EJD Consulting and Associates

PILOT EVALUATION REPORT

NGO
DRUG AND ALCOHOL AND MENTAL HEALTH
INFORMATION MANAGEMENT PROJECT

for

Network of Alcohol and other Drugs Agencies

May 2011

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- Acknowledgements-

EJD Consulting and Associates wish to acknowledge and thank all those who participated in the pilot evaluation.

Special thanks to the staff in each of the pilot organisations who generously provided their time and insights on the tool. Also sincere thanks to Jo Khoo, then Project Manager at NADA, whose commitment to the Project, and to this evaluation, was unwavering.

Edwina Deakin
May 2011

EXECUTIVE SUMMARY

In 2008 NADA commenced implementation of its NGO Drug and Alcohol and Mental Health Information Management Project. The four year project, funded by NSW Health as part of the New Direction in Mental Health strategy, aimed to deliver: a treatment outcome measuring tool for use by NSW non-government drug and alcohol organisations; an online data collection system for the capture and reporting of treatment outcomes; and resources to support the implementation process.

The initial phase of the Project involved 10 NADA member organisations receiving training and agreeing to implement the assessment tool as part of a pilot. By the beginning of 2011, 7 of the 10 organisations had successfully implemented the tool and reported a range of positive outcomes as a result. These included more rigorous and consistent client assessment, improved engagement of clients in their treatment progress, and better information sharing and collaboration between staff.

The independent evaluation of the pilot conducted by EJD Consulting and Associates found that NADA had provided strong leadership and direction to each pilot organisation. Through sound research, the delivery of quality training, the development of a comprehensive set of resources, plus making themselves available to organisations and staff to assist with specific queries, NADA's support was critical to the Project's development and implementation.

While the evaluators recommend a number of minor amendments and enhancements to the tool, the supporting resources, and the training and support provided, overall the pilot was found to be successful in meeting its aim of developing and implementing an effective online data collection system relevant to the NSW non-government organisation drug and alcohol sector. Based on the success of the pilot, the evaluators recommend the ongoing roll out of the tool using a tranche-based implementation model, involving 10 to 12 providers being trained and supported by NADA for a minimum of four to six months. They also recommend the extension of the state-wide implementation phase until mid-2013 to enable sufficient support to be delivered to organisations in the establishment phase, utilising NADA's established continuous improvement processes.

REPORT

1. INTRODUCTION AND PURPOSE OF EVALUATION

In 2008 the Network of Alcohol and Other Drugs Agencies (NADA) received funding under NSW Health's *A New Direction in Mental Health* strategy to undertake an information management project with non-government D&A treatment organisations in NSW.

The four year project will develop and implement a system for measuring client treatment outcomes related to their D&A use, mental health and general health and social functioning. Organisations funded by NSW Health are a specific focus of the project.

The full title of the Project is the NGO Drug and Alcohol and Mental Health Information Management Project (hereafter the Project).

In early 2009 NADA contracted EJD Consulting and Associates to design an evaluation framework for the Project. Subsequently EJD Consulting was also contracted to undertake the evaluation of the Project. The aim of the evaluation is to:

1) Collect and analyse implementation data and stakeholder feedback as part of a continuous improvement, action research model;

2) Prepare a final independent evaluation report on the overall success of the Project to inform future decision making.

What follows is an evaluation of the initial pilot phase of the Project, covering the period from early 2010 until March 2011. It primarily focuses on the impacts and outcomes of 7 non-government D&A organisations that took part in the pilot and agreed to participate in the Project training and implementation.

2. BACKGROUND

2.1 About NADA and its members

NADA is the peak organisation for the non-government D&A sector in NSW and is primarily funded through NSW Health. NADA has approximately 100 members providing D&A health promotion, early intervention, treatment, and aftercare programs. These organisations are diverse in their philosophy and approach to D&A service delivery and structure. NADA's goal is *'to support non-government D&A organisations in NSW to reduce the alcohol and drug related harm to individuals, families and the community'.*

The NADA program consists of sector representation and advocacy, workforce development, information/data management, governance and management support and a range of capacity development initiatives. NADA is governed by a Board of Directors primarily elected from the NADA membership and holds accreditation with the Australian Council on Health Care Standards (ACHS) until 2014. The Project is linked to each of these organisational aims, and in particular to the first aim focusing on strengthening the sector.

2.2 Comorbidity and data collection

The association between mental health and D&A misuse in the community is well recognised. In recent years there has been an increasing focus on how best to identify and work with people with co-existing drug and alcohol and mental health issues in D&A treatment settings. These individuals are often referred to as clients with comorbidity.

Increased understanding of comorbidity in the community has benefited the D&A sector with recognition of the complexities of working with this client group. In many instances this has lead to increases in funding, resources and workforce development though initiatives such as the Commonwealth's *Improved Services for People with Drug and Alcohol Problems and Mental Illness* and the NSW Health's *A New Direction in Mental Health*. Both these initiatives have components that go toward improving data collection systems and treatment outcome measurement.

When done effectively, the collection of client outcome data can be used for a variety of purposes including clinical decision making with clients, service and staff planning, service monitoring, quality improvement, and reporting. However, it should be noted that there are resourcing impacts associated with data collection and compliance costs linked to additional reporting.

Across a range of sectors it is recognised that there is significant variation in the intake, screening and assessment processes used for clients with D&A and mental health issues. There is also variation in the way in which treatment and care plans are developed based on available data with respect to a client's D&A use, mental health issues or both. For example, in general, comprehensive comorbidity and mental health specific client information is not routinely collected by the D&A sector despite the fact that a large proportion of clients are reported to have symptoms of mental illness in addition to their D&A use issues.

Numerous screening, assessment and outcome tools are used but the challenge for many service providers is to identify what tools are best suited for them and their clients. There are also questions relating to how to train staff in the effective use of various tools, as well as how to record and use the information collected.

Since 2003-04 there has been an injection of funds from national and state funding agencies aimed at improving service coordination and treatment outcomes for individuals with comorbidity issues. Many strategies and pilot initiatives have been developed and implemented that go towards meeting these goals, within government agencies, and also across the NGO sector.

One such strategy, the National Comorbidity Initiative, identified that there is a range of data sets that describe comorbidity and the types of services accessed by this client group, but that the area of assessing client outcomes was not universally well addressed.

Nonetheless at both national and state levels there is a growing focus on the quality of care being delivered to clients. This corresponds to a growing expectation for service providers across all sectors to align their practices with evidence based or evidence informed practice and treatment outcomes.

2.3 Information management in NGO D&A sector

In 1999 the NSW Drug Summit endorsed the implementation of a minimum data collection as part of a coordinated strategy to collect consistent information on D&A services in NSW.

Since 2000, all NSW Health funded agencies have collected and reported on a set of common client and service measures known as the NSW Minimum Data Set (MDS). Some organisations have also adopted established tools while others have developed their own data sets for use at a local level.

For the D&A sector as a whole, apart from MDS, there are no standard data, service or outcome measures currently in use. Further, there is variance in how services collect, record, store and ultimately use data. For example NADA has identified that some organisations collect only required data items (such as MDS), some collect data in addition to that required for compliance purposes but do not appear to make extensive use of the data, while others use some of the data for their own planning purposes.

These differences across the NGO sector present a number of challenges. For example, it can limit the understanding of the client groups being serviced, what services are being provided, and what the impacts of these services are. It can also affect the sector's capacity to advocate for more appropriate resources and areas of priority.

The variation in data collection and management practices across the sector may be attributed to many factors. These include the range and level of intensity of services provided, the resources available to collect, store and analyse data, the capacity of staff to identify and use relevant tools, and the levels of understanding as to how data can support an organisation's planning and advocacy.

It is within the context of these diverse information management practices that the NADA Information Management Project was developed.

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3. ABOUT THE PROJECT

3.1 Origins of the project

In 2008 NADA received a grant under NSW Health's *A New Direction in Mental Health* strategy to undertake an information management project over a four year period with non-government D&A treatment organisations in NSW.

The goal of the Project is to build the capacity of agencies to assess and measure outcomes for clients with D&A and mental health issues.

3.2 Aims

The Project aims to improve the measurement of treatment outcomes for people presenting to non-government D&A treatment agencies. Specifically the Project aims to:

- Increase the numbers of organisations involved in routine treatment outcome measurement; and
- Improve sector understanding and use of routine treatment outcome measure data in D&A service delivery and planning.

3.3 Objectives

The prime objective of the Project is to develop, trial and implement a system for measuring client outcomes with NGO D&A treatment organisations. In particular the Project will deliver:

- A treatment outcome measuring tool for use by NGO D&A organisations;
- An online data collection system for the capture and reporting of treatment outcomes; and
- Resources to support the use of routine treatment outcome measures and the online data collection system (for example through user guides, templates and staff training).

The formal title of the combined Project deliverables is the Treatment Outcomes Data Collection System. In this report it is frequently referred to as the tool, reflecting both

the instrument used in conducting assessments together with the other data analysis components as well.

3.4 Timeframes and target audiences

The Project commenced in late 2008 and is due to conclude in 2012.

The target group for the Project is NGO D&A treatment services in NSW. There will be a specific focus on those organisations funded by NSW Health.

The initial Project plan comprised up to 10 NSW Health funded NGO D&A services participating in the initial pilot phase of the Project. Once pilot tools and systems were trialled and evaluated, the plan outlined a second and final phase of the Project potentially involving all other Health funded NGO D&A treatment services in NSW.

3.5 Staffing and management arrangements

NADA is responsible for the Project's management and implementation and for complying with the Funding and Performance Agreement signed with NSW Health.

A Project Advisory Group was formed at the inception of the Project. It comprises external experts with backgrounds in research, data management, mental health and D&A policy and service delivery, plus representation from NADA member organisations. Its role is to provide advice and guidance on Project planning and implementation. The Advisory Group will exist for the life of the Project.

From 2009 to April 2011 Jo Khoo was the Project Manager within NADA and was responsible for leading the development and implementation of the Project[1]. Kevin Lui has provided information technology (IT) support for the Project. In 2010 NADA contracted Jennifer Holmes to assist with the design and delivery of the pilot training.

