



## **Building the evidence of the value of non government drug and alcohol treatment – it's not just about data collection**

### **Introduction**

The Network of Alcohol and Other Drugs Agencies (NADA) is the peak body for the non government drug and alcohol sector in NSW. NADA's membership comprises approximately 115 agencies ranging from health promotion, early intervention, and treatment and after-care programs. These agencies are diverse in their approach to service delivery and structure and make up approximately one third of the drug and alcohol sector in NSW. NADA's mission is to support non government drug and alcohol agencies in NSW to reduce the drug and alcohol related harm to individuals, families and the community.

As a peak body, NADA's core function areas are representation and advocacy for the non government drug and alcohol sector. In recent years, NADA has secured additional funding to undertake a range of projects which focus on building the capacity of the sector and its workforce and providing support services. One such support service is the NADA information technology project. Both state and federal governments have required drug and alcohol services to collect a minimum data set (MDS) since 2000. As a practical solution for the non government sector in NSW, NADA offers its member agencies an online database for collection of the NSW Minimum Data Set for Drug and Alcohol Treatment Services and National Illicit Drug Strategy reporting. NADA also provides agency training, ongoing user support and system updates as required.

In 2008, NADA was funded through NSW Health to undertake a four year project to improve the measurement of treatment outcomes for clients presenting to non government drug and alcohol NGOs with co-occurring drug and alcohol and mental health problems, titled the **NGO Drug and Alcohol and Mental Health Information Management Project**.

The objective of this project is to develop and implement a system for routine measurement of client outcomes with non government drug and alcohol treatment organisations. The foundation of the system is an online data collection instrument which includes specific outcome measures. This will build upon the existing online data collection platform and IT support service provided by NADA. The project will build the capacity of agencies to measure outcomes for clients with drug and alcohol and mental health issues and use this outcome information on a number of levels including individual client treatment planning, agency service/program development and sector-wide advocacy, planning and policy development.

The target outcomes for the project are:

1. Increased numbers of organisations involved in routine client treatment outcome measuring; and
2. Improved sector understanding and use of routine client treatment outcome measure data in drug and alcohol service delivery and planning.

This paper will discuss the broader outcomes and implications envisaged for this project beyond a system that simply collects useful client data towards organisations and a sector that has a convincing body of evidence on the effectiveness of the services they provide that can be used in advocacy, funding submissions and internal review, evaluation and continuous improvement. Aspects of the project's methodology including the development of an evaluation framework which will feed into the project's implementation will also be covered.

### **Scope of and rationale for the project**

The rationale for implementing a system for measuring routine treatment outcomes is based on a number of interrelated factors. Such a system can provide information that can be used to monitor the quality of care provided to clients, contribute to program and service delivery quality improvement, inform decisions on program and treatment system accountability and resource allocation and contribute to the body of health services research<sup>i</sup>.

As NADA is a member based organisation, a primary aim of this project is that improvements to information management processes will result in better ways of monitoring the quality of client care in NADA member organisations and that an information source will exist for agencies that can contribute to service and program development including funding submissions and advocacy. Despite the recognition that the presentation of co-morbid mental health and drug and alcohol problems is increasingly common<sup>ii</sup> and often places different demands on a service to meet the client's needs,<sup>iii</sup> information on a client's mental health and social functioning is not routinely collected by the drug and alcohol sector (both government and non-government). In fact, apart from the drug and alcohol MDS, there is no standard data, service or outcome measures used.

The sustainability of the non government sector and the increasing compliance, reporting and accountability demands placed on member organisations through multiple funding bodies are major policy and advocacy issues for NADA. Organisations are under pressure to demonstrate objective treatment outcomes yet their funding does not support sophisticated research and information technology roles to assist in treatment outcome measurement.

The treatment outcomes data collection system to be developed by NADA will provide a user friendly system that will not require organisations to undergo extensive familiarisation training. A workforce and sector development strategy will accompany the rollout of the data collection system in order to develop the sector's understanding of the meaning and value of client outcome measurement and how it can be utilised to the benefit of individual organisations and the sector as a whole. Once established, it is also envisaged that agencies will be able to use this data to undertake research, contributing to the evidence base for the drug and alcohol sector.

