

KickStart Program Operational Guidelines

A Guide for Alcohol and Other Drug Treatment Providers, Community Correctional Services and the Australian Community Support Organisation

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Document purpose

The operational guidelines were developed for use by all parties involved in KickStart operations including:

- Alcohol and Other Drug (AOD) service providers that deliver KickStart programs
- Community Offenders Advice and Treatment Services (COATS) program at the Australian Community Support Organisation (ACSO)
- Corrections and Justice Services in the Department of Justice and Community Safety (DJCS), in particular Community Correctional Services (CCS) practitioners
- Department of Health

This document is pertinent to the KickStart program and is to be used in conjunction with the Joint Protocol between ACSO, Corrections and Justice Services, and the Department of Health.¹ KickStart program facilitators will also continue to use the program manuals on for clinical practice and guidance.

This document will be reviewed and updated as required by representatives from the Department of Health (DH), the Department of Justice and Community Safety (DJCS), and the KickStart Advisory Group.

The terms 'client', 'offender' and 'participant' are used interchangeably throughout this document to reflect the different audiences.

The KickStart program

KickStart group program

The KickStart program aims to improve participants' understanding of the relationship between their substance use and offending through learning skills that facilitate positive change, and guides the development of realistic and actionable self-management plans. KickStart group programs are structured and closed to enable a gradual increase in the intensity of the program content, and to ensure consistency throughout participant engagement in treatment.

¹ AOD service providers are represented by the Department of Health in the Joint Protocol between ACSO, Corrections and Justice Services and DH.

Table 1 summarises the different types of KickStart group program and their features.

Program features	42-hour group program	24-hour group program	Women's program
Program type	KickStart G42	KickStart G24	KickStart W
Program duration	8 weeks	8 weeks	8 weeks
Number of sessions	15	8	8 (plus 4 aftercare sessions)
Session frequency	2 sessions per week	1 session per week	1 session per week
Session length	Sessions 1-3: two hours Sessions 4-15: 3 hours	3 hours	3 hours
Number of participants	Up to 15	Up to 15	Up to 15
Alternative to group programs	KickStart IP15	KickStart IP8	To be determined

Structured Individual Programs: KickStart IP15 and IP8

KickStart IP15 and KickStart IP8 are designed for clients found unsuitable for KickStart G42 and KickStart G24 respectively as determined by the AOD service provider. IP15 and IP8 are also utilised as treatment options where face-to-face/in-person group programs are unable to be facilitated.

Clients may be found unsuitable by the AOD service provider due to the following:

- The Kickstart service provider identifies in the induction session that the client is not a suitable group-fit amongst other participants already enrolled in the group.
- If the client co-offended with another participant; or is a relative or well known to another participant.
- The upcoming group program has reached its capacity of 15-18 confirmed participants. The client's treatment recommendation is varied into the structured individual programs to avoid an extensive waiting period.
- The client has been discharged early from a group program and is unable to meet the minimum requirements for program completion. Reasons for early discharge could include:
 - Client has missed the first two sessions of the group without attending any catch-up sessions.
 - Repeated non-attendance (up to four group sessions in total may be missed for G42, and up to three group sessions for G24 and KickStart W).
 - Inappropriate behaviour that can impact other participants and their response to treatment (refer to [Managing challenging clients and programs](#) for more information).
 - Significant changes in mental health or physical health that prevent the individual from participating in the group.
 - There are not enough referrals for a group program to commence in a timely manner.

The AOD service provider will determine the frequency for session delivery for structured individual programs. Weekly sessions or up to two sessions per week are recommended.

Alcohol and Other Drug service providers

Community Offender Advice and Treatment Service – Forensic AOD assessment and referral coordination

The Community Offenders Advice and Treatment Service (COATS) is a forensic AOD program delivered by ACSO. The role of COATS is to undertake the forensic AOD assessment for clients who are referred by CCS. COATS delivers assessments in metropolitan and regional locations across a range of settings including office-based, Justice Service Centres, prisons, or by telehealth where required.

In relation to KickStart, COATS assessors will develop a suitable treatment plan, which may include a referral to KickStart if the client is eligible.

Community Offender Advice and Treatment Service – Client Services Unit

The Client Services Unit (CSU) in COATS undertakes referral intake, assessment and treatment coordination, and brokerage. CSU manages referrals from Community Correctional Services, Court Services Victoria, Youth Justice, Victoria Police and diversion referrals.

KickStart program providers

The AOD service providers that deliver KickStart include:

- Ballarat Community Health: Grampians catchment
- Caraniche: Gippsland, Inner North Melbourne, North Melbourne and Loddon Mallee catchments
- Eastern Consortium of Alcohol and Drug Services (ECADS): Eastern Melbourne catchment
- SECADA: Southeast Melbourne catchment
- Odyssey House Victoria: Barwon and Northwest Melbourne catchments

KickStart program structure

Participants are required to attend the core components of KickStart programs, including:

- Induction session
- Phone or face-to-face contact made by the AOD service provider between induction and the first scheduled group session to ensure the client receives bridging support and remains engaged with the program.
- Each of the KickStart program sessions.

Induction session

Prior to commencing the program, the AOD service provider uses the induction session to engage and prepare the participant for the program, and to assess suitability for the group program. Group-fit will be based on an individual's personality and behaviour, with consideration given to participants already allocated to the group. Further information on group-fit can be found in [Group suitability](#).

Bridging Support

Participants will be supported by the AOD service provider through bridging support between the induction session and first session of the group program. AOD service providers will use clinical judgement to determine the extent of engagement required for each participant. It is expected that service providers maintain weekly contact with participants during this time.

