

# Publication withdrawn

This guidance was withdrawn in April 2024.

For up-to-date information about the National Drug Treatment Monitoring System (NDTMS), see [core data set documentation on the NDTMS website](#).



Public Health  
England

Protecting and improving the nation's health

# **NDTMS CJIT dataset: supplementary guidance**

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Public Health England  
Wellington House  
133-155 Waterloo Road  
London SE1 8UG  
Tel: 020 7654 8000  
[www.gov.uk/phe](http://www.gov.uk/phe)  
Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk)  
Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

For queries relating to this document, please contact:  
[evidenceapplicationteam@phe.gov.uk](mailto:evidenceapplicationteam@phe.gov.uk)



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Published December 2018  
PHE publications  
gateway number: 2018678

PHE supports the UN  
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## Introduction

PHE took over the responsibility for CJIT data collection from the Home Office DIRWeb system in November 2013. In April 2017 the National Drug Treatment Monitoring System (NDTMS) team within PHE took over responsibility for the submission and quality of CJIT data.

Providers of 'CJIT' services can either enter information onto CJITDET (a PHE built web-based data collection tool) or onto a local case management system (CMS) and then submit data to PHE via the CJIT V2 portal. The data is reported back to partnerships and providers in the monthly Community Criminal Justice Report which is available on the ReportViewer.

## Aim of the supplementary guidance

This supplementary guidance describes the useful information that the NDTMS CJIT dataset can provide to commissioners and service providers to help them assess the effectiveness of local pathways into treatment for individuals with drug and alcohol problems who are in contact with the criminal justice system.

The NDTMS CJIT dataset collects information on individuals in the criminal justice system at their first point of contact with the drug and alcohol treatment system, together with the referral sources. It also records referrals into drug and alcohol treatment services and allows a service to record and monitor caseload numbers and discharges.

Because of the importance and efficacy of drug and alcohol treatment interventions to the reducing re-offending agenda, PHE would encourage commissioners and services to collect this information and make full use of the NDTMS CJIT dataset.

# Commissioning community drug and alcohol pathways

Several local stakeholders are likely to have an interest in ensuring pathways into effective drug and alcohol treatment and recovery services exist, the main ones are set out in the diagram below:



## Local authorities

Local authorities, through the public health grant, commission drug and alcohol interventions which focus upon individuals in contact with the criminal justice system as part of their treatment provision. Community safety partnerships, which oversee local crime and re-offending strategies, including integrated offender management (IOM) approaches (see below), are also likely to require access to public health services to assist the rehabilitation of offenders or to support individuals at risk of offending or victims of crime.

IOM offers a framework for managing locally identified priority offenders. The breadth and depth of the IOM approach in each area can vary. However, the main strategic partners in IOM are the police, National Probation Service, community rehabilitation

companies and community safety partnerships. In the majority of areas where IOM exists, pathways into alcohol and drug treatment and recovery services will be critical to the IOM aim of reducing re-offending.

## Police and Crime Commissioners (PCCs)

PCCs in each police force area can also commission services to identify and target drug and alcohol using offenders upon arrest. These services may include the use of drug testing upon arrest followed by the imposition of a required assessment where appropriate; voluntary engagement of detainees by drug and alcohol workers located in custody suites and/or the use of 'out of court' disposals, for example, conditional cautions. In many cases, PCCs and local authorities will align or co-commission these services to ensure integrated pathways which lead to effective alcohol and drug treatment and support are established.

## National Probation Service and community rehabilitation services – community sentences

Statutory offender management services are provided by the National Probation Service (NPS), which supervises high risk individuals, and local community rehabilitation companies (CRCs) which supervise low to medium risk offenders.

The NPS provides a service to criminal courts including the assessment of defendants' offending, risk and needs to assist with the sentencing process. To contribute to this process, substance misuse services may be commissioned to provide reports including assessment for suitability for a drug rehabilitation or alcohol treatment requirement as part of a community order or a suspended sentence order. Many of the low to medium risk offenders supervised in the community by CRCs will have substance misuse problems linked to their offending and therefore referral routes from both NPS and CRCs into local treatment services will be required, supported by local operational protocols.

