**Catalyst Programs**

**Catalyst (Preston), Catalyst (South East) and Torque (Coburg)**

**A Guide for Referral Services**

The Catalyst Programs are three structured non-residential programs offered by Uniting Mental Health & Alcohol and Other Drug Services.

The Catalyst Programs are a statewide service for people over 18 years who reside in Victoria. It is for people for people with problematic alcohol or substance use, either as the drug of choice or as part of a pattern of poly-substance use. The program is for people who have completed a withdrawal program. The program operates from Monday to Friday. Most activities are scheduled between 10am and 3pm.

Clients who benefit from the program are those who:

* Have an AOD goal to cut down or give up alcohol or other drugs
* Have recently completed an AOD withdrawal
* Are looking for the structure provided by a six week non-residential program
* Have stability in their accommodation and mental health to support engagement in program content

The period following withdrawal is a vulnerable time in which the potential for relapse is significant. The programs provide intensive post-withdrawal support. The aim is to help people develop coping skills and maintain the motivation to change their drinking or substance use behaviour at a time when it is very challenging to stay on track. We do not impose sanctions on people who lapse; however, people cannot attend the program if substance affected. Prescribed medications and pharmacotherapies for any drug are recognised as acceptable treatment interventions.

The Catalyst programs are delivered over six weeks and consist of individual Motivational Enhancement Therapy, structured psychosocial groups, as well as complementary sessions including art therapy, yoga, financial counselling, peer support and nutrition. Assessment, goal setting and coordinated service linkages are core components of the program. Where indicated, involvement of families or significant others is encouraged.

The Catalyst Programs are made up of three programs operating across Melbourne - Catalyst (Preston), Catalyst (South East) and Torque (Coburg). Torque is for clients involved in the justice system.

Uniting is a Sponsor Agency for Fines Victoria Work and Development Permit (WDP) scheme and all 3 programs allows an eligible person to work off their infringement debt by participating in certain activities including treatment. If the eligible person is engaging in treatment they can work off money each month for this treatment.

### Eligibility Criteria

* A recent withdrawal treatment completed prior to Catalyst start date.
* Commitment to abstinence from alcohol or other substances for the duration of the program.
* Stable accommodation to facilitate attendance.
* Stable mental health.
* Basic English literacy skills.
* Client must not have a significant intellectual or cognitive impairment that would prevent program participation.

### Information Required from Referral Source

* Copy of Alcohol and Other Drug Comprehensive Assessment no older than three months.
* Copy of Victorian AOD Intake Tool no older than three months.
* Copy of Self-Completion Form no older than three months.
* List of current supports and contact information.
* Consent to Release Information with Catalyst Program and other key service providers.
* Development of a withdrawal and interim support plan in collaboration with the client.

### What is an Interim Support Plan?

The plan is likely to include things like:

* Identifying key support people, e.g., family member/partner, AA sponsor, counsellor, friend, telephone support services, etc.
* Referral options for family and significant others if indicated.
* Possible referral to a Post Withdrawal Support Worker who can provide support for up to six weeks post withdrawal. This might include linkage to other services the client may need.
* Preparation of things that need to be organised before starting the Catalyst Program, e.g., medical appointments, transport, assessments, childcare, rescheduling of appointments or time off work.

**How to Make a Referral?**

Send referral form to relevant program email.

Torque program: regen-torqueintake@vt.uniting.org

Catalyst program: regen-catalystintake@vt.uniting.org

South East Catalyst program: regen-secatalystintake@vt.uniting.org

**Catalyst Programs –Catalyst (Preston and South East) and Torque (Coburg)**

**Referral Form**

**Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of referral | Click or tap to enter a date. | Service | Click or tap here to enter text. |
| Referrer’s name | Click or tap here to enter text. | Telephone | Click or tap here to enter text. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client name | Click or tap here to enter text. | | | | | Date of birth | | | Click or tap to enter a date. | |
| Gender identity | |  |  |  | | --- | --- | --- | | Male | Nonbinary | | | Female | Other - \_\_\_\_\_\_\_\_\_ |  | |  |  |  | | | | | | | | | | |
| Do you identify as trans? | | | |  |  |  | | --- | --- | --- | | Yes | No Prefer not to say |  | |  |  |  | | | | | | | | |
| Pronouns | Click or tap here to enter text. | | | | | | | | | |
| Aboriginal or Torres Strait Islander | |  |  |  | | --- | --- | --- | | Aboriginal | Torres Strait Islander | | | Both Aboriginal and Torres Strait Islander | |  | | Neither Aboriginal nor Torres Strait Islander | | Decline to answer | | | | | | | | | | |
| Address | Click or tap here to enter text. | | | | Postcode | | Click or tap here to enter text. | | | |
| Telephone | Click or tap here to enter text. | Permission to leave message | | | | | | Yes No  Discretion required | | |
| Email address | Click or tap here to enter text. | | | | | | | | | |
| Forensic/ongoing legal matters | | | | |  |  | | --- | --- | | Yes | No | | | | | | | |
| Emergency contact | Click or tap here to enter text. | | | Phone | | | | | | Click or tap here to enter text. |
| Relationship to client | | | | | | Click or tap here to enter text. |

**Client details**

|  |
| --- |
| **Please comment on withdrawal needs and any pharmacotheraphy information:** |
| Click or tap here to enter text. |

|  |
| --- |
| Please comment on client’s Stage of Change regarding substance use: |
| Click or tap here to enter text.   |  |  |  | | --- | --- | --- | | **Pre-contemplative**  Not aware of having problem | **Contemplative**  Considering behaviour change | **Preparation**  Preparing to make changes | | **Action**  Ready to take action now or have done so recently | **Maintenance**  Looking for strengths to maintain changed behaviour | **Relapse**  Resuming AOD use after a period of abstinence | |

**All medical, health and welfare professionals involved in client’s care**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role** | **Service** | **Contact details** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Risk issues**

|  |
| --- |
| **Please comment on history of suicidal ideation/behaviour; harm to self or others; and/or any physical health risks:** |
| Click or tap here to enter text.  None stated |

**Family violence**

|  |
| --- |
| **Please comment on family violence risk. (FVIOs to be provided where relevant)** |
| Click or tap here to enter text.  FVIO included |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of clinical review | Click or tap to enter a date. | Clinical consultant | | Click or tap here to enter text. | |
| Withdrawal service/plan and interim withdrawal plan | | | | | |
| Click or tap here to enter text. | | | | | |
| Pharmacotheraphy type | Click or tap here to enter text. | | Dose | | Click or tap here to enter text. |
| Commencement date | Click or tap to enter a date. | | Prescriber details | | Click or tap here to enter text. |

**Summary**

**Check list**

|  |  |  |
| --- | --- | --- |
| Withdrawal planned or completed | Mental state stable | Accommodation stable |
| Committed to abstinence for duration of program | | Basic English literacy |
| No significant cognitive impairment | |  |
| **Documents needed to activate referral** | | |
| AOD Comprehensive Assessment | Intake Tool | Self-Completion form |
| Release of Information | Legal documents (if applicable)  FVIOs | |