Program Sessions – Groups and Structured Individual Programs

The objectives for each program session can be found in [Appendix 2](#), [Appendix 3](#) and [Appendix 4](#).

Catch-up sessions for Group Programs

Service providers will provide participants opportunities to catch up on content that may have been missed due to non-attendance at group program sessions. This may include additional group sessions, or provision of worksheets and activities that participants can complete outside of group sessions.

Care and Recovery Coordination support

Where a participant requires significant outside-of-group supports, service providers may initiate a course of care recovery and coordination (CRC) to assist the client. Examples of support in this instance include risk assessment, crisis management and extensive liaison and referrals into other services. Not all clients will require CRC supports; it is expected that these supports will be provided primarily to G42 program participants, with the majority not requiring a full course of CRC.

Number of participants

Group programs

Service providers will allocate 15-18 participants to a group program following induction sessions, to account for the observed rate of non-attendance at the first session. AOD service providers may apply discretion regarding the number of people that are enrolled into a group program.

The ideal number of participants in a KickStart group program is 12, however KickStart group programs may include up to 15 participants.

Structured Individual Programs

In most instances clients are referred to group programs. KickStart IP15 and IP8 will be delivered to an individual as required. See [Structured Individual Programs: KickStart IP15 and IP8](#) for further detail.

KickStart program completion

Participants are directed and encouraged to attend each of the scheduled sessions to gain the full benefits of the KickStart program by their Community Correctional Services (CCS) practitioner and the AOD service provider. To achieve the key objectives of the program and ensure compliance with CCS and their court order, a minimum of 75 per cent must be attended by participants. This includes:

- Attendance at the induction session for group programs
- Attendance at six (as a minimum) of the eight scheduled G24 or KickStart W sessions or;
- Attendance at 11 (as a minimum) of the 15 scheduled G42 sessions.

The first two group sessions of the KickStart program provide an opportunity for participants to establish their involvement in the group, which builds their motivation and increases the likelihood of program completion. In the instance where a participant does not attend the first group session, they must attend the second program session to progress into subsequent group sessions.

Clients who do not attend the first and second group sessions will be discharged from the KickStart group program.

Refer to [Managing non-attendance](#) for further detail.

Central Client Management System

COATS enters referrals and client information into a central client management system (CMS) called Penelope. AOD service providers and CCS also use Penelope to input and view information and are expected to be aware of their Penelope portal account details. ACSO can provide external users with secure access to Penelope via a web-based portal.

Individual staff or organisations that are not aware of their account details or require access must consult with their manager. The relevant manager or staff member can contact the Penelope team at ACSO if access is required via:

- Email enquiries: penelope@acso.org.au
- Phone enquiries: 03 9413 7000
- Website: <http://www.acso.org.au/penelope>

KickStart eligibility criteria

The eligibility criteria are applicable to KickStart group programs and structured individual programs.

Who is eligible for referral to KickStart?

Clients subject to a community-based disposition and supervised by CCS, will undergo a comprehensive forensic AOD assessment for AOD treatment if they have an appropriate condition on their order. If found suitable for treatment, COATS will identify a suitable AOD service provider. KickStart aims to be inclusive of most forensic clients. AOD service providers and CCS practitioners encourage and support clients to engage in the program.

Clients must meet the following criteria to be referred to KickStart:

1. Medium to high risk of reoffending, guided by the Level of Service Inventory (LSI) score determined by Community Correctional Services
2. Reporting to a CCS location that is aligned with a KickStart program delivery site (refer to [Appendix 1 – KickStart service providers and sites, and CCS reporting locations](#) for further detail).
3. Reporting to CCS on one of the following community-based dispositions with an AOD assessment and treatment condition:
 - a. Community Correction Order (CCO)
 - b. CCO Imprisonment Order
 - c. Commonwealth Recognisance Order
 - d. Interstate Order
 - e. Parole Order – Victoria and interstate
 - f. Mandatory Treatment and Monitoring Order
4. A minimum period of 15 weeks is remaining on the order
5. Moderate to high risk of AOD harm as determined by COATS during the forensic AOD assessment. Through discussion with team leaders, clinical overrides are possible where the risk of AOD harm is a concern. Examples can include but are not limited to:
 - a. Substance-affected at the time of committing the offence(s)

- b. History of substance use with limited or no confidence in maintaining abstinence.
 - c. History of substance use as a coping mechanism for other life circumstances.
6. An established link between substance use and offending is identified during the COATS assessment
 7. Some clients may present with circumstances that may appear to challenge participation in KickStart - these clients are still eligible. AOD service providers and CCS practitioners actively support clients in their engagement in KickStart, where one or more of the following circumstances relates to the client:
 - a. Current engagement in any other treatment or preference to return to a previous provider
 - b. Reluctance or refusal to participate
 - c. Concerns with general mental health
 - d. Concerns with violent/aggressive behaviour
 - e. Travel and transportation
 - f. Employment – these individuals are allocated to KickStart programs that are delivered after-hours
 - g. Childcare requirements

Support packages provided by Community Correctional Services

Community Correctional Services can assist individuals who are reliant on public transport to enable travel to and from appointments. Childcare or carer's support packages are also available from CCS.

Who is not eligible for referral to KickStart?