Over the four year life of the Project, NADA may contract other personnel to undertake specific tasks associated with Project implementation (for example the independent evaluation- *see Section 4.*)

[1] Jo Khoo left NADA in April 2011 to take up another position. David Kelly has been appointed the new Project Manager and will commence work on the Project in June 2011.

3.6 Pilot participation

In late 2009, NADA wrote to all NSW Health funded NADA members to advise them of the commencement of the Project and to seek expressions of interest in their being part of the pilot phase.

In the initial round a total of 13 organisations nominated. Following discussions held in late 2009 and early 2010 between NADA and each nominee organisation, 10 organisations formally agreed to participate in the pilot[2]. These organisations are listed in Table 1, together with their location and current status regarding implementation.

Table 1: Pilot organisations, their location and Project status as at January 2011

Pilot Participant Organisation	Location	Project Status
Alcohol and Drug Foundation ACT (now known as Karralika Programs Inc)	Canberra*	Commenced
Calvary Alcohol and Other Drugs Service	Wagga Wagga*	Commenced
Durri Aboriginal Corporation Medical Service	Kempsey	*Not commenced*
Freeman House (St. Vincent de Paul Society)	Armidale	Commenced
GROW Rehabilitation Community	West Hoxton	Commenced
Kamira	Wyong	Commenced
Kathleen York House (The Alcohol and Drug Foundation NSW)	Glebe	*Not commenced*
Namatjira Haven	Alstonville	Commenced
Quamby House (St. Vincent de Paul Society)	Albury	Commenced
WHOS[#]	Rozelle & Hunter Valley*	Commenced

Source: NADA, March 2011

* Operating from multiple locations

\# WHOS was recruited to the Project in mid-2010. As the system was not implemented until January 2011, they have not been included in this pilot phase of the evaluation.

[2] The other potential pilot participants that initially expressed interest in the Project included Jarrah House, Malabar; Oolong House, Nowra; and DAMEC Counselling Service, Liverpool.

4. ABOUT THE EVALUATION

EJD Consulting and Associates – an independent social policy and human services research firm – was contracted in early 2009 to develop an evaluation framework for the Project. The firm was also contracted to conduct the research and prepared the various components of the staged evaluation to be undertaken between 2009 and 2012.

4.1 Evaluation aim and approach

The aim of the Project Evaluation is to:

- Collect and analyse implementation data and stakeholder feedback as part of a continuous improvement, action research model; and
- Prepare a final independent Evaluation Report on the overall success of the Project in early 2012 to inform future decision making.

Using a Results Based Accountability approach, the evaluation is designed to assess the overall success of the Project based on the degree to which a number of indicators and measures have been met. A summary of key measures are included at Attachment 1.

The Project will also be assessed on the degree to which it has met a number of broad success factors, including the Project's:

- Efficacy
- Efficiency
- Adequacy
- Appropriateness

Also included at Attachment 1 are some key questions related to each of the above factors that will be investigated over the course of the Project.

4.2 Evaluation products

In order to assess how the indicators have changed as a result of the Project, the evaluation will gather data at various stages, commencing in 2009 and concluding with the final Evaluation Report in 2012. Key products will comprise:

- Baseline Evaluation Report *September 2009 (Completed)*
- Pilot Evaluation Report *Early 2011 (This report)*
- Interim State-Wide Evaluation Report *Expected: Late 2011*
- Final Evaluation Report *Expected: Early 2012.*

This evaluation report is the Pilot Evaluation Report based on the methodology described at Section 4.4 below.

4.3 Pilot stakeholders

The primary stakeholders for the pilot evaluation were 8 NADA member organisations that participated in the pilot and introduced the outcome measurement tool as at the end of 2010 *(see Table 1)*[3].

Other stakeholders consulted included NADA staff and contractors who worked on the pilot project and training.

4.4 Methodology

As specified in the 2009 Evaluation Framework, EJD Consulting and Associates used a range of techniques to conduct the pilot evaluation. These included:

- Reviewing Project documentation including establishment papers, correspondence to participant organisations, together with tools and resources developed as part of the pilot project;
- Analysing the written feedback from each pilot training session *(see Table 2 for details);*

[3] The 8 included Kathleen York House. While this organisation had not commenced implementation, staff nevertheless provided feedback on the tool and its implementation. WHOS was not included as they did not commence implementation until early 2011.

- On 25 November 2010, conducting a focus group with pilot organisation representatives.

  The 1.5 hour focus group was facilitated by Edwina Deakin, the principal evaluator. It was attended by 10 individuals, 6 of whom were directly involved in the pilot's implementation;

- Conducting interviews with NGO D&A service coordinators and senior staff responsible for the pilot's implementation (February- March 2011)

  In total, 11 interviews provided feedback through this process;

- Interviewing the NADA Project Manager with input from some other NADA staff.

The following pilot profiles, findings and conclusions reflect the combined results of the above methodology.

* * * *

5. PILOT PROJECT PROFILES

Below are summaries of each pilot location that has commenced implementing the tool as at the end of December 2010 (n= 7)[4]. While not implemented at Kathleen York House, a case study has been included to highlight some service-specific issues and challenges.

A) Alcohol and Drug Foundation ACT *(now Karralika Programs Inc)*	
Service Description:	Alcohol and Drug Foundation ACT (ADFACT) operates from multiple locations across the Australian Capital Territory ADFACT provides case-managed rehabilitation, treatment, transition, community and employment services for substance-dependent clients, most with complex needs.
No. of Staff:	36
PROJECT TRAINING	
Training Date:	29 July 2010 & 14 September 2010
No. of Participants:	6 & 9* (In total 6 managers; 4 direct client services/ client support; 1 administrator)
Training Feedback: (n= 11 combined)	➢ All participants reported the training to be worthwhile, with all but one reporting it to be very worthwhile. ➢ The majority (8/11) reported they would definitely use the information and resources provided at the training, with 2/11 reporting they would possibly use them; 1 didn't know. ➢ The majority (7/11) reported the training would very likely lead to improvements in the work of their organisation, with 3/11 reporting it was somewhat likely; 1 was neutral. ➢ The majority (7/11) reported the training would very likely lead to improvements in their own work, with 2/11 reporting it was somewhat likely; 1 was neutral; 1 nil response.

[4] WHOS is not included as they did not commence implementing the tool until early 2011. The GROW profile is incomplete as the evaluators were unable to interview the key contact despite numerous efforts.

PROJECT IMPLEMENTATION *(ADFACT)*	
Start Date:	1 October 2010
Administration:	➢ Due to the interconnectedness of ADFACT programs and its stages, the database records only a single program, though the specific service impacts could be analysed by the dates the surveys are undertaken. ➢ Intake staff are responsible for initial data entry. ➢ Other staff then add progress reports at agreed intervals linked to clients' case plans. ➢ A service-wide protocol has been established to clarify data entry and use roles, as well as other tool related roles and responsibilities. ➢ Assessments and reviews vary with treatment program.
Benefits:	➢ The tool has delivered a standardised service-wide outcome measurement system for the first time. Previously the service had to rely on intake, qualitative data and staff reports to measure progress. ➢ The tool provides clear evidence, including in visual formats, that is proving useful to staff and clients alike. ➢ It allows staff and clients to 'talk through' progress and can help demonstrate how progress is being made over time.
Challenges:	➢ Staff are not yet routinely using assessments at key intervals and need to be reminded of the importance of doing so. ➢ When clients prematurely exit the program, exit assessments are proving difficult to undertake if the client is uncooperative. ➢ Some staff have reported difficulties in getting the report templates (for example the 6 month report) to differentiate different assessment phases. For example, in respect to severity of dependence, the results are the consequence of various service interventions, though the graphs do not appear to provide capacity to footnote why and when changes have occurred. ➢ New staff are currently being recruited so in-house training in the use of the tool will need to be instigated.

PROJECT IMPLEMENTATION *(ADFACT continued)*	
Opportunities & Next Steps:	➢ There will be more staff discussions to consolidate the use of the tool and ensure it is becoming a routine part of all the service's operations. ➢ In the future staff are proposing to generate different types of reports and graphics to analyse service impacts at key milestones. ➢ It is anticipated that various tool output and outcome reports will become a routine part of Board papers, funding submissions and service reports.

* *4 of the participants at the second training session also attended the first session. These individuals did not complete the training evaluation at the 14 September session.*

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B) Calvary Alcohol and Other Drugs Service	
Service Description:	Part of the Calvary Health Care Riverina Group, the Calvary Alcohol and Other Drugs Service provides a 10 bed detoxification and motivation unit (O'Connor House), the Peppers Illicit Drug community residential program, a home detoxification and transitional support service, plus the Wagga based COPE day program offering intensive drug education, support and treatment.
No. of Staff:	15
PROJECT TRAINING	
Training Date:	1 July 2010
No. of Participants:	9 (1 manager; 8 direct client services/ client support)
Training Feedback: (n= 8)	➢ All participants reported the training to be worthwhile, with all but one reporting it to be very worthwhile. ➢ The majority (7/8) reported they would definitely use the information and resources provided at the training, with 1 reporting they would possibly use them. ➢ The majority (5/8) reported the training would very likely lead to improvements in the work of their organisation, with 3/8 reporting it was somewhat likely. ➢ Half (4/8) reported the training would very likely lead to improvements in their own work, with half reporting it was somewhat likely.
PROJECT IMPLEMENTATION	
Start Date:	July 2010
Administration:	➢ The main administrative change was modifying the intake assessment forms. This was done within the two weeks after the training. ➢ All staff are responsible for intake assessments and discharge assessments using the tool. ➢ Only the Mental Health Coordinator is responsible for the follow-up assessment one month after discharge *(see end comment).*

***PROJECT IMPLEMENTATION** (Calvary continued)*	
Benefits:	➢ As the service was previously using the BTOM, the tool was found to be a significant improvement. In particular, the tool was seen to be generating better treatment measures and particularly more suitable measures in terms of clients' own assessment of their situation. As a consequence, the tool is better supporting the organisation's assessment processes overall. ➢ Staff report it to be easy to use *(noting challenges below)*. ➢ The introduction of the tool was accompanied with a change in follow-up assessments: from 3 months after discharge to one month. This is producing much better client engagement with the follow-up process *(noting challenges below)*.
Challenges:	➢ Administration of the tool was found to add approximately 15 minutes to the previous BTOM assessment. Some staff occasionally need 'persuading' to persist with it. ➢ If the tool is used as an interview-type format, staff have indicated it can be 'very monotonous'. However, staff are increasingly able to extrapolate the required information from general discussions with clients, and therefore are less reliant on the tool as a script. ➢ Like other services, staff report difficulties in getting client engagement in follow-up interviews following discharge. It was noted however that this is not a weakness of the tool per se.
Opportunities & Next Steps:	➢ At present, Calvary is not using the data with clients, nor with Board reports but both are likely once fully staffed again (*see comment below).*
OTHER ISSUES/ COMMENTS	
Since October 2010, the service has had no Mental Health Coordinator. As a result there has been no post-discharge follow-up assessment. The funding for the position was confirmed in February 2011 and once filled, the one month follow-up assessments should become routine practice once again. This should generate useful outcome data for the organisation.	

