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Evaluation of *Torque* - a Catalyst non-residential program: final report

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Report prepared for
UnitingCare ReGen

Prepared by

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Thank you!

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Australian Community Support Organisation
Reservoir Community Corrections Service
Neighbourhood Justice Centre/Odyssey House
Western Health Drug Health Services
St Vincent's Addiction Medicine
Odyssey House Victoria

LeeJenn would also like to thank Eve Merton for her editing assistance.

About LeeJenn Health Consultants

LeeJenn Health Consultants is a specialist health consultancy focused on health service development through research and evaluation, training and workforce development, and translation of research to practice. Directors, A/Prof Nicole Lee and Linda Jenner, have worked in the mental health and drug treatment fields in clinical practice, research, training and management, and have a unique combination of skills that enables a balance of academic research knowledge, an understanding of the realities of frontline practice and an ability to make complex concepts accessible to a range of audiences.

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Angela is a social scientist and brings over eight years of experience managing complex projects in the alcohol and other drug sector. She has extensive experience in project management, literature reviews, data collection, management and analysis and report writing. She has worked on a number of large, multisite evaluation projects and outcome studies.

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Nicole is a practising psychologist, Associate Professor at the National Centre for Education and Training on Addiction at Flinders University, and holds an adjunct appointment at the National Drug Research Institute at Curtin University. She is Deputy Editor of the journal *Drug and Alcohol Review* and National President of the Australian Association for Cognitive and Behaviour Therapy. She has previously served on the boards of the Alcohol and other Drug Council of Australia (ADCA) and the Australasian Professional Society on Alcohol and other Drugs (APSAD). Her understanding of the alcohol and drug sector and ability to translate research to practice ensures project outcomes are meaningful and relevant.

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Linda is a LeeJenn Co-Director and Principal Consultant. She is a registered nurse and holds a Masters in Applied Science (Research). Linda has worked as a clinician, researcher, educator and consultant in the alcohol and other drugs and mental health fields since 1981. She is an accomplished researcher and trainer in the area of methamphetamine treatment and has been the Alcohol and Other Drugs Advisor to the Department of Veterans' Affairs since 2013.

Executive summary

Background

UnitingCare ReGen (ReGen) has adapted its Catalyst alcohol community rehabilitation program, an evidence-based non-residential program, which ReGen has facilitated since June 2009. The new approach to this service model is 'Torque – a Catalyst non-residential rehabilitation program for people involved in the justice system' (*Torque*).

Torque was funded as a pilot program through a collaboration between the Victorian Government Departments of Justice and Health, from July 2013 to June 2015. Following an initial establishment period to prepare facilities, staffing and program development, ReGen began a trial program in October 2013. The pilot commenced in January 2014 with program delivery planned to operate for 18 months.

Based on the Catalyst program, ReGen's initial development of *Torque* involved an extensive literature review completed on a consultancy basis, and since then the program has used an integrated, cross-disciplinary approach across the Clinical and Education & Advocacy directorates at ReGen.

Torque provides up to 12 treatment places in an intensive, non-residential 6-week program for people with problematic alcohol and/or other drug use issues who are involved in the criminal justice system.

Torque involves intensive group work and individual counselling for people with problematic substance use who have completed withdrawal. It aims to retain the elements that have been identified as contributing to the success of *Catalyst*, while focusing on, and adapting to, the needs of a different cohort of service consumers.

In January 2014, ReGen engaged LeeJenn Health Consultants (LeeJenn) as external evaluators to assist the organisation to plan and conduct an evaluation of *Torque* over a 2-year period concluding in December 2015. The first interim report was submitted to ReGen in July 2014, with a second report reflecting on the first 12 months of *Torque* program delivery submitted in January 2015. This final report provides an overview of *Torque* service users and program engagement, participant outcomes, and the views and experiences of ReGen staff and stakeholders. The report concludes with findings in relation to six key evaluation questions relating to the implementation and effectiveness of *Torque* for its target clients.

Methodology

This is a multi-method evaluation including:

- literature review
- inputs such as budget received, staff allocated, infrastructure required
- outputs such as number of closed groups facilitated, number of participants referred/admitted into the program, number of participant completions and non-completions
- process including *Torque* staff members' and ReGen managers' views and experiences of the program, including key enablers for program inception and completion, and participant satisfaction, views and experiences at completion of the program

- outcomes including participants', substance use, severity of dependence, quality of life, symptoms of mental health problems, confidence to refuse substance use in various situations, and offending.

With the assistance of Consumer Consultants, participants completed an online survey through SurveyMonkey. Three-month follow-up data was collected by LeeJenn Health Consultants. Participants in the 3-month follow-up interviews were reimbursed to the value of $25 for their time, and had the option of receiving this via postal money order, via direct bank transfer, by mobile phone recharge, or online via an Amazon voucher.

Ethics approval for the evaluation was granted through the Victorian Government Department of Health Human Research Ethics Committee.

Key findings

The evidence base

- The target client group have a high prevalence of mental health issues, physical health problems and social disadvantage, and a range of criminogenic needs and risk factors for re-offending (such as anti-social attitudes and poor family/marital relationships), which are identified by the Risk-Need-Responsivity (RNR) model as requiring assessment and response. In the development of the *Torque* program, ReGen responded to these characteristics and needs of the target client group by ensuring the delivery of a structured multifaceted program with components addressing substance use, mental health and healthy lifestyle components, and encouragement of family involvement.
- At the core of the *Torque* and Catalyst models are compulsory units of cognitive behaviour therapy (CBT) and motivational enhancement therapy (MET), evidence-based psychological interventions used with general alcohol and other drug (AOD) treatment populations. ReGen provided best practice frameworks by using CBT and MET within a 6-week, full-time intensive day program model, including clients on pharmacotherapy, and providing individual counselling in addition to group treatment. Staff had good understanding of the correctional supervision requirements of their clients; the program also offered incentives for participation (including gym membership and daily meals), and aftercare and end-of-program support.
- ReGen incorporated service-level best-practice during the implementation and delivery of *Torque*, consistent with the evidence for effective interventions, including qualified staff trained in the program, the development and use of a program manual, appropriately qualified and experienced managers, and continuous monitoring and improvement processes.

Program operations

- *Torque* was fully, or close to fully, resourced during the pilot. In mid-2015, near the end of the evaluation period, changes were made to respond to the need for greater staffing to support both the *Torque* and Catalyst programs. Increased administrative resources were provided to support the growing program and reduce the administrative burden on the shared intake worker role. A new post-program support worker position began to provide greater support for clients transitioning out of the program.

- *Torque* provided 66 individual episodes of care in 2014, achieving 69 per cent of the annual target of 96 episodes; in the first 6 months of 2015, 37 individual episodes of care were commenced reflecting around 77 per cent of the half-year target.
- Most client referrals for the *Torque* program continue to come internally from ReGen services. The program began to accept internally referred community clients in June 2014, and continued up to the end of evaluation period 12 months later. Referral rates and the proportion of community clients referred increased over the course of the pilot period. At the completion of the pilot, Australian Community Support Organisation (ACSO) services had become the most common external source of referral to the program.
- *Torque* had an average rate of 8.4 participants commencing each 6-week program group (range 5–12), an increase from 7.25 during the first 6 months of operations, suggesting that the program is getting closer to this target.
- The program completion rate across the first 12 Treatment episodes of *Torque* was 52 per cent, a rate that compares well with other rehabilitation and outpatient AOD treatment completion rates.
- ReGen continue to facilitate a high level of consumer involvement to develop, deliver and evaluate *Torque*.
- During the pilot, ReGen was active in communication and awareness-raising efforts with relevant service providers in the AOD and justice sectors. Program promotion with the justice sector was increased in the first half of 2015 and had a positive effect on referral numbers, although continuing work is warranted to ensure that awareness of the program and numbers of justice-involved participant referrals is maintained.

Participant characteristics

- The characteristics of *Torque* participants reflect a complex group with a high prevalence of justice-system involvement, polydrug-use histories and experience of mental health issues.
- The most commonly recorded primary drugs of concern were amphetamine type stimulants (39%, n=36), mostly methamphetamine, and alcohol (31%, n=29).
- At commencement of treatment most participants surveyed (81% of 63 clients) were currently experiencing at least some symptoms of depression, anxiety and/or somatic complaints such as sleep problems, headaches and digestive problems.
- There is positive indication that the program was suitable and engaged with a variety of clients; with no significant differences in the rates of program completion across a range of participant groups and characteristics. This includes gender (58% female, 50% male); primary drug of concern (e.g. 51% methamphetamine, 61% opioid use, 50% alcohol); and current justice system involvement (50% community, 53% justice-involved).

Participant outcomes and experiences

Substance use

- Compared to results of the 2014 interim evaluation, participant AOD outcomes were positive, but less dramatic. After 6 weeks in treatment, no increases in substance use were evident among participants who had completed the program and some decreases in prevalence of use were reported, most notably for cannabis (from 11 recent users to 7) and benzodiazepines (from 6 to 2). Slight decreases in prevalence of methamphetamine and alcohol were associated with a statistically significant decrease in groups' average frequency of use.
- Self-reported illicit or non-prescribed use of any substances in the past month decreased from 64 per cent (n=23) in Week 1 of treatment to 44 per cent (n=16) at program end. Among a small subset of this group with follow-up data (n=17), there was a less prominent decrease in prevalence of past month use: 59 per cent of program completers reported use at Week 1 (n=10), 53 per cent Week 6 (n=9) and 47 per cent (n=8) at 3-month follow-up.
- For a small subset of participants at 3-month follow-up, some changes were evident, including slightly more average days of alcohol use for the group, and slightly fewer average days of cannabis, methamphetamine and injecting drug use, although these differences were not statistically significant.
- Overall, a substantial proportion of surveyed participants at 3-month follow-up reported no past-month use of their main substance of concern: 65 per cent (n=11) methamphetamine users, 50 per cent (n=5) alcohol users, 25 per cent cannabis users (n=1) and 75 per cent heroin/other opioid users.
- Program participants' severity of dependence on their main substance of concern decreased substantially at 3-month follow-up, with 30 per cent (n=7) of program completers reporting a score of zero on an ascending 5-point scale.

Confidence to resist using substances

- Overall increases in participants' level of confidence to resist using their primary substance of concern were found, with median confidence levels in managing eight high-risk situations increasing at program end and then again at 3-month follow-up. Program completers reported greater change in confidence than non-completers, with median confidence ratings of 90 per cent to 100 per cent at follow-up, compared to non-completers at 40 per cent to 80 per cent.

Offending behaviour

- Between Week 1 and Week 6 of the program, the number of surveyed participants that reported past-month involvement in property, drug dealing, fraud and/or violent offences halved from 64 per cent (n=19) to 32 per cent (n=9).
- Among 28 people who provided data at follow-up, the prevalence of offending decreased from 29 per cent (n=8) to around 11 per cent (n=3), with most participants reporting no change in their OTI Crime score (n=20) and one-quarter (n=7) showing a decrease in their score and frequency of recent offending.
- Participants reported a substantial decrease in their level of association with other offenders at program end, and some decreases in these associations was also found at follow-up.

Reaching treatment goals

- Most participants at follow-up (95%, n=35) reported they had achieved, or at least somewhat achieved one or more of their treatment goals, with around half (n=19) reporting they had completely achieved all goals. Making some level of change in substance use was the most commonly reported treatment goal (n=30).

Quality of life

- *Torque* participants' found improvements in their perceived quality of life and health at program end, with increases in wellbeing achieved across all domains (physical health, psychological, social relationships and environment). Significant improvements were generally sustained or further improved at 3-month follow-up. Compared to participants who dropped out, a greater proportion of program completers reported positively changed quality of life scores at 3-month follow-up, particularly related to physical and psychological health.

Mental health symptoms

- There was no significant change over time in the proportion of participants indicating current experience of clinically significant mental health symptoms. However, over half the group (55%, n=17) reported a decrease in symptoms by program end. Reports of recent suicide ideation were substantially reduced at program end and not reported by any program completers at 3-month follow-up.

Satisfaction with the program

- Feedback from program participants over the course of the *Torque* pilot was generally positive, including the views provided by 12 people who attended but did not complete the program. The main benefits and positives of *Torque* were emphasised by participants as being CBT and learning about substance use, improved thinking patterns and relapse prevention, the program's holistic approach, and inclusion of multiple components (e.g. group work, counselling, nutrition).
- Participants also emphasised the benefits provided by the supportive staff and safe environment, the daily structure, and the group processes of meeting and sharing with people with similar experiences.
- Participants reported that the program experience was motivating and that the provision of a public transport card was a key enabler of attendance. The most commonly cited barriers to attendance were distance and travel time, and tension or conflict with other group members, especially due to perceived drug use during the program.

Progress of the new model

ReGen staff views

- There was consensus among staff and managers that the program achieved its aim of addressing the particular treatment and support needs of forensic consumers, whilst retaining the Catalyst model approach of focussing on delivering CBT and evidence-based practice, prioritising the therapeutic alliance between staff and participants, and promoting treatment engagement.

- ReGen managers and staff who were associated with *Torque* provided positive feedback about the program, including satisfaction with implementation and the processes of adapting the program over time.
- The program's capacity to connect with the justice and AOD sectors improved over the course of the pilot; however, the team experienced challenges in this regard and there is an ongoing need to resource program promotion activities and collaboration with AOD treatment and justice sectors to ensure referrals into the program are ongoing.
- The approach, content and operational systems for *Torque* became more firmly established over the duration of the pilot, along with increasing experience and confidence among the team for effective delivery of the program to the client group.
- The Torque team worked through challenges that arose, including the management of client lapses and identifying intoxication with substances other than alcohol. Through good systems of communication, consultation and supervision among clinical staff, the program response to these challenges improved over time.
- Modifications were being made or had been identified as required by the end of the pilot period, such as additional staffing roles and the need for further adaptation of the intake system. This may support the view of some staff that a longer piloting period would have benefited the trialling and refinement of the model.
- *Torque* staff and managers were committed to ongoing service development. They recognised that more may be required to adapt the model for different client groups, including younger clients and Aboriginal and Torres Strait Islander clients.
- The shift at the end of the pilot to a greater focus on inclusion of ACSO-brokered clients (some limitation of non-forensic referrals) will need to be monitored by staff to identify any issues this may raise, for example some staff have raised concern about the risk of greater gender imbalance.
- Factors affecting participant attrition continue to need monitoring, including any changes to intake or the program timetable, in order to better identify whether a larger group size for *Torque* is an appropriate way to increase participant group numbers and further support retention.
- The model is operating effectively with current staffing and resources; however, pressures on staff have been identified, and the program will benefit from ensuring the staff-to-client ratio is appropriate and sustainable.

Key stakeholders' views

- Key stakeholders had varying levels of contact or knowledge of *Torque*, but were generally satisfied with referral process and their interaction with the program and *Torque* staff. Overall, stakeholders indicated the program model was a valuable treatment option for forensic clients and felt the structured approach and flexibility of non-residential (compared to residential) treatment were key strengths.
- Stakeholders reported that the program appropriately targeted the client group, but also emphasised the challenges of matching suitable clients with the program and of working with forensic clients more generally.

- Stakeholders highlighted the need for ReGen to continue efforts to provide information to referrers, promote the program and maintain links with different services in both the AOD and justice sectors.
- *Torque* has developed a strong collaborative relationship with Community Corrections Services in the northern Melbourne region and is continuing to develop and implement strategies to increase referral and program uptake, to more effectively integrate *Torque* as a treatment option at suitable points in forensic clients' treatment pathways.
- Two stakeholders previously suggested the program be shortened and this was reiterated by one person at the more recent interviews. These respondents thought a shorter program would be more achievable in the context of the often complex issues of clients, court order conditions and commitments, and their ability to maintain ongoing and regular attendance.
- As previously reported, some stakeholders hoped to see the program provided from more than one site, as the travel distance for some clients was a barrier to referral or client's capacity to participate. Others highlighted the value of the program as a direct step-down treatment option from longer term residential rehabilitation services, and suggested making links with these program types to integrate *Torque*.

Conclusion

Evaluation of the *Torque* pilot and its delivery of services over a 20-month period has shown that the *Torque* program has successfully adapted the Catalyst model, and is providing an effective, community-based AOD intervention for substance users involved with the justice system.

Background

Torque – a Catalyst non-residential rehabilitation program

UnitingCare ReGen (ReGen) was contracted to develop and deliver an adaptation of its Catalyst alcohol community rehabilitation program, an evidence based non-residential program that ReGen has facilitated since June 2009. The resulting new approach to this service model is *Torque* – a Catalyst non-residential rehabilitation program for people involved in the justice system (*Torque*).

Torque was funded as a pilot program through a collaboration of the Victorian Government Departments of Justice and Health, from July 2013 to June 2015. Following the initial establishment period preparing facilities, staffing and program development, ReGen began a trial program in October 2013. The pilot commenced in January 2014 with program delivery planned to operate for 18 months.

ReGen's initial development of the *Torque* program involved an extensive literature review completed on a consultancy basis. Based on the Catalyst program, *Torque* was the result of an integrated, cross disciplinary approach across the Clinical and Education & Advocacy directorates at ReGen. It has used an action-based research approach and is co-led by both units, which has contributed to the continuous evaluation, improvement and development approach of the program model.

Torque provides up to 12 treatment places for people with problematic alcohol and/or other drug use issues who are involved in the criminal justice system in an intensive, non-residential 6-week program.

Torque involves intensive group work and individual counselling for people with problematic substance use who have completed withdrawal. It aims to retain the elements that have been identified as contributing to the success of Catalyst, while focusing on, and adapting to, the needs of a different cohort of service consumers.

In addition to this external evaluation, the program was regularly monitored by ReGen staff during the pilot phase to enable it to be adapted to suit the needs of the target client group.

The evaluation

In October 2013, ReGen invited suitably qualified evaluators to submit proposals to conduct the evaluation. In January 2014, ReGen engaged LeeJenn Health Consultants (LeeJenn) as the external evaluators to assist the organisation to plan and conduct an evaluation of *Torque* for a 2-year period, concluding in December 2015. LeeJenn were contracted to establish data collection systems, conduct and support data collection, provide two interim reports of findings to inform ongoing review and quality improvement processes, and provide a final evaluation report.

The first interim report was provided to ReGen in July 2014 with a second interim report provided in January 2015. Reporting aimed to provide information and feedback regarding the first 6 and 12 months of *Torque* program delivery, to inform ongoing review and quality improvement processes and reflect on the progress of implementation. The report provided an overview of *Torque* service users and program engagement, early indication of their clinical outcomes, and identified issues for ReGen's further consideration during the pilot.

Final report

This is the final evaluation report of the *Torque* pilot program. It aims to provide an overview of *Torque* service users and program engagement, clinical outcomes, and an assessment of the program's successful implementation and effectiveness.

Data collection occurred during the evaluation period January 2014 to December 2015. Evaluation reporting focused on program delivery, client participation and staff activities undertaken between January 2014 and June 2015, with additional process and outcome data collected up until October 2015. In October, clients of the fourth *Torque* episode delivered in 2015 (ending in June) were the final group of participants to be followed-up by LeeJenn as part of the evaluation. In addition, a small amount of program data was made available from the initial 6-week *Torque* program that began on 28 October 2013 — this is included in reporting where appropriate.

Data collection methods

The evaluation of the *Torque* program used an outcome evaluation model within a multimodal, action-research-based framework. This provided broad scope for examining processes in implementing and conducting *Torque*, while allowing for and supporting variations in the way the program was conducted over time. The evaluation method also aimed to provide answers to important questions about how *Torque* benefited the target client group at two time points, and how it complemented the broader justice and alcohol and other drug (AOD) sectors as a whole.

The evaluation used measures in the four broad categories of inputs, outputs, process and outcomes. The combination of these measures, along with a literature review of best practice in the area of AOD treatment for forensic clients, enabled us to answer ReGen's stated research questions, as outlined in Table 1.

This final evaluation report reviews data collected over the course of the evaluation period, including process data collected since the second interim report completed in 2014, and the program outputs and participant outcomes undertaken during the first 18 to 20 months of *Torque* program delivery.

Ethics approval for the evaluation was granted through the Victorian Government Department of Health Human Research Ethics Committee.

Literature review

A review of the literature was conducted to update an initial review completed by ReGen, which informed the development of the community-based, non-residential alcohol and drug treatment program for offenders. The literature review aimed to identify best practice in the content and delivery of non-residential therapeutic groups for addressing behaviour change among people with AOD use issues who are involved in the criminal justice system.

We searched the following databases to identify recent, relevant publications: PubMed, PsychInfo, Medline and Scopus. Detailed search terms were used in combination and included substance use disorders/substance abuse/ addiction/ drug treatment/ treatment/ rehabilitation/ day program/ criminal justice/offenders/recidivism. We also conducted additional manual searches of reference lists of identified articles, conference proceedings, existing guidelines, the Cochrane register of clinical trials, and the Grey Literature Report in Public Health (www.greylit.org).

Key points from the literature review and how they relate to the program content were included in the first interim evaluation report, with further detail provided in this final report.

Table 1. Methods matched to ReGen evaluation questions

Evaluation questions	Literature review	Input measures	Output measures	Process data	Treatment outcomes	Interviews
1) The development of an appropriate *Torque* service model that meets the needs of forensic consumers:						
a) What particular participant needs were identified in the development of the *Torque* model	✓			✓		
b) How were those needs addressed by the program?	✓	✓		✓		✓
c) What were the subsequent outcomes for *Torque* participants?					✓	✓
2) The meeting of contractual episodes of care targets:						
a) Were the contractual episodes of care targets met?			✓			
b) What are the key enablers of/obstacles for meeting these targets?		✓	✓	✓		
3) Achievement of significant treatment goals outlined in clients' individual treatment plans, including reference to client status on follow-up:						
a) How effective was the intervention in terms of achieving desired client outcomes in an appropriate timeframe?					✓	✓
b) Were the desired outcomes achieved at discharge as outlined in the client's individual treatment plans?					✓	✓
4) The extent to which the case-level outcomes of *Torque* were sustained at 3 months after treatment:						
a) Are case-level outcomes post-treatment maintained at 3-month follow-up?					✓	✓
b) Can *Torque* participation lead to lower reported incidence of offending, or related behaviours?					✓	✓
5) The usefulness and connectedness of *Torque* as a component of the broader justice and AOD service sectors:						
a) How effectively was *Torque* integrated within the work of Community Corrections?			✓			✓
b) How is the program perceived within the justice and AOD service sectors?			✓			✓
c) Do program outcomes and participant feedback support the continuation/expansion of the *Torque* model?					✓	✓
6) Program strengths, weaknesses, obstacles:						
a) What is the evidence base for the *Torque* service model?	✓					
b) Is the program consumer focused? How are consumer's needs identified and responded to? To what extent do consumers participate in the planning, delivery and review of the program?	✓		✓	✓		✓
c) What were the key enablers/obstacles for program commencement and completion?		✓	✓	✓		✓
d) To what extent did non-voluntary participation affect consumers' experience, program delivery and outcomes?				✓	✓	✓
e) Does the *Torque* service model provide an effective community-based forensic AOD treatment intervention?	✓		✓	✓	✓	✓
f) How sustainable is the structure of *Torque* in its capacity to provide infrastructure in terms of workforce, facilities and equipment?		✓				✓

Inputs

Measuring inputs facilitated an assessment of value for money, program sustainability and the appropriateness of the resource allocations to meet the needs of the participants and the program as a whole. Input indicators measured include:

- budget received
- staff allocated
- infrastructure utilised.

ReGen provided information on the resources required by the program and those that were used.

Outputs

Quantitative measures of activities and products generated by *Torque* included number of:

- closed groups facilitated
- participants referred to the program
- participants admitted into the program
- participant completions and non-completions
- program planning and review activities conducted that involved consumers
- external liaison, networking, meetings and partnerships building activities completed with the justice and or the AOD sector more broadly
- *Torque* promotion activities and type.

These assisted us to identify the degree to which the program was conducted as planned and the overall extent of the program's operations.

ReGen provided de-identified *Torque* program data sourced from the program referral lists, participant database and files. We obtained referral, assessment and program completion data from this information, which were analysed for the final report. ReGen also provided other measures of activities.

Process

We used process indicators to measure how *Torque* was developed and implemented, how it operated, the extent to which the alliance between *Torque* and the broader justice and AOD sectors was achieved, and how well the alliance functioned. This assisted ReGen to monitor and document *Torque* development and change over time, and provided insight into *Torque* staff and participant satisfaction, and the views and experiences of key informants from the broader justice and AOD sectors.