There are some exceptions to program eligibility, where one or more of the following are identified:

1. The referral from the CCS practitioner to COATS indicates a diagnosis of, or the COATS assessor identifies a presence of one or more of the following:
 - a. Severe Acquired Brain Injury
 - b. Severe Intellectual Disability
 - c. Active and severe schizophrenia or psychosis
 - d. The COATS assessor identifies that the client's cognitive capability would limit them from participating in a group program.
2. Clinical overrides from low risk of AOD harm that do not relate to AOD use. For example, this may occur when an individual's risk of AOD harm is elevated from low to moderate due to homelessness that is unrelated to their substance use. Clinical overrides occur in consultation with team leaders.
3. Clients on Supervision Orders and Interim Supervision Orders.
4. Where the CCS practitioner indicates on the COATS referral form there is at least one conviction of a sexual offence within a current sentencing episode, which may include sentencing to multiple Orders.
5. Clients reporting to CCS locations where KickStart is not aligned with a program delivery site.
6. Clients who require interpreters to engage in treatment.²

² The current format of the KickStart program includes significant verbal communication, and paper-based written activities that are completed by participants. At this stage, individuals who require interpreters are not eligible for the KickStart program.

7. Where a client has completed a Kickstart program within the previous 24 months.
 - a. Where a client specifically requests a referral into KickStart after successful completion of the program within the previous 24 months, they may be re-referred to the program (providing the eligibility criteria is met again). It is recognised that clients may build on their learnings from their previous engagement, if they participate again in a different group dynamic.

KickStart referral pathway

Referral from Community Correctional Services to COATS

1. The CCS practitioner will send the Program Referral Form to the COATS Intake team in the Client Services Unit (CSU) at referral@acso.org.au or prisonreferral@acso.org.au.
 - a. CCS practitioners will use this method for prisoners discharged from custody onto a CCO. For prisoners exiting custody onto parole, a referral would have occurred during the Parole Suitability Assessment and an assessment arranged prior to the release date.
 - b. The CCS practitioner will discuss the likely referral to AOD treatment with the offender, including the possibility of engaging in a group program.
2. CSU will process the referral within one business day of receipt and arrange a forensic AOD assessment appointment with a COATS assessor (for offenders with a medium or high LSI score).
 - a. The appointment should be scheduled within five business days of receiving the referral unless the CCS practitioner requests otherwise.
3. CSU will alert COATS assessors via CMS of clients reporting to KickStart-participating CCS locations.

COATS forensic AOD assessment

1. The COATS assessor will undertake a forensic AOD assessment with the client and develop a suitable treatment plan.
2. Where the client meets the eligibility criteria listed in [KickStart eligibility criteria](#) the COATS assessor will refer the client to the KickStart group program.
 - a. Clients who do not meet the eligibility criteria are referred to other treatment as required.
 - b. It is possible to refer clients to other AOD services such as residential rehabilitation and withdrawal, where required.
3. The COATS assessor will consult the CCS practitioner regarding the treatment plan, including the referral to KickStart.

Referral to the AOD service provider

1. CSU will send the referral to the AOD service provider for KickStart.
2. The AOD service provider contact the client to arrange an appointment, then provide CSU with the appointment for the induction session.
3. CSU will finalise the booking in the CMS and notify the CCS practitioner and CCS Manager of Court Practice by e-mail.
4. CSU will provide the CCS practitioner and the AOD service provider with access to the client's KickStart file in the CMS portal. This includes the COATS Forensic Assessment Report, Individual

Treatment Plan, referral documents submitted by CCS and any relevant case notes entered by COATS.

- a. COATS assessors are required to complete the Forensic Assessment Report within five business days of undertaking the forensic AOD assessment on the offender.
 - b. Where the assessment report is not available in exceptional circumstances, the COATS assessor will deliver a thorough verbal clinical handover to the AOD service provider.
5. CSU will email the CCS practitioner the details of the induction appointment details. CCS practitioners and AOD service providers will send text messages and call the client to remind them of their upcoming appointment.

KickStart with the AOD service provider

1. The AOD service provider will undertake the induction session with the client to prepare them for engagement in the program. The induction session will also determine whether the client is a suitable group fit. Refer to [Group suitability](#) for further information.
2. The AOD service provider will come the COATS Assessment TCA in the CMS portal to advise CSU of the KickStart program the client has been allocated into (or to discharge the client if the case of non-attendance).
3. CSU will review the TCA and process the KickStart appointment details in the CMS portal. The AOD service provider and CCS practitioner will be provided with access to the file.

Telehealth delivery of KickStart

Due to the impacts of the COVID19 pandemic, service providers pivoted the delivery of KickStart to online delivery. This was challenging for group work, however it was found to be beneficial especially for structured individual programs. Whilst face to face is the preferred method for delivery, service providers can continue to deliver KickStart through online platforms where appropriate or required. KickStart can also be delivered as a hybrid of both online and face to face delivery.

Prison-based COATS assessments and referrals to KickStart

Where a client in prison is identified as eligible for KickStart during their COATS assessment, the COATS assessor will record the recommendation in the Forensic Assessment Report and Individual Treatment Plan.

Once the client is granted parole by the Adult Parole Board, or the start date of the CCO Imprisonment Order is confirmed, the CCS practitioner will notify CSU. CSU will arrange for an induction session to occur with the AOD service provider at least five business days after the release date but no later than 10 business days after release.

Delivery of KickStart programs

1. The AOD service provider will consult the CCS practitioner regarding the client's engagement at the induction or first program session.
2. While the client is waiting for the group program to commence, the AOD service provider will provide the client with individual bridging support.
3. The AOD service provider will continue to update the progress report document in the CMS portal. CCS practitioners will use these progress updates to monitor the client's progress.
 - a. Where immediate notification and action are required, the AOD service provider will contact the CCS practitioner, or duty worker, or Manager of Court Practice/Principal Practitioner by

phone. Refer to [Collaborative practice between Community Correctional Services and AOD service providers](#).