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C) Freeman House	
Service Description:	Based in Armidale in the New England region, Freeman House provides rehabilitation programs, counselling, referral, and education services. Freeman House includes a 28 bed residential D&A rehabilitation unit. It caters for male and female problem gamblers as well. Freeman House is a service of the St Vincent de Paul Society.
No. of Staff:	20
PROJECT TRAINING	
Training Date:	22 April 2010
No. of Participants:	7 (3 in direct client service/ client support; 1 administrator; incomplete information for rest of participants)
Training Feedback: (n= 5)	➢ All participants reported the training to be worthwhile, with all but one reporting it to be very worthwhile. ➢ All (5/5) reported they would definitely use the information and resources provided at the training. ➢ The majority (4/5) reported the training would very likely lead to improvements in the work of their organisation, with 1 reporting it was somewhat likely. ➢ The majority (4/5) reported the training would very likely lead to improvements in their own work, with 1 reporting it was somewhat likely.

PROJECT IMPLEMENTATION *(Freeman House)*	
Start Date:	Late April/ early May 2010
Administration:	➢ Prior to the tool being introduced, various parts of the organisation used different measurement tools including Psycheck. The key implementation change was the decision to have the tool as the standard tool for the whole organisation (including for use by clinical staff, case managers, team leaders and outreach workers). ➢ After an initial round of discussions with NADA *(see Challenges comment below)*, Freeman House agreed that intake assessment using the tool would be conducted within 7 days of clients entering the rehabilitation program, and then reviewed every 3 months. This is currently in place. ➢ Freeman House also introduced a 'Client Permission Note' so clients could consent to participate in the pilot data collection and analysis. To date no clients have refused permission.
Benefits:	➢ Having a single, standardised tool across the organisation is a key benefit. This has helped to streamline the service and assisted how clients move and progress through the different service offerings. ➢ The most significant benefit identified was the impact the tool results are having on clients. In some cases, clients have been so proud of their progress they have pinned the graphs up in their rooms. As such the tool has been interpreted as 'highly motivational'. ➢ Staff also report the benefits from being able to see the results visually. Where once they might have known or assumed they were making a difference, the visual reinforcement of the tool is proving motivational. ➢ Having all key staff trained in the use of the tool is beneficial, as when new staff or locums arrive there is ready access to others who can assist in supporting and training them. ➢ In November 2010 Freeman House prepared a report on the client outcomes using the tool. This was provided to NSW Health who was reported to be impressed not only with the service's results, but also the tool's capacity to capture and graphically illustrate this information.

***PROJECT IMPLEMENTATION** (Freeman House continued)*	
Challenges:	➢ As Freeman House was the earliest trained organisation, there was some 'back and forth' with NADA regarding what timeframes would work best for the service. Those outlined above were agreed to and seem to be working well. ➢ The service has identified and fed back to NADA some questions where the tense or wording of questions could be improved. It is understood these will be addressed in the next issue of the tool. ➢ The team leaders have identified some minor differences in how staff are asking questions at intake. To increase consistency in the administration of the tool, team leaders are proposing to conduct the initial assessment with clients, with the case worker also involved.
Opportunities & Next Steps:	➢ The tool is now considered 'part of the fabric of the organisation'. It is fully integrated with the organisation's case management processes. Staff routinely use the tool in their regular reviews with clients and their families. ➢ It is anticipated that further consolidated reports will be prepared for NSW Health and other external agencies as more clients are assessed and monitored via the tool and progress through the service. ➢ It is anticipated the first exit interviews using the tool will occur in April or May 2011.
OTHER ISSUES/ COMMENTS	
As Freeman House has been using the tool for some 9 months, and staff are confident in its use, they have indicated they are happy to provide advice and support to other D&A NGOs who may be about to implement it.	

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D) GROW Rehabilitation Community[5]	
Service Description:	Based in West Hoxton (near Liverpool), the GROW Community Rehabilitation Program provides a live-in rehabilitation program for people experiencing a mental illness alone, or mental illness coupled with substance abuse or alcohol dependence. GROW can accommodate 17 adults (male or female). Its guiding philosophy is a 12-Step Program of Recovery or Growth to Maturity through shared learning and mutual-help.
PROJECT TRAINING	
Training Date:	19 August 2010
No. of Participants:	3 (2 managers; 1 direct client services/ client support)
Training Feedback: (n= 3)	➢ All participants (3/3) reported the training to be very worthwhile. ➢ All reported they would definitely use the information and resources provided at the training. ➢ All reported the training would very likely lead to improvements in the work of their organisation. ➢ 1 reported the training would very likely lead to improvements in their own work, with 2 reporting it was somewhat likely.
PROJECT IMPLEMENTATION	
See footnote below.	

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[5] This profile is incomplete because at the time of printing GROW's key contact was not available to participate in an evaluation interview. Feedback from the organisation was gathered on many other issues as key staff actively participated in the focus group held in November 2010.

E) Kamira	
Service Description:	Based in Wyong, on the Central Coast of NSW, Kamira provides D&A treatment for women with or without children. Kamira offers a residential program for between 6 and 9 months depending on individual circumstances. It also offers an Outreach Counselling Service and Group Work Program across the Wyong Shire.
No. of Staff:	14
PROJECT TRAINING	
Training Date:	6 September 2010
No. of Participants:	4 (2 managers; 2 direct client services/ client support)
Training Feedback: (n= 4)	➢ All participants (4/4) reported the training to be very worthwhile. ➢ All reported they would definitely use the information and resources provided at the training. ➢ All reported the training would very likely lead to improvements in the work of their organisation. ➢ The majority (3/4) reported the training would very likely lead to improvements in their own work, with 1 reporting it was somewhat likely.
PROJECT IMPLEMENTATION	
Start Date:	September 2010, immediately following training
Administration:	➢ In order to promptly implement the tool, staff met the afternoon after the training to discuss the necessary next steps. The key change was to modify the admission forms to ensure it aligned with the tool. This was a relatively straightforward process. ➢ All five clinical staff currently use the tool as part of the admission process.

***PROJECT IMPLEMENTATION** (Kamira continued)*	
Benefits:	➢ Staff find the tool easy to use and administer. ➢ The automatic generation of scores is reported as a particular strength of the tool. (This was seen as a significant benefit as many other tools require staff to calculate the results).
Challenges:	➢ In the past staff had experienced difficulties accessing the NADA website in a timely manner. This was described as 'frustrating for staff' and had created delays in processing some admissions. ➢ As clinical staff may only process an admission every few weeks, staff are forgetting some aspects of the tool.
Opportunities & Next Steps:	➢ The service is currently undergoing an accreditation review. It was anticipated that the tool will be used to generate useful data as part of that process. ➢ Kamira's 2011 annual report is likely to include data arising from the tool. ➢ Other than comparing individual clients' progress, staff are currently not generating any supplementary graphs or comparisons. ➢ They suggested NADA provide some follow-up training on how to make greater use of the tool. This was considered very worthwhile now that staff are familiar 'with the basics'. In addition to reinforcing the original training, the advanced training could include how to generate useful diagrams and charts for Board and other uses.
OTHER ISSUES/ COMMENTS	
Kamira feedback indicated they were still in the initial implementation phase. The feedback was very positive overall with the tool reported as easy to use and useful to the organisation's operations.	

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F) Kathleen York House	
Service Description:	Based in Glebe in inner city Sydney, Kathleen York House offers a residential treatment service for women with substance use issues. The service also caters for women with children. Kathleen York House also provides transition and aftercare programs to support women as they step back into the community and recommence independent living.
No. of Staff:	13 (2 full-time)
PROJECT TRAINING	
Training Date:	12 August 2010
No. of Participants:	4 (1 manager; 3 direct client services/ client support)
Training Feedback: (n=4)	➢ All participants reported the training to be worthwhile, with all but one reporting it to be very worthwhile. ➢ All (4/4) reported that they would definitely use the information and resources provided at the training. ➢ All reported the training would very likely lead to improvements in the work of their organisation. ➢ The majority (3/4) reported the training would very likely lead to improvements in their own work, with 1 reporting it was somewhat likely.

PROJECT IMPLEMENTATION *(Kathleen York House)*	
Start Date:	*Not implemented*
Administration:	Following the training, NADA staff had numerous discussions with staff in Kathleen York House regarding how the tool might best be implemented, given the nature of the service. While options were considered, the service resolved to withdraw from the pilot and not proceed with the tool's implementation. The reasons for this included: ➢ In 2010 the service was in the process of introducing an electronic case management system which required staff to move away from hand-written to computer-based records. This required various staff training activities as well as a major cultural change in the organisation. ➢ The service was already part of at least two other initiatives, one being the Improved Services Initiative (ISI). With only 2 full-time staff, these occupied considerable amounts of staff time. It was thought that staff effort could be better directed to ensuring the success of current initiatives rather than adding a new reform. ➢ Prior to the establishment of the NADA pilot, the Board had established an Outcomes Sub-Committee with the aim of developing a measurement tool specifically suited to the organisation. Two academics with expertise in this area were part of the Committee. While initially the NADA pilot was hoped to complement their focus, in the end it was resolved that they would design and implement a stand-alone system that was specifically tailored to their service's needs. As at March 2011, the new system was not yet implemented.