In preparing this final evaluation report, the following early process indicators were re-measured:

- views and perspectives of key stakeholders about *Torque* and its implementation — feedback was collected by LeeJenn via telephone interviews with key stakeholders identified by ReGen
- *Torque* staff members' and ReGen managers' views and experiences of the program including key enablers for program inception and completion — feedback was collected by LeeJenn from *Torque* staff members, and relevant ReGen managers and other staff via in-person and telephone interviews and email correspondence

- participant satisfaction, views and experiences at completion of the program — feedback was collected by ReGen using focus groups at the completion of each group; data were also collected by LeeJenn via telephone surveys conducted with consenting participants, 3-months after the end of the treatment episode.

Outcomes

Outcomes measure changes in participants that may be reasonably attributed to the activities of the *Torque* program. These measures enabled success to be considered against the main aims of establishing *Torque*. Measuring outcomes also allowed the evaluation to determine the effectiveness of the program to influence desired participant outcomes, including the reduction of offending behaviour in the short-term, and to see if the changes were maintained at 3-month follow-up.

Clinical outcomes were measured using questions and standardised tools (indicated below in italics) in surveys conducted with *Torque* participants. Outcomes measured across the course of the evaluation were:

- demographic profile of participants
- substance use at baseline, program completion and 3-month follow-up (quantity and frequency of use)
- severity of dependence — primary drug of concern (*Severity of Dependence Scale, SDS*)
- quality of life (*World Health Organization Quality of Life assessment, WHOQOL-BREF*)
- symptoms of mental health problems (*modified Self Reporting Questionnaire, SRQ; Modified Mini Screen-Section C, MMS-C*)
- confidence to refuse substance use in various situations *(Brief Situational Confidence Questionnaire-BSCQ)*
- participant treatment goals
- length of program participation
- frequency of offending and association with other offenders (*Opiate Treatment Index – Crime, OTI Crime*; *Measure of Criminal Attitudes and Associates-Part A, MCAA-A*).

Participants completed online surveys during the first and final weeks of each group program (pre and post-treatment outcome measures) with support from ReGen's Consumer Consultants, and with a small number completing the final week survey over the telephone. Telephone follow-up surveys were conducted by LeeJenn researchers 3 months after the program had ended. Participants in the 3-month follow-up interviews were reimbursed to the value of $25 for their time, with options to receive this via postal money order, direct bank transfer, mobile phone recharge or an online Amazon voucher.

Literature review

This brief literature review builds on the work undertaken by ReGen, which has informed their development of the original Catalyst and the subsequent Catalyst-*Torque* service models. ReGen conducted two reviews of the international literature and evidence: a review of the AOD treatment literature (before the original Catalyst alcohol treatment pilot trial) and a review to provide the evidence base for the development of a community-based, non-residential alcohol and drug treatment program for offenders.[1]

LeeJenn then updated the literature review to ensure that *Torque* maintained its evidence-based practice focus. This review focused on responding to key evaluation questions to:

- identify the needs of participants and whether the *Torque* service model is appropriate for addressing these needs
- provide an evidence base for the *Torque* service model
- identify best practice for addressing behaviour change among people with AOD use problems who are involved in the criminal justice system, in non-residential therapeutic groups
- assess whether the *Torque* model aligns with best practice for addressing behaviour change among people in AOD programs who are involved in the criminal justice system, and whether it provides an effective community based forensic AOD treatment intervention.

Participant needs and appropriate treatment responses

People accessing support for problematic alcohol and other drug use may have a range of specific substance use treatment needs, such as, support for withdrawal, pharmacotherapy services or support via development of a therapeutic relationship. In addition, people with problematic substance use and involvement in the criminal justice system commonly have complex needs. Offenders present to treatment with high rates of physical health problems and social disadvantage, including housing instability and unemployment.[2, 3] Recent reports estimate that 22 per cent of the Australian detainee population is homeless or experiencing housing stress in some form, and that alleged offenders with recent alcohol or illicit drug use are significantly more likely to be experiencing homelessness or housing instability.[4]

There is a substantially higher prevalence of mental health issues among alleged offenders detained by police and offenders who are not incarcerated, as compared with the general community.[5, 6] A 2010 study involving 150 people held at two busy Melbourne metropolitan police stations found detainees were around four times more likely than the general community to have a history of contact with the public mental health system; around 40 per cent of those in custody had experience of a mood disorder and approximately 58 per cent experience of a substance use disorder.[6]

Imprisoned offenders in Australia have been shown to have high rates of substance use disorders and co-occurring mental health problems are prevalent, including personality disorders, cognitive issues, experience of past trauma and post-traumatic stress disorder symptoms.[3, 7] Studies in Australia and the United States have identified characteristics of offenders considered at 'high risk' of recidivism, including being younger, male, and

[1] *Forensic alcohol and other drug treatment: literature review* — prepared by Trevor King for UnitingCare ReGen

having more prior contact and history of involvement with the justice and psychiatric systems.[8, 9] The experience of comorbid substance use with other mental disorders has been found to increase the likelihood of criminal recidivism[3]

It is clearly important to identify and respond to the highly prevalent mental health support and treatment needs of this client group, and provide adequate assessment.[1] Treatment for substance use may to some extent address and alleviate mental health symptoms, such as depression and anxiety for some clients. However, the presence of serious mental illness may require a tailored and integrated AOD and mental health treatment approach, perhaps including psychiatric treatment and medication.[1] A recent Cochrane Review of the effectiveness of interventions for drug using offenders with co-occurring mental health problems[10] found there is a lack of evidence for effective treatment, but that overall, the interventions reduced re-incarceration rates, although not self-reported substance use. Interventions included case management via a mental health drug court, therapeutic communities and motivational interviewing with cognitive skills, with the effects of therapeutic communities and aftercare considered most promising in terms of reducing re-incarceration.[10]

Along with these client needs for treatment for substance use, housing support and mental health assessment and intervention, there are a range of criminogenic needs and risk factors for re-offending, which are identified by the Risk-Need-Responsivity (RNR) model as requiring assessment and response. Rehabilitation in justice settings is commonly guided by the RNR model, which is based on the core theory that offending results from a history of criminal justice involvement and specific criminogenic needs and risk factors, and that these can be targeted by interventions to reduce reoffending.[11, 12] In addition to substance use issues, criminogenic needs and/or risk factors for people involved with the justice system can include: antisocial attitudes, beliefs and values; antisocial associates; issues in family and marital relations, employment, and leisure and recreational activities; impulsive behaviour and poor problem-solving/self-regulation and coping skills.[11, 13]

The RNR model is also based on overarching principles that the level of treatment intensity should be matched to the level of client need and risks to reoffend, that criminogenic needs should be identified and targeted for intervention, and that the style and mode of intervention should be tailored to an offender's learning style and motivation, and use cognitive behavioural treatment.[11] There is strong evidence that interventions that assess and respond to a client's risk and need are more effective in reducing offender recidivism.[11, 14]

ReGen's review of the literature for development of the *Torque* model identified a range of individual social needs (family and social relationship, employment) and AOD treatment needs, including pharmacotherapy, development of therapeutic alliance, aftercare and ongoing peer support.

Evidence-based practice

The research literature for treatment of offenders is primarily focused on incarcerated populations, and further development of the evidence for community-setting AOD treatment of offenders is needed. However, although no single program or intervention type has been found to produce consistent positive effects for substance-using offenders, a range of studies and reviews of evidence-based interventions and principles provide guidance for effective treatment with this client group.

A useful starting point for consideration of best practice with justice-involved substance users is a guide produced by the US National Institute on Drug Abuse (NIDA),[1] which draws on the available evidence base to

provide 13 principles of substance-use treatment for criminal justice populations (see Box 1). The principles emphasise the role of comprehensive assessment and behavioural interventions.

Implementing the principles and addressing a client's range of needs requires the AOD and criminal justice systems to work together, and treating clinicians need to have an understanding of the criminal justice processes and the supervision requirements of people in their care.[15]

NIDA *Principles of Drug Abuse Treatment for Criminal Justice Populations*[1]

1. Drug addiction is a brain disease that affects behaviour.
2. Recovery from drug addiction requires effective treatment, followed by management of the problem over time.
3. Treatment must last long enough to produce stable behavioural changes.
4. Assessment is the first step in treatment.
5. Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations.
6. Drug use during treatment should be carefully monitored.
7. Treatment should target factors associated with criminal behaviour.
8. Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements.
9. Continuity of care is essential for drug abusers re-entering the community.
10. A balance of rewards and sanctions encourages pro-social behaviour and treatment participation.
11. Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach.
12. Medications are an important part of treatment for many drug-abusing offenders.
13. Treatment planning for drug-abusing offenders living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions such as human immunodeficiency virus/AIDS, hepatitis B and C, and tuberculosis.

Treatment for AOD dependence in the community appears to be the most effective approach to changing the cycle of criminal activity among many people with problematic substance use. For offenders involved with the criminal justice system, rehabilitative programs have generally shown greater effect on recidivism outcomes than sanctions, fines and 'punishments', and rehabilitation delivered in the community has demonstrated more positive effect than programs within residential, incarceration settings.[16, 17]

A review and synthesis of empirical research on the effectiveness of drug treatment programs used to treat offenders[18] suggests that there is some evidence that drug courts, therapeutic communities, cognitive-behavioural treatment, contingency management, and pharmacological treatment can be effective in helping to reduce individual's offending and substance use.[18] The *Torque* model uses a range of evidence-based treatment approaches considered effective for the client group.

Cognitive behavioural therapies

Cognitive behavioural therapies (CBT) are interventions with strong evidence across both the offender and AOD literature. CBT has been demonstrated to be one of the most effective rehabilitative interventions for offenders

in reducing repeat arrests and offending,[16, 19] and is considered to be an evidence-based psychological intervention to treat alcohol and other drug use problems.[20]

An early systematic review specifically examining the effects of CBT intervention among offenders found that CBT approaches, including self-monitoring, goal setting, interpersonal skills training, relapse prevention, group work and lifestyle modification, have some success in reducing recidivism among samples of general offenders.[19] Although the review excluded studies focused on specific groups of offenders (such as those targeting people charged with drug offences or driving under the influence) one-third of the 58 studies reviewed included a substance abuse CBT treatment element (33%) and over half of the studies were conducted in a community treatment setting (53%). Relevant meta-analysis findings included:

- the CBT treatment elements with greatest effect for this group were found to be cognitive restructuring, anger control and individual attention (in addition to group sessions)
- the total hours of the intervention had a stronger effect than the length of treatment in weeks, and reviewers concluded that the number of sessions and/or hours per week should be distinguished from the length of the treatment in determining its potential for effect
- the effects of CBT are significantly larger among offender samples when CBT is combined with other services, such as mental health, counselling, employment and educational components
- CBT settings of incarcerated or community treatment (for those on parole or probation) were not significantly related to intervention effect size.[19]

A wide range of CBT approaches have been applied in different correctional settings, and specific cognitive behavioural curriculums such as 'Thinking for Change' are widely used in the United States and have been demonstrated to reduce recidivism among offenders.[16, 21] In community and 'real world' outpatient treatment settings, there is support for the use of structured CBT programs for offenders on probation in the community, as delivered through 22 CBT sessions over 11 weeks, with an average of 12 participants in each class.[22] An evaluation study reported that offenders in a non-intervention comparison group were 1.57-times (or 57%) more likely to be arrested during follow-up than those in the CBT intervention program.[22]

In contrast, a UK evaluation of a structured, group, CBT intervention for substance-using offenders had less consistent outcomes.[23] The addressing substance-related offending (ASRO) program provided 20 2-hour sessions to mandated offenders and compared recidivism at 1-year follow-up among the treatment group (N=141) with a comparison group (N=178) of offenders with AOD issues and similar sentences, but not mandated to ASRO. The program did not reduce recidivism in completers as compared with the comparison group, but the completers had a significantly lower rate of reconviction and longer time-to-reconviction than the non-completers; non-completers had a significantly higher rate of reconviction and shorter time-to-reconviction than the comparison group.[23]

Employment, housing and AOD treatment

Torque participants were asked questions regarding their current life circumstances in the survey at Week 1 and at 3-month follow-up. These give an indication of trends and outcomes among some program participants in the months following treatment.

Five of 35 people with both Week 1 and follow-up surveys reported participation in paid employment (3 full-time) at Week 1. This proportion was similar at follow-up with: two full-time workers, one part-time worker and one person working and studying. Indicators of change and/or stability included the following:

- one person recovering from long-term disability was about to commence a trial of part-time work
- three people who had reported being temporarily sick/disabled now considered themselves 'unemployed'
- two people who reported being unemployed at Week 1 were working full-time at follow-up and two were participating in study
- one previously employed person reported being unemployed at follow-up.

> *"Yes. This is the longest I've been out jail - it's been nearly 12 months - longest in 20 years. I just need to stay off drugs. Finding work will be hard but yeah - everything else is good, not relapsed, got a roof over my head."*
>
> Torque participant (non-completer)

A level of stable housing is part of the eligibility criteria for the *Torque* program. Over time participants reported changes, but a level of stability appears to have been maintained by participants at 3-month follow-up. At Week 1, one person reported living in a boarding house and one reported couch surfing; at 3-month follow-up these individuals both reported living in public housing. No individual at follow-up reported acute housing instability, although four people were in transitional or 'community' housing. This indicates no significantly negative change in housing among this group of program participants, although it is relevant to note that people experiencing housing crisis may be less likely to have to have been located by the researchers to participate in the follow-up survey.

Most surveyed participants (84%, n=32) reported they had some contact with ReGen or other AOD treatment services in the 3-months following the *Torque* program, with no difference between program completers and non-completers. On closer examination, for a small number of people, this contact was likely to have been with other non-AOD counselling and support services, and/or, referring only to the clinical follow-up conducted by *Torque* staff via telephone. However, half the sample (n=19) did report they had received AOD counselling in a community setting since leaving the program and two people reported attending a residential withdrawal service.

Six people indicated that they had attended a ReGen Momentum Aftercare Program at least once since leaving *Torque*, three people had re-started *Torque* or participated in the *Torque* refresher program, and two indicated they were about to re-join a Catalyst or *Torque* program. Attendance at Alcoholics Anonymous and Narcotics Anonymous meetings, and Smart Recovery meetings was reported by one participant each.

Motivational interviewing and motivational enhancement therapy

At the core of the Catalyst and subsequent *Torque* models are compulsory units of motivational enhancement therapy (MET), considered an effective AOD treatment type for engaging substance users in treatment.[20, 24] There are variations across studies, but systematic reviews have found motivational interviewing (MI) approaches with substance-using offenders has some support in the literature for leading to reductions in general offending and short-term reductions in substance use.[25, 26] Robust evidence for effects on repeat convictions and retention in treatment, however, is reportedly lacking.[26]

An example of a structured outpatient program with substance-using offenders is provided by the evaluation of a 4-week group MI program provided in a general community AOD treatment service with New Zealand offenders in the 'pre-contemplative' stage of change.[27] The study is promising in that it found MI intervention led to further engagement in specialist treatment, and improved substance use and wellbeing outcomes at 3 and 6-month follow-up,[27] although the generalisability of the study is limited and speaks to a less intensive intervention targeting a lower risk group of offenders (predominantly cannabis and alcohol-using offenders with low recent levels of substance use).

Pharmacotherapy

A systematic review of pharmacological interventions for drug-using offenders found that opioid substitution treatment (OST) can reduce subsequent drug use and to a lesser extent, reduce criminal activity.[28] Receipt of pharmacotherapy is a common exclusion criteria for residential rehabilitation and therapeutic community treatment settings.

Treatment delivery

There are some differences in how the optimal treatment duration, intensity and dose is regarded in the literature on offender treatment compared to the literature for AOD clinical treatment. Where brief interventions are shown to be effective for some alcohol users, longer treatment periods and higher dosage are generally advocated for offenders.[29]

Offender treatment research indicates that more intensive treatments have greater positive effect on rates of re-arrest or offending, although the most effective treatment is variously identified and defined. For example, McMurran cites meta-analyses findings that interventions of at least 26 weeks' duration, with two or more contacts per week, and amounting to more than 100 hours of treatment, as most effective in reducing recidivism.[29] Other syntheses of research highlight that substance-use interventions within the correctional system of at least 90 days duration are considered more effective in achieving reductions in substance use of offending behaviours.[1, 14]

A US study of administrative data for offenders undertaking court-supervised drug treatment found that where high-risk offenders (with a greater number of past convictions) received longer periods of treatment, the likelihood of re-arrest 30 months after assessment for treatment was reduced and was similar to low-risk offenders.[8] Risk of re-arrest may be decreased by receipt of more treatment services and longer treatment length, which in this study was considered to be 113 days or more from admission to the last day of treatment.[8] This latter study also found that receiving more services during treatment was also positively associated with a smaller number of re-arrests, which may also indicate the influence of the intensity or comprehensiveness of intervention.

Within the CBT and offender literature, however, there is support for the use of structured CBT programs for offenders on probation in the community, as delivered through programs such as 22 CBT sessions over 11 weeks, with an average of 12 participants in each class.[22] An evaluation study reported that offenders in a non-intervention comparison group were 1.57-times (or 57%) more likely to be arrested during follow-up than those in the CBT intervention program [22].

Reviews of the literature on effective practice mirror the findings and guiding principles presented by NIDA.[1] Bright and Martire's review found that effective substance-use interventions in the criminal justice system commonly use standardised risk and substance use assessment tools, are of a duration greater than 90 days, and involve motivational and reinforcement approaches as well as monitoring and compliance measures.[14] RNR and continued care are also associated with effective interventions.[14]

Bahr's review of research on the effectiveness of drug treatment programs used to treat offenders concluded from the literature that effective treatment programs tend to: (a) focus on high-risk offenders, (b) provide strong inducements to receive treatment, (c) include several different types of interventions simultaneously, (d) provide intensive treatment, and (e) include an aftercare component.[18]

Implementation and service-level features of effectiveness

A review assessing what is known about the effectiveness of correctional interventions on recidivism outcomes, found that a major source of variability in the effects of treatment on the recidivism of offenders relates to how well the treatment program was implemented.[17] This is an important finding for the implementation of a newly developed and modified intervention, such as the *Torque* model, when considering its potential effectiveness.

> *"Organisations which make staff training available, which are led by administrators with a background in human services, who have a high regard for substance use treatment and who are familiar with the relevant empirical literatures. These programs are performance oriented, have close proximity to other services and strong inter-organisation relationships."*
> Bright and Martire (2013)

Research examining the degree and quality of implementation across studies was commonly limited by use of basic or approximate implementation indicators. Basic features of implementation include whether the treatment is delivered as intended, and the amount of treatment offered and received. Too few sessions offered and/or a lack of treatment participation, attendance or completion, will have an effect. Implementation indicators have been found to be strongly associated with the size of the effects on recidivism: Lipsey and Cullen found factors positively correlated with the strength of intervention effects on client recidivism included:[17]

- a treatment manual
- staff trained in the program
- clinical supervision of staff who delivered the program.

Effective implementation is positively affected by a range of organisational, procedural and structural factors. A literature review published in 2013[14] examined the use and efficacy of legally coerced treatment for substance-using offenders, and included assessment of factors that may limit or augment any treatment benefits. The implementation and success of evidence-based practice in this service context was shown to be positively affected by a range of factors, including:

- cooperation and collaboration within and across professions, agencies, and systems
- actions to encourage and monitor program engagement, progress, and participation

- dedication to quality treatment incorporating a performance orientation, experienced leadership, appreciation for evidence based practice, and the role of substance use treatment, accreditation, and training/financial resources
- community-based approaches
- support provided by standardised risk and substance use screening or assessment tools.

Organisational features of offender treatment programs that were identified as being associated with a greater adherence to quality service provision and evidence-based practice include having staff training available, being led by administrators with experience in the human services and knowledge of the field of substance use treatment, and working closely with other organisations.[14]

Linking the evidence with *Torque* optional modules

Within the Catalyst and *Torque* model, attendance at CBT and MET sessions are compulsory. A range of voluntary, optional units are provided to respond to identified client needs, and encourage client engagement and satisfaction with the program.[30] For *Torque*, the optional sessions aim to address other needs and help participants re-engage with positive activities such as: family relationship building, good nutrition, financial management, art therapy, exercise, relaxation, employment support, pharmacotherapy education, liver health, AOD use and the brain and mindful practice.[2]

The inclusion of such units is warranted to increase client engagement and wellbeing, despite limited evidence of their efficacy in regard to key outcomes of intervention. There is a promising evidence base to support the inclusion of these activities, which may guide further development of the sessions; in particular, effectiveness of exercise as an adjunct to treatment;[31, 32] reductions in recidivism associated with community-based job assistance and employment training programs;[16] and mindfulness-based relapse prevention (MBRP) approaches, which has been shown to demonstrate reductions in drug use, legal and medical problems among female offenders in a residential AOD treatment program.[33] This holistic programming approach is also aligned with a recognition that clients benefit from addressing a range of criminogenic needs, such as engaging in pro-social recreation and leisure activities.

[2] As described in session content information sheet available on ReGen website www.regen.org.au/torque

Key points from the literature review related to the *Torque* model

ReGen has responded to the identified characteristics and needs of the target client group in the development of the *Torque* program by developing a structured multifaceted program that includes substance use, mental health and healthy lifestyle components. The intake and assessment process appears to target an appropriate client group with high levels of risk factors (e.g. mental health issues and severe levels of dependence).

Torque is adapted from the original Catalyst model and at the core of these models are compulsory units of cognitive behaviour therapy (CBT) and motivational enhancement therapy (MET), which are evidence-based psychological interventions for use with general alcohol and other drug (AOD) treatment populations.

ReGen have ensured consistency with best practice frameworks by using these treatments within a 6-week, full-time intensive day program model, which is inclusive of clients on pharmacotherapy, and provides individual counselling in addition to group treatment. Staff demonstrate good understanding of the correctional supervision requirements of their clients and the program also offers incentives for participation, including the ability to count program participation towards community work hours, and assistance with transport costs, gym membership and daily meals. A range of intervention types and access to ReGen's other services (e.g. supported and residential withdrawal) are offered, and *Torque* and Catalyst participants have the option of voluntarily joining the Momentum Aftercare Program. The introduction of a new role to support transition out of the service has further facilitated continuity of care.

ReGen has incorporated many features of service-level best practice during the implementation and delivery of *Torque* and has continued to monitor and improve the organisation's processes and performance over the course of the pilot. ReGen has a qualified team of social workers and AOD counsellors, including members with forensic AOD counselling experience, all of whom are guided by managers with extensive experience in both substance-use treatment delivery, and in developing and implementing the Catalyst model. The team works from a treatment manual developed from the Catalyst resource materials, and regular intake and clinical team meetings appear to provide an avenue for feedback about the groups. The development of the model has demonstrated collaboration between different units of ReGen and dissemination of the model has required cooperation and collaboration across agencies and systems.

Key findings

Program operations

ReGen were contracted to undertake a 2-year pilot of this new service model, commencing July 2013 and concluding in June 2015. The first 6-week *Torque* program was offered on 28h October 2013 as a pilot, with a further 11 programs being delivered during the evaluation period.

The *Torque* evaluation began in January 2014, focused on program activity and consumer participation during the evaluation period January 2014 to June 2015. ReGen also provided some program data from the first group program in 2013, so this has been included in reporting where possible.

Each 6-week *Torque* program is referred to as a treatment episode, and is labelled and referred to in this report as follows:

Treatment episode 0	28 October–6 November 2013
Treatment episode 1	20 January–28 February 2014
Treatment episode 2	3 March–11 April 2014
Treatment episode 3	28 April–6 June 2014
Treatment episode 4	9 June–18 July 2014
Treatment episode 5	21 July–29 August 2014
Treatment episode 6	1 September–10 October 2014
Treatment episode 7	13 October–21 November 2014
Treatment episode 8	12 January–20 February 2015
Treatment episode 9	23 February–3 April 2015
Treatment episode 10	7 April–15 May 2015
Treatment episode 11	18 May–26 June 2015

Program resourcing

At each stage of the evaluation, ReGen provided brief updates of the *Torque* program inputs to inform reflection on the sustainability of the program and the appropriateness of the resource allocations to meet the needs of the participants and the program as a whole.

Program budget and facilities

The pilot program was delivered within the allocated budget received from the Victorian Government Department of Health.