4. At the completion of KickStart or removal from the program, the AOD service provider will consult with the CCS practitioner prior to completing the Treatment Completion Advice (TCA) which is submitted to COATS via the CMS portal.

Additional and alternative treatment needs

Clients who do not meet the KickStart eligibility criteria

Where a client does not meet the eligibility criteria for KickStart but does require AOD treatment, the COATS assessor will make recommendations for suitable treatment as required.

Group suitability

Clients that are referred to KickStart undergo an induction session with the service provider prior to commencing the program. The primary purpose of the induction is to prepare, engage and build rapport with the client for the group program; as well as to screen whether they are a suitable group-fit amongst other participants who have already been accepted into the scheduled KickStart group program.

Where a client is identified as an unsuitable group-fit at that point in time, the service provider will allocate the client to the structured individual program. The service provider will consult the CCS practitioner regarding the outcome and submit the *COATS Assessment TCA* with the structured individual program appointment details in Penelope.

Sequencing of treatment

Recognition and prioritisation of a client's treatment needs are imperative to their recovery and wellbeing. Where the COATS assessor or treatment provider identifies the client requires alternative or additional treatment, they will work with the CCS practitioner to arrange a consult or case conference to discuss the appropriate sequence of treatment.

Offender Behaviour Programs

Order conditions

KickStart is a criminogenic AOD program that addresses offending behaviour related to AOD use, specifically the treatment and rehabilitation conditions relating to alcohol and/or drug use in section 48D of the *Sentencing Act 1991*.

Participation in KickStart does not satisfy the treatment and rehabilitation condition 48D (3)(f) which relates to programs to address offending behaviour. Offenders with Offender Behaviour Program (OBP) conditions on their court order will need to be referred to OBP by their CCS practitioner, or an alternative program sourced to address the specific offending behaviour.

Allocation into Offender Behaviour Programs and KickStart

The allocation of a client to a program is determined by prioritising and sequencing the highest treatment need; and is not based on the length of time an individual remains on a program waitlist.

Variation to treatment plan

In relation to KickStart, a variation to a treatment plan may occur in the following instances:

- The client relocates to another area and requires treatment closer to their residential address.
- The KickStart facilitator identifies that the client requires an alternative type of treatment, or additional treatment that was not required at the time of the COATS assessment.

Change in a client's residential location

Continuation in KickStart

The client, CCS practitioner and service provider will determine whether the client is able to continue participating in KickStart if they relocate. This may require a transfer to an alternative CCS location for the client.

If the client remains engaged in KickStart, the CCS practitioner will notify COATS and the service provider of the changes to the clients contact details and, if applicable, the details of the new CCS practitioner and CCS location. COATS will update these details in CMS.

Variation from KickStart

If the client is unable to travel to the KickStart site, treatment can be varied to an individual program that can be delivered by the existing provider. Alternatively, the service provider will recommend a suitable type of treatment for the client to the CCS practitioner.

Procedure for variation request

The variation process is outlined below:

1. The service provider and CCS practitioner will discuss the reason for variation and the client's treatment requirements.
2. The service provider will submit a variation request to COATS through the CMS portal. The variation request will include:
 - a. Reason for variation
 - b. Recommended treatment type(s)
 - c. Contact details of service provider and the CCS practitioner, which is also be provided to the new service provider
 - d. Additional information including recommended/preferred service provider, or appointment details if they have been pre-arranged and confirmed.
3. CSU will review the variation request and complete variation steps as per the Joint Protocol between ACSO, Corrections Victoria and the Department of Health, and notify the service provider and CCS practitioner once the variation request has been reviewed.

Re-referral to KickStart following previous program completion

Where a client specifically requests a referral into KickStart following completion of the program within the previous 24 months, they may be re-referred to the program providing the eligibility criteria is met again. It is recognised that clients may build on their learnings and benefit from a different group dynamic, if they participate again.

The 24-month timeframe applies to clients who are re-referred by CCS to COATS on the same order or new order.

Collaborative practice between Community Correctional Services and AOD service providers

AOD service providers and CCS practitioners will regularly communicate and consult each other. From the commencement of treatment, the CCS practitioner is involved and has an ongoing responsibility to encourage and facilitate the client's attendance in KickStart (and all AOD treatment).

Once a referral from COATS is received, AOD service providers will contact CCS practitioners directly to establish joint responsibility and agree to an appropriate method of communication with each other.

AOD service providers and CCS practitioners should refer to the [Collaborative Practice Framework](#) which outlines a best practice model for collaborative practice.

Communicative and collaborative responsibilities of AOD service providers

AOD service providers will communicate and collaborate with the CCS practitioner in relation to:

- Preparing for and engaging the client in treatment
- Attendance and non-attendance at KickStart sessions and bridging support
- Progress updates during all stages of the client's engagement in KickStart
- If the need for alternative or additional treatment is identified
- If significant substance use or risk of use is identified, with a potential to increase the risk of reoffending
- Family violence concerns
- Identifying and collaborating with CCS to initiate case conferences and consultations as required
- Any relevant information that may impact the client's treatment
- Consult the CCS practitioner prior to exiting the client from treatment

Communicative and collaborative responsibilities of Community Correctional Services

The CCS practitioner will communicate and collaborate with AOD service providers in relation to:

- Preparing and engaging the client in treatment
- Monitoring the client's treatment progress directly with the service provider and through the CMS portal
- Managing attendance and non-attendance
- Responding to non-compliance in accordance with the Corrections Victoria Compliance Framework
- Identifying and facilitating the need for a case conference or consultation with AOD service providers, where the client has multiple or complex needs
- Contravention or incarceration
- Hospitalisation, serious injury or death
- New court orders
- Further offending, whether alleged or confirmed
- Changes in substance use
- Family violence

- Updating COATS and AOD service providers with any changes to the client's contact details and CCS reporting location

Managing non-attendance

AOD service providers will notify the CCS practitioner directly by phone or email when a client does not attend a scheduled KickStart appointment and update the CMS portal. If the CCS practitioner, duty worker or Manager of Court Practice is not available by phone, the service provider will email the CCS practitioner and the applicable shared CCS group email address.

