**SUPERVISION ORDER**

**Care Pathway**

Supervision Order lasting 12 months

AIMS:

* To prepare for discharge
* To link into community services and utilising them in the care package
* To maintain abstinence
* To build a recovery capital

PLAN / OVERVIEW:

* Appointments will occur at home as well in the community.
* Mental Health and Substance Misuse services to update the care plan and use the crisis relapse and prevention plan, i.e. “Stay Well Plan”.
* CPA when care proceedings end
* Intervention planning meeting – Formulation
* 6 weekly appointments with CGL\*\*
* Quarterly reviews with the judge
* As a minimum 2gether staff face to face appointments 1 per month
* Trauma informed
* Still meeting individual needs
* Testing not to be used as an intervention, it has little therapeutic value.
* Random testing
* Intervention plans will have the week number (1-4, 5-9 etc.) and identified evidenced based intervention.

\*\*Change, Grow, Live (CGL) - CGL are a prescribing organisation. Clients are seen every 6 weeks, alternating navigation and medical reviews. For those not prescribed they are seen every 6 weeks but if risks are low, then possibly less often.

**SUPERVISION ORDER PLAN – CARE PATHWAY**

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| **WEEK RANGE** | **ACTIONS** |
| Week 1-4 | * Stay Well Plan – both Mental Health & Substance Misuse
* Focus on maintaining recovery and wellness
* Have a formulation where the plan is shared and agreed upon
* Substance Misuse intervention weekly as a minimum (SM specialist or CGL)
* Three times weekly testing, with either TACS Team or CGL
* Weekly group attendance as per CGL policy
* Mental Health intervention fortnightly to be combined with testing
* Interventions to build recovery capital
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| Week 5-12 | * Testing reduced to twice weekly, with either TACS Team or CGL
* Substance Misuse intervention a minimum of once weekly (SM specialist or CGL as clinically indicated)
* Weekly group attendance as per CGL policy
* Mental Health intervention fortnightly to be combined with testing or as clinically indicated
* Interventions to build recovery capital
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| Week 13-20 | * Testing reduced to once weekly, with either TACS Team or CGL
* Substance Misuse intervention as required, either TG or CGL
* CGL input as required
* Mental Health intervention every 3 weeks to be combined with testing or as clinically indicated
* Interventions to build recovery capital
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| Week 21-28 | * Testing reduced to fortnightly, with either TACS Team or CGL
* Substance Misuse intervention as required, either TG or CGL
* CGL input as required
* Mental Health intervention every 3 weeks to be combined with testing or as clinically indicated
* Interventions to build recovery capital
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| Week 29-end | * Testing reduced to monthly, with either TACS or CGL
* Substance Misuse intervention as required, either TG or CGL
* CGL input as required
* Mental Health intervention as required to be combined with testing or as clinically indicated
* Hair strand testing at the start of the last 3 months (from about week 36)
* Repeat PHQ, GAD, TSQ
* Final appointment with consultant
* Interventions to build recovery capital
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| Ending | * Therapeutic ending letter with paragraph from the Care Team
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| In the event of lapse or relapse | * Look at the What If/Crisis Plan
* 2 potential types of crisis - mental health or substance misuse
* Reassess and formulate (testing adds to assessment, should not be the focus) – reassess with Dr Karen Williams if required
* Offer increased testing and intervention, revisit lessons learned
* Liaise with other services
* Open telephone access
* Offer an Intervention Planning Meeting
* Purposeful and time limited increase of support
* Hair strand testing or SCRAMX if required
* Interventions to build recovery capital
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| In the event of a detoxification | * Appointment with Consultant and Substance Misuse Nurse, joint meeting/communication with CGL prescribers and navigator and SW to devise a clear plan of detox
* Use withdrawal charts, physical observations
* Offer increased testing and intervention, revisit lessons learned, self-soothing skills etc.
* Pre, mid and post prep planning interventions including the patient
* Relapse prevention medication
* Hair strand testing or SCRAMX if required
* Interventions to build recovery capital
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| Information given to parent | * Crisis Team phone number, pack/leaflet with contact numbers
* Harm Reduction Information on self-harm/drug overdose
* Stay Well Plan
* Menu options – list of interventions we can explore
* Parent friendly plan of this Supervision Order Plan
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MENU OF OPTIONS (building recovery capital):

* Budgeting
* Health lifestyles including exercise
* Dental services
* Contraception/sexual health
* Home-seekers
* Community Links
* Employment
* Emerging Futures
* Adult Education
* NTWC Scheme (buy back or something similar)
* Further counselling, i.e. GRASAC, Let’s Talk, CGL counselling
* Review previous skills, i.e. mindfulness, relaxation, refusal skills, communication, stress management
* Confidence building – Job Centre course?
* Independence Trust
* Recovery Skills
* The Cavern
* Nelson Trust Women’s Centre