As outlined in the interim evaluation reports, the program commenced operations at the end of October 2013 and therefore did not exceed the budget allocated for the financial year July 2013 to June 2014, despite substantial financial outlay to establish the program. The implementation of *Torque* included significant funding for renovations to improve infrastructure and facilities available at ReGen, including a new group space to accommodate approximately 20 people, a new ‘quiet room’ and an outdoor shelter

area. This additional infrastructure also involved changes to the existing counselling spaces and additional bathroom amenities were required to meet WorkSafe requirements. This infrastructure continues to be used.

The program manager has indicated that the renovations completed prior to the commencement of *Torque* have met the needs of the clients, staff and the therapeutic environment. No further significant infrastructure needs have been identified.

Staffing and expertise

During the pilot, staffing resources of 5.35 EFT[3] were required to deliver most of the program, with roles shared across the *Torque* and Catalyst non-residential rehabilitation programs. These roles included the Catalyst/*Torque* program manager, team leader, three senior counsellors, an intake worker, financial counsellor and relationship counsellor.

Specialists hired for sessional work during the program included a nutritionist, drummer, yoga instructor, withdrawal nurse, art therapist, job network agency staff, liver health consultant, acquired brain injury consultant, mindfulness practise instructor, education and training facilitator, and consumer representatives.

In the final stages of the evaluation period, in June 2015, the program had just increased staffing resources to 5.95 EFT in both non-residential programs (a total of 11.9 EFT overall). Across the two programs this involved:

- an increase in administrative support from 3 to 4 days to reduce the administrative burden on the shared intake worker role (half-day allocated to *Torque*)
- a full-time post-program support worker to initiate early engagement with clients and then provide support and follow-up in the 4 weeks after the Catalyst and *Torque* programs.

No changes in budget were required to make staffing changes, which appears to be partly due to re-allocation of resources now that the program facilities and processes have been established and the main evaluation phase activities have been completed.

There was minimal and natural staff turn-over during the pilot period, with two departing staff members replaced from within other areas of ReGen. A Catalyst programs position still vacant at end of 2014 was filled at the time of final evaluation. Prior to successful recruitment, the *Torque* team indicated that they experienced challenges in identifying and recruiting a suitably skilled new staff member. There was a general sense that changes experienced by all organisations across the Victorian AOD sector during that time was a likely barrier to recruiting new staff. This position was filled at the time of final evaluation.

As outlined at the interim stages of the evaluation, at times during the establishment phase of the program, delays in recruitment and staff leave resulted in a small shift in staff time and resources from the Catalyst-alcohol program to the *Torque* program. There was then a subsequent increase in and focus on training all staff members of Catalyst programs to be able to work across both the *Torque* and Catalyst-alcohol programs. This approach to staffing across the programs provided more flexibility, and the building of staff expertise appears likely to have improved the sustainability of the current program model.

[3] Equivalent full-time staff

Key points on program resourcing

The *Torque* program appears to have been fully, or close to fully, resourced during the pilot period and delivered within allocated budget. The current program remains focused on maintaining full staffing and increasing staff expertise across the two Catalyst programs, which are important actions to achieve sustainability of the program in terms of workforce demands. In the final stages of the program, additional staffing needs were identified and implemented.

Program outcomes

Program referral and output information reported here is based on data collected and collated by the *Torque* team during the pilot period from October 2013 until 13 May 2015.

Episodes of care targets

ReGen agreed with their funders to set targets for *Torque* of providing 96 individual episodes of care per year, through delivery of eight programs annually. This included seven programs of 6 weeks' duration and one 4-week 'refresher' program. Each program aimed to include a maximum of 12 participants.

In 2014, a total of 66 individual episodes of care were commenced for *Torque* across the eight programs delivered. This reached approximately 69 per cent of the target number of individual episodes to be provided annually. A total of 37 individual episodes of care were commenced in the first 6 months of 2015, indicating around 77 per cent of the half-year target was met.

Client referrals and intake

Review of referral and intake data for 6-week programs (excluding 'refresher' programs) showed that between October 2013 and mid-May 2015:

- *Torque* reviewed 267 client referrals for program intake
    - 210 individual clients were referred to the program
    - 57 referrals involved clients who were considered for intake at more than one episode, either to repeat the program or because they did not attend the first treatment episode they were accepted into
- 55 per cent (n=147) of all referrals went on to attend a program intake assessment session
- 73 per cent (n=113) of all those who attended intake (or were not required to attend[4]) went on to be admitted or accepted into the program.

As noted in the second interim evaluation report, referrals increased over the first 12 months of the pilot, and this correlated with the decision by ReGen to accept internal referral of non-forensic 'community'

[4] Eight individual referrals were accepted without attendance at an intake session, primarily due to being repeat program participants.

clients in June 2014. Client referrals to the program have continued to increase substantially over the evaluation period, from 49 individuals (53 referrals reviewed) during the first four episodes of operations, to 59 individuals clients (84 referrals) in treatment episodes 4 to 7 in 2014, and 102 individuals (130 referrals) for the first four episodes of 2015.

Over time, however, the proportion of non-forensic client referrals also increased. Most referral records include indication of court order and justice involvement status and showed that in the 2014 treatment episodes 4 to 7, 28 per cent of referred individuals were non-forensic (19 of 57), compared to almost 44 per cent in the four 2015 episodes (43 of 98).

Sources of referral

Source of referral was noted for 208 individuals referred to the program during the pilot. Most referrals came internally from ReGen community, forensic and withdrawal services (Figure 1).

Referrals from external AOD agencies, AOD workers in other health and social services and justice sector services, came from 23 separate services across 20 organisations.

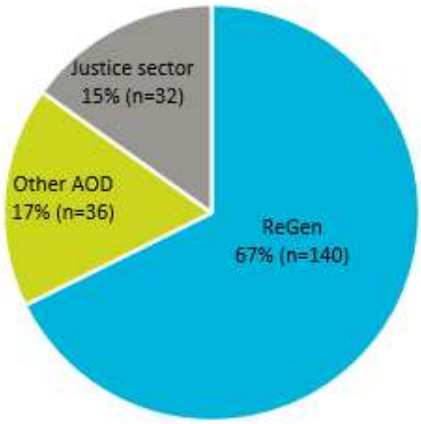

Figure 1. Source of referral

The most common external sources of referral to *Torque* were ACSO services (n=22) primarily through their Community Offender Advice and Treatment Services (COATS) and Responsive Assessment Planning Intervention and Diversion Service (RAPIDS), followed by Odyssey House (n=12). Other referring services and workers in the justice sector included Community Correction Services, Justice Centres and the Drug Court.

The overall proportion of individuals referred from a justice-specific services setting (15%, n=36) has not increased compared to the first 6 months of the pilot. Approximately 15 per cent (7 of 46)[5] of individuals referred between October 2013 and March 2014 were recorded as being referred from three justice-specific services: a Community Correction Service (CCS), a Neighbourhood Justice Centre and the Drug Court. Importantly, however, the number of justice-specific services referring clients increased from three to eight, with two ACSO services making the agency the most common external referral source.

Lost to intake

Reasons for not attending the *Torque* program intake session were recorded in 118 of the 120 referral cases where individuals did not go on to attend. Lack of attendance was most commonly recorded as due to the individual not responding to worker contact and/or not attening the intake appointment (38%, n=45). In 16 per cent of referrals (n=19) people indicated they were no longer interested in doing the program, with six people citing reasons specific to their employment. In 16 cases (14%), people stated that they were 'not ready' for the program, with a further 14 per cent specifically identified as being suitable for the next, or

[5] 46 individuals recorded across 54 separate referral cases

other treatment episode. In seven cases, referrals were recorded as 'repeaters' and were not required to re-attend the intake information session. In four referral cases, individuals could not attend intake due to being remanded or incarcerated.

Attendance and program completion

An overview of program intake and attendance for all 6-week program referrals is detailed in Table 2, with basic attendance rates for the 4-week refresher program also presented. Treatment episode '0' refers to the first trial program delivered in 2013 and episodes 1–11 refer to all 6-week programs delivered as part of the pilot in 2014 and until June 2015.

Table 2. Number of *Torque* referrals, program uptake and completions

	Treatment episode	Referrals received/ reviewed	Intake conducted	Intake accepted	Attended ≥1 day	Completed *Torque*	Average days attended (range)
2013	**0**	14	10	9	7	4	14.1 (4–25)
2014	**1**	10	7	6	6	5	23.2 (15–28)
	2	12	6	5	5	4	24.4 (12–30)
	3	17	11*	11	11	4	13.2 (1–29)
	4	17	12	7	5	3	18.0 (2–29)
	5	26	16*	12	12	5	16.9 (1–30)
	6	20	13*	12	9	4	18.1 (1–29)
	7	21	13	10	10	5	21.7 (8–30)
	Refresher				(8)	(4)	
2015	**8**	23	14	11	9	4	15.1 (1–29)
	9	26	15	7	7	2	10.4 (2–22)
	10	36	15*	12	11	5	20.5 (5–29)
	11	45	15	11	10	8	22.5(2–30)
	OVERALL	**267**	**147**	**113**	**102 (110)**	**53 (57)**	**18.0 (1–30)**

***** *1 to 2 repeat participants were accepted into these rounds of intake, but were not required to re-attend a second formal intake appointment; they are not included in these totals.*

Uptake of the program generally increased to expected levels over time, with 10 to 12 clients accepted into the program in five of the six later treatment episodes during the pilot. Overall, the average participant rate, based on any attendance during the first week of the program, increased slightly. The overall average number of participants commencing each program group was 8.4 (range 5–12) compared to 7.25 during the first 6 months of operations.

Review of all 6-week programs showed that during the 20 months of pilot program service delivery:

- 52 per cent (n=53) of individual episodes commenced (attended at least one day of the program) went on to be successfully completed
- 47 per cent of clients who were admitted into *Torque* went on to successfully complete the program
- participants attended an average of 18 days each episode (range 1–30 days).

As previously reported, the completion rate for *Torque* can be considered a positive outcome for the program. The *Torque* client group face a range of complexities, but their completion rate appears to compare well with rates reported for another intensive, community-based treatment programs for forensic clients with significant AOD problems (e.g. 29% reported by Palmer et al., 2011).[23] It also compares well with the 59 per cent rate of completion reported among a study of clients in Australian AOD outpatient treatment,[34] and with ReGen's Catalyst-alcohol program, which reported 63 per cent completion rates during its second year of piloting. [6][30]. AOD service provider data reported in the 2013–2014 National Minimum Dataset indicates rates of 'expected or compliant completion' of rehabilitation and counselling treatment episodes are 42 per cent and 60 per cent, respectively.[35]

Referral data indicates 15 *Torque* participants had attended ReGen's Momentum Aftercare Program.

Key points on program outcomes

Torque provided 66 individual episodes of care in 2014, achieving 69 per cent of the annual target of 96 episodes. A total of 37 individual episodes of care were commenced in the first 6 months of 2015, achieving approximately 77 per cent of the half-year target.

Most client referrals for the *Torque* program continued to come internally from ReGen services. The acceptance of internally referred community clients was implemented in June 2014 and was continuing at evaluation end 12 months later. Referral rates and the proportion of community clients referred both increased over the course of the piloting period.

Torque had an average rate of 8.4 participants in each 6-week program group (range 5–12), an increase from 7.25 during the first 6 months of operations, indicating that the program was getting closer to reaching capacity.

The program completion rate across the first 12 episodes of *Torque* was 52 per cent.

Communication activities

Victorian criminal justice and alcohol and other drugs sector

Since commencing operations in October 2013, ReGen and *Torque* staff have undertaken a range of program promotion and communication activities with the Victorian criminal justice and AOD sectors. Ongoing communication activities established at the early stages of implementation and continued during the pilot included:

- Steering Group meetings held monthly with representatives from the Department of Justice, ACSO and Department of Health

[6] Across the overall three year evaluation period the *Catalyst* program was found to have a treatment completion rate of 70%.

- regular sending of promotion information for distribution on the Victorian Alcohol and Drug Association (VAADA) email notices, in particular to inform of upcoming program episodes and request client referrals.

During the first 6 months, efforts to promote the service and integrate it into the broader AOD and justice sectors included holding a *Torque* open day for external services to attend, development of a community work agreement with North West Community Correctional Services and development of web and paper-based program information materials. Staff participated in a corrections forum, and made direct contacts and/or visits to 35 external services to provide information on the program model. The first interim report also found that ReGen had responded to a lack of referrals and engagement from ACSO, a key criminal justice system AOD service referrer, by initiating a staff survey via the steering group to gain information from ACSO assessors regarding their referral decision making.

Activities to promote the program and enhance liaison with external agencies during the latter half of 2014 included providing information at Port Phillip Prison to be distributed during the AOD programs and pre-release meetings, and efforts to engage with representatives of Community Corrections and Victorian Legal Aid. However, as reported at the time of the second interim evaluation, communication activities were somewhat reduced during this period, in part due to the processes of state-wide AOD sector reform, which created substantial change and impact for most organisations in the sector. This was perceived by *Torque* and ReGen staff as a significant barrier to networking and promotion of the program, and so these activities were re-prioritised to be a greater focus in early 2015.

Efforts to increase awareness of *Torque* among referrers and integrate the new program into the broader AOD and justice service sectors have continued. In 2015, the Catalyst and *Torque* program manager and/or staff:

- met with the ACSO RAPIDS team and provided two presentations for ACSO staff
- held an open day for Community Corrections staff who hold AOD portfolios and presented at a management meeting of managers across the northern area
- gave presentations about the program at a range of conferences and workshops in 2015, including:
    - Victorian Alcohol and Drug Association Conference
    - Innovation Seminar (ReGen)
    - Australian Winter School Conference.

Consumer involvement

The *Torque* program established a strong focus on communicating and involving consumers in the planning, delivery and evaluation of the program, and this has developed further over time. To assist in guiding service model development and improvement, the early implementation phase included collecting participant feedback through focus groups, and providing opportunities for consumer representative involvement in the *Torque* Steering Committee. ReGen Consumer Consultants also supported participants through the evaluation process and assisted them to complete the survey during the first and final weeks of the program. These consumer involvement activities were ongoing during the first 20 months of *Torque* operations.

Consumer participation and opportunities for involvement over the course of the evaluation period included the following:

- Two consumer consultants participated in the Torque steering committee.
- Each program group received a presentation on how to be involved in consumer representation at ReGen and training offered, with expressions of interests then followed-up.
- In response to consumer identified needs, *Torque* participants who trained as Consumer Consultants became involved in pre-planning and attending some check-in and check-out sessions, which are therapeutic groups held frequently to provide opportunities for participants to talk about their strengths, successes and challenges.
- Consumer Consultants attended *Torque* information sessions and offered their experiences to new clients, attended a program check-in session early in the program to discuss program expectations, and then attended a check-out session near program end to talk about 'what's next' and further options.
- A small number of participant focus groups were conducted for the Momentum Aftercare Program, so that consumer views of this aspect of the program were collected.
- Past participants from Torque attended and presented at forums including the Torque open day, the ReGen Innovation Seminar and two separate information sessions promoting the program to ACSO assessors. The aim was for consumers to be able to inform services and workers about their experience in the program, and possibly assist with addressing issues of stigma and assumptions held by referrers regarding suitability of a forensic non-residential rehabilitation program.
- LeeJenn were invited to attend a Consumer Consultants meeting to discuss aspects of the *Torque* evaluation; consequently some consumer feedback was incorporated into the evaluation survey process.

The consumer participant facilitator reported that *Torque* clients showed a high level of interest in the consumer participation training and appeared to be responding very well to the increased level of past-consumer involvement in the program, including asking peers to help them with the evaluation survey.

Key points on communication activities

During the 2-year pilot, ReGen was active in its efforts to disseminate information about the new program and raise awareness of *Torque* among relevant service providers in the AOD and justice sectors. External promotion and communication decreased somewhat during the second half of 2014 during extensive reforms in the AOD service sector, but increased again in 2015 with particular focus on direct communications with ACSO.

ReGen were pro-active in their response to initial low uptake of the program by the criminal justice system service providers, which the evaluation identified as one of the main early barriers to successful program implementation. However, ongoing program promotion and liaison with referrers was required, to ensure that the numbers of justice-involved participants was maintained or increased.

ReGen incorporated a high level of consumer involvement in the ongoing development, delivery and evaluation of the *Torque* program. The program demonstrated flexibility and adaptability in responding to consumer feedback and improving consumer participation over the pilot period.

Participant characteristics

Program entrants

From 28 October 2013 to 26 June 2015, a total of 93 individual clients were admitted into *Torque* and attended the program at least once in the first week, with nine clients attending more than one treatment episode during this period. Participation in *Torque* ranged from one day of attendance to attendance until program completion. An overview of all program participants' socio-demographics and clinical characteristics is provided in Table 3, based on referral and assessment data collated by *Torque* staff.

Table 3. *Torque* participant characteristics – referral and assessment data

Participant characteristics	**(N=93)**
Age - average age in years *(range)*	36.2 (range 21–74)
Gender male	68.8% (64)
Preferred language English*	100.0% (91)
Aboriginal and Torres Strait Islander*	4.5% (4)
Employed*	7.0% (6)
Living arrangements*	
Lives with family	60.2% (53)
Lives with others	20.5% (18)
Lives alone	19.3% (17)
Accommodation*	
Owned/purchasing own home	20.5% (18)
Private rental	40.9%(36)
Public rental	19.3% (17)
Rooming house/transitional/crisis accommodation	6.6% (5)
Other	12.5% (11)
Any history mental health symptoms/diagnosis*	91.3% (84)
Current justice system involvement:	
Community Corrections/Community Based Order	34.4% (32)
National Illicit Drug Strategy Diversion	14.0% (13)
Pre-sentencing (e.g. bail, CREDIT Bail, CISP)	21.5% (20)
Drug Court/Parole	3.2% (3)
None (community clients)	26.9% (25)
Primary drug:	
Amphetamine-type stimulant[+]	38.7% (36)
Alcohol	31.2% (29)
Opioids	18.3% (17)
Cannabis	10.8% (10)
Sedatives	1.1% (1)

**small amount of missing data; % of available sample is reported*

[+]includes one participant with referral data indicating both amphetamine-type stimulant and cannabis as primary drug

Further information is also presented from the evaluation surveys administered at commencement of each 6-week treatment episode delivered in 2014 and until June 2015; a total of 72 individual participants completed a survey during the first week of the program.[7]

Demographics

The client group are predominantly male, unemployed, English speaking and living in relatively stable accommodation. At the time of the second interim evaluation, a small number of participants were noted as living in rooming house/short-term transitional or crisis type accommodation (n=5) at the time of referral or intake assessment, which had not increased by the time of final reporting.

Female participants are in the minority, but each program delivered during the pilot of *Torque* began with at least one female client. Program groups commenced with between one and five female participants, with the proportion of females in each group ranging widely from around 10–70 per cent.

Substance use

Program referral and intake data provided by ReGen shows that among all participants who attended *Torque*, the most common primary drugs of concern were amphetamine type stimulants (ATS), generally understood by staff to be methamphetamine (39%, n=36), and alcohol (31%, n=29).

The mix of participants and their primary substance of concern varied significantly across treatment episodes, as shown in Figure 2. At final evaluation, the proportion of clients with ATS as the main substance of concern had increased and ATS had become the most common primary drug of concern ahead of alcohol.

Most treatment episodes had a combination of substance users; however, the first in 2014 was comprised entirely of alcohol users, treatment episode 2 predominantly opioid users, and treatment episode 7 predominantly ATS users.

[7] Six *Torque* participants began the program twice during the evaluation period and completed a survey both times; only information reported during their first treatment episodes has been included in this section.

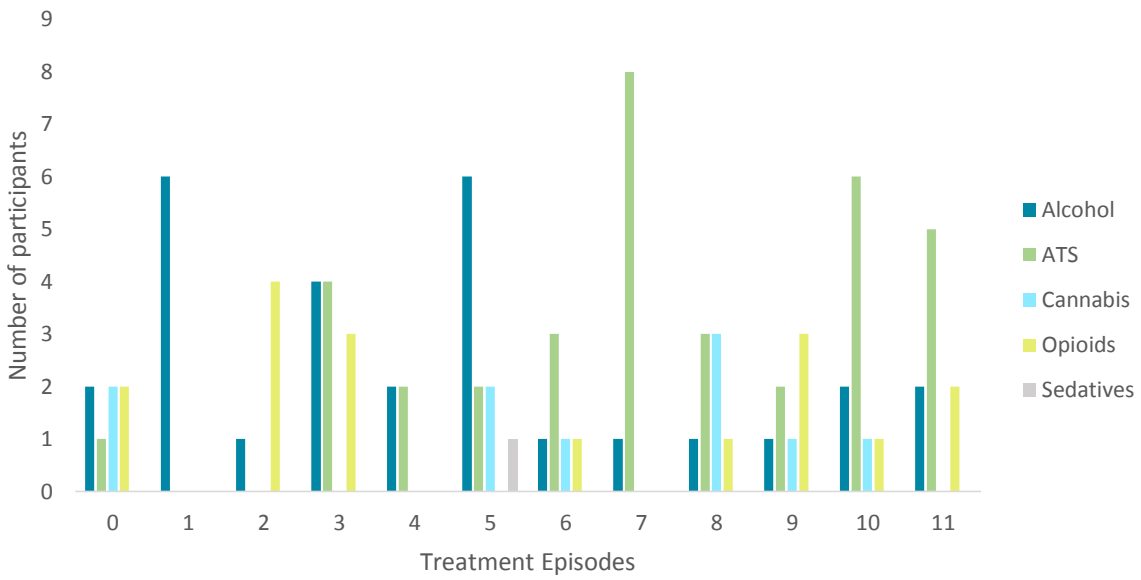

Figure 2. Primary substance of concern by treatment episode

Among participants who completed a survey during their first week of their treatment (n=72), a range of substance use patterns and histories were evident.

Most participants were recent tobacco smokers (82%, n=59) and reported using alcohol in the past month (61%, n=44). The majority also reported past-month use of an illicit or non-prescribed substance (66%, 44 of 67 valid responses) with many reporting use of two or more substance types (38%, n=26). Substance use experience included:

- 42 per cent (n=30) had ever used a drug by injection
- 36 per cent (n=16) had ever tried heroin
- 35 per cent (n=25) reported any past month use of methamphetamine
- 31 per cent (n=22) reported any past month use of cannabis
- 19 per cent (n=14) had used a drug by injection in the past 3 months
- 17 per cent (n=12) reported recent misuse of benzodiazepines
- 11 per cent (n=8) reported heroin use in the past month.

Small numbers of participants also reported past-month use of: non-prescribed use of methadone or other opioids (n=5); non-prescribed use of other pharmaceuticals (n=9); ecstasy (n=4); inhalants (n=3); and cocaine (n=2).

Health and wellbeing

ReGen referral data includes a brief record of whether *Torque* participants have ever received mental health diagnoses, reported identification of mental health symptoms or experience of a disorder. Overall, there is a very high prevalence of past and current mental health issues indicated for this group, with 67 per cent (n=62) having more than one symptom or disorder noted, most commonly involving depression and/or anxiety.

At commencement of treatment, data from surveys with clients showed that:

- most participants (81%, n=51) were currently experiencing at least some symptoms of depression, anxiety and/or somatic complaints (e.g. sleep problems, headaches, digestive problems)
- 57 per cent (n=36) were currently experiencing considerable levels of these symptoms (as indicated by a score of 5 or more on the modified SRQ measure), indicating greater need for intervention
- only 32 per cent of respondents (23 of 71) felt satisfied with their health, and a quarter (24%, n=17) rated their quality of life as very poor or poor.

When asked about a range of symptoms experienced in the past 30 days, 51 per cent (36 of 70 individuals) indicated that the thought of ending their life had been on their mind.

Justice system involvement

Around one-third of *Torque* participants had received a Community Corrections Order (CCO)[8] (n=26), and 14 per cent had received a National Illicit Drug Strategy (NIDS) Diversion (n=13). These orders are administered by Community Corrections Services and differ based on circumstances and the type of offence, but involve at least one mandatory condition such as unpaid community work, supervision by Community Correctional Services, or participation in treatment and rehabilitation.

Of participants completing evaluation surveys (n=72):

- 28 per cent (n=20) had a court order with a specific condition of attending and were completing an AOD treatment program
- 18 per cent (n=13) were required to provide regular or random drug tests
- 17 per cent (n=12) had a court order with a condition of remaining free of alcohol or other drugs
- 6 per cent (n=4) had received a court order with specific conditions to not enter or consume alcohol in licensed premises.