If the CCS practitioner is made aware by the client that they will not be attending the appointment, the CCS practitioner will inform the service provider as soon as possible.

Following non-attendance, it is the responsibility of the CCS practitioner to re-engage the client in KickStart, and to inform the service provider. A tangible response to non-attendance should be made by AOD service providers and CCS practitioners to re-engage the client, and to maintain attendance and participation.

Induction Session

Clients are provided with up to two opportunities to attend an induction session, if non-attendance occurs without notice or the reason is insufficient. The AOD service provider may provide a third appointment for induction if the rationale for non-attendance is reasonable.

Where the client is unable to provide a valid reason for their non-attendance at the two induction sessions, they will be discharged from that group program.

KickStart program sessions – group and structured individual programs

If the client does not attend the first group session, they can commence from the second group session. Where the first and second sessions are not attended by the client, the service provider and the CCS practitioner will consult each other to determine the next steps, as the client will be discharged from the program. This applies to group programs only.

Participants are directed and encouraged to attend all sessions. They may miss a proportion of the group program sessions with a valid reason and still achieve the key objectives of KickStart including:

- KickStart G42: A participant may miss up to four of the 15 group sessions.
- KickStart G24: A participant may miss up to two sessions of the eight group sessions.

If a client misses a session, the AOD service provider will arrange a makeup session.

For individual programs, if a client misses three scheduled appointments without a valid reason, they will be discharged. Clinicians will apply discretion when managing non-attendance where a valid reason has been provided. If a client misses the specified number of appointments or sessions without a valid reason, they will be no longer able to participate in the KickStart program.

The service provider and the CCS practitioner will continue to consult one another to ensure that the client is supported throughout the program. The service provider and CCS practitioner will discuss alternatives for the client if they are to be exited from the KickStart program due to non-attendance.

Non-Compliance Framework for Community Correctional Services

CCS has a robust framework for managing non-compliance. In most instances a CCS practitioner and a senior officer will discuss and review non-compliance. This may lead to a formal review of intervention strategies, reprioritisation of order conditions, case conference or a warning being issued to the client. For offenders subject to a Community Correction Order, they may be referred to a Compliance Review Hearing.

CCS practitioners exercise professional judgement in utilising existing practice guidelines to determine and manage non-compliance with order conditions.

Contravention of an order

Clients who are in contravention or at risk of contravention of their order, may remain in treatment if they are on a community-based disposition. Clients who contravene their parole order return to custody; in this instance the CCS practitioner will inform the AOD service provider.

Engagement with Community Correctional Services

The CCS practitioner encourages the client to remain engaged with the service when they are in contravention. CCS practitioners will continue to support the service provider's engagement with the client through regular consultation to maintain a collaborative approach.

Where the client is no longer reporting to a CCS practitioner, the service provider may contact the Manager Court Practice or Officer in Charge at the relevant CCS location to discuss any matters that may arise in relation to the client that require an immediate response or action.

Court Assessment and Prosecution Service

If a client is returning to court, they may be transferred from the CCS practitioner to the Court Assessment and Prosecution Service (CAPS). CAPS does not provide case management support, therefore AOD service providers should contact the Manager Court Practice or the Officer in Charge.

After-hours support for AOD service providers

CCS practitioners will provide clients with an information pack on after-hours support services if the need is identified, including details of crisis support and/or housing services, and encourage them to self-refer. Funding may be provided for temporary accommodation for the most high-risk individuals.

If matters relating to physical health, mental health or safety concerns arise then front-line responders such as ambulance or police should be contacted. Service providers may choose to call the relevant CCS location after hours, in which they will be able to leave a voice mail message or be redirected to emergency services. CCS will check voicemail messages each morning and advise individual case managers for follow-up.

Managing challenging clients and programs

Recommendations

Maintaining group dynamic and group integrity throughout the duration of a Kickstart program is imperative to the program's impact on participants; facilitators and participants should all feel comfortable and safe in a KickStart program.

Where service providers are experiencing disruptive participants and/or a challenging group dynamic it is recommended that:

1. The service provider and CCS practitioner communicate and collaborate from the point of referral to KickStart. Advice should be provided in relation to attendance, non-attendance, level of engagement including non-engaging behaviour and antisocial behaviour.
2. If challenging behaviour is identified in the induction session, the clinician should contact the CCS practitioner to request additional information before determining their suitability for KickStart group treatment.