## NPS and CRCs – post release licence and supervision

Both NPS and CRCs are the responsible agencies for the supervision of sentenced prisoners released into the community under licence conditions. These responsibilities apply to all prisoners including (from February 2014) those serving less than a 12 month sentence. CRCs are also responsible for the provision of 'through the gate' services in all resettlement prisons which aim to ensure that support and rehabilitation for prisoners commences prior to and immediately upon release and continues for the duration of their licence and post sentence supervision.



'Through the gate' services are not primarily intended to provide drug and alcohol treatment themselves but should support the continuity of any drug and alcohol treatment in the community upon the release of a prisoner. Individuals subject to licence and post sentence supervision in the community may have discretionary conditions imposed upon them including a drug testing requirement and a drug appointment requirement. In such cases, the roles and responsibilities of each service involved with a prisoner's transition from prison into the community should be clear.

## Other stakeholders

Liaison and diversion services have been rolled out across the country under the direction of a national programme led by NHS England. These services are based in police custody suites and in courts and aim to identify and assess individuals in contact with the criminal justice system who have a range of vulnerabilities including mental health issues, learning disabilities and substance misuse. Drug and alcohol services may wish to make links with their local liaison and diversion service in order to ensure that they work together to improve the identification, assessment and referral into appropriate treatment, recovery and support services for individuals with complex needs.

# Prompts for commissioning pathways into treatment

In considering the commissioning of pathways into treatment, the following prompts might be useful:

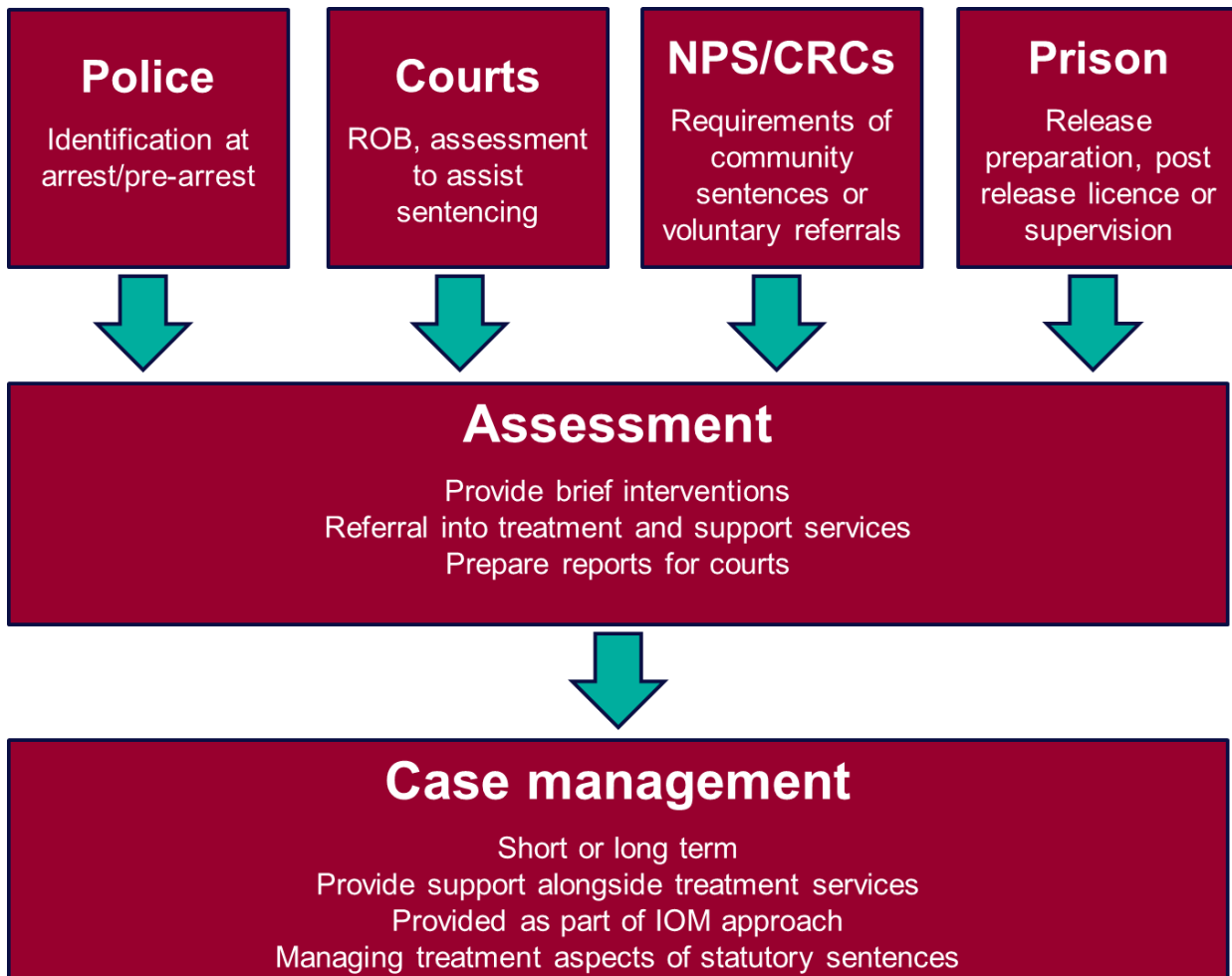
1. Are there clear pathways for alcohol and drug misusing offenders to access alcohol and drug treatment at every point in the criminal justice process (ie liaison and diversion teams, police custody suites, courts, youth offending teams, CRCs/NPS, prisons, and the children and young peoples' estate)? Are these pathways part of the local integrated offender management model?
2. Have discussions with police and crime commissioners taken place on investment in police custody-based alcohol and drug misuse interventions or other appropriate criminal justice pathways?
3. Has the local authority engaged with the NHS England local area team responsible for health and justice? Have they agreed a jointly owned and collaborative approach to commissioning fully integrated services that effectively support and engage individuals as they transition between custodial and community settings?
4. Have commissioners engaged with their local NPS and community rehabilitation company? Have they agreed capacity and treatment interventions required for offenders subject to statutory supervision as part of a community sentence and as part of licence conditions and post-sentence supervision?
5. Are there adequate arrangements to cover custody suites, courts and other points in the criminal justice system to ensure that individuals can be identified and screened? Are required assessments and restrictions on bail assessments completed promptly and are individuals referred or case managed into treatment and support services effectively?