Alcohol and other drug treatment

Over half of all program participants had completed residential withdrawal prior to commencing the *Torque* program (55%, n=51) and a quarter had undertaken home-based withdrawal (n=23).

At the time of referral and intake assessment, 17 per cent (n=16) of the 93 program participants were receiving opioid pharmacotherapy and around 5 per cent (n=5) were on pharmacotherapy for alcohol-related problems.

In their first week of treatment, 14 of 71 survey respondents (20%) indicated they were receiving opioid pharmacotherapy and were recent users of prescribed methadone or buprenorphine.

Program completers

During the first 12 program groups of *Torque*, 52 per cent of 102 individual episodes commenced were completed. These episodes involved 93 individual clients, with nine beginning the program twice. As a range of different factors may affect program completion, a brief examination of referral and assessment data was

[8] Or reported an older form of this sentencing such as a Community Based Order (CBO)

conducted to compare some key characteristics for program entrants and those who dropped out of the program (Table 4).

Table 4. Participant characteristics — program completers and non-completers

Participant characteristics	Completers (N=53)	Non-completers (N=49)
Average age in years (range)	37.0 (21–63)	35.9 (22–74)
Gender* male	66.0% (35)	72.9% (35)
Employed+	8.2%(4)	4.4% (2)
Any justice system involvement	73.6% (39)	71.4% (35)
Primary substance of concern:		
Amphetamine-type stimulant+	37.7% (20)	38.8% (19)
Alcohol	30.2%(16)	32.7% (16)
Opioids	20.8% (11)	14.3% (7)
Cannabis	9.4% (5)	12.2% (6)
Sedatives	1.9% (1)	2.0% (1)
Past/current mental health issues:*		
None reported	7.5% (4)	8.3% (4)
1 symptom/diagnosis	26.4% (14)	18.8% (9)
2 symptoms/diagnoses	30.2% (16)	41.7% (20)
3 or more symptoms/diagnoses	35.8% (19	31.3% (15)
Second episode of *Torque*	9.4% (5)	8.2% (4)
Currently on pharmacotherapy (opioid or alcohol)+	22.6% (12)	21.7% (10)

**n=1 missing data*

+small amount of missing data; % of available sample is reported

A comparison of program completers (n=53) and non-completers (n=49) showed very little difference between the groups across participant age, gender, primary substance use of concern, current involvement with the justice system or being on alcohol or opioid pharmacotherapy at time of assessment. In addition, among the small number of people who commenced the program twice, a similar number went on to complete (n=5) or drop out (n=4) of their second episode.

It should be noted that the measure used for mental health is a relatively blunt measure indicating *any* past or present mental health symptom or diagnosis recorded from referral and/or assessment information.

A slightly smaller proportion of the completer group was male (66%) compared to 73 per cent of non-completers. Grouped by gender, this equates to 50 per cent completion rate among all male participants and 58 per cent completion rate among all female participants. As female participants are in the minority in most program groups and this has potential to be a barrier to engagement, the similar completion rate across gender reflects positively on the suitability of the program for women.

A similar proportion of participants with current involvement with the criminal justice system, such as being on a Community Corrections Order or on bail, were in the completer and non-completer groups (74% and 73%, respectively). The rate of program completion among the 74 justice involved program entrants was 53 per cent and 50 per cent among the smaller group of non-forensic, community clients (n=28). While still a small sample, this further supports the sense from earlier in the evaluation, that the program appears

equally suited to both community and forensic clients. Despite there being fewer community clients within most *Torque* program groups, and the program initially targeting only forensic clients, an equivalent level of program completion has been demonstrated.

Among clients who did and did not complete *Torque*, the primary substances of concern were comparable. For example, as shown in Table 4, alcohol was the primary drug for 30 per cent of completers and around 33 per cent of non-completers.

When grouped by their primary substance of concern, participant completion rates were: ATS (51%), alcohol (50%), opioids (61%), cannabis (46%), and sedatives (50%). This is a simplified comparison of clients with limitations, particularly due to the small numbers in some primary substance groups, and in light of varied levels of both polydrug use and abstinence among the sample prior to treatment. However, the comparison does provide a positive indication that the program has been suitable and successful for participants experiencing issues with a range of substances.

Key points on participant characteristics

The characteristics of *Torque* participants at referral, and as they commence treatment, reflect a complex group with a high prevalence of justice system involvement, polydrug use histories and experience of mental health issues.

Overall, the most commonly recorded primary drugs of concern are amphetamine type stimulants (methamphetamine) and alcohol. This reflects the growing number of methamphetamine users admitted into the program, as alcohol was previously reported as the most common substance of concern at the time of the 12-month interim evaluation.

There is positive indication that the program has been suitable and equally successful in engaging participants from across a range of client groups, with little difference seen in completion rates across participant gender, primary drug of concern or current justice system involvement status.

Participant outcomes and experiences

Over the course of the evaluation, key clinical outcome measures were collected via participant surveys at three time points: Week 1 of the program (pre-treatment, baseline), Week 6 of the program (post-treatment), and 3 months after the end of the treatment episode (follow-up). Figure 3 shows the number of participants who completed surveys at each time point, and whose data is available to be matched and included in the examination of outcomes over time.

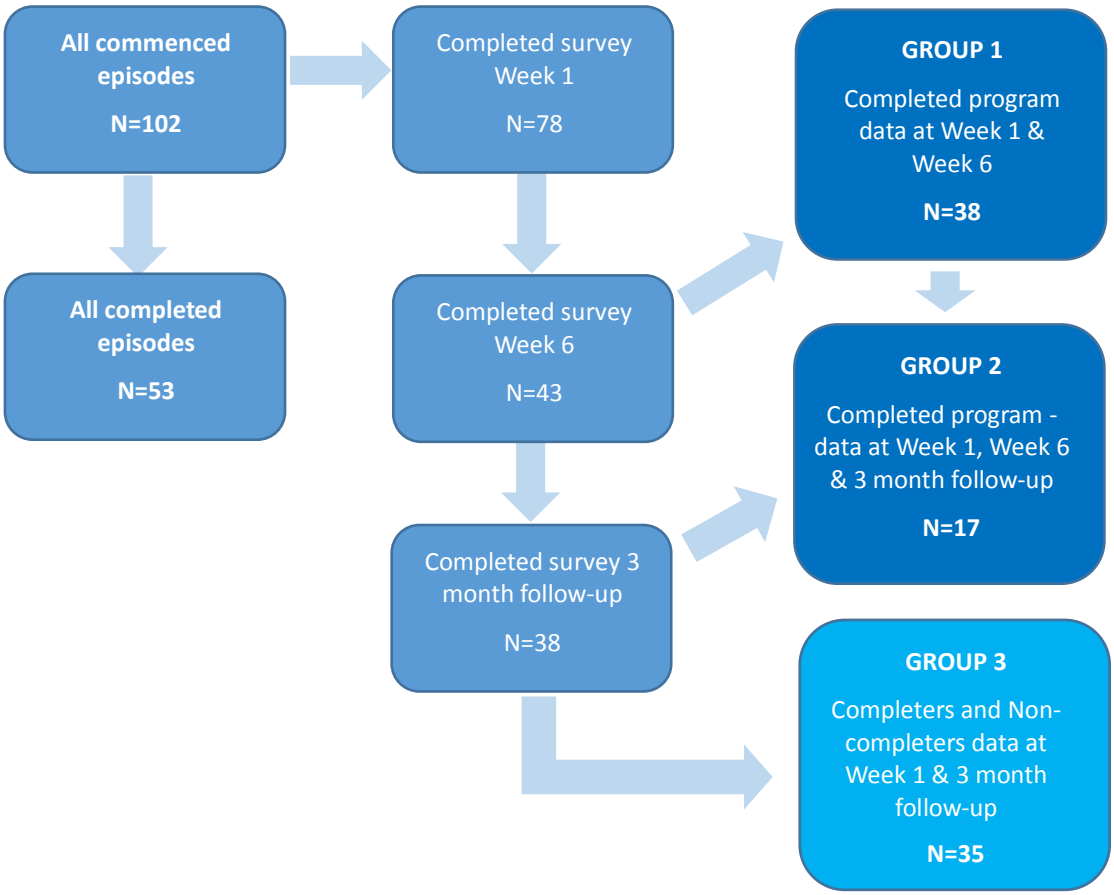

Figure 3. Completion of client outcome surveys and available data

Outcomes in key areas for *Torque* participants are presented using the three groupings of those who completed the program and have data available from Weeks 1 and 6 of their treatment (n=41); a subset of this group who also participated in the 3-month follow-up survey (n=17); and all participants with data available from both Week 1 and 3-month follow-up (n=35).

Matching data in this way allows us to identify changes in the same participants across time. To ensure the same participants were matched and compared at different time points, reporting of some outcome measures varies slightly due to missing data; for example, where a participant skipped a question.

Descriptive outcomes are presented, including where key outcome measures produced average scores. Paired sample t-tests were used to compare mean scores over time, and identify whether changes in scores were statistically significant.

Health and quality of life

Quality of life and physical health — program completers

At program end, some overall level of improvement was seen in *Torque* participants' perceived quality of life and satisfaction with their health, based on the WHOQOL-BREF measure.

Among the 38 *Torque* participants in Group 1, the proportion who reported their current quality of life was 'good' or 'very good' almost doubled from 47 per cent at baseline (n=18) to 82 per cent (n=31) at program end. At program commencement, around one-third of the group (34%, n=13) indicated they were satisfied with their health, while 58 per cent (n=22) reported being satisfied or very satisfied with their health in Week 6 of their program.

The group's average scores increased across all quality of life domains as shown in Figure 4.[9] The increase in scores for all domains except social relations was found to be statistically significant (paired sample t-test, significance at <0.01).

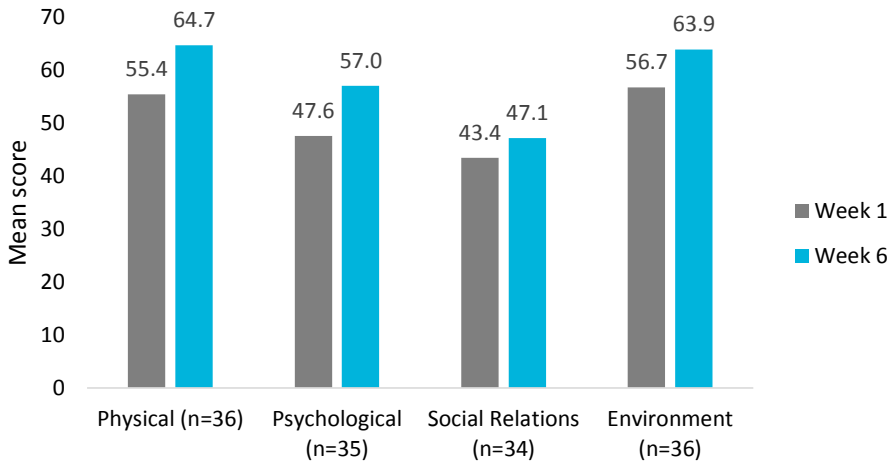

Figure 4. Program completers: mean WHOQOL-BREF domain scores at Week 1 to Week 6

Among the smaller sub-set of *Torque* program completers who completed surveys at all three time points (Group 2), improved group average scores were achieved across all quality of life domains at program end, and were sustained or further improved at 3-month follow-up (see Figure 5).

Perceived quality of life and satisfaction with health increased overall among these 17 participants. Quality of life was reported as 'good/very good' by 53 per cent (n=9) in program Week 1, by 88 per cent (n=15) in Week 6 and 76 per cent (n=13) at follow-up. In addition, 31 per cent (5 of 16 respondents) reported feeling satisfied or very satisfied with their health at Week 1, increasing to around 63 per cent (n=10) at Week 6 and 3-month follow-up, respectively.

[9] This Group 1 sample is comprised of 36 individuals, with two clients' repeat episode data also included. Group 2 includes data from one repeated episode.

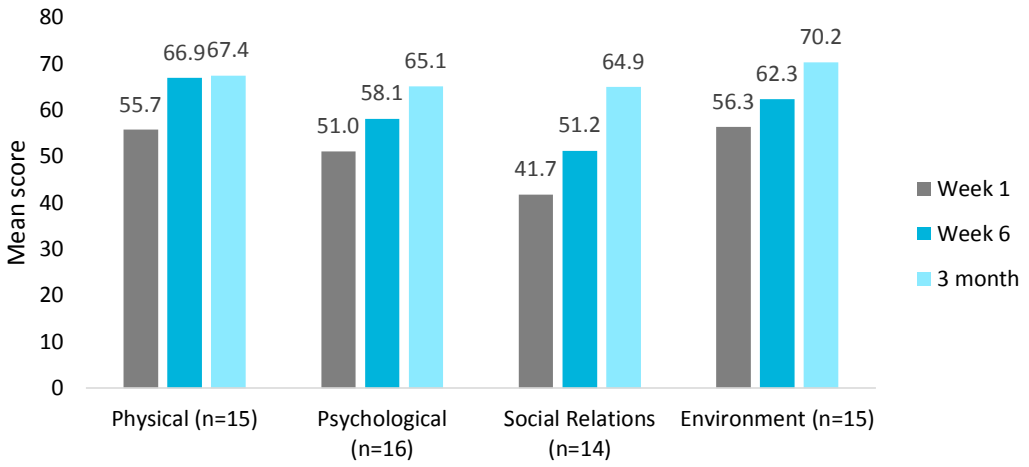

Figure 5. Program completers: mean WHOQOL-BREF domain scores at Week 1, Week 6 and 3-month follow-up

Quality of life and physical health – All participants at three months

Review of quality of life outcomes for Group 3 participants with survey data from program Week 1 and 3-month follow-up enabled participants who completed to be compared with those who dropped out of the program.

Overall, of 33 survey participants, six people reported a reduced quality of life rating from Week 1 to 3-month follow-up, 13 participants increased their rating and 14 (42%) maintained the same rating:

- The proportion of participants perceiving their quality of life as 'good' or 'very good' increased from Week 1 to 3-month follow-up: from 50 per cent of completers to 68 per cent at follow-up, and 46 per cent of non-completers increased to 55 per cent at follow-up.
- Overall, reports of being 'satisfied' or 'very satisfied' with health increased among program completers (23% increased to 64% at follow-up) but decreased for non-completers (42% down to 33% at follow-up).

Table 5 shows the group mean scores across WHOQOL BREF domains for people who completed the program and those who did not complete. For program completers the change in mean score from Week 1 to follow-up was statistically significant across all domains. Slightly improved mean scores were evident for non-completers in physical and psychological domains, although only the substantially decreased 'environment' quality score reached statistical significance (this may be an artefact of the small sample size).

Table 5. Completers vs non-completers- WHOQOL-BREF scores at 3 month follow-up (WHOQOL-BREF)

WHOQOL Domain	Program completers (N=20–21)		Non-completers (N=9–11)	
	Week 1 Mean score (SD)	**3 months** Mean score (SD)	**Week 1** Mean score (SD)	**3 months** Mean score (SD)
Physical	54.1 (13.9)	64.3 (18.8)*	58.2 (13.6)	58.9 (20.3)
Psychological	49.8 (14.2)	61.5 (21.5)*	52.3 (20.1)	58.3 (16.8)
Social relations	43.7 (18.2)	61.1 (26.26)*	43.3 (27.4)	52.5 (24.5)
Environment	57.2 (13.6)	69.8 (14.8)*	61.6 (12.6)	17.3 (15.1)*

*Paired t-test showed change in mean score was significant at $p<0.01$

It is also useful to compare the proportion of participants who reported improved scores across WHOQOL-BREF domains. Figure 6 shows that while people in both the program completer and program drop-out groups showed improvement at 3-month follow-up, this was substantially greater for program completers, particularly in the physical and psychoglogical health domains.

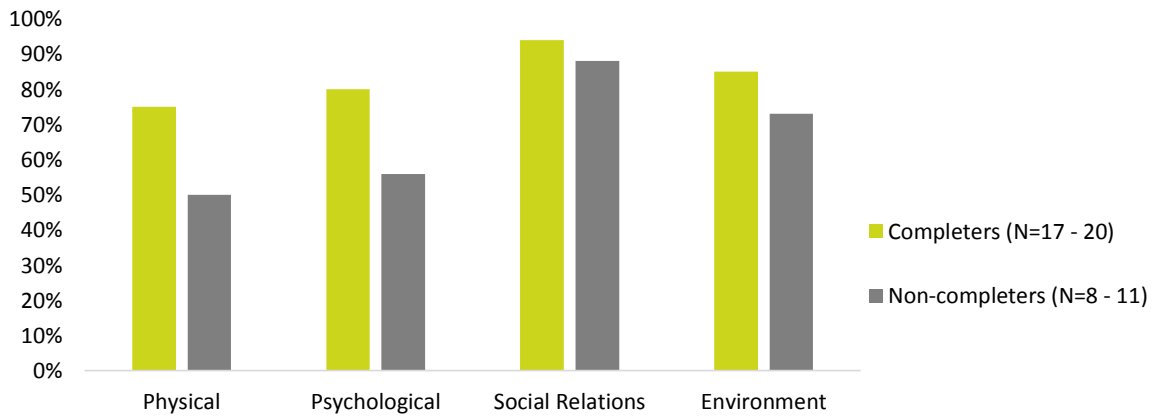

Figure 6. Program completers vs non-completers: participants with improved WHOQOL-BREF scores

Mental health and wellbeing

Mental health outcomes — program completers

The modified Self Reporting Questionnaire (SRQ) was used to give an indication of participants' current experience of mental health symptoms and their severity, in relation to symptoms of depression, anxiety and/or somatic complaints not associated with recent substance use or withdrawal. Table 6 presents SRQ outcomes for *Torque* completers at both program end (group 1, n= 31 valid responses) and 3-month follow-up. Only a very small sample of program completers finished the full SRQ questionnaire at all three time points (Group 2, n=12).

While the WHOQOL indicated overall improvement in the domain of psychological wellbeing, there was a trend for a slightly reduced average SRQ score at Week 6 of treatment (paired sample t-test, p=0.54). As

shown in Table 6, a similar proportion of participants reported considerable levels of symptoms likely in need of greater intervention at pre and post-treatment (65% and 58%). Similarly, among the small number of clients in Group 2 that finished the full SRQ questionnaire at all three time points, the change in mean score from Week 1 to 3-month follow-up was small and not statistically significant (p≥0.05).

Table 6. Program completers: mental health symptoms (SRQ) over time

Self Reporting Questionnaire Group 1 (N=31) Group 2 (N=12)	Week 1 % (n)	Week 6 % (n)	3 months % (n)
Mean scores (range)			
Group 1	7.5 (0–19)	6.9 (0–20)	NA
Group 2	6.9 (0–15)	7.5 (0–20)	5.6 (0–18)
Score >=5 - considerable symptoms (% (n))			
Group 1	64.5% (20)	58.1% (18)	NA
Group 2	58.3 % (7)	41.7% (5)	50.0%(6)
Score = 1-4 - some symptoms (% (n))			
Group 1	22.6% (7)	29.0% (9)	NA
Group 2	33.3% (4)	25.0% (3)	41.7% (5)
Score= 0 - no current symptoms (% (n))			
Group 1	12.9%(4)	12.9% (4)	NA
Group 2	8.3% (1)	16.7% (2)	8.3% (1)
Past month suicide ideation indicated* (% (n))			
Group 1	55% (21)	32% (12)	NA
Group 2	57% (8)	41% (7)	0% (0)

NA=not applicable

*Group 1 N=38, Group 2 N=17; note there is a larger valid sample for this individual SRQ question

Some positive changes in mental health symptoms at program end were demonstrated. Among respondents to the individual SRQ question indicating possible suicide ideation (n=38), 55 per cent (n=21) of clients reported any suicidal thoughts in the past month at Week 1, which decreased to 32 per cent (n=12) at Week 6.

Figure 7 shows that although around one-third of this group (n=11) reported an increased SRQ score at program end, 55 per cent (n=17) reported a decrease in scores indicating decreased symptoms; around half of these (n=9) reported a decrease of 4 or more points.

Three months after their participation in a *Torque* episode, no Group 2 clients in the small follow-up sample indicated recent suicidal ideation and 67 per cent (n=8) reported a decrease in SRQ score compared to when they began the program (ranging from a 1 to 15-point decrease).

Torque participants also completed questions from the Modified Mini Screen, section C (MMS-C) which provides an indicator of past or current experience of psychosis-related symptoms, with possible symptom scores ranging from 0 to 7. The average MMS-C scores among 37 participant completers with valid data was 2.3, ranging from 0 to 7. At program commencement around 24 per cent (n=9) reported no experience of any

symptoms, and 59 per cent (n=22) reported ever experiencing two or more symptoms associated with psychosis.

At program end, 19 per cent (n=7) reported a slightly higher MMS-C score, indicating possible experience of recent psychosis-related symptoms. This proportion was similar among the subset of this sample who also had an MMS-C score at 3-month follow-up (n=16); three people reported a higher MMS-C score, indicating possible new experience of psychosis-related symptoms.

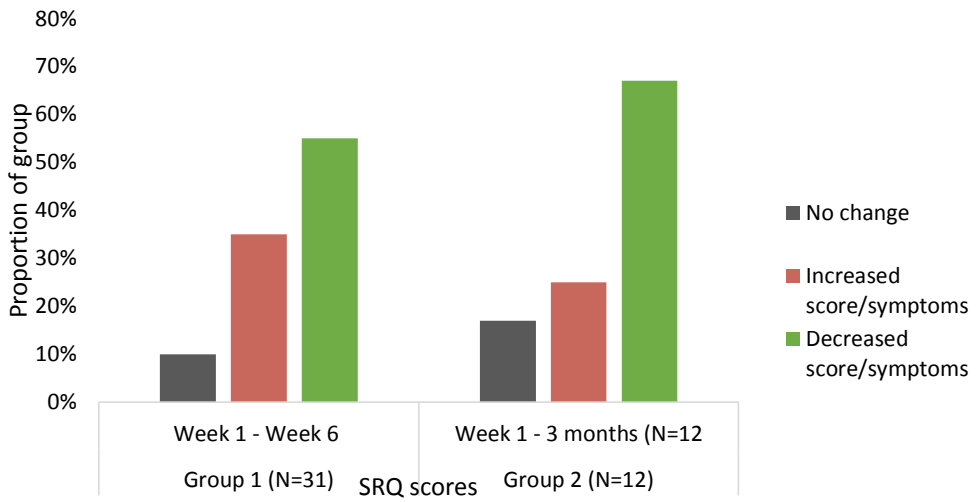

Figure 7. Program completers: any change in mental health symptoms (SRQ score) over time

Mental health outcomes — all participants at 3-month follow-up

Comparing all *Torque* participants with available data from program commencement and 3-month follow-up (N=27) demonstrated little difference in mental health symptoms between program completers and the small group of non-completers (n=8). Both groups showed a slight decrease in mean SRQ scores from Week 1 to follow-up, but these changes are not considered statistically significant. A decreased SRQ score at follow-up, suggesting reduced severity of symptoms, was found for four non-completers and nine program completers (Table 7).

Table 7. SRQ scores: completers and non-completers, matched sample

Outcome measure	**Program completers (N=19)**		**Non-completers (N=8)**	
	Week 1 Mean (SD)	**3 months** Mean (SD)	**Week 1** Mean (SD)	**3 months** Mean (SD)
SRQ mean score	6.1 (6.1)	5.6 (5.4)	5.8 (3.2)	5.0 (3.1)
Score≥5, considerable symptoms	47.4%(9)	47.4% (9)	75%(6)	50% (4)
Score=0, no current symptoms	26.3% (5)	15.8% (3)	12.5% (1)	0% (0)
Past month suicide ideation indicated	36.8% (7)	0	75% (6)	12.5% (1)

Of 32 valid responses at 3-month follow-up, five *Torque* participants reported possible slight increases in psychosis-related symptoms compared to Week 1, as indicated by the MMS-C scores (increased by one or

two points). This included two participants out of 11 who had dropped out of the program (18%) and three of 21 program completers (14%).

Substance use related outcomes

Recent drug and alcohol use -Program completers

In Week 1 of treatment, 38 Group 1 *Torque* clients (who completed the program and participated in a survey in Weeks 1 and 6 of treatment) self-reported the main substance for which they were in treatment. The most commonly self-identified substance of concern was methamphetamine (55%, n=21), followed by alcohol (26%, n=10), heroin (11%, n=4), cannabis (5%, n=2) and other opioids (3%, n=1).