### **Sector strengths and challenges**

The development of the non government drug and alcohol sector in NSW has been influenced by a number of factors which can be seen in the diversity of the sector at present. Some organisations have evolved through grassroots community advocacy and responding to community need, some through targeted government funding while others are part of larger charitable organisations with a range of social welfare programs. While organisations' income come through a range of sources including fundraising, private donations, client contributions

and government grants, it is the latter source which has increased with a large injection of funds into the sector in the last decade, particularly as a result of the NSW Alcohol Summit (2003) and the NSW Drug Summit (1999), and more recently with both state and federal funds to improve mental health service delivery across the health and community sector.

As such, the broader state and federal policy context now has an increased impact on the sector as many organisations receive program funding from both state and federal governments, and from multiple departments within those governments. Priority areas for program and service delivery are also largely influenced by state and federal policies and politics. While the sector has benefitted from increased funding, reporting and compliance burden in the sector is now a major area of concern. A tension exists as organisations hold multiple contracts for different aspects of service delivery yet aim to provide a cohesive and well integrated service to their clients. Government grants do not adequately cover operational and business management functions of the organisation, nor program evaluation and research. Additionally, the competitive tendering model of funding non government organisations can stifle collaboration and the sense of community within the sector.

Some positive aspects of the sector are its ability to provide targeted services that matter to local communities and to maintain community/client connectedness. Without the over politicisation and bureaucracy of government service provision, the non government sector has greater flexibility and adaptability in responding to current client needs. And whilst funds may be thin on the ground at times, the freedom for innovation is greater, often achieving 'more for less'. Perhaps out of need, desire, and/or recognising the value, the sector develops partnerships that support improved service delivery for its clients.

Of significance for the NSW non government drug and alcohol sector in recent times, is the increasing professionalism of the workforce. Nearly 40% have a degree and/or post graduate qualification and approximately a third has a specialist drug and alcohol qualification, including focused courses such as Masters of Addiction Studies<sup>iv</sup>. And while recruitment continues as an issue for much of the community sector, the NSW non government drug and alcohol sector seems able to retain the existing workforce well. Both of these workforce factors provide an opportune time for the sector to build on outcome and evaluation measuring with a qualified and stable workforce.

The current status of the sector also presents a number of challenges that need to be considered in the planning and implementation of this project. These include the hands-on, client focussed approach of the sector and current information management strategies and knowledge, particularly in the area of outcome measurement.

Traditionally, the sector has a strong client focus with the emphasis on service delivery and support to clients. This has often been to the detriment of robust management and governance processes and systematic service planning and evaluation. As mentioned above, the client focus and community connectedness of the non government drug and alcohol service is also a major strength of the sector but strong service management and strategic planning is a crucial element in providing quality services and ongoing sustainability. To address this, there has been a lot of work undertaken in the past five years in relation to formal quality improvement programs, with most of the non government drug and alcohol sector engaged with formal quality improvement providers. There have also been many partnerships developed between service providers and research institutes that support the development of research into, and evidence of, the effectiveness of the non government drug and alcohol sector.

However, there is a wide variance in knowledge about outcome measurement and information management systems in the sector. Some agencies have a limited understanding of treatment outcome measurement and the potential uses of client data so may not see the relevance of this project to their organisation. At the other end of the spectrum, there are agencies that have systems that capture a wide range of client information including outcome information in addition to the mandatory MDS. There are however, currently no consistent or standard measures used in the sector to collect outcome information.

In considering these challenges, the project implementation will include the following strategies. NADA will undertake a comprehensive consultation process in Stage One of this project to gather information on current IT and data collection systems and skills, as well as current use of screening, assessment and outcome measures in the sector. This information will inform the data collection system, and support and education activities including introductory preparatory meetings with agencies who wish to take up the system, group training and information sessions and individual agency support to explain and demonstrate the benefits of improved information management. The benefits include the collection of better information to inform and improve service delivery for clients and provide better evidence of service delivery outcomes for advocacy to funders and policy makers.

### **Approach to the Project**

A key activity of the establishment and consultation phase of the project has been the development of a detailed **evaluation framework** for the project lifespan. Evaluation of this project is important as it aims to go beyond simply developing a database to increasing the capacity of service providers, service managers, staff and NADA to collect and use information to build a body of evidence that informs service improvement, advocacy and policy development. The evaluation framework was developed based on a workshop with the project advisory committee to identify clear and appropriate goals for the project, identify the range of project stakeholders who have a role to play or are affected by the project results and identify those performance measures which will indicate:

1. How much did we do?
2. How well did we do it?
3. Is anybody better off?

Question three is particularly important as it addresses the outcomes of the project and the effect of project activities, not just the effort put in.