3. While group programs are the preferred option for treatment delivery, structured individual programs will also be considered where necessary.
 - a. Individuals with a stronger link between their substance use and offending will be more suited to a group program.
 - b. Personality traits that contribute to an individual's antisocial behaviour, as well as some offences (i.e., fraud, family violence offences), may be more suited to the structured individual program.
4. The group enrolment list is provided to the Manager Court Practice, as they have broader oversight of offenders reporting to the CCS location; while CCS practitioners are responsible for individual offenders. It is recommended that these lists are provided two weeks in advance of the program start date to ensure subsequent reviews can be performed if required.
5. The facilitator maintains transparency with the client, reinforcing that attendance and engagement in treatment is communicated to CCS and has an impact on order compliance.
6. In addition to the induction, use the first group session to observe the participants' level of engagement and interaction while they complete the required psychometric tools.
7. Facilitators should provide participants with feedback from session one if their behaviour is inappropriate or not aligning with group rules. It may take a few sessions to determine if they are suitable for the group, however all participants should have the opportunity to adapt their behaviour once feedback has been provided to them.
8. Where difficult or antisocial behaviour occurs during group sessions, facilitators provide immediate feedback to the participating during session breaks or at the end of the session, ensuring it is safe to do so.
9. Warnings or feedback provided to participants should always be communicated to the CCS practitioner by phone or email and noted in the CMS portal.
10. If behaviour does not improve, a client may be diverted to the structured individual program. If the client is resistant to engaging with the same clinician who delivered the group program, handover between the group facilitator and new clinician may be required to ensure the client is provided with the opportunity to achieve the KickStart objectives.

Clinical Supervision

Strategies for managing difficult groups are incorporated into the KickStart training and clinical supervision delivered by Caraniche.

In addition to clinical supervision with Caraniche, regular internal supervision will continue for facilitators, focusing on group dynamics, processing of group issues, and maintaining the safety of group participants.

Where secondary consult in relation to challenging groups or individual clients is required, KickStart providers can contact Caraniche before escalating to the departments.

Removal of participants from group programs

The following process has been developed to guide CCS and AOD service providers how to best manage disruptive behaviour in a group.

Individual participants

AOD service providers are required to consult the CCS practitioner and the Manager Court Practice/Principal Practitioner immediately once a participant is displaying problematic behaviour that is impacting the group dynamic.

In this instance, the following should occur:

1. The KickStart facilitator will provide the participant with a warning and inform the CCS practitioner, flagging possible removal from the group program.
2. The CCS practitioner will meet with the offender through a CCS review to discuss the offender's behaviour in the group program, and the impact on order compliance. Parolees will be reviewed by the relevant Principal Practitioner. The outcome of the discussion or CCS review will be relayed to the KickStart facilitator.
3. The offender will return to the group program. If the behaviour does not improve or escalates, the KickStart facilitators will liaise with the CCS practitioner regarding the offender's removal from the group and reallocation into the structured individual program.

Multiple Participants

1. AOD service providers that are experiencing disruption from a collective group of participants will consider the core reason before multiple participants are removed. This may include identifying whether there is a 'leader' present who might be influencing other participants.
2. Additional clinical supervision may be provided as required to process the group dynamic and determine how to manage the group.
3. In the instance of a disruptive or resistant group, facilitators should escalate concerns to the Manager Court Practice/Principal Practitioner and Regional General Manager to ensure all parties are aware of the issues. CCS and AOD service providers can jointly reinforce the expectations of individuals in the group.
4. Facilitators will firstly process this in the group setting with all participants present. This will involve discussions with the group to determine the underlying cause(s) and to gain commitment to improve the group. Often a disruptive group will be due to a lack of group formation and therefore the participants may not feel safe or comfortable to disclose information about themselves. Reasserting the group rules may be required.
5. In the instance where the group program may be dissolved due to multiple problematic participants, the AOD service provider should discuss the possibility with the Managers Court Practice/Principal Practitioners in CCS, as well as the service provider's relevant APSS representative, by phone and email. Dissolution of a group would have funding and target implications that will need to be considered by APSS and the Department of Health.
6. CCS will meet with each client individually, review their compliance, and deliver an appropriate compliance intervention. This may involve diversion into the structured individual program or CCS compliance-related action, to preserve the remaining group.
7. Where required, AOD service providers will provide a treatment recommendation for each individual and continue to liaise with CCS regarding a suitable treatment plan. CCS will lead communication with each individual. CCS will report back to AOD service providers on the outcome of these discussions.
8. Dissolving a group should only occur as an absolute final option. Following a dissolved group program, discussion should occur between CCS, AOD service providers and Department of Health to

review the situation and learnings. AOD service providers will also continue to support facilitators in regular supervision.

The consultation process between the AOD service provider and CCS should start before a participant is removed from a group program. There may be exceptional circumstances where AOD service providers feel that immediate removal is required without initiating warnings or consultation with CCS. If a facilitator/participant is being threatened (for example physical or emotional violence or display of threatening behaviour towards facilitators and/or other participants) in any way, the service provider will enact its critical incident response procedures.

Discharge from KickStart group and structured individual programs

AOD service providers must always consult the CCS practitioner prior to exiting the client from AOD treatment services.

The service provider will submit the TCA documents via the CMS portal following the client's discharge from KickStart which may be due to:

- Program completion
- Disengagement from the program, with agreement between the service provider and CCS practitioner that reasonable attempts have been made to contact the client
- Non-attendance of the induction session
- Non-attendance of both the first and second group program sessions (applicable to group programs only)
- The maximum number of missed appointments was reached (applicable to both group and structured individual programs)

Treatment Completion Advice forms

The information provided by service providers in TCAs is used by ACSO to capture and report on treatment outcomes and treatment completion rates to the Department of Health. As per the joint Department of Health and ACSO COATS payment guidelines, TCA documents should be submitted within 14 days of cessation of treatment.

