contact with this service?	Y N				
Living with (circle one):	<i>alone parents /family friends partner partner & children alone with children foster care other..... Not known</i>				
Living where (circle one):	<i>stable accommodation institution homeless other unstable accommodation</i>				
Services / workers you are in contact with over the last year (we will only contact them after consenting with you).	<table border="0"> <tr> <td data-bbox="399 450 877 943">Organisation</td> <td data-bbox="877 450 1560 943">Workers Name (contacts if known)</td> </tr> <tr> <td colspan="2" data-bbox="399 840 1560 943">(The worker may wish to prompt the following: probation officer, addiction treatment centre, counsellor, social worker, housing service, other key working service, children's support services).</td> </tr> </table>	Organisation	Workers Name (contacts if known)	(The worker may wish to prompt the following: probation officer, addiction treatment centre, counsellor, social worker, housing service, other key working service, children's support services).	
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REASON FOR REFERRAL

Presenting problem	
History of presenting problem	

CURRENT DRUG/ALCOHOL USE

	Drug Use
Measurement tool to be agreed as per national guidelines (e.g. MAP)	
Type of contact with this programme circle one	<i>First treatment</i> <i>One or more treatment periods</i> <i>Not known</i>
Number of times started treatment in this programme this year (Jan to Dec)	
Ever previously treated for problem <u>drug</u> use? Circle one	<i>Never treated</i> <i>Previously treated</i> <i>Not known</i> <i>Not applicable</i>
If previously treated, state which drug	
If previously received opioid replacement treatment, please specify age first received opioid substitution	<i>treatment</i> <i>Not known</i> <i>Specify first drug used (excluding alcohol)age at first</i>
Evidence of harmful use/dependence	
Evidence of withdrawal symptoms/intoxication	
Financial costs of use and means of financing use	
Consequences of alcohol/drug use: health, social, economic, legal	
What supports / progress are required in this area (shorter term)?	
Goals: Short term Medium Long term	

Drug type <i>Please rate order of preference / regularity in the brackets e.g. 1, 2, 3 etc.</i>	Age at first use	How often <i>1. daily or almost daily 2. several times a week 3. at least once a week 4. less than once a week 5. not known</i>	Amount used	Route of transmission. <i>1. inject 2. smoke 3. eat/drink 4. sniff/snort 5. sublingual 6. rectal topical</i>	Harm reduction awareness <i>(Y/N) Discuss harm reduction issues, (see guidebook for info)</i>
Heroin ()					
Cocaine ()					
Benzodiazepine ()					
Amphetamines (Crystal Meth) ()					
Ecstasy ()					
Cannabis ()					
Alcohol ()					
Methadone ()					
Tobacco ()					
Codeine ()					
Sleeping tablets ()					
Other ()					

	ALCOHOL USE
Measurement tool to be agreed as per national guidelines (e.g. AUDIT)	
Brief relevant case history	
Services currently involved or which have been involved in the care plan to date.	
What supports / progress are required in this area (shorter term)?	
Any future goals (longer term)?	
Specify main type of alcohol consumed:	<i>Beer spirits wine fortified wine cider alcopops</i> <i>Other _____</i>
How many drinks were consumed over a typical drinking session over the past month If none, put 0	
Number of days alcohol was consumed over the past month If none, put 0	
Please categorise the extent of the drinking problem (as per tool)	<i>hazardous drinker harmful drinker dependent drinker</i>
Ever previously treated for problem <u>alcohol</u> use? Circle one	<i>Never treated Previously treated Not known Not applicable</i>
Evidence of withdrawal symptoms/intoxication	
Financial costs of use and means of financing use	
Consequences of alcohol use – health social, economic, legal	

GENERAL PHYSICAL HEALTH

Is there any disability?																					
Are there any concerns in regard to your health?																					
Are there any concerns in regard to your children's health?																					
Are there any dentistry needs?																					
<p>Services currently involved or which have been involved</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">Name & Organisation</th> <th style="width: 25%; text-align: left;">phone /email</th> <th style="width: 30%; text-align: left;">Intervention / supports</th> <th style="width: 10%; text-align: left;">case live?</th> </tr> </thead> <tbody> <tr> <td>GP?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dentist?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Specialists?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Holistic services?</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name & Organisation	phone /email	Intervention / supports	case live?	GP?				Dentist?				Specialists?				Holistic services?				
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Is there compliance with medication?	What supports / progress are required in this area (shorter term)?																				
Do you have information on sexual health issues?																					
<p>Goals:</p> <p>Short?</p> <p>Medium?</p> <p>Long term?</p>																					

MENTAL HEALTH/WELLBEING

	Relevant Case History								
Interested in accessing counselling for any issues / is there a need support around depression, anxiety, general esteem etc?									
Psychiatrist? Treatment history with a hospital? Outpatient support	Services currently involved or which have been involved <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name & Organisation</th> <th style="width: 20%;">phone /email</th> <th style="width: 30%;">Intervention / supports</th> <th style="width: 10%;">case live?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name & Organisation	phone /email	Intervention / supports	case live?				
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Goals: Short? Medium? Long term?									