Table 8 shows past-month substance use prevalence self-reported by the majority of this group (N=37) at both Week 1 and program end. Where possible, the average number of days of use for each substance in the past 4 weeks was also reported.

The table includes use of medications where participants specified 'non-prescribed use', and either the medication was prescribed, but used in a non-prescribed way, or was not prescribed to them. Note that the mean days of use for non-prescribed use of medications is not reported as it is not possible to accurately distinguish between the number of days where a prescribed medication was used as prescribed or in a non-prescribed way.

Table 8. Program completers: self-reported substance use in past month at pre and post-treatment

Substance use in past 4 weeks	Week 1 N=37	Week 6 N=37
Tobacco – any past month use % (n)	87% (32)	87% (32)
– mean days used (SD)**	16.0 (12.7)	15.7 (13.0)
Alcohol – any past month use % (n)	46% (17)	38% (14)
– mean days used (SD)*	2.8 (5.2)	0.97 (1.7)[+]
Cannabis - any past month use % (n)	30% (11)	19% (7)
– mean days used (SD)	2.6 (5.8)	1.8 (5.6)
Methamphetamine - any past month use % (n)	32% (12)	27% (10)
– mean days used (SD)	3.4 (7.1)	0.6 (1.6)[+]
Heroin – any past month use	5% (2)	3% (1)
– mean days used (SD)	0.3 (1.4)	0.1 (0.7)
Other opioids- non-prescribed use – any past month use* % (n)	5% (2)	5% (2)
Methadone/Buprenorphine – used not as prescribed – any past month use* % (n)	3% (1)	3% (1)
Benzodiazepines- non-prescribed use – any past month use % (n)	16% (6)	5% (2)
Other pharmaceutical – non prescribed use – any past month use % (n)	5% (2)	5% (2)
Ecstasy – any past month use % (n)	5% (2)	0% (0)
Cocaine – any past month use % (n)	3% (1)	0% (0)
Hallucinogens – any past month use* % (n)	0% (0)*	0% (0)
Inhalants – any past month use % (n)	3% (1)	0% (0)
Injecting drug use – any past month use % (n)	11% (4)	8% (2)
– mean days used (SD)	0.4 (1.9)	0.05 (0.3)
Any illicit/non-prescribed drug use – past month use* % (n)	64% (23)	44% (16)
– Mean number of illicit/non-prescribed substances used (SD)	1.3 (1.4)	0.7 (.09) [+]

[+]Paired t-test significant at *p<0.05*

** N=36 valid responses*

***N=20*

Sixty-four per cent (n=23) of participants who went on to graduate from the program reported illicit or non-prescribed substance use in the 4 weeks prior to commencement and this decreased to 44 per cent (n=16) at program end. Among a small subset of this group with follow-up data (n=17), decrease in prevalence of past month use was less pronounced and this reflected the pattern across all participants: 59 per cent of program completers reported use at Week 1 (n=10), 53 per cent at Week 6 (n=9) and 47 per cent (n=8) at 3-month follow-up.

No overall increases in substance use were evident for the group at program end and some decreases in prevalence was reported, most notably for cannabis (n=11 recent users decreased to n=7) and benzodiazepines (n=6 decreased to n=2). Slight decreases in prevalence of methamphetamine and alcohol were associated with statistically significant decrease in the groups' average frequency of use.

Figure 8 shows whether program completers reported any recent use of, or abstinence from, a substance at both pre-treatment and at the end of their *Torque* Treatment episode. This indicates only the change in reported abstinence rather than a change in the quantity or frequency of substance use; however, it provides a useful overview of substance use outcomes at an individual rather than group level.

- Across each of the main substance types, at least 46 per cent of participants reported no change in use, with no use within the previous month at the start and end of the program (no use Week 1 and Week 6).
- For all substances except non-prescribed 'other opioids' use, some level of positive change was evident, where past month use was reported at Week 1 but not at Week 6.
- Two people reported recent use of 'other opioids' at both time points, reflecting no change in use from baseline to the end of the program.
- For methamphetamine, 21 people (57%) reported no past month use of methamphetamine at both Weeks 1 and 6 of treatment, 16 per cent (n=6) reported using at Week 1 but not Week 6, 16 per cent (n=6) reported past month use at both time points, and 11 per cent (n=4) reported no use at Week 1 and some use at Week 6.

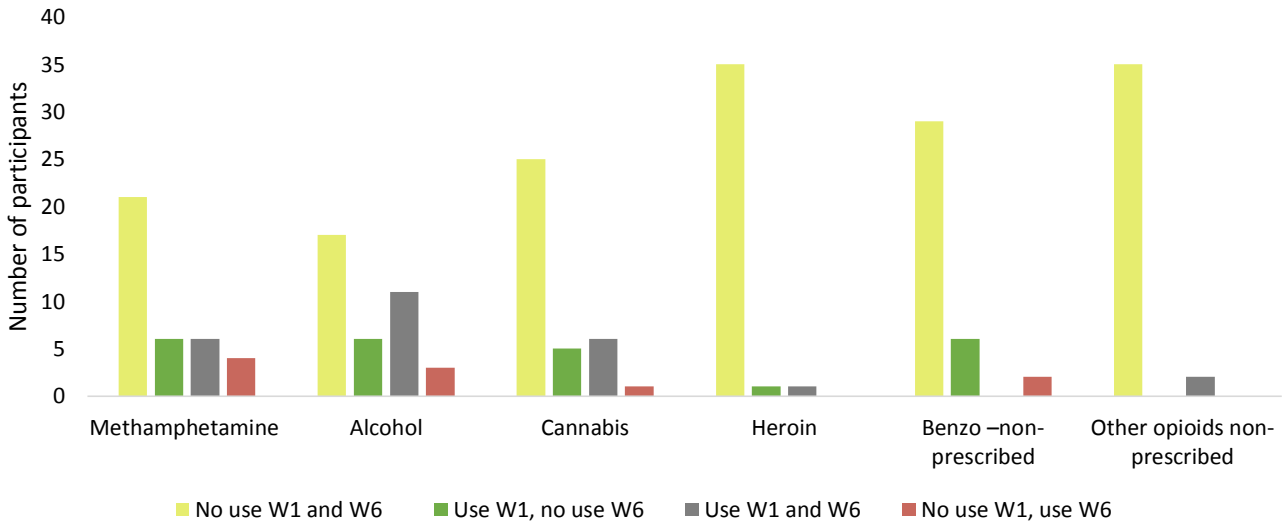

Figure 8. Program completers: any past month substance use reported Week 1 compared to Week 6 (N=37)

A decrease in the number of non-prescribed substances used in the past month from Week 1 to 6 was reported by 14 participants (46%, and ranging from 1 to 5 fewer substance types); n=15 no change; n=6 increased number of substances (1 to 2 types)

For the smaller group of these participants who also reported on their substance use at 3-month follow-up (Group 2 n=17) prevalence of past month use of the main substances reported is shown in Table 8.

Table 8. Program completers: prevalence of past month substance use reported at Weeks 1 and 6, and 3-month follow-up

Substance use in past 4 weeks	Week 1 N=17	Week 6 N=17	3-months N=17
Tobacco – any past month use % (n)	88% (15)	88% (15)	88% (15)
Alcohol – any past month use % (n)	35% (6)	24% (4)	47% (8)
Cannabis – any past month use % (n)	24% (4)	24% (4)	24% (4)
Methamphetamine – any past month use % (n)	18% (3)	24% (4)	18% (3)
Heroin – any past month use % (n)	0% (0)	0% (0)	0% (0)
Other opioids- non-prescribed use – any past month use* % (n)	0% (0)	6% (1)	6% (1)
Methadone/Buprenorphine – used not as prescribed – any past month use* % (n)	0% (0)	6% (1)	0% (0)
Benzodiazepines- non-prescribed use – any past month use % (n)	6% (1)	6% (1)	12% (2)
Other pharmaceutical – non prescribed use – any past month use % (n)	24% (4)	12% (2)	0% (0)
Injecting drug use – any past month use % (n)	12% (2)	6% (1)	12%(2)
Any illicit/non-prescribed drug use – past month use % (n)	59% (10)	53% (9)	47% (8)

Table 9 shows the average number of days that Group 2 participants used the main substances at program commencement compared to 3-month follow-up. Some changes are evident, including slightly more days of alcohol use, and slightly fewer average days of cannabis, methamphetamine and injecting drug use; these differences were not found to be statistically significant.

Table 9. Program completers: change in mean days from Week 1 to 3 month follow-up

Substance use in past four weeks	Week 1 N=17	3 months N=17
Alcohol* – mean days used (SD)	2.4 (6.1)	3.4 (6.8)
Cannabis* – mean days used (SD)	1.6 (5.3)	0.6 (2.0)
Methamphetamine – mean days used (SD)	1.3 (3.4)	0.2 (0.6)
Heroin – mean days used (SD)	0(0)	0(0)
Injecting drug use – mean days used (range)	0.7 (2.7)	0.2 (0.5)

*N=16

Among these program completers at 3-month follow-up (n=17), positive change in substance use (where past month use was reported at Week 1 but not at 3-month follow-up) was reported for the following participants: two methamphetamine users; two alcohol users; two cannabis users and one person who was previously using non-prescribed benzodiazepines. Further examination of individuals at 3-month follow-up is provided below in a comparison of participants who did and did not complete the program.

Recent drug and alcohol use — all participants at 3 months

As shown above, at 3-month follow-up, there were only small differences across the group in the rates of self-reported past month substance use from Week 1 to 3-month follow-up among program completers.

Among a slightly larger sample of program completers (n=23) there was also little difference in prevalence and frequency of use compared with participants who had not completed the program (n=12). Paired t-tests indicated that from Week 1 to follow-up, neither group showed a statistically significant difference in the overall past month mean days they had used alcohol, cannabis, methamphetamine or heroin. There was also no difference in the average number of days they reported injecting drug use or the number of illicitly used drugs that were used. However numbers are generally very small across most substance types (e.g. five completers and three non-completers reported recent methamphetamine use at Week 1) making useful comparison between the groups very limited.

Indicators of individual level change for both groups are outlined in Table 10 and Figure 10. Table 10 identifies participants by their primary substance of concern (self-reported during Week 1 of *Torque*) and reflects the proportion who reported no use of their primary substance at 3-month follow-up. Positive outcomes are shown for many participants in both the completer and non-completer groups. Overall, most of the 17 people who identified methamphetamine as their primary substance of concern (88%, n=15), reported no recent use at follow-up. No past month use of the primary substance was reported by 50 per cent of alcohol primary users (n=5), 25 per cent of cannabis users (n=1) and 75 per cent of heroin/other opioid users.

Table 10. Participants reporting no use of primary substance of concern at 3-month follow-up

Main substance	Completers	Non-completers
Methamphetamine (N=17)	62% (n=8)	75% (n=3)
Alcohol (N=10)	57% % (n=4)	33% (n=1)
Cannabis (N=4)	100% (n=1)	0% (n=0)
Heroin/other opioids (N=4)	100% (n=2)	50% (n=1)

Figure 9 shows the proportion of participants who indicated either: no use at Week 1 and no use again at 3-month follow-up, a positive change in use, use at both time points or a negative change (used at 3-month follow-up but not at Week 1). Some positive change and recent abstinence was reported by program completers across all substances.

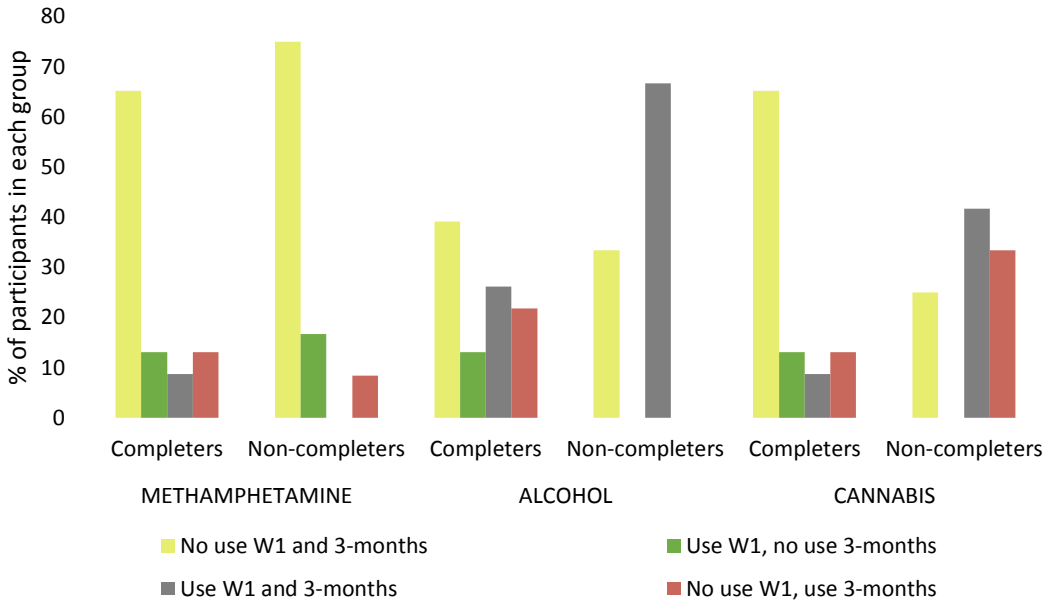

Figure 9. Program completers and non-completers: change in AOD use Week 1 to 3-month follow-up

Court ordered treatment and substance use outcomes

Twelve participants who went on to complete the program and participate in an end of treatment survey reported at Week 1 that AOD treatment attendance was a specific condition of their current court order. Five of these people provided information at 3-month follow up. Among this group, change in proportion of people using their primary substance of concern was evident at the end of program and appears to reflect the overall trends of the group, including those not mandated to treatment. At Week 1 of the program to Week 6:

- 6 of 11 respondents reported past month alcohol use, 3 of 11 at program end
- 6 of 12 respondents used cannabis, 2 of 11 at program end
- 6 of 11 respondents reported any methamphetamine use, 1 of 11 at program end
- 1 respondent reported any recent heroin use at both time points.

These changes equate to positive outcomes at program end, including four people no longer reporting recent cannabis use and methamphetamine, respectively (Table 11).

Table 11. Substance use among program completers reporting court-ordered AOD treatment

	Compare Week 1 to Week 6 (N=11)		Compare Week 1 to 3-month (N=5)	
	Use W1, no use W6	No use W1 and W6	Use W1, no use 3-months	No use W1 and 3-months
Alcohol	3	5	2	1
Cannabis*	4	6	3	2
Methamphetamine	4	6	3	2
Heroin	0	0	0	5
Other opioid	0	12	0	4

*N=12

Among the very small group of five court-ordered program completers with 3-month follow-up data: two people reported any recent alcohol use; no cannabis, methamphetamine, heroin, or benzodiazepine (non-prescribed) were reported. One person reported recent use of other opioids and one reported past month hallucinogen use.

Severity of dependence — program completers

As would be expected in an AOD treatment setting, the Severity of Dependence Scale (SDS) scores for program completers (Group 1, n=36) were high at program commencement, with an overall mean score of 9 (range 3 to 15) (Table 12).[10]

Table 12. Program completers (N=17): severity of dependence at follow-up

	Week 1	Week 6	3 month
SDS mean score (range)	8.41 (3–14)	9.12 (4–13)	2.41 (0–9)

Around 42 per cent (n=15) of completers showed some decrease in SDS score (a 1–4 four point reduction) by the final week of treatment. However, no significant change was seen in average SDS scores between Week 1 (mean= 8.9, SD 3.3) and Week 6 of the program (mean= 9.2, SD=3.0).

At 3-month follow-up, among the small sample of *Torque* completers with SDS data at all three time points (n=17), severity of dependence scores were significantly decreased.

At follow-up, 82 per cent (n=14) of this group reported a decrease in SDS score (a 2–14 point decrease). The proportion reporting an SDS score of three or greater reduced from 100 per cent in Weeks 1 and 6 of treatment, to 59 per cent (n=10) at 3-month follow-up.

Severity of dependence — all participants at 3-month follow-up

As shown above, in a small sample of program completers, participants' severity of dependence had decreased substantially at 3-month follow-up. Review of Group 3 *Torque* participants (n=35) with survey data at Week 1 and 3-month follow-up, showed that both program completers and people who dropped out demonstrated significant decrease in mean group SDS score and a similar proportion demonstrated some decrease in SDS score (Table 13).

[10] SDS cut-off scores indicating substance dependence vary across drug types, but are all set at scores of 3 or more, e.g. alcohol ≥3, amphetamine ≥4 and heroin ≥5.

Table 13. Completers and non-completers: severity of dependence at three month follow-up

Severity of dependence	Completers (n=23)	Non-completers (n=12)
Mean score Week 1 (SD)	8.0 (3.7)	10.7 (2.3)
Mean score 3-months	3.2 (3.3)$^{+\,+}$	7.7 (4.1)$^{+}$
% with decreased score	78% (18)	75% (9)
% with SDS score <3	48% (11)	8% (1)
SDS score=0	30% (7)	0% (0)

Score at follow-up is significantly different to Week 1 score:$^{+}p<0.05$; $^{++}p<0.01$

Confidence to resist AOD use — program completers

Using the Brief Situational Confidence Questionnaire (BSCQ), participants were asked to rate their confidence to refuse use of their primary substance, across eight different situations such as experiencing conflict with others or celebrating in a social setting. The questionnaire uses a scale of confidence categories from 0 per cent 'not at all confident' to 100 per cent 'totally confident'.

Among Group 1 program completers, the median level of reported confidence to manage high-risk situations increased by program end (Figure 10). For each type of situation, except 'conflict with others', between 40 and 53 per cent of the group showed some increase in their confidence rating at program end; 29 per cent increased their confidence in 'conflict with others' situations.

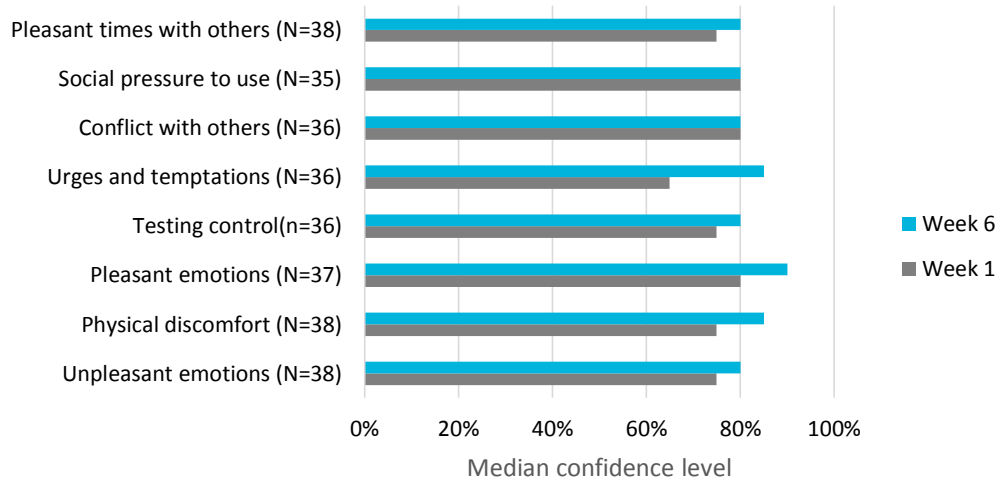

Figure 10. Program completers: confidence to resist AOD use Week 1 to Week 6 (BSCQ)

Among the subset of *Torque* completers with some data at all time points (N=17), the overall group ratings at 3-month follow-up had increased or been maintained from Week 6 levels across all situation types. Five situations had a median 90 per cent confidence to resist level, with three situations (relating to physical discomfort, urges and social pressure) now with group median rating of 100 per cent confidence. Three months after the program was completed, most of these participants had shown at least some increase in

their confidence levels to resist use of their primary drug of concern in a range of high risk situations (Figure 11).

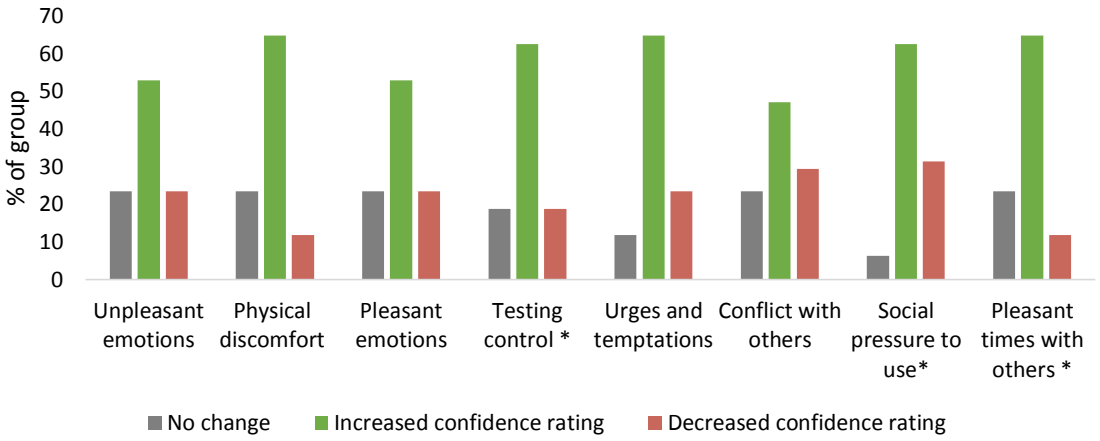

Figure 11. Program completers: change in BSCQ confidence ratings from Week 1 to 3-month follow-up (N=17)

This level of change appears less pronounced than for the sample reported in the interim evaluation report, but continues to indicate some level of positive change.

Confidence to resist AOD use— all participants at 3-month follow-up

Median BSCQ confidence ratings for completers ranged from 90 to 100 per cent at follow-up, compared to non-completers whose median ratings of confidence ranged from 40 to 80 per cent across the situation types. As shown in Figure 12, a substantially greater proportion of program completers reported increased confidence to resist using their main substance of concern at three month follow-up, as compared to non-completers.

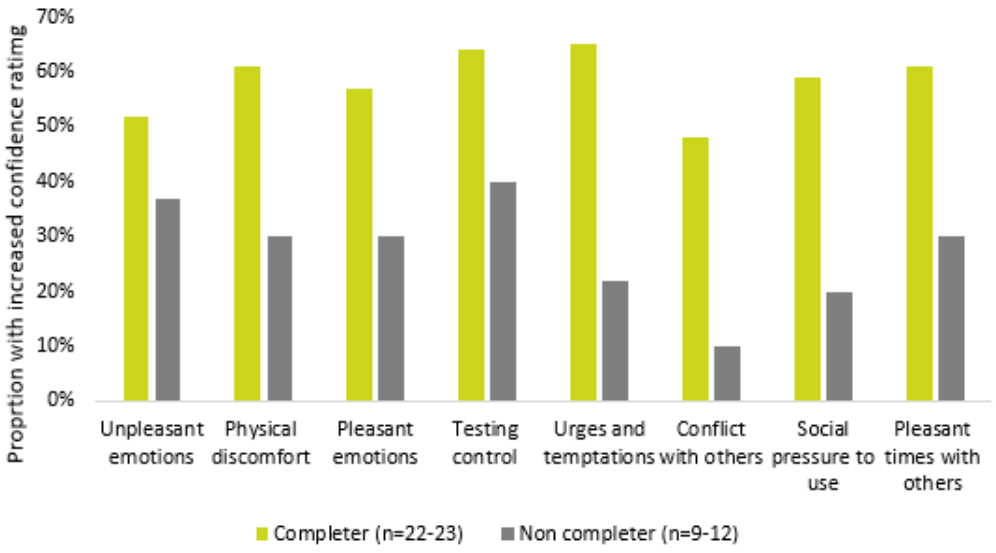

Figure 12. Completers and non-completers: increased confidence to resist primary substance use at 3-month follow-up

Offending related outcomes

Torque clients were asked questions about the frequency of their recent offending (Opiate Treatment Index (OTI) Crime measure) and their level of current association with other offenders (MCAA-A measure). However, these data should be viewed with caution because there is a large amount of missing data, some participants opted to 'refuse to answer' specific questions about specific offence types, and participants classify and identify offending behaviour of their associates based on their individual interpretation.