Induction session

When a client attends an induction session only, therefore does not engage in a KickStart program format or has been varied to an alternative treatment, the service provider can claim an induction payment for that client. The induction payment is equivalent to a quarter ($\frac{1}{4}$) payment of an IP8 program.

KickStart group programs and individual structures programs

Each service provider uses its existing allocation of forensic Drug Treatment Activity Units by the Department of Health for the provision of KickStart programs.

Table 2: Proportion of payment allocated to KickStart group programs and structured individual programs based on the number of sessions attended by the client.

Proportion of payment	Sessions attended		
	KickStart G42 and IP15	KickStart G24 and IP8	KickStart W
Quarter (¼)	1-4	1-2	1-2
Half ½	5-8	3-4	3-4
Three-quarters (¾)	9-11	5-6	5-6
Full payment	12+	7-8	7-8

Care and recovery coordination

Where a participant requires significant outside-of-group support, service providers can initiate a course of care recovery and coordination (CRC) to assist the client. Examples of support in this instance include risk assessment, crisis management and extensive liaison and referrals into other services. Not all clients will require CRC supports; it is expected that these supports will be provided primarily to G42 program participants, with the majority not requiring a full course of CRC.

Training and supervision for Kickstart facilitators

Kickstart manuals and guides are available from Caraniche (as the program developer and training provider) to provide clinical guidance to KickStart facilitators.

KickStart facilitator training

To facilitate KickStart programs, clinicians must participate in KickStart training provided by Caraniche. Successful completion of all components of the training is compulsory before a KickStart group or individual program is delivered by an AOD clinician.

KickStart supervision

KickStart facilitators are encouraged to participate in monthly clinical group supervision with Caraniche. Caraniche is responsible for scheduling supervision appointments. These sessions allow facilitators to share experiences and encourages a collaborative relationship between AOD service providers. KickStart supervision is specific to the KickStart program and is intended to compliment regular internal and external supervision provided within AOD service providers.

Appendix 1: KickStart service providers and sites, and CCS reporting locations

Catchment	KickStart provider	Program delivery location(s)	CCS reporting locations
Barwon	Odyssey	Geelong	Geelong
East Melbourne	ECADS	Ringwood Justice Service Centre	Box Hill, Lilydale, Ringwood
Gippsland	Caraniche	Remote delivery	All locations across Gippsland
Grampians	Ballarat Community Health	Ballarat	Ballarat
Inner North Melbourne	Caraniche	<u>Men's programs</u> Abbotsford	Broadmeadows, Coolaroo, Melbourne, Neighbourhood Justice Centre, Reservoir, South Morang
		<u>Women's program</u> Abbotsford	Same as men's program above, however can include metropolitan-located CCS locations if required
Loddon	Caraniche	Bendigo	Bendigo
North Melbourne	Caraniche	Broadmeadows	Broadmeadows, Coolaroo, Melbourne, Neighbourhood Justice Centre, Reservoir, South Morang
North-West Melbourne	Odyssey	Footscray office, Sunshine Justice Service Centre	Melton, Sunshine, Werribee
South-East Melbourne	SECADA	Dandenong office, Dandenong Justice Service Centre, Pakenham Justice Service Centre	Cranbourne, Dandenong, Pakenham

Appendix 2: KickStart G42 and IP15 modules and program objectives

The specific objectives of each session include:

Session One: Introduction

- Ensure participants are clear about the aims of the program and the reason they have been directed to participate
- Ensure participants understand the expectations regarding participation and the requirements for successful program completion, as well as the consequences for failing to meet the participation requirement
- Engage the group in establishing the group rules and expectations

Sessions Two and Three: Understanding Drugs and Alcohol

- Provide opportunities for participants to better understand their own substance use, including the effects, risks and harms of their drug use
- Encourage participants' recognition of their own substance use as problematic
- Group forming through encouraging contribution and supportive interactions among participants

Session Four: Getting Ready for Change

- Understand the ways in which a person's substance use can affect others
- Understand the ways that substance use can lead to offending behaviour
- Critical self-reflection on the consequences of substance use for self and others
- Understand the process of behaviour change (Stages of Change)
- Better understanding of participant's own current state in the process of change, and what needs to happen to progress to the next stage

Session Five: My Thinking

- Understand that thoughts, feelings and behaviours are related, and influence one another
- Understand that thoughts are not facts, and can be challenged
- Identify an automatic negative thought, and its impact on feelings and behaviour
- Challenge and replace automatic negative thoughts

Session Six: My Behaviour

- Understand how thoughts and feelings contribute to behaviour
- Better understand negative behaviour patterns
- Analyse their own behaviour using the ABC model
- Identify triggers for substance use and offending
- Identify some of the seemingly unimportant decisions that lead them to substance use or offending
- Identify a behaviour change strategy they could use in a triggering or high-risk situation

Session Seven: My Emotions

- To provide participants with an understanding of emotions
- To allow participants to gain a greater understanding of the emotions involved in their substance use and offending behaviour
- To provide participants with skills to cope with negative emotions

Session Eight: I Can Do It

- To assist participants to identify a number of their personal strengths and how they can utilise these strengths to reduce or cease substance use in the future
- To develop increased understanding and insight into how they made successful changes in the past, and begin to develop a plan for how they can use these skills and strategies to reduce their substance use and related offending in the future

Session Nine: My Relationships

- To understand the importance of relationships to personal well-being
- To understand the difference between healthy and unhealthy relationships
- To understand the impacts of AOD use on relationships
- To increase interpersonal effectiveness to strengthen relationships

Session Ten: Communication

- To understand the effects of different communication styles
- To learn strategies in effective communication and assertiveness