CURRENT MEDICATION

Current medication prescribed	Medication & dosage

RISK BEHAVIOURS

<p>Check:</p> <p>Suicide</p> <p>Self harm</p>	<p>Risk of harm to self, please detail:</p>															
<p>The worker needs to ensure:</p> <p>- Service user is aware of exchange times</p> <p>- service user has had safer injection session and understands vein care etc.</p> <p>*TO BE COMPLETED BY RELEVANT & TRAINED ORGANISATION ONLY*</p>	<p>Risk of harm through Drug Use:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Ever injected:</td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 20%; text-align: center;">No</td> </tr> <tr> <td>Injected in past month:</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Ever shared injecting equipment:</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Ever overdosed?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Aware of risks of indirect sharing: (sharing filters, spoons, water, front/backloading)</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Ever injected:	Yes	No	Injected in past month:	Yes	No	Ever shared injecting equipment:	Yes	No	Ever overdosed?	Yes	No	Aware of risks of indirect sharing: (sharing filters, spoons, water, front/backloading)	Yes	No
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Ever overdosed?	Yes	No														
Aware of risks of indirect sharing: (sharing filters, spoons, water, front/backloading)	Yes	No														
<p>What issues lead to greater risks in any of these areas?</p> <p>- Non compliance with medication?</p> <p>- Alcohol drugs?</p> <p>- Certain people?</p> <p>- anniversaries?</p> <p>- times of the year?</p>	<p>Risk factors and plan to avoid risks</p>															
<p>Who will be contacted in regard to this information?</p>																

PAST HISTORY OF DRUG & ALCOHOL USE

Age of 1 st use	
Progression of use	
Age of 1 st injecting	
History of overdose	

PAST TREATMENTS FOR DRUG & ALCOHOL USE

Places of treatment	
Type of treatment	

PAST MEDICAL HISTORY

Past viral testing & results	
Vaccination history	
Past operations Past illness Past diseases	

PAST PSYCHIATRIC HISTORY/PAST MENTAL HEALTH ISSUES

Diagnosis	
Treatment	
Consultant & service attended?	

FAMILY STRUCTURE & HISTORY

Family structure?	
Is there a family history of addiction? If so give details	
Is there a family history of mental health problems? Is so give details	

PERSONAL HISTORY

<u>EDUCATION/TRAINING ASSESSMENT</u>				
	<p><u>Relevant Case History</u></p> <p>Age left primary or secondary school (complete of circle option below)</p> <p>never went still at school not known</p> <p>Highest level completed (circle)</p> <p>primary incomplete primary level junior cert leaving cert third level</p> <p>never went to school still in education special needs education</p>			
What was your school experience?				
Education and training that has been completed?				
Engagement in FAS CE programme, i.e. is there time left?				
	<p>Services currently involved or which have been involved</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Name & Organisation</td> <td style="width: 30%; border: none;">phone /email</td> <td style="width: 30%; border: none;">Intervention / supports</td> </tr> </table>	Name & Organisation	phone /email	Intervention / supports
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Literacy or learning difficulties / and related support needs?	What supports / progress are required in this area (shorter term)?			
Interests?				
Goals: Short? Medium? Long term?				

SOCIAL HISTORY/SOCIAL FUNCTIONING

LIVING ARRANGEMENTS									
Detail the following: - size of family - history of service involvement with reasons for leaving accommodation - history of evictions - rough sleeping - area of origin - other housing needs	Relevant Case History								
Do you have children, if so record names, ages and current address									
Social Work - past or current? Children's schools? Children's services? Education Welfare Officer?	Services currently involved or which have been involved <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name & Organisation</th> <th style="width: 20%;">phone /email</th> <th style="width: 20%;">Intervention / supports</th> <th style="width: 20%;">case live?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name & Organisation	phone /email	Intervention / supports	case live?				
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What supports can be offered to assist in strengthening relationships?o	What supports / progress are required in this area (shorter term)?								
Relationship with partner/spouse/family & friends									
Hobbies?									
Activities									
Social outlets									
Supports									
Spiritual/religious beliefs??									

FINANCIAL SITUATION									
Sources of income and weekly income.									
Outstanding debts (what is this related to; i.e. general expenses, drugs, gambling etc)?									
CWO? St Vincent De Paul? MABS?	<p>Services currently involved or which have been involved</p> <table border="1"> <thead> <tr> <th>Name & Organisation</th> <th>phone /email</th> <th>Intervention / supports</th> <th>case live?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name & Organisation	phone /email	Intervention / supports	case live?				
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Current bank account? Photo ID?	<p>What supports / progress are required in this area (shorter term)?</p>								

CRIMINAL HISTORY/LEGAL ISSUES

Outstanding warrants or charges?	Relevant Case History								
Upcoming court dates?									
Criminal record, time in prison									
Probation officer past or present?									
Probation officer? Solicitor	<p>Services currently involved or which have been involved</p> <table border="1"> <thead> <tr> <th>Name & Organisation</th> <th>phone /email</th> <th>Intervention / supports</th> <th>case live?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Name & Organisation	phone /email	Intervention / supports	case live?				
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ON-GOING CARE

Services currently involved or which have been involved in the care plan to date.	
What supports / progress are required in this area (shorter term)?	
Goals: Short? Medium? Long terms?	

ASSESSMENT OF MOTIVATION & READINESS TO CHANGE

ASSESSMENT OF GOALS

Service users goals and own assessment of needs	

FORMULATION DIAGNOSIS/ASSESSMENT OF NEEDS

ASSESSMENT DETAILS – for office use only	
Date of initial assessment (dd/mm/yy):	
Assessment outcome:	<i>circle one</i> Suitable Unsuitable
Centre assessment criteria fulfilled	<i>circle one if applicable</i> YES NO Pending
Date assessment criteria fulfilled if applicable (dd/mm/yy):	

END

BALLYFERMOT TREATMENT & REHABILITATION PILOT PROJECT CARE PLAN

Date Objective set	Objective and Timescale	How will progress be measured	Work to be done to achieve objective	Referred to	Name of worker & agency	Outcome	Comment: Reasons achieved or not