Understandably, many clients with current involvement with the criminal justice system may have hesitation in answering these sections of the survey truthfully; however, the best efforts are made to ensure participants' confidentiality is assured and that they feel comfortable to respond. As with all outcomes reported, there is also potential bias related to contactability and agreement to participate.

Recent offending — program completers

Scores on the OTI crime measure indicate the frequency with which an individual is involved in a property, drug dealing, fraud or violent offence. Higher scores indicate more frequent offending, ranging from 0 (no offences in past month) to 16 (indicating daily involvement in property, drug dealing, fraud and violent crimes).

From the 38 Group 1 *Torque* completers who participated in surveys at Weeks 1 and 6 of the program, 28 completed the full OTI questionnaire both times. The prevalence of past month involvement in property, drug dealing, fraud or violent offences decreased substantially by program end for this group. The overall average OTI score showed statistically significant decrease at program end and the proportion of participants reporting any recent offending halved (Table 11).

Among these 28 participants, 54 per cent (n=15) reported in the first week of treatment that they had current involvement with the criminal justice system, with most having a current Community Corrections Order (n=13).[11] Key OTI crime measures show that fewer participants reported recent offending at the end of the *Torque* program among both forensic and community clients (Table 14).

Table 14 Program completers: OTI Crime – recent offending outcomes Week 1 and Week 6 (N=28)

	Week 1	Week 6
OTI crime total (N=28) mean score (range)	**1.0 (0-9)**	**0.4* (0-6)**
Forensic clients (n=15)	1.7 (0-9)	0.8 (0-6)
Community clients (n=13)	0.3 (0-2)	0% (0)
Any offending past month (N=28) (% (n))	**68% (19)**	**32% (9)**
Forensic clients (n=15)	40% (6)	13% (2)
Community clients (n=13)	23% (3)	0% (0)

*Paired sample t-test p=<0.05 level (=0.014)

[11] Proportion of forensic clients in overall Group 1 sample was 47 per cent (n=180)

Prevalence of each offence type at program start and end for Group 1 participants is presented in Figure 13,[12] which indicates that drug dealing was the most common offence type in the month prior to program Week 1 Decreased prevalence was reported in all offending types.

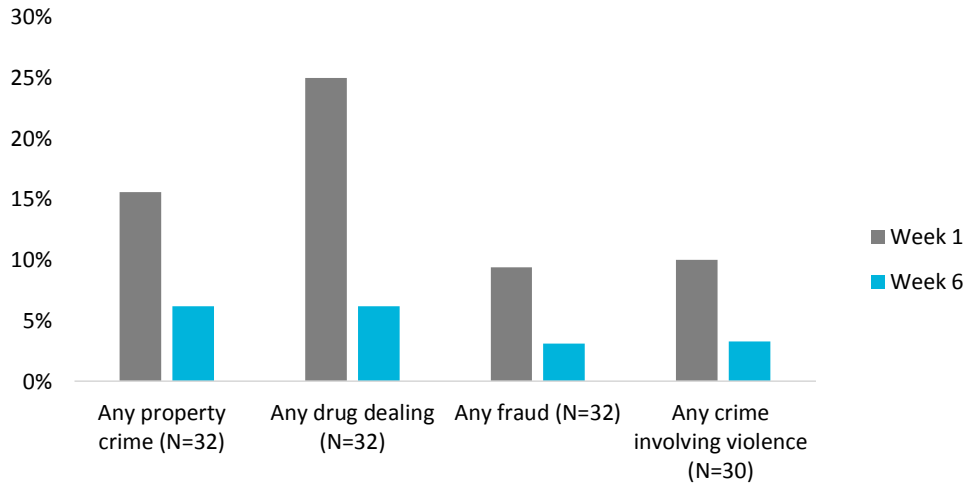

Figure 13. Program completers: OTI crime past month offending Week 1 and Week 6 of treatment

Among these program completers, only a small sample (n=12) completed the full OTI measure at three time points, but decreases in offending behaviour seemed to be maintained up to 3 months after treatment past month offending was reported by:

- four *Torque* completers at Week 1 (three forensic and one community client)
- no one at Week 6
- one participant at follow-up (a forensic client who reported recent offending at 3-month follow-up, but who had reduced from daily property offences at baseline to 'less than once a week' at 3-month follow-up).

Recent offending — all participants at 3-month follow-up

Twenty-eight *Torque* clients who participated in a survey at program start and 3-month follow-up answered all four OTI questions (18 program completers and 10 non-completers). Both groups demonstrated a decreased average OTI total score, although the changes were not found to be statistically significant. Overall, at pre-treatment stage, 29 per cent (n=8) of this group reported any offending in the past month (four program completers and four non-completers) and this decreased to around 11 per cent (n=3) at 3-month follow-up (

[12] Note the sample sizes in Figure 13 vary as the full sample of respondents for each question at Weeks 1 and 6 is presented, rather than the smaller sample who answered all OTI questions.

Table 15).

Table 15. Completers and non-completers: prevalence of offending at 3 month follow-up

OTI crime outcomes:	Completers % (n)		Non-completers % (n)	
	Week 1	3 months	1 week	3 months
Total score mean (range) (N=18; N=10)	0.5 (0–4)	0.1 (0–1)	1.3 (0–6)	0.4 (0–4)
Any offending past month (N=18; N=10)	22% (4)	11% (2)	40% (4)	10% (1)
Any property crime (N=21; N=10)	14% (3)	10% (2)	20% (2)	0% (0)
Any drug dealing (N=21; N=10)	10% (2)	0% (0)	20%(2)	10% (1)
Any fraud offences (N=22; N=10)	0% (0)	0% (0)	10% (1)	0% (0)
Any crime involving violence (N=22; N=10)	5% (1)	0% (0)	20% (2)	0% (0)

N=18 is the sample who answered all four offending questions and relates to the overall OTI crime outcomes presented. Outcomes for specific offence types are presented for the entire sample of this group who answered the individual question at both time points.

At 3 months only one individual reported any increase in offending and OTI Crime score; this person was a justice-involved client who had completed the program reporting no past-month property crime at Week 1 of the program, and 'less than once a week' offences in the month before follow-up. Most participants reported no change in OTI Crime score (n=20) with one-quarter (n=7) showing a decrease in score and frequency of recent offending.

Criminal association — program completers

Participants were asked about the four adults they spend the most free time with, using the Measure of Criminal Attitudes and Associates-Part A (MCAA-A) which produces two indices: 'number of criminal friends' and a 'criminal friend index', which reflects the element of time spent associating with criminal friends.

Findings presented in Table 16 indicate that the average 'criminal friend index' scores for the group demonstrated a significant decrease from program beginning to program end. A greater proportion of participants reported no association with criminal friends, in relation to their closest current adult relationships.

Table 16. Program completers: measure of criminal association at pre and post-treatment

MCAA-A outcomes	Week 1	Week 6
Criminal friend index (N=24) – mean score (SD)	5.9 (6.9)	2.4 (3.8)*
No. criminal friends – None (N=25) % (n)	40% (10)	60% (15)
Number of criminal friends – ≥2 (N=25) % (n)	40% (10)	32% (7)

* Paired sample t-test statistical significant at $p \leq 0.15$

At program end, two program graduates reported having an increased number of current friends with criminal histories, with the majority (52%) reporting no change and 40 per cent reporting fewer criminal associates.

The criminal friend index scores were lower at program end for 46 per cent of program completers, and for 55 per cent of program completers at follow-up among those who reported at each time point (Figure 14).

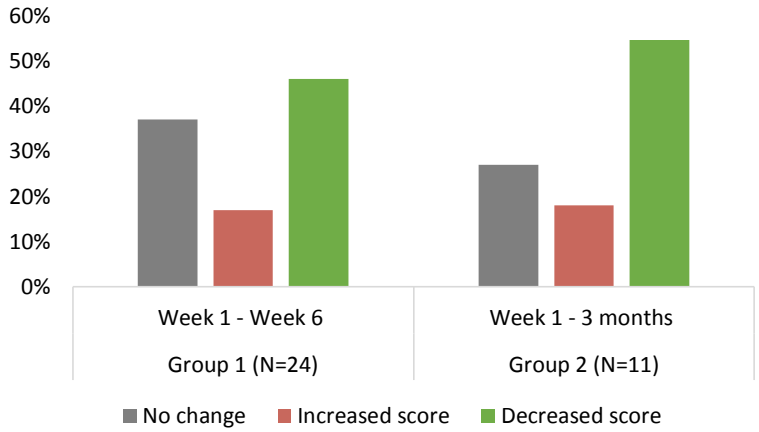

Figure 14. Program completers: Change in criminal association at Week 1 and 3-month follow-up

Criminal association — all participants at 3-month follow-up

Table 17 Completers and non-completers: measure of criminal association at Week 1 and 3-month follow-up

	Completers (N=17)		Non-completers (N=8)	
MCAA-A outcomes	**Week 1**	**3 months**	**Week 1**	**3 months**
Criminal friend index* – mean score (SD)	4.9 (7.2)	2.3 (3.0)	3.9 (7.7)	3.9 (4.3)
No. criminal friends – None % (n)	53% (9)	53% (9)	50% (4)	25% (2)
Number of criminal friends – ≥2 % (n)	29% (5)	24% (4)	25% (2)	25% (2)

* Non-completer group N=7

At follow-up, four completers (23.5%) reported fewer current criminal associates and two people reported more. Half of the non-completer group (n=4) indicated more criminal associates and one (12.5%) reported fewer. The difference in mean criminal friend index scores decreased slightly for completers, but this was not statistically significant.

Treatment goals

At 3-month follow-up *Torque* participants were asked to identify their treatment goals at commencement of the program, and the degree to which they felt they had achieved these goals.

This group involved 37 respondents (n=26 completers, n=11 non-completers). Most (n=27) referred to more than one treatment goal.

> *"I wanted to get more of a purpose in life, and prove to my partner and ex-wife and myself that I could get my life back on track…..Yes I am about 9 out of 10 in getting my life back on track, you can always do better, but yep, going well"*
>
> Torque participant (community client, program completer)

Treatment goals most commonly centred on the broad themes of making tangible changes to substance use (30 participants); acquiring tools, confidence and awareness to support changes in use and lifestyle (12 participants); and life circumstance and self-improvement, such as gaining structure, completing the program or re-engaging with the workforce (13 participants).

Other participant treatment goals were focused on family and relationships (n=6), including being a better parent, partner, or gaining access to children, physical and mental health related goals (n=5) and externally motivated goals including remaining out of jail or court, Department of Human Services or other legal issues (n=4).

> *"Not complete abstinence, but a vast improvement in every respect, both drug use and personal improvements"*
>
> Torque participant (justice involvement, program completer)

Overall, 23 people reported achieving at least one or more goals, with most indicating goals were met fully or at least 'somewhat' and only two people in the whole group reported no goals met. Overall 19 participants felt they had completely met all their stated goals, including 54 per cent of program completers (n=14) and 45 per cent of non-completers (n=5).

Among participants at follow-up, 81 per cent identified a key treatment goal was making some level of change to their substance use. This included:

- wanting to achieve ongoing abstinence, 'getting clean' (n=18) — achieved by nine people, achieved 'somewhat' by eight people and not at all by one
- reducing substance use/overcoming problematic use (n=7) — fully achieved by four program completers, and achieved 'somewhat' by one completer and two people who had dropped out of the program

> *"I felt at the start I was well on my way, but then I had some lapses…and since leaving it has sort of spiralled but the tools are still there and it hasn't gone to waste, but life circumstances are different"*
>
> Torque participant (community client, program completer)

- ceasing use for the duration of the program (n=4) — reported by one program completer as fully achieved and by two other participants as 'somewhat' achieved.

Key points on participant outcomes and experiences

Evaluation data indicates a range of positive clinical outcomes for *Torque* participants, including reductions in some substance use at program completion Slight decreases in prevalence and frequency of use for a range of substances was evident at program end and follow-up. Overall, however, most participants surveyed at 3-month follow-up reported no past month use of the main substance for which they were in treatment, except for cannabis, and this included 65 per cent of primary methamphetamine users. In relation to participants' main substance of concern, there were significant increases in 'confidence to resist' substance use, and substantial decreases in severity of dependence levels at 3-month follow-up among participants who had completed the program.

From the small number of people who self-reported past month offending, the proportion was halved at program end and positive outcomes sustained at 3-month follow-up.

Overall, among program completers, improvement was seen in perceived quality of life and health at program end, and sustained or further improved at 3-month follow-up.

There was no change over time in the proportion of participants indicating current experience of mental health symptoms at a level requiring intervention, however, over half of respondents showed decreases in mental health symptoms or severity at both program end and follow-up, with a substantial decrease in reports of suicide ideation among both program completers and non-completers.

Most participants indicated that some level of change in their substance use was a key aim for their engagement in the treatment program, and all participants felt they had at least somewhat met their treatment goals.

Participant views and satisfaction

Client feedback — post-treatment

During the *Torque* pilot, ReGen's Evaluation and Communications team facilitated participant focus groups at the end of each 6-week program. The focus groups provided opportunities for immediate participant feedback, which could then be given back to managers and staff to identify and inform possible areas for change or response.

Building on from the feedback provided during the evaluation and presented in the first and second interim reports, ReGen provided additional feedback from focus groups held with the 2014 'refresher' 4-week program and the first four Treatment episodes of 2015. Over the course of the pilot and evaluation, a total of 41 *Torque* clients attended 10 focus groups, with between two and seven participants involved in each. Additionally a small focus group with two participants was held by ReGen evaluation staff at the end of the refresher program. Only one planned focus group did not recruit any attendees.

Feedback during the first 12 months of programs

The first and second interim evaluation reports detail the early feedback received by ReGen during the first 12 months of program delivery. Many suggestions provided by clients were considered and incorporated by the *Torque* team as the pilot progressed. Overall client responses were generally positive, with people liking the delivery, the pace and the general set up of the program. Issues raised by participants appeared to reflect the likely higher need for support of the program participants, as compared to Catalyst focus group participants, with slightly higher levels of anxiety concerning the program and issues raised around confidentiality and disclosure of information to the courts and forensic workers.

A common theme raised was fear of the unknown, with most people feeling they had little idea of what to expect, and finding the first couple of weeks somewhat overwhelming. Seeing the *Torque* room space and meeting staff pre-program helped people feel more comfortable. Participant suggestions included: having assertive linkage with their next planned activity, having more focus on bonding and ice-breakers at the beginning of the program rather than jumping straight into the core content of the course, and the suggestion that a leaflet with the basic principles of CBT and a course outline should be given out to people at the information session. As with previous groups, several participants had preconceptions and some anxieties about other participants, given that it was a forensic course.

The evaluation team noted that *Torque* participants raised many key issues that were also consistent with feedback from Catalyst-alcohol clients, i.e. feeling overwhelmed in the first 2 weeks of the program; wanting more individual counselling; and suggesting that all sessions should be compulsory. There was general sense that compulsory sessions could encourage people to try new things they think they may not enjoy, but can get value from. Some of the focus groups found the external job agency sessions were not helpful. *Torque* staff implemented suggestions such as the information leaflet and introduced consumer consultant/peer representation near program end to talk about 'what's next'.

2015 feedback and most useful program elements overall

Several elements across focus groups were mentioned by all groups in 2014 as being most useful and were also supported by participants of focus groups in 2015:

- CBT strategies including strategies for lapse management, and for dealing with cravings and triggers for use
- mood management — anger and anxiety
- nutrition
- financial counselling
- strengthening relationship/family sessions
- the space itself was comfortable and safe, and staff members were supportive and understanding.

More recent focus groups added that all the programs work well together; the flexibility in the program timetable; technology assisting change; art therapy; liver health; drumming; relaxation; skill training and pressure points/mindful practice.

Other recent feedback and issues raised from the 2014 'refresher' 4-week program and first four episodes of 2015 included the following:

- Positive views on the induction into the program, which was well-structured and supportive.
- Perceptions concerning what a 'forensic' course would involve differed between participants and some concern was expressed in being in a 'gang of criminals', but the information evening as part of induction was positive and helped to make clients feel more comfortable and reduce anxiety about what they could expect on their first day at the program.
- Agreement that beginning of program, and in particular the first couple of days, are 'overwhelming'.
- Program content/pace was intense, too short and should be longer.
- More support needed at the end of the program – a transitional period. (This feedback came prior to the post-program support worker commencing.)
- More technical information on brain functioning could be included.
- Some people felt they had too much free time, while others felt that there was too much to attend and they couldn't fit all their external appointments.
- One group in particular reported that having new staff starting mid-program was anxiety-inducing, and that all staff should announce who they are as soon as they arrive.
- It was suggested that a 'meet and greet' information session with all participants before the course begins could be held to break down the barriers before the first day.

Similar with earlier focus groups, clients indicated that they wanted more one-on-one sessions, and more/all sessions to be compulsory, with some suggesting that the combination of people dropping out of the course and others choosing not to come to sessions sometimes led to very low numbers, which created anxiety for participants. Discussion of least useful elements of the program consistently raised the 'job sessions' and it was felt they were not presenting the right information for the group.

Client feedback — 3 months after treatment

Thirty-eight follow-up telephone interviews with *Torque* participants were conducted by LeeJenn and these included opportunities for clients to provide feedback about their experience of the program.

Good things about Torque

Participants generally provided very positive feedback about the program, including participants with and without justice involvement, and among the 12 people who did not complete the program. As they did in the post-treatment focus groups, participants emphasised the CBT and learning about substance use as good things about the program. Participants also emphasised positives of *Torque* as being its holistic approach and inclusion of multiple components (such as including group work, counselling, nutrition and exercise), the supportive staff and environment, the daily structure the program provided, and the group process of meeting and sharing with people with similar experiences.

Torque participants reflected on the good things about the program

"I really like the safe environment and I thought all the workers were really enthusiastic and happy to help, and made it a really safe and caring environment"

(Program completer, justice-involved client)

"It was life changing…. Advantages were it really made me stop and reflect on my thoughts, which I just hadn't done…..the other good things were: I was pretty stand-offish about possibly meeting people there- but they introduced it really great, like a set of rules about the program and set up was good. The relaxation and nutrition components were good, and food there was good- they give you a gym membership which was great. It really put structure back in to your life"

(Program completer, justice-involved client)

"I was amazed at how much I could learn about substance use…it was really good coming into our space, the room that we had. Going out swimming, and going to the gym, getting strong again and eating properly and making food….and even art therapy was pretty good. I really loved it and could relate to that."

(Program completer, justice-involved client – indicating this was the first rehabilitation program they had attended)

"The support they give you is phenomenal, and the content that they take you through, it's amazing how relevant what they teach you is when you leave the course. And the space, having that space to go to every day. That's like one of the best things about it. A few us would get into a routine and meet early after going to the gym, the routine was great."

(Non-completer, community client)

"Being able to go every day, meeting up with other people in the same situation as I was, filling in the day and getting something out of it"

(Non-completer, justice-involved client)

"The thing that stood out the most was the planning – planning my day and putting things in place like if I go out, and find myself in dangerous situation, having something to go back to, something to do…Actually also the drawing and all that, the art therapy, I was sceptical at first but I got so much out it…was fantastic…and yoga I thought it was just for women but I really enjoyed it, and now I got to local centre for yoga three times a week. Also talking in the group, was difficult at first but I got a lot out of it…the therapists were all fantastic"

(Program completer, community client)

Why Torque?

Participants were asked to think about the start of the program, and why they had chosen to enter *Torque*. In describing their entry to the program, participants focused on a varied range of motivations or reasons for either specifically choosing the *Torque* program or for entering treatment more generally:

- Around one-third of participants (n=13) focused their response on it being suggested or referred to by their current treatment provider, such as a counsellor or workers at withdrawal services.
- Eight participants indicated they were at a stage of wanting to deal with their issues and problematic substance use:
  - two of these clients indicated some level of stability but a desire for further support
  - two clients referred to a need for help for use or issues they felt were 'out of control'.
- For seven participants, the non-residential aspect, as an alternative to residential rehabilitation, was a significant factor in choosing to participate in Torque: four people specifically noted the shorter waiting list and accessibility of Torque as a rehabilitation option.
- Seven participants reported their motivations were at least partly related to their forensic issues, such as an upcoming court case and sentencing, with one participant specifically indicating the suitability of the program to their corrections order requiring 100 hours of treatment.
- Two participants took up *Torque* as a treatment option because they were keen to get structure and routine back into their lives.
- One participant cited they entered the program to ensure they could keep contact with their child, after a temporary loss of custody and a desire to change their substance use.

> *"It was offered to me by the courts, I had a couple of options and I just thought it would work well. I moved out of my partner's house and lived with my Dad to make sure I got there on time everyday. When I did the orientation they used words that I liked….it felt like a good thing for me"*
>
> *Torque* participant

Benefits of participation

Participants were asked to identify three main benefits they felt they gained from their involvement in the program. The most commonly cited benefits of participation related to the:

- CBT knowledge gained about thinking patterns and/or the skills, strategies and tools participants had learnt for relapse prevention and coping with cravings (74%, n=28)
- regular contact and accessibility of staff who were supportive and caring (42%, n=16); and
- structure, activity and purpose the program provided (32%, n=12).

A number of participants also reported that key benefits of involvement in the program related to:

- socialising, the group discussion and peer group process, connecting and meeting people (n=8)
- the benefits of the regular, healthy meals and/or learning about cooking and nutrition (n=8)
- a growing sense of trust, self-belief and acceptance (n=6), with four people emphasising that the non-judgmental approach of staff and level of trust enabled them to be more honest than they had been before
- having a safe environment (n=5)
- involvement in classes, including gym, art therapy and drumming (n=4)
- receiving help with anger management (n=3)
- improved relationships or communication with partner and/or family (n=3).

> *"I also found a new lease on life. I never knew what life could be like before* Torque*…and the CBT has just been amazing, the coping skills and everything that I just never had before"*
>
> *Torque* participant

Only one person identified the main benefits of the program as related to their forensic issues, reporting that they avoided jail time by participating in *Torque* and received a suspended sentence, then received a Community Corrections Order, and also found great benefit from the financial help the program provided.

> *"Being able to go every day; meeting up with other people in the same situation as I was; filling in the day and getting something out of it"*
>
> *Torque* participant (non-completer, justice-involved

Themes were similar for program completers and non-completers. One person of the 12 who did not complete the program indicated they did not feel they gained any benefit from the program, noting they hadn't implemented anything they covered in the one or two weeks they'd attended.

Enablers and barriers to participation

Over the course of the evaluation, participant feedback was consistent in terms of identifying the things that made it easier for people to attend the group, with a range of material and experience factors influencing clients.

> *"they gave us travel myki … the welcoming of the attendance — yeah we want to help you — it was very genuine .... not hard to turn up"*
>
> *Torque* participant (program completer, justice-involved client

Among *Torque* participants reflecting on their participation at 3-month follow-up, the key enablers to attendance and participation were that:

- the program experience was motivating, this includes the personal learning, meeting new people, the group content and processes and/or the range of activities offered (n=16)
- the provision of a myki transport card avoided transport costs (n=12)
- the welcoming and supportive staff and environment (n=11)

- incentives such as providing free membership to the local gym and nutritious meals (n=5).

Other enablers identified by one to three individuals included the flexibility to attend other appointments, the structure and routine of the group, car-pooling with other participants, having a smaller group size and levels of self-motivation.

Participants were also asked what made it harder for them to attend the program, and almost one-quarter of the group (n=9) reported that they had not experienced barriers to their participation in *Torque*.

Some participants identified issues which directly impacted on their attendance, while some clients raised potential barriers, as in issues they had experienced, but had not actually stopped them from attending.

Overall the barriers to attending the program were those relating to:

- distance and travel time (n=4)
- tension or conflict with other group members, especially due to perceived drug use during the program (n=4)
- timing or programing (n=3), such as the challenge of early starts or attending non-compulsory units
- the challenging/emotional content of the course (n=3)
- own motivation level/resistance to change (n=3)
- physical pain/health issues (n=2)
- experiencing a lapse (n=2)
- family issues (n=2)
- the reduced size of the group over time (n=2).

> *"In my own experience, I did have a lapse, and I know I agreed not to use while in the program but I did use a few times and I was honest about that- but it did make it hard to go back, but then it was good that I did as it was real learning curve being honest about it and keeping going"*
>
> *Torque* participant

Barriers identified by individual participants included having difficulty with the length of some days and the large amount of information, challenges related to the timing of picking up the pharmacotherapy from a chemist, travelling by public transport and experiencing anxiety at the start of the program. One participant, who had a lot of positive feedback for the course, indicated the only thing making it hard to attend was that at one point staff had thought s/he was using and s/he had been asked to leave for the day. This caused her/him distress but did not stop her/him returning to the program.