PROJECT IMPLEMENTATION *(Kathleen York House continued)*	
Benefits:	While the NADA tool was not implemented in the service, specific benefits identified by staff included: ➢ The tool is computer-based and can generate data relatively easily. ➢ The tool was an improvement of input and output measures used in the MDS (which cannot document actual outcomes). ➢ The tool includes useful sections on key issues relevant to the service including in particular: o Severity of dependence o Physical health o Quality of life ➢ At some point, Kathleen York House may add some of these questions into their custom-built assessment tool.
Challenges:	In addition to the challenges list above *(see Administration),* the tool was found to have a number of weaknesses given the service size and type. These included: ➢ The service had very few clients (compared to other providers) and very few staff. The reporting of outcomes was therefore always going to be small. ➢ The tool was found to generate insufficient information to inform particular types of treatment planning. More detail and 'subtle' measures in areas such as mental health status and quality of life were needed. ➢ The tool includes less information than required in terms of parenting stress and children-specific issues. This was seen as vital to the service. ➢ Given the long term, abstinence-based nature of the service's programs, the severity of dependence measures were reported to be highly useful at intake and exit, but not during treatment. ➢ In general, the service thought the use of a 'generic' tool would continue to 'jar with' the service's unique culture and operations.

PROJECT IMPLEMENTATION *(Kathleen York House continued)*	
Opportunities & Next Steps:	➢ At this stage, the service is not proposing to implement the tool. However, staff have indicated that they may potentially add individual components of the tool to their custom designed system, should that need or gap be identified.
OTHER ISSUES/ COMMENTS	
Staff from Kathleen York House commented they regretted committing to the NADA pilot and then not being able to follow-through. However they also noted they needed to ensure that they only undertook what was in the best interests of their clients and their staff. At this stage, they believe a custom designed measurement system, rather than a generic instrument such as the NADA tool, is most likely to deliver this.	

* * * *

G) Namatjira Haven	
Service Description:	Based in Alstonville in Northern NSW, Namatjira Haven Aboriginal D&A healing centre offers a residential rehabilitation program for indigenous men who wish to remain drug and alcohol free. The Centre provides assessment; life skills training; D&A rehabilitation and counselling; plus a recovery program for alcohol and other drug misuse.
No. of Staff:	17
PROJECT TRAINING	
Training Date:	8 July 2010
No. of Participants:	1 (1 manager)
Training Feedback:	• No written feedback gathered
PROJECT IMPLEMENTATION	
Start Date:	October 2010
Administration:	➢ In order to commence implementing the tool, the Coordinator designated one staff member to be responsible for all client assessments and follow-ups. The same individual is also responsible for all data entry. ➢ At this stage case workers are not using the tool, though the intention is that this will occur in the future when the benefits of its use can be further demonstrated.

***PROJECT IMPLEMENTATION** (Namatjira continued)*	
Benefits:	➢ The tool is relatively easy to use. ➢ When conducting the follow-up assessments, changes to individual clients 'can actually be seen' which was described as being 'potentially very useful' as it showed 'the staff were making a difference'. (There was a query as to whether this visual aid would be as meaningful to clients as this had not been done at this stage).
Challenges:	➢ Currently case managers do not 'own' the tool and in general are not using it as part of their client engagement or practice. They use other tools and processes and at this stage the NADA tool is seen as an 'add-on'. ➢ Some staff were concerned about the time it took to administer and then re-administer the tool. ➢ Some clients have reportedly found some of the questions 'too confronting' regarding their life and circumstances. The assessor reported however, that when the purpose was explained to them, this was not usually a lasting barrier to clients giving feedback. ➢ As with other services, exit interviews have proven very difficult to gather. For example, since the start of the Project only 1 out of approximately 20 clients have completed the exit assessment.
Opportunities & Next Steps:	➢ The service acknowledges the tool needs to be more consistently used with all clients and at more regular intervals. ➢ There are also plans to try to get all case workers more involved in the tool and using it in assisting clients to set goals and to then assess the changes.
OTHER ISSUES/ COMMENTS	
It is likely the tool will be further integrated into Namatjira's operations during 2011, with the Coordinator playing an active role in facilitating this.	

* * * *

H) Quamby House	
Service Description:	Operating in Albury NSW, Quamby House provides crisis and transitional accommodation to up to 34 homeless men aged from 18 years of age, most with substance abuse and other complex needs. Quamby House is part of the St. Vincent de Paul service network.
No. of Staff:	12
PROJECT TRAINING	
Training Date:	23 September 2010
No. of Participants:	6 (1 manager; 4 direct client services/ client support; 1 administrator)
Training Feedback: (n= 6)	➢ All participants (6/6) reported the training to be very worthwhile. ➢ All reported they would definitely use the information and resources provided at the training. ➢ Half (3/6) reported the training would very likely lead to improvements in the work of their organisation; half reported it was somewhat likely. ➢ The majority (4/6) reported the training would very likely lead to improvements in their own work, with 2 reporting it was somewhat likely.

PROJECT IMPLEMENTATION *(Quamby House)*	
Start Date:	October 2010
Administration:	➢ The main implementation issues were: o Integrating the tool into the first assessments processes undertaken by case workers o Upgrading the IT system to enable the data to be collected and managed ➢ The tool is currently administered by case workers as part of their initial intake (usually within the first 5 days in the service). It is then followed up after 3 or 4 weeks. ➢ As at mid-February 2011, approximately 45-50 clients were being currently monitored using the tool.
Benefits:	➢ A key benefit of the tool identified by staff was its capacity to capture qualitative outcomes, rather than the 'usual' client inputs and outputs, such as referrals. o This was seen as having significant potential to measure client outcomes and the impacts services have on influencing them o This was noted as a positive change of direction, consistent with St Vincent de Paul's other trends in homelessness services ➢ Staff have reported that the tool has had benefits with clients, particularly in terms of assisting them to 'think through' how their substance use is impacting on their psycho-social and emotional wellbeing. ➢ By measuring outcomes, the tool was also anticipated to have long term benefits in terms of service efficiencies and effectiveness.
Challenges:	➢ Apart from early teething issues regarding upgrading the IT system, no other challenges were identified by staff.

PROJECT IMPLEMENTATION *(Quamby House continued)*	
Opportunities & Next Steps:	➢ The service reported it was still in the implementation phase of the tool, however staff anticipated further benefits would accrue over time, especially when longitudinal data on client outcomes is available. ➢ It is anticipated the tool will be more extensively used in the services' outreach roles and as part of its home visits program when clients are integrated back into the community. ➢ It is anticipated that the tool is likely to be used as part of future strategic planning and service impact reviews. It is also expected to be used in future funding applications. ➢ As the service is currently upgrading its life skills and vocational programs, the tool is also anticipated to provide a valuable evidence base as to what works and what doesn't, once clients integrate back into the community.
OTHER ISSUES/ COMMENTS	
Over the last 12 months Quamby House has been through a challenging period in terms of its IT system, as well as undergoing various structural changes. NADA was reported as being very understanding through this period and assisted the organisation to implement the tool despite the technological challenges.	

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6. PILOT FINDINGS

6.1 Project Deliverables

Between late 2008 and the end of 2010 the Project has successfully delivered various resources, training and information sessions to support the implementation of the tool in the pilot organisations. These are described below.

6.1.1 Pilot resources and reports

Upon the Project's establishment in 2008, NADA staff commissioned an extensive research[6] and review process regarding various tools that may best suit the Project's aims. In addition, NADA conducted a comprehensive survey of NADA member organisations regarding current information management tools and anticipated needs[7]. This research helped inform the production of two key background reports related to the pilot:

- *Background Paper*
  January 2009

  This paper describes the background and context of the Project plus some early analysis of current practices and needs in the NGO D&A sector.

- *Determining the Treatment Outcomes Data Collection Set*
  December 2009

  This paper contains a summary of measures currently in use in the NGO D&A sector, in addition to a summary of the baseline survey results. The paper also includes key issues related to the rationale and design of the pilot tool.

Both of the above research and development activities informed the development of the following core pilot resources:

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[6] This research resulted in the production of a NADA research report titled, *A Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings* (2009).

[7] See EJD Consulting and Associates' Baseline Evaluation Report, *NADA Drug & Alcohol-Mental Health Information Management Project*, for NADA, September 2009.

- *Treatment Outcomes Data Collection System Implementation Guide*
  Version 1, March 2010

  This paper provides an overview of what outcome measurement is, together with discussion of change management issues associated with introducing new data tools. It also includes a list of useful resources.

- *Treatment Outcomes Database User Guide*
  March 2010

  This paper provides a step-by-step guide to the tool and associated administration and management issues. It also includes various supporting resources such as templates and recommended protocols.

To complement these core pilot resources, the Project Manager also issued numerous clarifying emails, supplementary information sheets and amendments. In time these amendments will be included in the revised User Guide to be re-issued as part of the broader rollout *(see Section 6.4 below).*

Other key communications, resources and reports developed by NADA as part of the Project included:

- *Project Plan* and *Updated Project Plan*
  May 2009, then June 2010
- *Pilot Expression of Interest Form* and *Pilot Process Information* document
  (to inform NADA member organisations about the pilot and NADA's role)
  December 2009
- *Pilot Participation Agreement*
  March 2010
- *Treatment Outcomes Data Collection Protocol*
  March 2010
- *Action Plan Template (to support the Change Management issues)*
  April 2010
- *2009/10 Performance Report*
  July 2010
- *Options for Further Activities*
  (scoping four funding options to utilise surplus funds arising from the pilot)
  July 2010.

(Also see Section 6.1.2 below for resources directly linked to pilot training).

(See Section 6.3 below for analysis of the key resources).

6.1.2 Training resources and sessions

As described in Section 5, initially 10 NGO D&A organisations volunteered to participate in the pilot and undergo pilot training.

In addition to the two key pilot resources - the *User Guide* and *Implementation Guide (described above)* - NADA also prepared the following training-related resources:

- *Pilot Implementation Training Slides*
  June 2010

  This PowerPoint document provides an overview of why outcome measurement is important, the practicalities of using the tool, plus other change management issues for pilot organisations to consider.