## Models of delivery

A local area's drug and alcohol treatment system may decide to commission a team which provides specific interventions for individuals at various access points in the criminal justice system. These main points of access are:

- in police custody suites or from 'pre-arrest' local policing operations
- at court
- from offender management agencies – ie NPS or CRC and/or via a local IOM approach
- from prison for release planning purposes

The diagram below sets out a general model pathway for individuals with substance misuse issues in contact with the criminal justice system, incorporating access points and referral reasons, and the possible assessment and case management functions which may be delivered along the pathway.



Note that there is no prescribed model for how pathways into treatment for clients in contact with the criminal justice system should be set up – this is a local decision based on an area's needs assessment and usually in discussion with other stakeholders as described above. However, the following framework might be useful in considering the effectiveness of pathways:

- individuals in contact with the criminal justice system often have complex needs, including co-existing substance misuse and mental issues; women in particular may have experienced domestic violence, abuse or other trauma. Integrated referral pathways into other relevant support and treatment services should be available
- motivation can be increased by offering interventions at opportune times, for example upon arrest or prior to release
- early identification and case management may be able to prevent or mitigate against the development of more entrenched problems, for example the loss of accommodation
- dedicated monitoring and case management of individuals in contact with the criminal justice system can help to increase positive outcomes, for example, by supporting access to treatment services, monitoring and preventing drop out, contributing to risk assessment and sentence completion

## NDTMS CJIT dataset

The NDTMS CJIT dataset is flexible enough to provide a useful tool no matter how pathways are configured and what type of interventions a commissioned service provides. The following list shows the possible referral routes through which an individual can come into contact with the CJIT. These options can all be recorded on the NDTMS CJIT dataset.

### Referral sources

- voluntary – following a cell sweep
- voluntary – following release from prison
- voluntary – other (including self-referral)
- voluntary – liaison and diversion
- required assessments imposed following a positive test
- restrictions on bail
- conditional cautioning
- assessment for the purposes of a pre-sentence report from NPS
- required by offender manager – this covers referrals from NPS/CRCs/IOM where treatment will be for example for DRR/ATR and/or additional case management is to be offered. This would also cover referrals by offender managers of released prisoners subject to licence conditions.
- requested by offender manager – post statutory supervision for example of DRRs/ATRs but could also include referrals made after the expiry of licence for post release supervision or a voluntary referral
- following referral by treatment provider (post treatment support)
- other

### Case management and case reviews

A regular review of service users is important to ensure they are receiving the appropriate treatment, recovery interventions, case management and support they need. The regularity of reviews will be determined by good operational practice and the nature of the service commissioned.