> *"The only thing was that I lived on the other side of the city. The positive side of that was that even though I wasn't in their catchment area I was able to attend the program."*
>
> *Torque* participant

The group dynamic is an important part of the therapeutic process and it encourages and facilitates program attendance. Significant challenges for both participants and staff were raised by issues such as being the only client left, or being in a very small group (as people drop out over the program), and at least one Treatment episode experiencing high levels of lapse. One repeat participant noted that there was a significant difference in the

two groups they attended, finding that a group that comprised of generally younger people appeared to have less motivation and was not as good a fit for them.

Suggestions to improve the group

Generally participants were very satisfied with the program, and when asked for suggestions, many people felt no improvements or changes were necessary (n=12). The most common areas for suggested improvement were around the following themes:

- Program duration: five participants wanted the program to be extended, with a common suggestion of 8 weeks; one participant suggested shorter days.
- Monitoring and managing drug use: four people noted the care needed in managing lapse within the group. Two people suggested drug testing being undertaken, at least in the first few weeks of the program, to both ensure people using (but denying their use) are not present in the program, and to also ensure people who are not substance-affected are not asked to leave the program. Two participants suggested the need for improved monitoring of clients by staff in terms of their drug use and related behaviours. This included one person who felt there should be no 'three strikes' rule regarding lapse, but who did note that identification and response to drug use by staff appeared to have improved when they attended a later 'refresher' program.
- Programming and content:
    - two people felt more units should be compulsory as they found there were benefits from activities such as relaxation and drumming and/or to ensure greater attendance on days with fewer compulsory units
    - three people suggested care was needed to the timing of specific activities, for example, that refusal practice sessions before a long weekend was too confronting for some and that the following session required greater check-in and would benefit from being compulsory
    - two people suggested more one-on-one counselling sessions would be beneficial
    - one person suggested more relaxation type sessions and another suggested more activities with examples provided such as walks in national parks, going for barbeques or bowling nights; another participant indicated some days needed to be 'filled out more' with activity.
- Communications regarding legal issues: one person felt the issue of disclosing legal issues was a barrier to honest communication in one-on-one counselling sessions and felt better communication about this issue was required at the start. One participant suggested better communication from staff was required as they had not been given a report for court when they requested one, but were not advised when the court did receive a report from *Torque* staff (this, they felt, reflected poorly on them in court).

Suggestions from individual participants included that more information on the physical side of substance use would be useful and that a bigger group size would be beneficial. An individual suggestion previously reported in the interim reports included having a participant co-facilitator for some sessions in the first couple of weeks to help make participants more comfortable, and it should be noted that consumer involvement in the program increased since that time.

Key points on participant views and satisfaction

Feedback from program participants was generally highly positive throughout the evaluation period, including from participants who did not go on to complete the program. This suggests that the model has appropriately met the needs of these participants.

Participants have made constructive suggestions for improving the experience of participants within the group and have felt heard by ReGen. Less positive feedback was often group or situation-specific and frequently related to sensitivities around participant lapse, conflict within the group and communication about forensic issues. The feedback and experience over time appears to have informed the team's development of strategies to deal with lapse and inter-personal dynamics.

The participant feedback over the evaluation period reflects the strengths and value of the program's CBT approach and provision of holistic programming with engaged and supportive staff, and the flexibility of supporting participants to return to the program if they have lapsed, despite the challenges this can raise for the group.

Progress of the new model

Changes to operations and adapting the service model

A recent change to the program, as reported in 'program resourcing' includes the addition of a post-program and transitional support worker. This full-time role across both the Catalyst and *Torque* programs aims to provide clients with greater support in the 4 weeks after the program and assist with establishing other community supports. It is responsive to key themes raised in ReGen's internal evaluation focus groups, as clients expressed anxiety about exiting the program and aftercare needs.

From June 2014, a key change to the initial *Torque* model was the expansion of intake to include non-forensic 'community' clients referred via other ReGen programs. This aimed to assist in meeting participant capacity each program Treatment episode, and subsequently enabled better use of resources and better testing of the group format. This mixed-group approach was monitored closely by ReGen and was perceived as successful. This approach was somewhat reduced from mid-2015 due to changes in the wider service delivery context, including the shift of the original Catalyst-alcohol residential program to include all substance use issues, however some consideration and acceptance of community clients into the program is ongoing.

While not an adaptation of the *Torque* model, recent change reflective of the progress of the overall model is that the Catalyst non-residential alcohol and other drug rehabilitation program is now being expanded to be run in additional location (Melbourne's outer south east).[13]

During the first 20 months of piloting the *Torque* model, a range of changes were made to further adapt and refine the program to both improve operations and better respond to participants' needs. These changes were detailed in the first and second interim evaluation reports and are only briefly summarised here.

In the first 6 months, key changes included: increasing the number and timing of sessions that were compulsory for participants to attend, slowing down the pace of some of the content, changing the sequencing of program content, changing completion criteria, and the early introduction of weekly clinical review meetings to improve staff communication processes.

Minor changes and amendments trialled in the second 6 months of the pilot included: introduction of assertive telephone follow-up by clinicians 2 months after the end of the program; trial of re-ordering the introduction of some CBT content; increased involvement of past participants and Consumer Consultants; and limited trial of a more flexible approach to clients' time of program entry. As previously reported, during the first 12 months, *Torque* also experienced a range of staffing changes including the Catalyst programs team leader becoming program manager; a Catalyst counsellor moving into the team leader position; new staff members joining the Catalyst programs and a number of staff swapping from being 'core' *Torque* counsellors to 'core' members of the Catalyst-alcohol programs, and vice versa.

[13] www.regen.org.au/media-releases/657-new-rehab-service-increases-drug-treatment-accessibility-in-melbourne-s-south-east

Staff and managers' experience

Program aims and implementation

Interviews with *Torque* staff and managers after 12 months of service delivery and again at the end of the pilot period found a consensus that the program had achieved its aim to:

"*…retain the elements that have been identified as contributing to the success of the established Catalyst program, while addressing the particular treatment and support needs of forensic consumers".*

Successful elements of the original Catalyst model are considered to include a focus on delivering CBT and evidence-based practice, prioritising the therapeutic alliance between staff and participants, and promoting treatment engagement.

The pilot used internal and external evaluation and an action research approach through which components of the program and its structure were identified and adapted to better match participants' needs and in response to client and staff feedback and observations.

> *"The changes have had a positive effect; it feels like a good formula now, the structure of the program now is in maintenance"*
> Staff member, 2014

By the time of the second interim evaluation report, although some minor modifications to programming were being made, staff felt the modified Catalyst program structure was now stable, and that the team were more comfortable working with the forensic client group. Staff indicated that the success of the key elements of the model being maintained in *Torque* was evident in the similarity of the feedback given by *Torque* participants with that of Catalyst-alcohol clients. Both groups similarly referred to how the program had provided them with information, self-learning, structure and routine, as well as good relationships with the facilitators and enjoyment of the actual physical space.

> *""When people ask is this program essentially the same as Catalyst, I feel pretty confident in answering 'yes', apart from the forensic element, and we might tailor things a little bit differently as we're running the group, but the content's essentially the same that we deliver…"*
> Staff member, 2015

Staff indicated that modifications to the original Catalyst approach included slower paced and more process oriented CBT delivery, and compulsory and more structured 'check-in' sessions and these had proven effective with the client group.

At final consultation, clinical staff felt confident in their ability to be flexible in their approach to ensure they were responding to needs of the client group, while delivering the same evidence-based program content. Addressing the particular needs of forensic clients within the non-residential rehabilitation setting included additional time and effort from staff to engage the clients.

At interim and final evaluation stages, *Torque* staff and managers reported high levels of satisfaction with program implementation during the initial phase and throughout the pilot. There was general satisfaction with program resourcing, and with the development and implementation of operational and content changes. This included positive reflection on new challenges raised while delivering the program for forensic

clients with illicit and polydrug use, as opposed to alcohol-dependent Catalyst clients, and the ways in which these were dealt with and learnt from.

Some dissatisfaction was indicated with one aspect pilot project implementation — the duration of the pilot. Although it was felt the program had achieved success in its development and delivery of services, the *Torque* pilot period was shorter than the original Catalyst trial of 3 years, and the pressure of this shorter time frame was reported at interim and final evaluation. It was suggested that a longer piloting period would have enabled more gradual adaptation and more effective improvement of the model, and would have provided time to better identify and demonstrate good outcomes for clients.

Targeting clients with justice system involvement

Staff and managers felt that both the approach and content of the program appropriately targeted forensic clients with problematic substance use, including using suitable approaches to connecting with the justice and AOD sectors. However, as reported in interim reports, there were challenges in connecting and engaging ACSO and other external agencies, and it took time and concerted efforts to get ACSO staff on board with referrals.

From the beginning of 2015, collaborative efforts and promotion with the justice sector were increased and some success was demonstrated by the substantial increase of referrals from ACSO. It was reported by staff that good communications and pathways for clients had been established with the broader AOD and justice sectors; however, a number of *Torque* and ReGen forensic staff also noted that receipt of inappropriate referrals from external agencies suggested further information about the program and eligibility criteria was needed.

Different staff noted the way the program model was both appropriately targeting some clients involved with the criminal justice system and not suiting some of this client group. A forensic worker noted the non-residential setting was important for clients who wold have spent time incarcerated, as another residential program does not necessarily test out coping skills back in the community. Another ReGen staff member noted that although the program is well suited to many forensic clients, some people lack socialisation, have a long history of incarceration and/or institutionalisation (e.g. out-of-home care) and have subsequent communication and trust issues, struggle with the service system generally and find group treatment especially difficult.

In June 2014, *Torque* expanded its participant intake to include non-forensic, community clients. At interim reporting in November 2014, after the first 12 months of service delivery, issues and concerns related to successfully targeting forensic clients while being inclusive of community and voluntary clients, was a key consideration for the *Torque* program and its evaluation. Staff reported in November of that year that the program had continued to appropriately target justice-involved clients while delivering a mixed client group program. At that time, and again in 2015, staff indicated that no significant issues had arisen from the mix of client groups. In addition some positive effect on the group, such as increased group size, had been achieved, despite some concerns of reducing responsiveness to forensic clients, or a potentially negative experience for community clients.

However, in interviews with staff in mid-late 2015 it was evident that the context of *Torque* program service delivery had changed at completion of the pilot period in June 2015. At this time, the previously alcohol-only Catalyst program began to accept clients with other problematic substance use, and *Torque* limited the intake of community clients, returning to a focus on clients with involvement in the justice system.

Program strengths

Many of the program's key strengths and enablers to client participation were reported consistently by *Torque* and other ReGen staff throughout the evaluation period, and are generally consistent with those identified by participants and to some degree, the views of key stakeholders.

In the recent round of interivews, the program strengths were again emphasised as including the following:

- The non-residential setting is an aspect emphasised by clients as a positive. Staff also see the benefits of clients practicing new skills in their lived environment. In addition, this model allows for some flexibility and makes it possible for clients to be able to work on lapses of substance use without being discharged from the program.
- CBT program content, which clients appear to engage with very well, and delivery of CBT sessions has been strengthened by being adapted from the original Catalyst program to better match *Torque* participants' different learning needs, substance use issues and abilities.
- The structured, daily activity in a safe and welcoming space provided participants with routine, somewhere to go and a purpose.
- The holistic approach and range of issues addressed, the combination of CBT sessions, intensive group counselling and individual MET support was balanced with activities such as gym, yoga, art therapy and nutrition. The program provided opportunities to address major issues and support other areas of participants' lives. The gym membership was a well-used aspect of the program and involvement of families was an important part of the program.

> *"We talk a lot about accountability and self-responsibility and we work hard to create that culture in* Torque *because in reality, people are going home and are home on weekends…"*
>
> ReGen staff member, 2015

In addition, staff noted that the group work approach and focus on clients' self-responsibility, including the level of trust required by being a non-residential program, were important features. Client transition from withdrawal services to *Torque* is a common pathway to the program, which appears to be very positive, with the added benefit that clients are already engaged with ReGen staff.

Individual staff noted as strengths that the program extends the period of abstinence beyond the withdrawal period, and that the program offers the Momentum Aftercare Support Program, which has seen some increased attendance from *Torque* clients.

One staff member noted that the continuation of staff reflects the strengths of the program and previous staff interviews also emphasised that a key strength of the program is the *Torque* team and their skill set, commitment to the program and its development, and their high-level communication and planning.

Program areas for improvement

At the final round of interviews, ReGen staff and managers reported very few areas for improvement. It was recognised that many improvements to the program had been made during the first 20 months of piloting. Nevertheless, some program issues or potential areas of concern were raised by staff:

- The time-consuming and busy role for staff — to some degree staff felt that although the program was designed to operate at current staffing levels, and was able to do so, that more staff would be of benefit. This was due to issues such as responding to the complexity of client needs, additional reporting requirements for Corrections and Department of Health and Human Services, greater efforts in building trust and rapport with clients, and additional work associated with monitoring and following-up attendance.
- Group participant numbers — an issue for consideration raised by a number of ReGen staff was the challenge of program attrition, and the difficulty in maintaining both group therapeutic process and client numbers if group numbers dropped to low levels. While Catalyst also experiences program attrition, the program starts with 15 group members instead of 12 and so group size is potentially less affected by client drop-out.
- Location — two staff specifically noted that the Coburg location while being a state-wide service was problematic and limited client accessibility to the program.
- Issues of motivation for clients mandated or coerced to treatment — some staff indicated that there are generally less positive outcomes in terms of treatment engagement and program completion for clients who are motivated for legal reasons only.
- Timetable improvements — staff reported the current program timetable is too complicated for some clients and slight improvements could be made to make it easier to read and understand, and further clarify which sessions are compulsory.
- Referral systems and program eligibility — while not always within the control of the *Torque* team, a number of challenges were identified by staff in terms of smooth communication, referral and intake processes, including the receipt of client referrals not suited or eligible for the program. These are outlined further below, in the discussion of barriers to program implementation.

> *"No negatives but maybe some kinks that may need to be ironed out…especially between communication with referrers"*
>
> ReGen staff member, 2015

The 6-week program length was generally considered suitable. However it was raised at early consultations and again in more recent staff interviews as a feature that can elicit varied responses from clients. Staff reported there is some consistency in client feedback that they would like a longer, 8-week program, but that this does not reflect the views of those clients who drop out earlier in the program.

For many clients at intake, the 6-week duration may inhibit interest, particularly considering other work and family commitments, or for some participants, program length could be too demanding. The end of the evaluation period created some space in the timetable of the first week of the program and this slightly lighter timetable is now being trialled, rather than matching Week 1 session intensity to the Catalyst program. This seems to be a good approach to help clients ease into the program and build up to the 'heavier' weeks.

Although not a common occurrence, one staff member noted recent experience of clients avoiding one-on-one sessions. It was felt that there is already a lot of communication about what these sessions involve, but that reluctance to attend may be supported by further reassurance for clients about what individual counselling can be and also by improvements to the timetable to ensure all types of compulsory sessions are clearly identifiable.

Concerns and program weaknesses raised by staff during previous consultations are detailed in the first and second interim evaluation report, including: the potential of negative effects from grouping community clients and forensic clients; the impact on a small number of clients of the forensic/Corrections reporting and requirements in terms of their ability or willingness to engage in treatment; and concerns regarding the program length although the 6-week duration was identified as suitable for most participants.

During the final round of consultation with staff for the evaluation project, suggestions for change and ways to improve the service in the future were provided and are outlined below:

- As noted above, minor changes to the presentation of the timetable to improve readability and ensure clients are clear on which sessions are compulsory.
- The intake process is across both Catalyst and *Torque* and has intensified with an increasingly higher number of referrals being received. Intake is evolving, and additional staffing support has been added, but it was noted that changes still need to be made to refine current systems.
- Senior *Torque* staff suggested examining ways the program can engage and retain younger clients and that adapting the model for younger clients may be a future direction. The program has admitted a greater proportion of younger clients than Catalyst. Suggestions for adapting the *Torque* model for younger clients include increasing the behavioural activity-based content, and delivering the content differently (e.g. use of multimedia).
- As noted above, there was some suggestion to consider increasing both the initial program group size (due to challenges faced by attrition) and the number of staff (to help sustain the program).
- One staff member suggested a need to consider better engagement with Aboriginal and Torres Strait Islander clients, perhaps via consumer involvement, as this is a complex group for whom they receive referrals, but who appear to often need a lot more preparatory work to be ready for the program.

Staff in the second interim evaluation report included a range of suggestions around program length and the number of episodes per year, such as having a few shorter episodes held during the year, operating more groups per year to reduce waiting time and/or reducing the program by one week (e.g. program of 20 days over 5 weeks).

Individual staff also suggested that both programs would benefit from a nurse being formally attached or part of the programs, that an optional smoking cessation component might be explored, that more harm-reduction and safety-related content may be of benefit, and greater preparatory work useful for participants to improve their readiness and ability to balance engagement with the program timetable and other commitments in their lives.

Barriers to implementation

Interviews with staff to inform this final evaluation stage aimed to identify any new barriers to program implementation, or action taken on barriers experienced earlier in the program. A range of barriers reported by ReGen staff and managers during the piloting of *Torque* (as detailed in the interim reports), the subsequent response by the program and any relevant updates reported by staff during a final round of staff interviews in September and October 2015, are outlined below.

Low referrals, particularly from forensic services

During the first 6 months of the pilot, the low number of participant referrals being received, particularly from ACSO and Corrections services, was the most commonly cited barrier for successfully implementing the new program. After 12 months of operations, the second interim evaluation phase reported that overall referrals had increased and that this barrier had been partially addressed by *Torque's* inclusion of community clients, and further supported by undertaking a range of promotion strategies and communication efforts with service providers. It was also suggested by staff at the end of 2014, that the new geographical catchment-based intake system may also have a positive effect on referral numbers.

In 2015, consultation with staff indicated that the *Torque* program manager pro-actively targeted ACSO staff to improve referrals. Staff increased communication with Corrections to improve program awareness and potential referrals, and undertook advocacy with them regarding community work hours of clients. Overall program data indicates referral numbers have increased considerably and ACSO are identified as the most common external agency to refer clients to *Torque*. Staff also reported adapting the intake process to operate more smoothly for clients and external agencies, and that this process will benefit from further refinement.

Geographic location

A ReGen manager and forensic worker at final consultation reiterated the barrier of geographic location, also raised at 12-month follow-up. The fact that *Torque* is a state-wide program situated in only one location in metropolitan Melbourne was identified as a barrier to program implementation and uptake. The program requires regular attendance and while transport assistance, and in one case accommodation assistance, was provided for clients, this is perceived as an ongoing potential barrier for participation and willingness to refer clients.

Staffing

At 12-month follow-up, *Torque* staff indicated that they had experienced issues in maintaining full staffing for the program, which made service delivery additionally challenging. In addition, the *Torque* program appears slightly more demanding on staff time than Catalyst-alcohol, due to issues including additional reporting requirements and clients with higher support needs. This difficulty was addressed through successful recruitment of an additional Catalyst programs team member, and by training a greater number of staff across both programs to enable support to cover staff absences and leave periods.

After nearly 2 years of service delivery, as outlined above, staff identified that while the program was operational at current staffing levels, and therefore this was not a direct barrier to implementing the program, additional clinical staff would be advantageous and support sustainability of the model.

New barriers at referral and assessment

Recent interviews with ReGen forensic workers, and Catalyst programs intake and clinical staff indicates a newly emerged barrier appears to be a significant number of referrals for clients who are not appropriate or eligible for admission to *Torque*, including clients with out-dated ACSO assessments. Challenges were identified in communicating with referrers and maintaining awareness of program eligibility criteria in relation to referral of ineligible clients and issues such as high turn-over among workers at ACSO. One staff member felt some referrals may be 'missing the mark' as there is a sense that since sector-wide reforms many services are busier and may not be assessing clients as effectively or being as clear on client levels of readiness for change.

All *Torque* clients must be eligible for brokerage through ACSO and this system has caused some delays for intake and potential gaps in accessibility. A number of clients with justice involvement may have a very old ACSO assessment (primarily due to backlog within ACSO services), especially those referred by community AOD team. This means they cannot be accepted by the program and this becomes arduous for clients who then have to go through ACSO again and be re-referred to *Torque* program. Similarly, some forensic clients 'fall through the gap' if they are wanting to engage in AOD treatment, but their corrections order does not specifically include AOD treatment, they are ineligible for brokerage into *Torque*, and may not be eligible for treatment brokerage funded by the National Illicit Drug Strategy.

In addition, changes across the AOD sector as a result of wider service-sector reform in Victoria were thought to contribute to challenges and restrictions of the type of support that clients preparing to enter *Torque* could now receive. For example, the timeframes in which clients on the waiting list can be supported by other program areas appeared reduced.

Challenges working with the client group and client disengagement

The *Torque* interim evaluation reports detailed staff perspectives on client disengagement and the many challenges the program faced in providing the Catalyst-alcohol rehabilitation model for polydrug-using clients.

In summary, over the course of the evaluation, commonly identified reasons for client drop-out or barriers to client engagement have been identified as including:

- complexity of the issues many clients face include mental health, social, physical factors, and corrections/court
- experience of chaotic lifestyle, instability
- stage of change and motivation — some people are just not ready for treatment, and some may only be attending because they are mandated
- group dynamic — group bonding is a big part of the program, so personal differences, gender and cultural differences can affect willingness to be part of the group
- substance use lapse/relapse
- clients not being suited to the group format of the program (e.g. having social anxiety)
- managing other family commitments, work, court commitments.

In the recent round of interviews it was also raised by staff that:

- some clients do not complete the program because they feel they have achieved what they wanted in a shorter period of time *"Sometimes the client feels like they're ready to complete after 3 weeks"*

- the gender imbalance in referrals received and clients admitted into *Torque* may have increased now there are fewer community clients accepted into *Torque* and there is concern that this may affect levels of engagement or attrition as the program goes on
- despite comprehensive intake and assessment processes, program drop-out can sometimes be a result of treatment mismatch — at assessment the program seems to be a good fit, but once the client begins the program it is clear it is not for them.

Earlier interim evaluation reports reflected on the range of challenges *Torque* staff and managers identified and responded to in relation to working with the forensic client group and their mix of drug use patterns, particularly in comparison to their experience with the original Catalyst-alcohol program (see interim reports for greater detail). After 6 months of the program, these challenges included: the need for greater staff time and support as clients more likely to present in crisis, and with generally more complex presentations; the greater level of reporting, administrative and documentation support required for forensic clients and more intensive management required due to polydrug use; and the need for a slower program pace due to varied learning styles and higher levels of cognitive impairment, which was identified and implemented during the early stages of the pilot.

After 12 months of service delivery, key challenges the team responded to while working with the polydrug-using client group included: managing lapse and identifying intoxication; managing program groups where one type of substance use pattern is dominant and problematic; initial challenges for integrating *Torque* clients into the Momentum Aftercare Program, which had previously just been Catalyst-alcohol clients; and specific challenges for working with the increasing number of methapmhetamine-using participants.

At final consultation, staff reported having learnt from dealing with lapse and forensic issues. They made adjustments to the approach in which they talked about the issues, including having conversations about lapse in relation to 'safety', ensuring the use of accessible language, and the promotion of self-efficacy and responsibility, while also aiming to foster a commitment to the group as a whole. Challenges highlighted by staff began to be centred more on systems and process issues, such as the issues with treatment brokerage and delays in the Penelope database system used to communicate with Corrections Officers, and subsequent difficulties with communication.

Key points on progress of the new model

The *Torque* pilot used internal and external evaluation processes and an action research approach, which identified and adapted components of the program and its structure to better match participants' needs and in response to client and staff feedback and observations. The program approach, content, and operational systems for *Torque*, have become more firmly established over the duration of the pilot, along with increasing experience and confidence among the team for effectively delivering the program with the client group.

Some modifications were being made or had been identified at the end of the pilot period, such as additional staffing roles and the need for further adaptation of the intake system. This appears to reflect managers' feedback that a longer piloting period would have benefited the trialling and refinement of the model. The team continue to work though challenges faced with both the referral and brokerage processes and an ongoing need for ReGen to maintain high levels of communication with potential referrers, and continue promotion of the program. Awareness of the eligibility criteria has been highlighted.