- *Training Evaluation Survey*
  June 2010

  This two-page survey document is designed to be administered at the conclusion of each training session.

  (See Section 6.2 for an analysis of the training outcomes.)

Based on the advice of the Advisory Group and consultations with pilot organisations, it was agreed that the pilot training would work best if conducted with staff in each organisation, on a one-to-one basis.

The training program was designed and facilitated by Project Manager Jo Khoo, with Jennifer Holmes – a NADA contractor – providing supplementary expertise in health informatics, outcome measurement and training techniques.

Included at Attachment 2 is a sample copy of the training agenda used with most pilot organisations.

The pilot involved a total of 13 training sessions, to support staff in the 10 pilot organisations. In total, approximately 70 individuals participated. Included at Table 2 is a list of the organisations, dates and number of staff who participated in each of the pilot training sessions.

Table 2: Pilot Training Dates and Number of Participants

Pilot Participant Organisation	Dates of Training	Number of Participants
Freeman House	22 April 2010	7
Durri Aboriginal Corporation Medical Service	10 June 2010	4
Calvary Alcohol and Other Drug Service	1 July 2010	9
Namatjira Haven	8 July 2010	1
Alcohol and Drug Foundation ACT	29 July & 14 Sept 10	6 & 5*
Kathleen York House	12 August 2010	4
GROW Rehabilitation Community	19 August 2010	3
Kamira	6 September 2010	4
Quamby House	23 September 2010	6
WHOS	13 (am/pm) & 14 Oct	21#
TOTALS:	**13 Sessions**	**70 Participants**

Source: NADA, Information Management Project Individual Training Session Analysis Reports 2010

* The second session included 4 managers who also attended 29 July session.

\# WHOS undertook training however delayed implementation until January 2011.

(See Section 6.2 for a discussion of stakeholder feedback of the outcome of the training sessions).

6.1.3 Pilot implementation reports

In addition to explaining the tool and database processes, each training session *(see Section 6.1.2 above)*, was complemented by an implementation session, involving the Project Manager and pilot organisation staff, to discuss the implementation of the tool and database within their organisation and service model.

These discussions were documented by NADA staff. They resulted in NADA staff producing individualised implementation reports noting all comments related to the tool itself and other issues for further review, any operational issues raised, plus agreed actions for the pilot organisation and NADA.

Feedback indicates these reports were well received by the pilot organisations. They were observed to be of practical use as they provided staff with the necessary first steps to implementing the tool, together with other guidance for its effective operation given the service and its current processes and resources.

6.1.4 Forums and major meetings

Across the course of the Project, NADA staff have organised or attended a number of supplementary training or briefing sessions on the topic of information management or on specific aspects of the Project. Two key sessions included:

- On 21 October 2009 NADA hosted a members' forum to discuss the Information Management Project as well as quality improvement for the NGO D&A sector in NSW.

  This event provided participants with a chance to be briefed on the pilot project and to be given an overview of the baseline questionnaire.

- On 25 November 2010 NADA convened a forum for NADA members and other interested parties on *Improving Information Management and Outcomes Measurement*. The forum was held at the State Library of NSW and was attended by 37 individuals. The event program is included at Attachment 3.

  The morning session included presentations from a number of experts in information management, including a presentation by one of the pilot organisations - Freeman House - about its adoption of the tool and use of the database and reports arising.

  The afternoon session included a focus group on the Project attended by 10 individuals, including representatives from 5 of the pilot organisations. *(See Section 4.4 for details).*

A list of all other conference papers presented by NADA related to the Project is included at Attachment 4.

6.1.5 Other Project related activities

In addition to the above deliverables, NADA staff have also supported the pilot's implementation through the following Project related activities:

- A teleconference with key pilot organisation staff, convened by the Project Manager.

  This link-up provided pilot organisation staff with the opportunity to identify implementation challenges and to share solutions. It also provided an opportunity for the Project Manager and other NADA staff to identify issues and challenges that may require resolution centrally;

- Convening regular meetings of the Project Advisory Group *(see discussion in Section 6.5.3 below);*
- Providing one-on-one telephone and email advice to pilot organisation staff.
  - In terms of tool advice and further information, this was primarily performed by Jo Khoo, as Project Manager
  - In terms of the data base and systems advice, this was primarily performed by Kevin Liu, as NADA's Information Systems Development Manager.

According to pilot participants, the combined results of each of the above products and activities provided a clear and solid basis for the pilot project's successful implementation.

6.2 Training feedback and outcomes

Across 13 pilot training sessions held in 2010 (see Table 2), a total of 70 staff based in 10 different NGO D&A organisations were trained in outcome measurement and the operations of the tool. Of these, 65 (or 92%) provided feedback via a written training evaluation form.

The majority of the participants (55%) were direct client services staff; 35% worked in management; and 9% worked in administration or another role in the participant organisation.

All but one participant thought the structure and timing of the training session was adequate and sufficient. The vast majority (more than 90%) reported the two NADA facilitators (Jo Khoo and Jennifer Holmes) were informative and engaging.

At the end of the training (n=65):

- All but one participant reported improvements in their knowledge of outcome measurement;
- All but two participants rated their knowledge of outcome measurement as either good or very good;
- In terms of participants use the information and resources provided during the training:
    - 89% reported they would definitively use the information and resources;
    - 7% reported they would possibly use them;
    - 3% (namely 2 participants) reported they didn't know if they would use the information and resources or not.

The vast majority of training participants (more than 80%) reported improvements in their:

- Capacity to collect outcome measurement using the treatment outcomes database;
- Capacity to use outcome measurement using the treatment outcomes database;
- Confidence in collection and using outcomes information;
- Confidence in using the Treatment Outcomes database.

Further, the vast majority of training participants (more than 90%) reported the training was either very likely or somewhat likely to lead to some improvement in:

- The participant's work or their approach to their work; and
- The work of their organisation as a whole.

These combined results indicate the pilot training was highly effective and successful in terms of improving participants' confidence, skills and capabilities in respect to the tool and its implementation.

6.2.1 Strengths and other feedback

In general, the training participants indicated they found the sessions very worthwhile. This view was consistently reported both at the conclusion of each training session, as well as at the time the evaluators followed up with each pilot organisation some months after the event.

Training participants specifically commented on the professionalism and expertise of the two trainers. Common adjectives use to describe the training sessions included:

- 'Informative'
- 'Professionally delivered'
- 'Helpful'
- 'Flexible'
- 'Supportive'
- 'Interesting'.

When the evaluators sought feedback on the specific strengths of the training that should be replicated in any future training on the tool, feedback included:

- Hosting training in individual organisations, rather than group training;
- Customising training to the specific needs and circumstances of individual service providers, rather than delivering a 'one-size-fits-all' approach;
- Delivering the training via highly skilled experts familiar with the use of the tool, its purpose and future application;
- Providing interactive opportunities and hands-on experience of the tool and the database;
- Ensuring ample opportunity for questions and answers, including on issues unique to the individual service, its client base and its operations;
- Providing quality printed resources and ensuring they are integrated into the training and their use encouraged as a source of future information and advice;
- Providing practical assistance and templates to assist in implementation.

6.2.2 Options for improvements

When the evaluators sought feedback on ways the training sessions could be improved, some options to emerge included:

- Shortening the introduction to outcome measurement in general, and allocating more time and focus to the tool and the database itself.

  As one respondent commented, '*the value of this [outcome measurement] can be assumed these days*';

- Breaking the session into two half days, the first session focused on the background to outcome measurement and its importance, and the second on the mechanics of using the tool and the database;

  Notwithstanding feedback on the value of tailored, one-on-one training sessions, it was felt these initial training sessions could be held with a number of providers present given the content was common to all providers.

- Providing more time for discussion and review of implementation issues;
- Providing post-training follow-up sessions with staff on location. These could be run after an initial implementation period (for example after the first three months), and provide opportunities for staff to:
  - Ask questions related to the interpretation on specific assessment questions;
  - Help orientate other staff (perhaps not directly involved in client data collection) with the tool and database, and its importance to the organisation;
  - Discuss and be shown examples of output tables using the services' recent data.
- Providing training to assist staff in quality interviewing techniques and techniques for better extracting relevant information from client feedback and comments.

  As one respondent commented, this was needed to discourage 'staff from using the tool as a script';

- Ensuring an adequate number of short breaks and comfort stops in each training session.

In general, however, the evaluators concluded that the overall design, content and structure of the training was effective and successful in meeting its aims. With some minor modifications, the pilot training program should be used as the basis for the rollout of the tool to other NGO D&A organisations in NSW.

6.3 Assessment tool and database feedback and outcomes

Feedback on the assessment tool and database from pilot participants was generally very positive, with the majority of those consulted commenting on the following key positive features:

- Generally the tool is easy to use and administer;
- The content of the questions are relevant and useful to clients and the pilot organisations;
- The supporting resources are well designed and sufficiently comprehensive to answer most queries that arise in the field;
- The tool's capacity to automatically score and measure progress, and to generate different types of reports, including client specific reports, was a major strength;
- The tool has significant potential to assist in performance-monitoring and quality improvement within services;
- Direct support and advice from NADA staff has been a strength of the Project;
- The pilot group telephone link-up worked well and assisted with the implementation within individual organisations;
- The tool templates were practical and assisted with change management processes;
- NADA has provided clear direction and quality support throughout the implementation process.

6.3.1 Tool Strengths

When pilot participants were asked to note the particular strengths of having an outcomes measurement tool, responses expressed by most services included:

- It provided an opportunity to gather more comprehensive client profile information, specifically in the areas of general health and social issues, mental health, psychological issues, plus other less prominent areas such as sexual health;
- It provided opportunities to generate useful charts and reports for use with individual clients, as well as for service planning;
- It helped inform individual service plans and enable their systematic review;

- It assisted staff to increase their focus on 'measureable outcomes from a client's perspective' and to better understand how they have contributed to these outcomes;
- It provided clients with 'visual evidence of their progress'. In a number of cases this had resulted in clients having improved engagement in the interventions and support provided by staff in the service;
- In time, it would provide opportunities to compare results between similar clients, similar types of interventions and similar types of services;

It was also noted that being able to integrate the tool, and where appropriate, modify it into an individual service's operations and procedures, was a positive attribute of the tool.