Session Eleven: My Offence Part I

- Identify personal risk factors for offending
- Understand their own offence process and the factors that contribute to past offending behaviour, including the role of drug and alcohol use
- Begin to explore alternatives to offending behaviour

Session Twelve: My Offence Part II

- Understand how their own thoughts and behaviour led to their offence
- Identify their risk factors for offending
- Identify a range of strategies for avoiding future offending

Session Thirteen: Owning My Offence

- To improve participants' insight into the impacts of their offence on the victims
- To encourage participants to take responsibility for the impacts of their offence on the victims
- To assist participants in processing their own thoughts and feelings with regard to the impacts of their offence on the victims

Session Fourteen: My Future – Staying on Track

- To learn how to set realistic goals
- To understand the concepts underlying relapse prevention
- To learn the difference between lapse and relapse
- To commence development of self-management plans

Session Fifteen: My future - Plan

- To share the self-management plans with the group
- To provide/receive feedback on how to further develop the self-management plans
- To close the group in a positive way

Appendix 3: KickStart G24 and IP8 modules and program objectives

Session One: Introduction

- Ensure participants are clear about the aims of the program and the reason they have been directed to participate.
- Ensure participants understand the expectations regarding participation and the requirements for successful program completion, as well as the consequences for failing to meet the participation requirements.
- Engage the group in establishing the group rules and expectations. • Understand the process of behaviour change (Stages of Change).
- Better understanding of participant's own current state in the process of change, and what needs to happen to progress to the next stage.

Session Two: Understanding Drugs and Alcohol

- Provide opportunities for participants to better understand their own substance use, including the effects, risks and harms of their drug use
- Encourage participants' recognition of their own substance use as problematic
- Group forming through encouraging contribution and supportive interactions among participants
- Provide participants with strategies to help manage cravings.

Session Three: Preparing for Change, "I can do it"

- Introduce participants to the Self-Management Plan component of the program.
- To begin the goal setting process.
- Understand the ways in which a person's substance use can affect others.
- Understand the ways that substance use can lead to offending behaviour.
- Critical self-reflection on the consequences of substance use for self and others.
- To assist participants to identify a number of their personal strengths and how they can utilise these strengths to reduce or cease substance use in the future.
- To develop increased understanding and insight into how they have made successful changes in the past.

Session Four: My Thinking and Behaviour

- Understand that thoughts, feelings and behaviours are related, and influence one another.
- Identify an automatic unhelpful thought, and its impact on feelings and behaviour.
- Challenge and replace automatic unhelpful thoughts.
- Understand how thoughts and feelings contribute to behaviour.
- Identify triggers for substance use and offending.
- Identify a behaviour change strategy they could use in a triggering or high-risk situation

Session Five: My Emotions

- To provide participants with an understanding of emotions.

- To allow participants to gain a greater understanding of the emotions involved in their substance use and offending behaviour.
- To provide participants with skills to cope with negative emotions.

Session Six: Relationships & Communication

- To understand the importance of relationships to personal well-being.
- To understand the difference between healthy and unhealthy relationships.
- To understand the impacts of AOD use on relationships.
- To learn strategies in effective communication and assertiveness.

Session Seven: My Future – Staying on Track

- To learn about Seemingly Unimportant Decisions.
- To understand the concepts underlying relapse prevention.
- To learn the difference between lapse and relapse.
- To commence development of Self-Management Plans.

Session Eight: My Future – Plan

- To share the Self-Management Plans with the group.
- To provide/receive feedback on how to further develop the Self-Management Plans.
- To close the group in a positive way.

Appendix 4: KickStart-W modules and program objectives

Session 1: Getting Started

- Understand the expectations regarding participation and the requirements for successful program completion, and the consequences for failing to meet the participation requirements
- Understand the group rules and expectations
- Identify their expectations/hopes for the program and motivation to change their AOD use.
- Identify personal values and strengths and how they can be used to support change

Session 2: Why Do I Use?

- Evaluate the effects of their own AOD use
- Identify strategies for reducing harm associated with AOD use
- Describe what factors they believe influences their AOD use

Session 3: My Thinking & Behaviour

- Explain how thoughts can influence the way we feel and behave
- Describe the link between thoughts and the risk of AOD use/offending behaviour
- Develop skills in tuning into some of their own thoughts
- Recognise the concept of self-talk

Session 4: My Emotions

- Identify emotions in self and others
- Identify the links between emotions and AOD use, as well as offending behaviour
- Develop emotional regulation strategies and skills

Session 5: Healthy and Unhealthy Relationships

- Identify the qualities of healthy relationships
- Discuss what expectations participants have for their needs and goals in relationships
- Identify the signs of family violence and where to go for help
- Develop skills in communication and forming healthy boundaries

Session 6: Trauma, Mental Health and AOD Use

- Describe concepts of trauma, the various impacts of trauma and the relationship between trauma and AOD use
- Demonstrate skills to manage both hyper-aroused and hypo-aroused states
- Identify the impacts of anxiety and depression
- Recognise how previous harmful behaviour may have been used in an attempt to ameliorate symptoms associated with mental health problems

Session 7: Relapse Prevention and Coping Skills

- Define the concepts underlying relapse prevention
- Identify the difference between a lapse and relapse
- Complete a relapse prevention plan

Session 8: Moving Forward

- Present their Personal Coping Plan as they prepare to depart from the group
- Provide feedback on the program and complete psychometrics
- Celebrate their own and others' progress throughout the course
- Describe what they have learnt during the program and what they will take away with them

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