When working with individuals in contact with the criminal justice system, there might be additional 'significant events' where a review of a case may be advisable. Some examples are when a service user:

- engages/disengages in employment, training and/or education
- is successfully housed in permanent accommodation or becomes homeless
- engages/disengages with his family or other stable relationship

- enters prison
- disengages from treatment
- is arrested
- demonstrates a worsening or improvement in health
- agrees with the case manager that the care plan is unrealistic or counter-productive

The table below describes several scenarios that may occur at review and the possible action that could be taken:

<b>Case management review scenario</b>	<b>Possible action to be taken</b>
The service user is still misusing their problematic substance and still offending.	The service user remains on the caseload, and appropriate interventions are delivered to address the service user's offending.
The service user is still misusing their problematic substance but is no longer offending.	The service user exits the caseload and is referred to other community-based treatment and recovery services.
The service user is no longer misusing their problematic substance but is still offending.	The service user may exit the caseload but is referred to other locally available intensive intervention and support programmes (for example, IOM).
The service user is no longer misusing their problematic substance and is no longer offending.	The service user could be referred into appropriate non-CJS support services locally.

Whenever a care plan review takes place, the review outcomes can be recorded on the NDTMS CJIT dataset. This will include any new:

- referrals to structured treatment – record the date and agency referred to for treatment interventions
- non-structured treatment interventions which the client has received while on the caseload, for example, family or housing support

## Case closures

There are 2 sets of case closure reasons that can be applied depending on the service user's situation. If a client has been assessed and it has been agreed that they will not be taken onto the caseload then the episode needs to be closed, recording the closure date and one of the following 'prior to caseload' reasons:

- no further intervention required
- did not want to engage

- already case managed by structured treatment provider/ other CJIT/ Offender Manager
- transferred – in custody
- transferred to another CJIT area

If the service user is currently on the caseload then the episode needs to be closed, recording the closure date and one of the following 'from caseload' reasons:

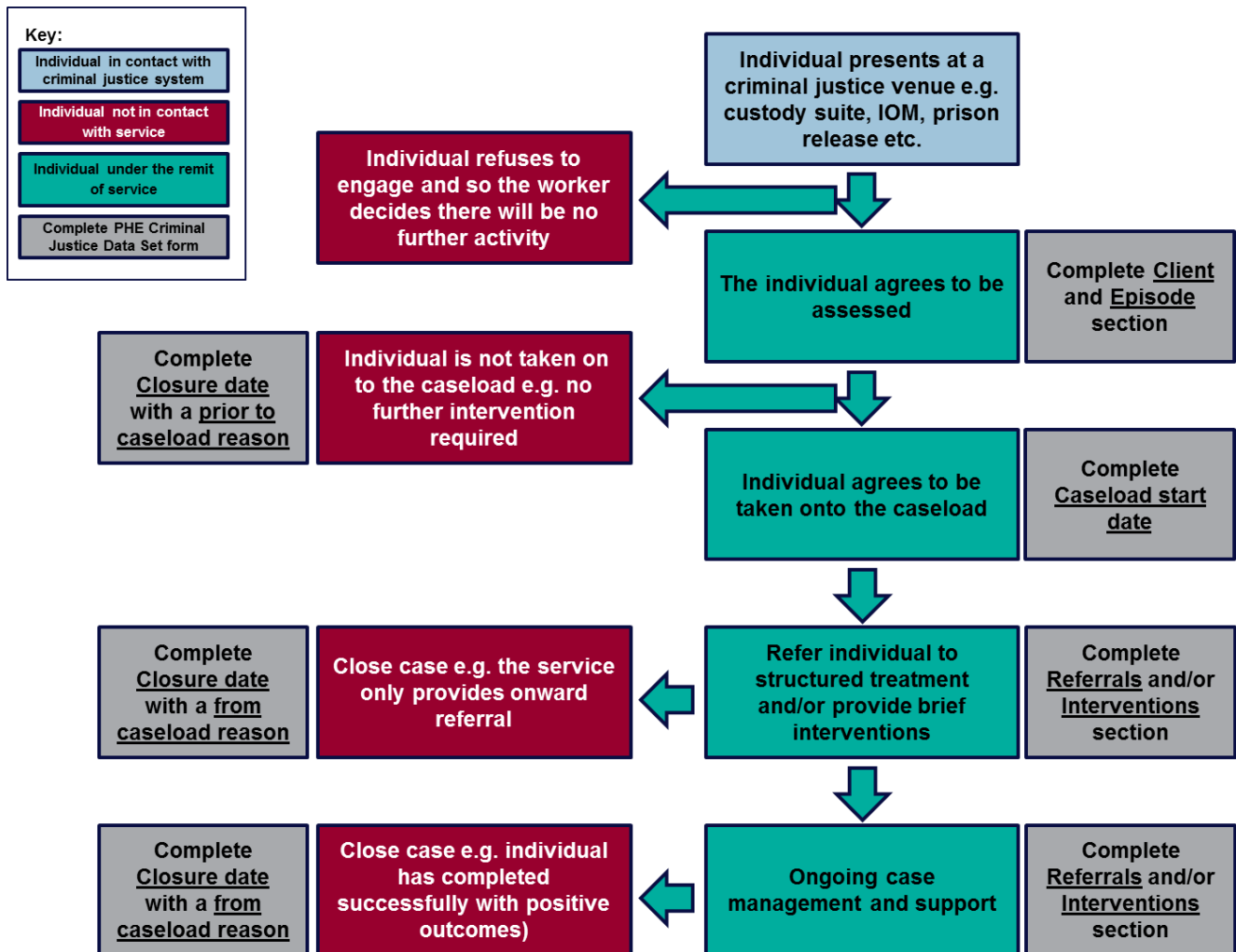
- care plan objectives completed – drug-free
- care plan objectives completed – alcohol-free
- care plan objectives completed – occasional user
- transferred – not in custody
- transferred – in custody
- transferred to another area
- transferred to an offender management team and no longer case managed by the CJIT
- incomplete – dropped out
- incomplete – treatment withdrawn by provider
- incomplete – retained in custody
- incomplete – client died