Other benefits of the tool and its implementation process noted by individual pilot participants included:

- The tool had facilitated an upgrade of how the organisation captured information electronically;
- It had triggered services to move from paper-based to electronic client records;
- It had brought all parts of the service together through adopting a common assessment tool that can be accessed by all service units;
- It helped with team building amongst staff, particularly as a consequence of their joint attendance at the pilot training session;
- The introduction of the new tool resulted in the service 'tightening up' procedures in general;
- The tool works well as it is 'not too bureaucratic'.

6.3.2 Challenges and barriers

When pilot participants were asked to note any shortcomings or weaknesses specifically related to the assessment tool and the database, approximately half of the respondents did not have any suggestions to make.

However, a number of respondents did point out that some earlier technical and database related problems (such as not being able to log onto the NADA's server) had been rectified by NADA since they were initially raised, or were in the process of being addressed.

Others noted that specific queries related to tool questions, including definitional issues, were either answered during the training session or have since been clarified by the Project Manager.

Some additional issues which were documented by NADA staff during the training or implementation sessions are recorded as part of planned updates to the database, assessment tool or the supporting resources. Where these are known to be in-train, the evaluators have not included them in the discussion that follows.

Most of the major implementation issues raised by stakeholders related to broader issues, including information technology (IT) shortcomings in particular. Feedback included:

- Poor quality of IT systems in some organisations;
- Insufficient computer literacy and confidence of relevant staff to use computer-based tools in general.

  One pilot organisation, for example, reported that less than 20% of their staff were computer literate;
- Insufficient access to computer terminals to conveniently record data electronically;
- High staff turnover in some pilot organisations, requiring repeated in-house training on the service's hardware and software.

A number of respondents noted logistical challenges associated with getting clients to honestly and accurately volunteer information required by the tool. For many clients, the issues raised by the assessment tool were reported to be 'confronting' and/or 'hard to answer'.

Particular difficulties were noted in gathering client feedback at the point of exiting a service, as well as post-treatment assessments. Some specific challenges reported included:

- Clients not wishing to be asked or to answer questions once the decision to exit has been made;
- Clients not wishing or able to be contacted once back in the community.

> One respondent described it as follows: '*Our clients just don't want to speak about it once they have exited. To those who have got on with their lives, it reminds them of where they were before; and for those who are struggling, they don't want to be reminded of the fact*'.

- Most staff work within business hours which often proved the least appropriate times to contact clients back in the community.

A number of pilot participants noted the three month follow-up period was too long to be practical. 2 services reported having done follow-up after only one month and this had improved accessibility and response rates.

In at least 3 services, there were no staff dedicated to post-treatment follow-up, so some readjustments of roles and responsibilities were being considered.

Given the range of challenges being experienced through the pilot in respect to post-treatment assessments, the evaluators saw value in NADA generating some good practice techniques for how post-treatment assessments could be conducted. Where relevant, these techniques should be based on approaches that have been successfully implemented by some of the pilot organisations, such as initial follow-up after one month. This activity might also include shortening the number of questions that need to be asked at this stage.

(Also see further options in the highlight box below).

6.3.3 Options for resources and system improvement

While most respondents indicated that the resources were very useful, and served as good aides to assisting with queries and inducting new staff in the use of the tool, a number of suggestions for improvement were nonetheless made over the course of the pilot. These are listed in the box below.

It should be noted, however, that the majority of the issues below have been documented by NADA staff. Further, the evaluators understand that many are in the process of being reviewed as part of NADA's continuous improvement approach to the tool's implementation.

Note: Options specifically related to improving the assessment tool per se are listed in a separate highlight box commencing on page 46.

- RESOURCES AND SYSTEMS OPTIONS FOR REVIEW -

- Review the user guide, tool and resource manual language to ensure it is:
  - In plain English
  - Appropriate to the breadth of NGO D&A provider contexts

    This feedback stemmed from some service's perception that some tool options and database alerts may not suit all service types, such as abstinence-based programs *(see options below)*;
- Include a glossary of terms in the User Manual;
- Revise references that suggest client dependency on providers or provider ownership of clients.

  Example given includes references to 'my clients';
- Upgrade NADA's server and database to give greater reliability and accessibility;
- Add and promote new reporting templates, including those useful for Board members and external bodies;
- Review security and data protection features to prevent other staff editing or overwriting previous entries;
- Consider options for having mandatory and elective fields especially for services who may prefer to maintain parallel data collection systems and may be concerned about the current length for administering the tool;
- Review manual's organisation to better align with training components;
- Facilitate the implementation discussions immediately following the training session to maintain momentum;
- Better promote and encourage use of the e-versions of the Project resources, including the CD and online version of the tool resources.

  In terms of CD versions, NADA will need to keep records of where distributed to ensure updates and enhancements are also provided;
- Modify graph features to be readable in black and white printing formats;
- Improve the format of agency reports. This should specifically include more information to aid interpretation, including by individuals not familiar with the database itself;
- Consider establishing a tiered access system, such that some staff may have read-only access or read-only access to some sections;

Options for Review- *Continued*

- Consider the organisational impacts of multiple versus individual log-ins and the cost-benefits from a data consistency and data protection perspective.

  For example, at least 2 pilot organisations have only one or two staff responsible for all tool based assessments. The benefit is the high level of consistency; the cost is delays in re-assessments when the designated staff become too busy or are on leave;

- Take additional steps in training and user guides to discourage staff from using the tool as a script.

  For example, provide additional guidance on good practice interviewing techniques that increase information exchange with clients using safe and supportive dialogue.

6.3.4 Options for survey design improvements

In terms of the survey and tool design what follows is a list of recommended amendments that emerged over the course of the pilot. As previously noted, some of these issues may have already been actioned or are in the process of being actioned by NADA.

- SURVEY TOOL OPTIONS FOR REVIEW -

- Introduce more default features into the tool such as country of birth and language spoken;
- Introduce more auto-complete features, or hidden questions, when earlier data indicates already known or not relevant;
- Clarify who constitutes a new client especially in the context of re-admissions;
- Clarify how to better record different episodes of treatment and care (rather than view as a continuum or single intervention);
- Clarify client coding to prevent variation in conventions between providers;
- Allow more options or flexibility for mid-treatment D&A assessments. This is particularly relevant for abstinence programs as usage will remain nil if in a residential program for example;

Options for Review- *Continued*

- Allow more options or flexibility in exit assessments to cater for clients who:
    - exit prematurely and/or
    - are non-cooperative or refuse to complete;
- Allow more options or flexibility in coding drug use and severity of dependence scale (SDS) issues. This is particularly relevant to clients:
    - with poly-use drug patterns
    - in abstinence-based programs
    - who have come to services direct from prisons or juvenile justice centres so their recent usage patterns may be nil but nonetheless have substance use issues/ patterns of behaviours from prior to 'last three months'
    - Who have no history of substance abuse (i.e. enter program due to homelessness or other risk factors)

        This suggests a need for 'Other' or 'Nil AOD' option to be added;
- Add benzodiazepines as a choice in SDS;
- Review the inclusion of cigarette and tobacco as part of substance use profile;
- Add option of more than three survey stages in recognition of the fact that some services have additional assessment stages and may wish to capture this via the tool;
- Consider adding further risk-taking options to include other factors such as anti-social behaviours;
- Include sexual health items in risk-taking section;
- Clarify what is meant by the term 'episodes' as some providers use other terminology;
- Review the post-treatment questions to identify if shorter, core issues only should be included.

6.4 Implementation process

6.4.1 Current status

As at the end of 2010, 7 of the 10 organisations trained in the tool[8] reported they had implemented the tool and were using the database regularly to enter client data and generate reports.

In terms of use:

- 6 out of 7 organisations were still primarily in the intake and regular assessment phase of data collection, with no client data yet available at exit or post-treatment phase;
- Only 1 organisation reported having generated reports for use by the Board;
- Only 1 organisation (same as above) had firm plans to use data generated through the database for reporting to NSW Health and in other funding applications during 2011, though a number of others expressed some interest in doing so in the future.

In terms of future uses for the tool and database, the pilot organisations consulted indicated:

- A full commitment to continue to implement the Project and to utilise the tool on all new clients;
- Plans to make better use of the client data;
- Plans to make better use of the report-generating capacity of the database, for potential use with Board members and, in time, funding bodies and other external parties.

6.4.2 Options for future implementation

When pilot participants were asked if there was anything NADA could do to further assist their organisation's implementation of the tool, some practical options included:

- Providing further assistance on ways to use the data to generate meaningful performance-monitoring reports at an organisation-wide level;

[8] ADFACT, Calvary, Freeman, GROW, Kamira, Namatjira, and Quamby.

- Offering regular tool re-familiarisation sessions to pilot staff *(suggested as twice annually)* to:
    - Reinforce the initial training and provide staff with question and answer sessions, including those working in different positions in the organisation
    - Provide some higher level operational information, such as report generation
    - Fast track new staff training (assuming they have had some opportunity to use the tool prior to attending);
- Organising a pilot information exchange and support session. This could provide an opportunity for key staff in pilot organisations to:
    - Share information on their implementation to date and learn from each other
    - Assist NADA to identify or confirm future support needs and training *(as noted identified elsewhere in this report);*
- Providing further advice and support to standardise the timing of reporting, plus options for aligning these with external reporting requirements (e.g. for the fiscal year).

(Also see options discussed under Training at Section 6.2.2).

In terms of future implementation processes, the evaluators found merit in NADA continuing with the one-to-one training and implementation support processes used in the pilot. While noting the recommendations related to splitting the training *(see Section 6.2)*, the evaluators would also recommend NADA initiate a short systems and process audit to be undertaken with each new organisation as part of the pre-planning process.