There is consensus among staff and managers that Torque has successfully achieved its aims of adapting the Catalyst model for justice-involved clients, and there is satisfaction with how the new program has been developed and implemented.

Torque staff and managers are committed to ongoing service development. It was recognised that more may need to be done to adapt the model for different clients groups, including younger clients and Aboriginal and Torres Strait Islander clients.

The shift at the end of the pilot to a greater focus on inclusion of ACSO-brokered clients (some limitation of non-forensic referrals) will need to be monitored by staff to identify any issues this may raise, for example some staff have raised concern about the risk of greater gender imbalance.

All factors affecting participant attrition continue to need monitoring, including any changes to intake or the program timetable, in order to better identify whether a larger group size for Torque is an appropriate way to increase participant group numbers. Accordingly, although some pressures on staff have been identified, the program will benefit from further practice and delivery using the current model's staff-to-client ratio, and to ensure best group size is finalised, to more firmly establish the best fit, and determine if more staffing resources are appropriate and required for the model to be most effective and sustainable.

Key stakeholders' perspectives

Key stakeholders from the AOD and justice sectors were identified by ReGen and invited to participate in interviews to share their perspectives on the *Torque* program. Telephone interviews were conducted with five key stakeholders at each time point in October 2014 and again in late August and September 2015. Seven stakeholders were interviewed overall, with three people participating in both interviews.

Participating stakeholders work in a range of settings including:

- Community Corrections
- Neighbourhood Justice Centre
- AOD specialist services in metropolitan Melbourne
- ACSO Community Offender Advice and Treatment Services (COATS) and Responsive Assessment Planning Intervention and Diversion Service (RAPIDS).

Stakeholders' roles included a Community Corrections service manager, a drug and alcohol clinician, forensic drug and alcohol counsellors, and drug and alcohol counsellors.

Program awareness and contact with *Torque*

Across the two rounds of consultation with stakeholders, participants' level of awareness of, and contact with the *Torque* program varied slightly:

- All stakeholders had at least some experience of directly referring a client to *Torque*, or managed a service whose staff had referred clients.
- Four of the seven stakeholders interviewed indicated overall that ReGen staff had visited their service and provided presentations and information about *Torque*.
- Four stakeholders specifically indicated their awareness of the Catalyst-alcohol community rehabilitation program in relation to their awareness of the *Torque* program.
- Two stakeholders noted their awareness of communication about the program through the Victorian Alcohol and Drug Association and one stakeholder highlighted the usefulness of the program information on the ReGen website.

Two of the stakeholders who were interviewed twice, reported only a few client referrals in the last 10 to 11 months that they were aware of at their service, even though they did have clients who were eligible for the *Torque* program. One stakeholder indicated they had made no further referrals to *Torque* since their first interview, as they felt their recent clients were not suitable or interested in a day program. Overall, key stakeholders were satisfied with the referral process, with the implementation of the program and with the level of information they had received about it.

A number of stakeholders spoke very positively about their communications with *Torque* intake and program staff and two stakeholders spoke of a 'seamless' and straightforward referral and communication process with ReGen.

"…my personal experience has been quite seamless really. Even when I had to withdraw a client they were totally fine, understanding and agreeing…..I felt like the information I gave over was valued as a fellow clinician, so that was really good, and that went both ways"

Stakeholder, AOD sector, 2014

It was really easy, after I do the assessment I write up report and send off referral to them and give them access to the report so they get a sense of the client's situation and substance use, and then they email me back within a short period of time, usually a day or so...it's a pretty seamless process"

Earlier observations from individual stakeholders included: although the waitlist does fill up, it was 'quite good', and the requirement for clients to have a phone and be contactable is understandable, but is a potential barrier for some clients.

One stakeholder reported that despite only a limited increase in client referrals, there had been significant increases in contact with ReGen staff and initiatives undertaken between Community Corrections services and the *Torque* program, which had improved communication and awareness of the program.

Targeting forensic clients

Stakeholders were asked their views on whether *Torque* appropriately targeted forensic clients and how well the pilot program had connected to the Justice and AOD sectors.

As at the interim evaluation, the level of knowledge or contact stakeholders had with *Torque* varied, but there was a general sense that the non-residential rehabilitation program was of value for forensic clients and appropriately targeted their needs and the needs of the sector.

As in the earlier round of interviews, some stakeholders working directly with forensic clients indicated that features such as being a structured and regular day program, and having flexibility to work around court and community work requirements, were particularly relevant for the client group.

"It's a good option for clients who might not be suitable for a residential program or perhaps have some reservations about a live-in program. It's an alternative that's quite good, because clients can still go home and develop relationships with their partners or children and they can still do things, but also get the benefits of a fairly long-term program to address their substance use, and that's quite useful."

Stakeholder, 2015

Torque's inclusion and targeting of clients who are illicit and/or polysubstance users, was raised by three respondents as particularly useful and appropriate. Some stakeholders continued to note that one of the key challenges in targeting the program to forensic clients was this client groups' motivation for treatment, and the complexity of issues they commonly face. The need for ongoing and daily attendance and intensive nature of the *Torque* program is understood to be a significant challenge for some forensic clients, but was identified by most stakeholders as very suitable for clients who have already begun to get some stability in their life.

One stakeholder, however, had a different view on the appropriateness of the day program model for forensic clients. This stakeholder had not had contact with the program since making some referrals in late 2014 because s/he felt that clients were not able to have their needs met by a day program, or would not be able to engage well due to being homeless or having quite chaotic, non-supportive home environments.

> *I'm just really sceptical of day programs to be honest... I think it fits a really small niche of client…I'm not able to refer too many clients there unfortunately because the complexity of the presentations that I'm working with"*
>
> Stakeholder, 2015

In addition, referrals are client driven and some clients do not want a day program. However, the stakeholder felt this reflected on the role of day programs more generally, rather than *Torque* specifically, but indicated they did not generally agree with abstinence-based or focused day programs. However, despite this s/he also indicated that the program is suitable for some clients and is a good option, and an earlier client s/he had referred did complete the *Torque* program.

Consultations held in 2014 found a variety of opinions among stakeholders working in the forensics field regarding the benefits and disadvantages of programs specifically targeting forensic clients. There was support for separate programs for community and forensic clients, so that forensic needs are adequately addressed and voluntary clients are not exposed to confronting or criminal behaviours and associations. Support for mixed groups was seen as unnecessary and integrated groups considered more appropriate and helpful for clients.

> *"I am a strong advocate of it, and I thought it's terrific to have a community intervention of this nature, which is really intensive, tackles the pro-social stuff that's important, in terms of leading a pro-social lifestyle without having to obviously be in a residential setting 24/7.So I think it is a really positive approach to drug and alcohol intervention, and I think we need a lot more of that…*
>
> Stakeholder 2015

Key strengths and value of the program

Key strengths of *Torque* identified by stakeholders over the course of the evaluation were:

- it provides more treatment options for the client group, especially as a treatment type unavailable in the past
- intensive support is valuable in a non-residential program, and is flexible
- a wide range of program elements are relevant for clients
- the group setting and interaction is supportive
- staff understand forensics, the complexities and have a non-judgemental approach
- clients have somewhere to go every day and ongoing daily support
- clients can connect with ReGen for post-program care and support.

In early consultations, two stakeholders noted that *Torque* would be particularly useful as a 'step-down' treatment for clients directly after completion of residential rehabilitation programs, and as part of long-term plans for complex clients.

> *"When you look at what they're covering, it's quite comprehensive, so it's the actual structure of the program and the topics covered I think that's really helpful for the client…it helps and is relevant to different aspects of people's lives; the financial management, nutrition, coping skills…quite broad which is great but all directed to aspects of our clients lives."*
>
> Stakeholder 2015

Some stakeholders in both rounds of consultation reported feeling that they had not yet had sufficient contact with the program to comment widely; nevertheless, because the program provides another treatment option it is valuable.

Although one stakeholder had considerable concerns and reservations about the benefits of abstinence-based programs and/or day programs for forensic clients in general, they also thought that many treatment programs were not responsive enough. Yet, the *Torque* program and staff appeared to understand forensic clients and were supportive and flexible in considering community work requirements, corrections and court attendances.

Perceived negatives and suggestions for change

No *Torque*-specific negatives were identified; however, a number of *Torque* program areas were considered less positive or more challenging:

- clients mandated to treatment or not at the same stage of change could be a barrier to engagement or disruptive in the group
- the level of commitment and motivation required is high, and perhaps only fully suited to people who are ready to make change
- it is a challenge to find the right match of client to the program type, and the right timing
- abstinence is not necessarily a suitable model for the client group.
- people with poor English skills have limited treatment options in general, and language barriers are particularly hard to accommodate in a group treatment setting (not specific to *Torque*).

In the first round of consultation with key stakeholders, suggested improvements for the program were commonly about the need for more than one location (two respondents), and reducing the program length and intensity (two respondents), with an aim of making the program more appealing to both potential clients and referrers — a 4-week program with an extension of 2 weeks for those who want it, and/or reduced days of attendance (e.g. 2–3 days per week).

> *"..the distance is really prohibitive for some people, we work state-wide… more hubs would be fantastic"*
> Stakeholder, justice sector, 2014

In the more recent consultation, one person suggested that the 6 week program length is too long for many clients, and ReGen might consider responses to early drop outs such as flexibility for people to rejoin the group or to keep them motivated while waiting to join again next round. Individual stakeholders also suggested reducing the abstinence focus, and making or keeping the program for a polysubstance-using group involving a mix of clients, not just forensic clients. One stakeholder noted ongoing changes within services and staffing, and another stakeholder indicated lack of knowledge about important aspects of the program's approach, reflecting the need for ReGen to continue efforts to provide information to referrers, promote the program and maintain links with different services in both the AOD and Justice sectors.

In both consultation periods, some stakeholders suggested that *Torque* could work on making links with residential rehabilitation programs to work as a direct step-down treatment. As six weeks may not be enough time to make substantial behavioural change, *Torque* could be linked or stepped to a different level of treatment after the 6 weeks.

Suggestions from the Community Correctional Services (CCS) stakeholder during the first consultation and subsequent discussions with ReGen have led to a range of communication activities between ReGen and CCS and the consideration of new strategies to increase referral and program uptake. *Torque* and the CCS representative are continuing to develop these strategies, including ways for CCS to work more effectively with ACSO to integrate *Torque* as a treatment option at suitable points in clients' treatment pathways.

Key points on stakeholders' perspectives

Key stakeholders had varying levels of contact or knowledge of *Torque*, but were generally satisfied with referral process and their interaction with the program and *Torque* staff. Overall, stakeholders indicated the program model was a valuable treatment option for forensic clients and the program appropriately targeted this group. However the challenges of matching suitable clients with the program and of working with forensic clients were emphasised.

Stakeholders made constructive suggestions and their views and insights highlighted the need for ReGen to continue efforts to provide information to referrers, promote the program and maintain links with different services in both the AOD and justice sectors.

Conclusions

Over the 2-year pilot, including 20 months of program delivery, the *Torque* program has successfully adapted the Catalyst model, and provided an effective, community-based AOD intervention for substance users involved with the justice system.

Internal and external evaluation activities undertaken during the *Torque* pilot period have informed ongoing review of the program development, and delivery and quality improvement processes. The evaluation of *Torque*'s implementation and effectiveness assessed the program's success across the following six broad outcomes.

1. The development of an appropriate *Torque* service model that meets the needs of forensic consumers

The target client group has a high prevalence of mental health issues, physical health problems and social disadvantage. In addition to substance use issues, they have a range of criminogenic needs and potential risk factors for re-offending (e.g. anti-social attitudes and poor family/marital relationships), which are identified by the Risk-Need-Responsivity (RNR) model as requiring assessment and response.

In the development of the *Torque* program, ReGen responded to these characteristics and needs by developing a structured multifaceted program targeting substance use, mental health and healthy lifestyle, practical support (e.g. public transport assistance, financial counselling), and family involvement. The intake and assessment process ensures that an appropriate client group are targeted**.**

Over the course of the pilot *Torque* staff identified specific needs of the program participants as compared with clients participating in the original Catalyst program: a higher number of clients present in crisis and with complex issues, more participants have less trust and/or experience of treatment services, and many have specific needs around learning styles and cognitive impairment. Team responses to these needs include: more clinician time spent developing a therapeutic relationship, clinicians present in the treatment space to provide informal support for clients, a slower program pace, regular breaks, and positive changes to the sequence of group CBT sessions (e.g. earlier focus on behavioural interventions, slower introduction of cognitive interventions and mood management).

Torque participants involved in evaluation focus groups and follow-up surveys reported a high level of satisfaction with the program and substantial benefits from participation. Positive feedback was also provided by a small sample of participants who did not complete the program. This evaluation has found that the *Torque* model is appropriate in meeting the needs of criminal justice-involved clients. The non-residential rehabilitation service effectively addresses a gap in treatment options within the justice and AOD sectors in Victoria.

2. The meeting of contractual episodes of care targets

During the evaluation, 66 individuals were admitted and commenced the program. *Torque* provided 66 individual episodes of care in 2014, achieving 69 per cent of the annual target of 96 episodes. From the first

6 months of 2015, 37 individual episodes of care were commenced reflecting around 77 per cent of the half-year target. Although the contractual episodes of care targets were not met during the pilot, increasing referral numbers do indicate that the program is getting closer to achieving them.

An early barrier to meeting the targets was the lack of client referrals received, particularly from the justice sector, but at final evaluation, referral numbers had increased. Potential obstacles are the receipt of inappropriate referrals, with clients not suited, or not eligible due to out-dated ACSO assessments. This latter issue may be addressed by better informing referrers regarding client preparation, but it is also a wider issue of client backlog among forensic services.

The service and its collaboration with justice sector has subsequently been heavily promoted. Community clients were included to boost numbers and better test the model, although this approach is now somewhat more limited.

Intake staff continue to be proactive and have Justice and AOD sector knowledge. *Torque* has implemented a number of changes to improve rates of program uptake from intake to attendance, including responding to client feedback about pre-admission information and planning, and providing additional intake administrative support. These procedures aim to work more effectively to encourage follow-through to admission, and provide clients' assistance to be better prepared, and have realistic expectations about the program and about their own enabling life circumstances and readiness for change.

3. Achievement of significant treatment goals outlined in clients' individual treatment plans, including reference to client status on follow-up

During initial development of the evaluation with ReGen, it was determined that the 3-month follow-up interview was an appropriate time to gain participant feedback on the degree to which their treatment goals had been achieved. Individual treatment plans were not reviewed by the evaluators or reported on by ReGen. Treatment goals most commonly centred on:

- making tangible changes to substance use
- acquiring the tools, confidence and awareness to support change in use and lifestyle
- improving life circumstances
- self-improvement (e.g. engaging in structure, completing the program,re-engaging with the workforce).

Of the 37 participants who responded at 3-month follow-up, only two reported that they had not met one or all of their treatment goals to some degree. Most participants met their goals at least 'somewhat', with 62 per cent (n=23) reporting that they had achieved one or more goals and 51 per cent (n=19) reporting that they had completely met all their stated goals (including 54% of program completers and 45% of non-completers).

Most participants (81%, n=30) identified a key treatment goal related to making some level of change to their substance use, primarily aiming to cease use of their primary drug, but alternatively aiming to reduce

their use or overcome problematic use, or cease use specifically for the program. These goals were fully achieved by 47 per cent of this group (n=14) and at least 'somewhat' achieved by a further 47 per cent (n=14).

The *Torque* program does appear to support the achievement of desired client outcomes for most participants (completers and non-completers). This is a positive outcome and is within realistic expectations of outcomes from a 6-week intervention. Importantly, the program is commonly being used as one component in participants' AOD treatment pathway — most *Torque* participants complete a residential or home-based withdrawal prior to commencement. Half of the smaller sample at follow-up (n=19) indicated that they had contact with an AOD counsellor in the 3 months after *Torque*.

4. The extent to which the case-level outcomes of *Torque* were sustained at 3 months after treatment

Although there are limitations on generalisability due to the smaller sample of participants involved in the 3-month follow-up, and the complexity of factors which influence individual behaviours, the data do provide important information about this group of participants and an indication of the degree to which individual outcomes were sustained over time.

Participant substance use outcomes after 6 weeks in treatment included no indication of increases in substance use, and slight decreases in prevalence and frequency of use for a range of substances. There are some indications that clients sustained positive outcomes at 3 months. However, while self-reported illicit or non-prescribed use of any substances in the past month decreased substantially from program beginning to end, outcomes at 3 months were reported for only a small subset of 17 participants — the change appears to be positive, but is not generalisable.

Most surveyed participants at 3-month follow-up reported no past-month use of the main substance they were in treatment for, except for cannabis, and this included 65 per cent of primary methamphetamine users. There were also significant increases in participants' confidence to resist substance use, and substantial decreases in severity of dependence levels at 3-month follow-up among participants who had completed the program.

For program completers, other positive post-treatment outcomes sustained at 3-month follow-up included improvements in overall quality of life, health satisfaction, and wellbeing across physical health, psychological, social relationships and environment domains. More than half the group showed decreases in mental health symptoms or severity at both program end and follow-up, with a substantial decrease in reports of suicide ideation among both program completers and non-completers.

Importantly, among participants who responded, the prevalence of past-month offending was halved from 64 to 32 per cent of participants. Among 28 people with data at follow-up, the prevalence of offending decreased from 29 per cent (n=8) to around 11 per cent (n=3) at 3 months, with most participants reporting no change and one-quarter showing a decrease in frequency of recent offending. While many factors influence individuals' changes in behaviour over time, data does suggest that participants in Torque reported lower incidence of offending after engaging with the program.

Although quality of life and some other outcomes differed between completing and non-completing participants, there was little difference in prevalence patterns of past-month substance use and offending. The comparison is limited by the small sample size, but there appears to be a high level of satisfaction with the program among the non-completers, including meeting treatment goals. It is possible these clients dropped out because they felt like they had achieved what they wanted from the program. In addition, there are degrees of non-completion, which is measured by attendance at compulsory sessions *and* clinician opinion, thus some who did attend some of the final week were considered non-completers, and some who did not attend were considered to be completers. Review of participants as completers and non-completers may not fully reflect actual engagement in the program, and limitations of the data mean nuances of the effect of treatment 'dose' have not been examined.

5. Usefulness and connectedness of *Torque* as a component of the broader justice and AOD service sectors

Consultation with a small number of key stakeholders revealed that within the AOD and justice sectors, the non-residential *Torque* program is perceived as a valuable option for clients.

ReGen staff have had considerable successes over the 2-year pilot to connect with the broader justice and AOD services sectors and integrate the program within the work of Community Corrections Services (CCS). They developed an agreement to enable *Torque* participation to be counted towards community work hours for participants in the North West area, if nominated by a magistrate. Collaborative efforts and promotion within the justice sector increased over time and the program subsequently received a substantial increase in referrals received from ACSO.

Torque has developed a strong collaborative relationship with CCS in northern Melbourne and is continuing to work with them to develop and implement strategies to increase referral and program uptake, and more effectively integrate *Torque* as a treatment option at suitable points in forensic clients' treatment pathway.

Due to changes across service sectors and high staff turnover, ongoing work and resources will be needed to maintain awareness of the program among referrers, particularly in the justice sector, including continued education about the program and its eligibility criteria. The program should continue to be promoted at conferences and workshops, and communicated about with potential referrers, in particular to address justice stakeholder concerns about its suitability for forensic clients (i.e. program duration and intensity).

Program outcomes and participant feedback support the continuation of the *Torque* model.
The *Torque* program continues to learn from managing challenges raised by the referral and brokerage processes, adapt to changes in the wider service sectors and refine some systems such as intake. Further expansion or replication of this model specifically for justice-involved clients could occur, once enough time has passed that these experiences can inform further service development.

6. Program strengths, weaknesses, obstacles

The *Torque* model is evidence-based and adapted from the original Catalyst model. At the core of these models is the provision of the evidence-based psychological interventions cognitive behaviour therapy (CBT) and motivational enhancement therapy (MET). ReGen have ensured consistency with best practice frameworks by using these treatments within a 6-week, full-time intensive day program model, which is inclusive of clients on pharmacotherapy, and provides individual counselling in addition to group treatment. Staff members have a good understanding of the correctional supervision requirements of their clients and the program also offers incentives for participation (including gym membership and daily meals) and offers aftercare and end of program support.

ReGen incorporated many features of service-level best practice during the implementation and delivery of *Torque*, provided well-qualified staff and managers, and continued to monitor and improve processes and performance over the course of the pilot. ReGen also incorporated a high level of consumer involvement in the ongoing development, delivery and evaluation of the *Torque* program. The program was flexible in adapting to consumer feedback and further improving consumer participation over the piloting period.

The following key strengths and enablers to client commencement and completion were reported consistently:

- Non-residential setting — the appeal of this model for new clients was emphasised by stakeholder, clients and staff, as compared to residential treatment. The setting enabled clients to practice new skills in their lived environment and provided greater flexibility around community corrections and court requirements and lapses to substance use.
- CBT program content — clients engage with this well and delivery of CBT sessions was strengthened because delivery was adapted from the original Catalyst program to better match *Torque* participants' different learning needs, substance use issues and abilities.
- The structured, daily activity in a safe and welcoming space, provided participants with routine, somewhere to go and a purpose.
- The holistic approach — the combination of CBT sessions, intensive group counselling and individual MET support was balanced with activities such as gym, yoga, art therapy and nutrition. The program provided opportunities to address major issues and support other areas of life. The gym membership was a well-utilised aspect of the program and involvement of families is an important part of the program.

Clients suggested that enablers of program attendance included the motivating experience, such as personal learning, meeting new people, the group content and processes and/or the range of activities offered. The provision of a myki transport card avoided transport costs and was a strong enabler, as was the welcoming and supportive staff and environment.

A barrier to program admission and ongoing participation commonly cited by staff, participants and stakeholders was the issue of location and subsequent distance and travel time for many clients. Other key barriers and reasons for client drop-out included: group dynamics and tension or conflict with other group members; personal issues and life circumstances (physical health, family issues etc); experiencing a lapse; and the reduced size of the group over time.

Stakeholders indicated resistance and lack of motivation for treatment were key barriers to uptake of the program among forensic clients generally, and program staff noted that having only a forensic motivation for participation in an intensive program like *Torque* was a barrier to program completion and better outcomes. Program output data indicated that justice-involvement by itself did not appear to impact on completion rates; however, it is difficult to discern the level of legal coercion or specific motivation of clients in relation to their success in the program.

Staff made considerable effort to support clients while they were in the program, and contacted and reconnected with them if they stopped attending.

Increasing and maintaining referrals and uptake of the program, and then limiting client drop-out are key to ensuring the program's viability, in terms of meeting contractual episodes, maximising use of program resources and effective delivery the *Torque's* structured, psychosocial group format. Group size is also a potential barrier to program completion, as smaller groups and client drop-put appear to lead to further attrition. Although Catalyst also experiences program attrition, each program starts with 15 group members instead of 12 and so group size is potentially less effected by client drop-out. Senior *Torque* staff did indicated there monitoring of any changes in program attrition and consideration of factors that may influence this.

All factors affecting participant attrition continue to need monitoring, including changes to intake or timetabling of the program's first few weeks, in order to better identify opportunities to maintain participant group numbers, including whether a larger group size for *Torque* is an appropriate measure.

Participant outcomes and feedback indicate the *Torque* service model provides an effective community-based forensic AOD treatment intervention.

ReGen's *Torque* model operated effectively with current staffing and resources, and appeared to be sustainable; however, pressures on staff have been identified. The program could benefit from further practice and delivery using the current model, to ensure the staff to client ratio is appropriate and sustainable in the long-term. Significant achievements have been made by ReGen in establishing the new *Torque* program and delivering services, in what continues to be a challenging environment which has included a period of wider AOD treatment system reform in Victoria.

Replication or adaptation of the *Torque* model in the future, such as a young-adult-focused program suggested by senior staff, would benefit from considering the range of suggestions provided during the evaluation regarding shorter program duration and/or reduced intensity. This would require consideration of changes to the model in context of the feasibility of maintaining program effectiveness and integrity, and viability in relation to time, staffing and resourcing required to deliver intensive group programs. However, the current program duration and structure has proven suitable and effective for a number of clients involved with the justice system, which suggests that no major changes are required. Further consideration is warranted on how best to communicate with stakeholders and potential referrers to ensure any concerns about the suitability of the program for justice-involved clients are addressed.

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