The evaluation methodology is based on an action research, continuous improvement model that will generate a number of reports over the course of the Project. A Results Based Accountability framework<sup>v</sup> is being used as the basis of the approach.

The methodology will use a mix of qualitative and quantitative data gathering instruments including baseline and follow up written questionnaires completed by participant organisations, focus groups with NGO staff in the participant organisations, interviews with relevant NADA project staff and other key stakeholders and the outcomes of routine NADA and project feedback including end of training evaluation sheets.

Interim and final evaluation reports will be developed for both the pilot and state-wide rollout stages of the project and a baseline questionnaire was conducted as part of the establishment

and consultation phase also. Each report will contain findings, conclusions and recommended next steps that will feed into the project's next stage.

### **The client treatment outcomes data collection set**

NADA completed a consultation process working closely with its member agencies and other key project stakeholders to identify the most appropriate screening, assessment and outcome measures and also provide further information on existing data collection systems and measures and the way client data is used.

The choice of measures included in the data collection set is an important aspect of this project. The measures should not only assist agencies to collect client information and identify client needs at intake and/or early assessment but also support agencies to monitor a client's progress through treatment, inform treatment planning and collect evidence on the effectiveness or success of treatment in influencing positive changes in a client's life. The measures should also allow information to be collected that is useful for both organisational and sector-wide service delivery planning.

A decision on the measures chosen for this project was informed by two main activities:

1. A researcher was contracted to undertake a critical review of screening, assessment and outcome measures that may be used in drug and alcohol service delivery. The review included standardised tools that can be used to measure treatment outcomes and to screen and assess for mental health symptoms and conditions, drug and alcohol use and disorders and general functioning. Information on a variety of tools' psychometric properties, availability, applicability and accessibility was included in order to guide the project (and also the drug and alcohol sector more broadly) on the tools that may be most appropriate to use based on their strengths and limitations.
2. A comprehensive baseline questionnaire was conducted in June 2009 with the NADA membership to gather information on how client data is collected and used by NGO drug and alcohol treatment services. Information was collected on four main areas: Service/staffing profile, systems profile, client data collection and use and service capacity.

A decision on the measures to be included in the database for this project was made at a working group meeting of the project advisory committee. The project advisory committee consists of representation from the NADA membership, NSW Health and from a range of external experts in the area of research, data management, mental health, and drug and alcohol policy and service delivery.

This meeting was guided by a discussion paper developed by the NADA Project Manager which incorporated results from the membership consultation survey (approximately 43% of the NADA membership responded to this questionnaire) and the review of screening, assessment and outcome measure research report.

### **Next stages**

The next stages of the project includes developing the client treatment outcomes database and supporting resources such as training materials, a user guide and data dictionary. The system will

then be piloted with a flagship group of member agencies representing services of different sizes and treatment modalities. Communication is also an important part of project implementation to ensure that NADA members and key stakeholders are kept up-to-date on project activities and achievements and also to secure input from members and key stakeholders on activities. The evaluation of the pilot stage will inform the sector-wide rollout and the broader strategy of developing the sector's understanding of outcome measurement and its uses.

Ultimately, the project aims to develop and support a culture of evaluation and service improvement in the non government drug and alcohol sector through the improved use of client data. It has a number of potential implications in term of influencing policy and advocacy processes, sector-driven research, funding and service provision. For NADA also, this project has been funded in a manner which supports detailed planning and evaluation processes so it is important also that NADA documents the model of project implementation and evaluation and uses this information to inform future activities and service planning.

By demonstrating both the process and outcomes of this project, we hope to show that funding and undertaking evaluation is 'value for money'.

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<sup>i</sup> Copeland, J., Rush, B., Reid, A., Clement, N. & Conroy, A. (2000). Alcohol and other drug treatment: Predictors of outcome & routine monitoring. (NDARC Monograph 45). Sydney, Australia: National Drug and Alcohol Research Centre.

<sup>ii</sup> Teesson, M. and Byrnes, L. (eds.) (National Drug and Alcohol Research Centre) (2004). Comorbid mental disorders and substance use disorders: Epidemiology, prevention and treatment. Canberra, Australia: Australian Government Department of Health and Ageing

<sup>iii</sup> Network of Alcohol and other Drug Agencies (2008). NSW Alcohol and Other Drug Non Government Sector Workforce Profile and Issues. Sydney, Australia: NADA

<sup>iv</sup> *ibid*

<sup>v</sup> See Friedman, M. (2005). Trying hard is not good enough: How to produce measurable improvements for customers and communities. Canada: Trafford Publishing.