Using a template type format, issues for possible inclusion in the pre-planning audit might include:

- Hardware and computer capacity:
    - *Does the service have adequate computer and network capacity to implement the tool?*
    - *Are computers accessible and located in areas suited to staff responsible for data entry and subsequent tool use?*

- Staff skills and capabilities:
    - *Is there clarity regarding which staff will be responsible for use of the tool?*
    - *Are relevant staff skilled and confident in the use of computer-based technologies?*
    - *Are relevant staff skilled and confident in their interviewing techniques to ensure accurate assessment information is being volunteered by clients in a manner that is non-confrontational, supportive, and culturally and contextually appropriate?*
    - *What training or staff support activities need to be undertaken prior to implementing the tool?*
    - *What, if any, impacts will the tool's introduction have on staff relationships, roles and responsibilities?*
- Organisational culture:
    - *What organisational change initiatives might need to be considered to optimally support the tool's implementation?*
    - *If moving from paper-based systems, what additional implementation steps are required to transition to computer-based systems in general?*
    - *Are there any other major reforms or organisational changes occurring or about to occur that will impact implementation (for example accreditation)?*
- Client engagement practices:
    - *How are clients currently engaged in measuring their progress and outcomes in the service?*
    - *Are there any steps that could be taken to improve client engagement noting the potential for making greater use of the tool outputs in the future?*

The evaluators see merit in NADA developing a pre-planning audit of this kind as part of the implementation process. They recommend that this becomes a routine step in the tools' promotion and adaptation with other NGO D&A organisations in NSW.

6.5 Project management and administration

6.5.1 Project planning and communication

As noted elsewhere, the implementation of the pilot phase of the Project has taken slightly longer than anticipated. This is due to range of factors including:

- Numerous IT challenges including various reconfigurations of the NADA server to support the initial pilot phase;
- Additional time needed to thoroughly research and seek feedback on the proposed assessment tools, key resources and database features;
- Slower than anticipated scheduling of the training sessions.

Despite these issues, the evaluators concluded the Project planning and implementation generally proceeded in a timely and appropriate manner, with all stakeholders, including pilot organisations and Advisory Committee members, kept well informed of developments and revised timelines.

The evaluators also found NADA's communication with pilot participants was of a high quality, with respondents consistently reporting both formal and information communication processes to have been timely, informative and relevant to supporting the implementation process. This feedback related to both written advice and communication sent out from NADA, as well as how NADA handled ad hoc email or phone queries made by pilot participants. Most respondents attributed these positive processes directly to the role and approach taken by the Project Manager *(see discussion below)*.

6.5.2 Project staffing

As noted in the context of the Project training, respondents were uniform in their high praise for the Project Manager Jo Khoo and the work of NADA as a whole with regard to implementing the pilot. Common adjectives used to describe this role were:

- Professional
- Accessible
- Knowledgeable
- Helpful

While the implementation of the pilot is noted to have required more one-on-one support for organisations than was originally planned for, this capacity to forge relationships with key staff and support them and their organisation to implement the tool was regarded as a major strength of the implementation model.

While future implementation processes may wish to trial small group training and implementation processes, the evaluators concluded that full utilisation of the tool will require some ongoing NADA support and advice on a one-to-one service basis. This tailored assistance and advice not only relates to use and advice on the tool per se, it also relates to:

- Staff confidence and capacity building

  See options related to supplementary training at Section 6.6.2 and listed in the blue highlight boxes;

- Organisational change issues; plus
- IT support.

  Particularly in the case of smaller NGOs, it should be anticipated that at least for the short term NADA's assistance and support will be needed to process some of the data and to provide meaningful reports back to the organisations to assist them with full implementation of the tool. This support is also necessary to encourage opportunities to further embed the outcomes data in the operations of the organisation.

6.5.3 Advisory Group

As described in Section 3.5, the development of the Project has been supported by a Project Advisory Group. On average this group has met once every two or three months. Through this process, plus some out-of-session communication, the Group provided the necessary policy and operational advice on the Project's development and implementation to ensure it was a success.

Feedback to date suggests the Group is functioning effectively and is providing NADA with quality input on relevant policy issues, as well as information on data management and research trends. The Group also provided the Project Manager with advice on the practical realities of working with clients with mental health and D&A issues and how the tool needs to be sufficiently flexible to allow staff to work with it in the field.

The evaluators found the Group had played a very constructive role in the pilot's success to date. As such should they would recommend it be continued with the same or similar membership and meeting schedules.

6.5.4 Project Budget

The revised project plan and budget allocated $411,500 to the development and implementation of the pilot phase of the Project. As at March 2011, approximately $285,100 has been expended.

Savings made in implementing the pilot included:

- Less contracting out of training resource development, with the Project Manager and expert member of the Advisory Committee taking responsibility for their research and finalisation;
- Substantially reduced use of professional trainers and training development consultants with these roles also performed by the Project Manager and Advisory Committee member;
- Minimal use of external venue hire and associated catering as in-house training, using provider's facilities, was preferred by all participating organisations;
- Minimal demand for support grants[9] to assist pilot organisations with the training and implementation process.

It is understood NADA is discussing with NSW Health the option of reallocating of the surplus pilot funding to extending the tool's promotion and adaption across the NGO D&A sector. In view of the findings and recommendations contained in this report, the evaluators see merit in this funding being used to support an extension of the Project by an additional twelve months. This would enable the tranche-based implementation process to proceed similarly to the current pilot phase.

In general the evaluators concluded that the pilot had been well managed and administered.

* * * *

[9] Grants were available for expenses such as backfilling staff positions for training sessions or IT equipment enhancements.

7. CONCLUSION

Based on the pilot phase of the Project, the evaluators concluded that NADA's Information Management Project to date has been a success overall, with numerous positive benefits identified by the seven organisations involved in its implementation.

Between 2008 and early 2011, NADA staff successfully researched and developed a workable outcome measurement tool for use in the NGO D&A sector in NSW. The tool – comprising measures of a client's mental health, D&A use and their health and wellbeing status – enables staff to assess clients at key intervals in their treatment program, and specifically at intake, mid-treatment, on exiting the service, plus a post-treatment follow-up. The data arising from these assessments was successfully entered into a custom-built database, hosted on the NADA server. A key feature of the tool is its capacity to generate progress reports not only on individual clients, but also output and outcome reports for the provider as a whole.

To explain the tool's purpose and operations, NADA produced two key resources: *Treatment Outcomes Data Collection Implementation Guide* and an accompanying *User Guide* (both March 2010). While some options for improvement were identified in the pilot *(see Recommendations at Section 8),* in general both resources were found to be well designed, practical and helpful in terms of the tool's implementation.

During 2010 a total of 70 staff based in the 10 NGO D&A organisations were successfully trained in the tool's use. This involved NADA running 13 different training and implementation sessions, each tailored to the specific provider.

In general the staff training was reported as useful and relevant to the tool. The vast majority of participants reported the training improved their knowledge, skills and capacity to work with the new tool. The training also improved participants' understanding of the value of outcome measurement overall.

Of the ten organisations trained, as at the start of 2011 seven had adopted the tool and were continuing to use it as a standard part of their client intake and ongoing assessment processes. These organisations are:

- Alcohol and Drug Foundation ACT
- Calvary Alcohol and Other Drug Service
- Freeman House
- GROW Rehabilitation Community
- Kamira
- Namatjira Haven
- Quamby House

Feedback from these services indicates the tool has numerous strengths, with all pilot organisations noting benefits such as:

- It is easy to use and administer;
- It has enhanced their capacity to accurately measure and report on individual client progress, as well as service outcomes; and
- It has provided greater consistency and detail in how client intake and outcome assessments are conducted.

Pilot participants also commented that the Project was well supported by NADA. They particularly valued the role played by Jo Khoo as Project Manager, and her capacity to provide ongoing expert advice and support when needed.

In terms of future implementation processes, the evaluators found merit in NADA continuing with the one-to-one training and implementation support processes used in the pilot.

Although the implementation processes overseen by NADA were found to be well designed and delivered, and notwithstanding the overall positive feedback from pilot participants, a number of challenges were also identified through the pilot including:

- Difficulties faced by organisations where staff had limited IT literacy skills;
- Some early technical issues associated with accessing NADA's server;
- Various data protection issues with risks including overwriting previous data;
- Some logistical issues associated with key staff being on leave or changing positions; plus
- Challenges in gaining client participation for exit and follow-up assessments.

These and other findings have led the evaluators to identify a number of options for NADA to enhance the tool and its supporting documentation, as well as options to finetune its implementation. Key amongst these is the recommendation that NADA continue to utilise a staged approach to the rollout of the tool in the D&A sector. This would involve the development of a rolling implementation program with 10 or 12 providers per tranche being the focus of attention at any one time.

This focus on a small number of providers, and providing them with one-on-one training and implementation support during the establishment phase, was considered the best option for enabling organisations to successfully implement the tool. It was also considered the preferred option to support the tool becoming embedded within the practices and cultures of individual organisations.

Given this recommended approach, the evaluators recommend that the Project timeline of mid-2012 be extended by an additional 12 months. This timeframe would allow sufficient time for NADA staff to support up to 6 tranches of providers for a minimum period of four to six months. A revised project plan would need to be developed to reflect this extension, including major training and implementation milestones.

While some organisations noted the implementation was still in its early phase, all 7 reported the tool had had a positive impact on their organisation. The majority commented that the tool's introduction had facilitated various efficiency and effectiveness gains for staff and clients. Benefits noted included the adoption of common assessment criteria across the organisation, improved staff access to and use of the same client information, improved client engagement with their progress in treatment, plus better information sharing and collaboration between different staff in the organisation.

While noting the small number of stakeholder organisations and staff participating in the pilot phase of the Project, the evaluators nonetheless conclude that NADA's Information Management Project has performed 'well' to 'very well' against each of its prescribed success factors, namely its efficacy, efficiency, adequacy and appropriateness.

Based on the inputs, outputs and outcomes to date, the evaluators found that NADA has developed and tested a quality-driven and workable outcome measurement tool appropriate to the D&A sector in NSW. NADA has also successfully developed and tested an effective model of staff training and organisational support.

Notwithstanding the minor enhancements and fine tuning options noted in the report, the evaluators recommend that NADA continue to implement the Project using the quality processes and systems established through the pilot phase as the foundation for a more extensive rollout of the tool across non-government D&A organisations in NSW.

* * * *

8. RECOMMENDATIONS

The following recommendations are drawn from the findings and conclusion contained in Sections 6 and 7. They have been grouped under headings for the readers' convenience.

Readers are encouraged to refer to the relevant sections of the findings to gather key context and background for each recommendation.