Full business definitions for all data items in the NDTMS CJIT dataset can be found in the CJIT business definitions:

[assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/723168/NDTMS\\_CJIT\\_business\\_definitions\\_\\_CDS-O\\_\\_V2.02.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/723168/NDTMS_CJIT_business_definitions__CDS-O__V2.02.pdf)

# Process and data flow

This flow diagram shows the typical process stages of an individual entering and progressing along the criminal justice pathway and the points at which the PHE CJIT dataset would be completed.





## Benefits of completing the NDTMS CJIT dataset

It is a local decision as to whether a service should return data to the NDTMS CJIT Dataset; the benefits of doing so are:

1. The NDTMS CJIT dataset and the community criminal justice reports provide commissioners and providers with a robust validated national system that will highlight any anomalies and give you the opportunity to see other partnerships around the country for benchmarking purposes. It can be used alongside local information collection and reporting systems
2. If interventions for individuals in contact with the criminal justice system are jointly or co-commissioned, for example, with the PCC or the community safety partnership, the monthly community criminal justice reports can be used to provide evidence of the effectiveness of interventions
3. The CJITDET dataset is only one-side of A4, collecting data about brief intervention work and referrals to structured treatment. This data is matched to other NDTMS datasets such as the community structured dataset and prison dataset to provide a holistic overview of clients moving through a local treatment system, ie a client moving through criminal justice services, mainstream structured drug treatment service and treatment while in prison
4. The monthly community criminal justice report provides data on the main process and attrition points a client takes through the journey in the criminal justice system. It shows a monthly and quarterly breakdown of the referral routes, the number of clients assessed, of those how many are taken onto the caseload and the number of clients referred into structured treatment. The report also shows demographics of the current caseload, reasons why clients exit the caseload and whether they go onto start structured treatment
5. The data could prove effective in helping tailor future services to meet the local criminal justice treatment landscape based on emerging trends seen in the data
6. Information from the NDTMS CJIT dataset can be used to enrich the information used for the PHE annual PCC reports

# Supplementary data entry guidance for providers

## Criteria

### **What is the criteria for a client to be included on the NDTMS CJIT dataset?**

Given the variable nature of the services commissioned to provide support for offenders who misuse substances there is not a defined national criterion. Locally, commissioners will define where and when such interventions take place eg at point of arrest in custody, or, after conviction at court.