Tool and Resources

1) NADA review all options listed in the two highlighted boxes on pages 45 to 47 of the report aimed at enhancing or improving the Treatment Outcome Data Collection System and tool.

2) That in order to increase client response rates at service exit and post-treatment follow-up, NADA consider developing:

    a. A streamlined assessment tool containing only core issues relevant at these points;

    b. A good practice guide to conducting exit interviews and post-treatment assessments drawing on successful models currently in use.

Training

3) Future tool related training be conducted in two parts:

    a. Part 1 to focus on the background to client outcome measurement and general change management principles;

    b. Part 2 to focus solely on the tool and database per se.

4) Part 1 of the training *(see Rec. 3a])* could include a number of providers

    (for example, all those in the upcoming implementation tranche).

5) Part 2 of the training *(see Rec. 3b])*:

    a. Be conducted on an agency-by-agency basis, preferably on location;

    b. Use a tailored approach to the tools use, given the organisation’s size and service type;

    c. Include an emphasis on both tool use as well as organisational change and implementation processes relevant to the specific organisation.

Implementation Support

6) NADA develop and distribute a pre-planning audit template to assist organisations wishing to implement the tool to identify issues that may need addressing prior to undertaking the training. Issues to consider include:

    a. Hardware and software capacity;
    b. Staff skills and capabilities;
    c. Organisational culture;
    d. Client engagement practices.

7) As per the pilot, NADA continue to assist members with ad hoc email and telephone advice and support on implementing the tool and related organisational change issues.

8) NADA facilitate regular (suggestion: every 6 months) tool training updates and re-familiarisation sessions for staff in organisations using the tool. These sessions might include opportunities for interested staff to:

    a. Learn more about tool reports and any advanced applications and uses;
    b. Share good practice and implementation techniques that have assisted the integration of the tools into an organisation's culture and operations;
    c. Discuss any ongoing issues or challenges associated with the tool and its interpretation.

Sector Development

9) As part of its broader sector development role, though linked to the Project's rollout, NADA facilitate or promote NADA members':

    a. Access to complementary training opportunities including:
        i. Basic computer literacy and data entry training *(relevant to the use of the tool);*
        ii. IT and information management in general;
        iii. Quality client interviewing techniques and rapport building

        (helping to minimise the need for staff to use the assessment tool as a script)
    b. Access to additional funding to upgrade computer and IT systems *(compatible with the tool and the NADA database)*

a. Access to additional advice, education and training activities regarding:

    i. The benefits of outcome measurement in general and the adoption of standardised reporting processes;

    ii. Good information management practices and system design such as networked terminals.

Project Management & Administration

10) NADA continue to regularly convene and use the advice of its Project Advisory Group to help shape the Project's implementation.

11) NADA continue to review and revise its project plan and deliverables informed by stakeholder feedback and good practice implementation principles.

Future Rollout

12) NADA continue to rollout the tool's implementation via small tranches of providers (for example 10-12 providers per tranche) to ensure organisations have appropriate access to quality one-on-one NADA training, advice and ad hoc support.

    (If possible providers could be grouped into tranches based on similar service models and/or based in the same areas or regions).

13) NADA continue to utilise its continuous improvement approach to the tool's implementation. This will require:

    c. Development of a new and extended project plan, noting key milestones;

    d. Consolidating participant feedback on the tool and suggestions for enhancements and updates at defined intervals *(Suggestion: every 6 months);*

    e. Ensuring appropriate communication of any improvements to the tool and resources, and if necessary providing supplementary training for all affected providers;

    f. Dedicating NADA staff to a rolling-program of training and intensive implementation support for each tranche of providers (for example over a 4-6 month period), with a new tranche being selected and supported for a similar period as part of an evolving process.

14) That in view of the process outlined in Recommendations 12 and 13, NADA seek Board and NSW Health approval to:

    g. Extend the Project timeline, by twelve months, until June 2013;

    h. Reallocate Project budget savings to support this extension;

    i. Endorse the state-wide rollout of the tool based on a revised project plan, incorporating relevant findings and recommendations arising from this Pilot Evaluation Report.

* * * *

GLOSSARY

AOD	Alcohol and other drugs
BTOM	Brief Treatment Outcome Measure
D&A	Drug and alcohol
IT	Information technology
MDS	Minimum data set (NSW Health prescribed minimum set of client and service data)
Members	NADA member organisations
NADA	Network of Alcohol and Other Drugs Agencies
NGOs	Non-government organisations
Respondent organisations	Organisations that responded to the baseline Project questionnaire n= 38
Respondents	Refers to individuals who responded to the baseline questionnaire
SDS	Severity of dependence scale

* * * *

ATTACHMENTS

ATTACHMENT 1: Evaluation Criteria and Measures

The following set of evaluation measures was developed by the independent Project evaluators - EJD Consulting and Associates - with input from NADA staff and the Project Advisory Committee (see Section 3.5). They are drawn from the Project Evaluation Framework approved in May 2009.

Key Indicators and Measures

1) Increase in non-government D&A organisations':
   - o routine data collection of quality mental health as well as D&A client information;
   - o use of mental health as well as D&A client information in terms of:
     - a) treatment services delivered;
     - b) type of case coordination provided;
     - c) client referrals initiated;
     - d) client outcomes measured over time;
     - e) overall service delivery and planning.

2) Increase in NGO D&A staff's:
   - o skills, knowledge and capacity with regard to gathering quality mental health and D&A client information;
   - o understanding of the relevance and application of quality client data to service delivery and planning.

3) Recognition that the Project's tool, data gathering system, and associated activities:
   - o were efficient and effective in improving treatment outcome measurement of clients of the D&A NGO sector;
   - o provided a useful approach for future NGO D&A and mental health information management in NSW.

Success Factors

In order to assess the above indicators, the evaluators will gather data and feedback based on the following broad success factors: efficacy, efficiency, adequacy and appropriateness. What follows are some sample questions related to each factor[10]:

- **Efficacy**
  - *What were the key inputs, outputs and outcomes?*
  - *Was the tool legitimate and appropriate?*
  - *Was the data collected (and the collection and reporting formats) compatible with other data systems?*
  - *Was the data collected useful and did it/ could it assist in improved service delivery and planning?*
  - *How are services, staff and clients better off as a result of the Project?*
- **Efficiency**
  - *Has the time and resources expended been efficient and effective in terms of the results delivered?*
  - *Were the Project's staffing and resources adequate?*
  - *What, if any, barriers or constraints were there in terms of implementing the Project (e.g. staff access to information/ training, resources or equipment)?*
  - *Has the communication been effective - to and from NADA?*
  - *What were the tool's client impacts in terms of length and intrusiveness?*
  - *Were the governance arrangements of the Project sufficient?*

[10] Note: These questions are indicative only and primarily reflect the breadth of issues on which feedback will be gathered. They will be modified depending on the respondents and the data collection instruments used.

- **Adequacy**
    - *Did NADA achieve the results expected by themselves, by the project funders and by other stakeholders?*
    - *Was the data reliable and of good quality?*
    - *Was there clear understanding of roles and responsibilities of various parties?*
    - *Were the training and resources adequate from a user's perspective?*
    - *Was there sufficient engagement of key stakeholders (in both the mental health and D&A fields)?*

- **Appropriateness**
    - *Did the processes and outcomes align with the funding guidelines and stated expectations?*
    - *Could the tool be used by other sectors and stakeholders? If not, why not? If so, how so?*
    - *Were there any unexpected consequences arising from the Project or its implementation (positive or negative)?*

Stakeholders will also be asked their views of the next steps or areas for improvement at each stage of the evaluation.

* * * *

ATTACHMENT 2: Sample Copy of the Pilot Training Agenda

NGO Drug and Alcohol and Mental Health Information Management Project

Outcomes Measurement System Implementation Training

AGENDA

10:30am	Introductions
10:45am	Project Introduction
11.00am	Treatment Outcomes Data Collection Set Items *(hand out User Guides)*
11:30am	Questions
11.45am	Database Demonstration and Client Data Entry
12:30pm	**Lunch**
1.15pm	Database practice
2.00pm	Questions and discussion
2.45pm	Generating reports
3:00pm	Implementation and Change Management
3:30pm	Wrap-up and feedback
4:00pm	**Finish**

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ATTACHMENT 3: NADA's 2011 Information Management Forum Program

Improving data and measuring outcomes forum

Dixson Room, State Library of NSW

Thursday 25 November 2010 9.30am – 3.30pm

9:30am Session One

Introduction *(Jo Khoo and Robert Stirling, NADA)*

Keynote presentation *(Jodi Radley, Dual Diagnosis Unit, Southwest Healthcare, Victoria)*

Member presentation *(Maryfields Day Recovery Centre)*

10:30am Morning Tea

11.00am Session Two

Member presentation *(Freeman House)*

Member presentation *(Ted Noffs Foundation)*

Panel discussion

Speakers: Grenville Rose (Aftercare), Jennifer Holmes (SESIAHS), Jodi Radley (Southwest Healthcare)

12.30pm NADA Policy Toolkit Launch

12:45pm Lunch

1.30pm Session Three

Dixson Room	*Shakespeare Room*
DDCAT analysis in NSW, DoHA *Improved Services Initiative discussion*	*Pilot organisations: focus group with Edwina Deakin*

3:15pm Next steps

3:30pm Finish

* * * *

ATTACHMENT 4: Conference Papers related to the NGO Information Management Project

September 2009 – The Australasian Evaluation Society Conference, Canberra ACT

Title: Building the evidence of the value of non-government D&A treatment – it's not just about data collection

This presentation focussed on the benefits of outcome measurement for the sector and also described the Project's evaluation framework

November 2009 – The Australasian Professionals Society of Alcohol and Other Drugs (APSAD) Conference, Darwin, NT

Title: Clients, data and service delivery – how do they and how can they interact?

This presentation focussed on findings from the Project's baseline consultation and the process for determining the Treatment Outcomes Data Collection Set.

N**ovember 2010 - NSW Health Quality in Treatment Outcomes and Assessment Workshop, Sydney NSW**

Presented on the NADA Treatment Outcomes Data Collection Set and the pilot training and implementation process.

* * * *

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