The best description is 'those individuals in contact with the criminal justice system' and the NDTMS CJIT dataset can be used to record a range of referral sources and service provision.

### **Should a client be entered onto NDTMS CJIT if they attend and remain at a required assessment or voluntary assessment but don't consent to data sharing?**

The client can be entered onto NDTMS CJIT but consent for NDTMS must be recorded as 'No' so that this information will not be submitted to PHE. Information will only be submitted to PHE for clients who have given full informed consent to data sharing in line with the NDTMS consent and confidentiality guidance, which can be accessed here: [www.gov.uk/government/publications/confidentiality-guidance-for-drug-and-alcohol-treatment-providers-and-clients](http://www.gov.uk/government/publications/confidentiality-guidance-for-drug-and-alcohol-treatment-providers-and-clients)

### **Should a client be entered onto NDTMS CJIT if they have a required assessment imposed but do not attend/remain?**

No. Due to the consent requirement explained above, clients who have not attended an assessment are unlikely to have been in a position to have given consent and so are out of scope of the dataset collected by CJIT.

### **Should a client be entered onto NDTMS CJIT if they have both an initial and follow up assessment imposed but only attend the initial assessment?**

Yes, provided the initial assessment was conducted by your service. The NDTMS CJIT dataset does not distinguish between initial and follow up assessments. It is only necessary to record the first attended assessment with your service (for clients not already on your caseload) which may be an initial assessment, follow up assessment or voluntary.

If, following an initial assessment, a follow up is imposed at the same service, which the client doesn't attend (and the client is otherwise no longer engaged with your service), the episode should be closed with the appropriate reason.

If a follow up appointment is made with a different CJIT, the episode should be closed as transferred prior to caseload irrespective of the outcome of the follow up.

If a follow up appointment has been made with your service following an initial appointment conducted elsewhere and the client does not attend, there is no need for your service to record the planned FU assessment for NDTMS CJIT.

**How should it be recorded if a client attends a voluntary/required assessment but does not engage further?**

The assessment should be entered onto NDTMS CJIT but the caseload start date should be left blank and the episode should be closed straightaway. The closure date should be the same as the last assessment and the appropriate closure reason from the 'prior to caseload' list should be given. PHE will be able to report that the client has attended their appointment but not engaged further for the reason given.

**How should it be recorded if after attending an assessment, a client has not yet been taken onto the caseload but a further appointment has been made with THIS CJIT?**

Wait until the outcome of the next appointment is known before entering onto NDTMS CJIT. For each episode that is entered onto NDTMS CJIT, we want to know whether the contact resulted in the client being taken onto the caseload.

**How should it be recorded if after attending an assessment, a client has not yet been taken onto the caseload but a further appointment has been made with ANOTHER CJIT?**

Enter onto NDTMS CJIT. Leave the caseload start date blank and close the case. The closure date should be the date of the last appointment this CJIT had with the client and the closure reason should be 'Client transferred to another service or prison prior to care plan'. The next CJIT will be able to open a new episode for the client if the client attends the subsequent appointment. Provided the DAT/Local Authority of residence has been recorded correctly in each case, we will be able to link these episodes in analysis.

**If a client has an RA imposed but is already on the caseload does this need to be recorded on NDTMS CJIT?**

The dataset does not allow you to record any re-arrest/ required assessment information while a client is already on your caseload. However, if there has been a change in the client's treatment resulting from this contact (eg a further referral to a structured treatment or recovery support), then these events should be recorded. The

NDTMS CJIT dataset is primarily concerned with required assessments as a mechanism for engaging clients who are not already in contact with the CJIT.

**Can we record that we are working with offenders who are alcohol only users?**

Yes. When recording alcohol only clients, please make sure you state no second and third drug.

**What constitutes ‘taken on to caseload’?**

Client and keyworker have agreed a plan of treatment/support to be delivered.

**If someone is caught shoplifting and is assessed in the custody suite by a CJIT worker should they be recorded on NDTMS CJIT?**

Yes this would be a typical CJIT pathway and we would expect them to be recorded on the CJIT dataset. NDTMS CJIT collects information on individuals in the criminal justice system at their first point of contact with the drug and alcohol treatment system.

**If a client goes into structured treatment should the CJIT close them or keep them open?**

See the flow diagram on page 14 of this document; this takes you through the typical stages of an individual entering and progressing along the criminal justice pathway. It indicates that clients being referred into structured treatment but not being case managed/supported by the CJIT (for example if it is only an onward referral) can be closed with a ‘from caseload reason’. The flow chart also shows that those receiving ongoing case management and support from the CJIT whilst in structured treatment are kept on the caseload (until they need to be closed with a ‘from caseload reason’).

**How do you record if a client has transferred from your caseload to another CJIT or prison?**

You can record if a client has been transferred to another CJIT or prison by completing the “Case Closure” section. You should record the date the client has been closed ie the date the CJIT is no longer case managing the client and then, if the client is being transferred from the caseload select a reason from the “From caseload” list; either ‘Transferred – not in custody’, ‘Transferred – in custody’ or ‘Transferred to another CJIT area’ and indicate where the client has been transferred to (ie either a DAT or prison code). If the client is being transferred before being taken onto the caseload then the closure reason should be selected from the ‘Prior to caseload’ list; either ‘Transferred – in custody’ or ‘Transferred to another CJIT area’ and the CJIT area/DAT or the prisons they are being transferred to should be recorded.

**If a client goes into prison, do they go on the CJIT case load when they are released and if so, is it only if they are seen to have a continuing need of treatment?**

Yes, if the client engages with the CJIT on release from prison and has an ongoing treatment need they should be entered onto the CJIT dataset.

**We currently work with Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirement (ATR) clients, do we enter these?**

Yes. The 'what prompted the contact' options include:

- "Required by Offender Management scheme/DRR/ATR" – this option should be selected while the client is currently subject to a DRR/ATR or other offender management approach
- "Requested by Offender Manager (post DRR/ATR)" – this option should be selected for clients referred to the CJIT caseload following the completion of a DRR/ATR

**When should a client be discharged from CJIT?**

The 'case management review' scenarios table on page 11 of this document outlines when clients should be kept on the caseload, and appendix E in the **CJIT Business Definitions** covers the different case closure reasons that are available. In short, if the client is still using their problematic substance (including alcohol) and offending they remain on the caseload. If they are still using but not offending then they should leave the CJIT caseload and be referred to other community-based treatment and recovery services.

## Interventions

**How do we record harm reduction or brief interventions for alcohol?**

It is assumed that these interventions have taken place as part of the assessment/care planning stage which is why PHE do not require these as part of the national dataset. However you may wish to record these locally.

Recovery support interventions can be recorded in the interventions section where appropriate.

## Submission process

**I validated a file and there were errors and warnings which I have fixed but they are still showing as errors.**

You need to re-validate the data by pressing the 'transfer'/'upload' button. This will remove any errors that you have fixed.

**I have a fatal error saying the file is the same as the previously loaded file, what does this mean?**

The content of the file you are trying to validate is exactly the same as the previous one you submitted. A change of the file name is not sufficient to be a different file.

**Do I need to fix all errors, warnings and mismatches?**

Yes. Load percentage (affected by errors) and DQ percentage (affected by warnings) should be 100% before you deal with your mismatches. If you require any help then please contact your regional NDTMS team.

## Resources and further information

PHE Blog:

[publichealthmatters.blog.gov.uk/2017/11/02/how-alcohol-and-drug-treatment-helps-to-reduce-crime/](https://publichealthmatters.blog.gov.uk/2017/11/02/how-alcohol-and-drug-treatment-helps-to-reduce-crime/)

NOMs Commissioning Group: Supporting Community Order Treatment Requirements (February 2014):

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/426676/Supporting\\_CO\\_Treatment\\_Reqs.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/426676/Supporting_CO_Treatment_Reqs.pdf)

Information on the National Liaison and Diversion programme:

[www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/](http://www.england.nhs.uk/commissioning/health-just/liaison-and-diversion/)

PHE publish annual drug and alcohol PCC Reports. For further information on these please contact your local [PHE Centre](#).

PHE publish annual commissioning support packs to help commissioners and local authorities develop joint strategic needs assessment and health and wellbeing strategies to reduce the harm caused by smoking, drinking, substance use and misuse in both adults and children. For further information on these please contact your local [PHE Centre](#).

The PHE monthly Community Criminal Justice Report and associated guidance is available to view/ download on Report Viewer in the 'latest report' section. If you do not already have a Report Viewer account, commissioners can click [here](#) to register for an account. If you work for a treatment provider you can access Report Viewer through NDTMS V2.