NADA
network of alcohol & other drugs agencies

ENHANCED PERFORMANCE MANAGEMENT GUIDE

About NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW. NADA represents over 100 organisational members that provide a broad range of services, including drug and alcohol health promotion, early intervention, treatment and after-care programs. These community-based organisations operate throughout NSW. They comprise both large and small services that are diverse in their structure, philosophy and approach to drug and alcohol service delivery.

NADA's goal is to advance and support non government drug and alcohol organisations in NSW to reduce drug- and alcohol-related harm to individuals, families and the community.

NADA provides a range of programs and services that focus on sector representation and advocacy, workforce development, information management and data collection, governance and management support, plus a range of capacity development initiatives.

NADA is governed by a Board of Directors primarily elected from the NADA membership. NADA is primarily funded by the NSW Ministry of Health.

Acknowledgements

NADA would like to acknowledge the following organisations for their contribution:

- Watershed Drug and Alcohol Recovery and Education Centre
- Freeman House

Resource Development

The NADA Enhanced Performance Management Guide was developed in partnership with Speak Listen Heal Consultancy.

Contents

Glossary

Accreditation – Independent recognition by a licensed agency ('conformity assessment body') that an organisation, service, program or activity meets the requirements of defined criteria or standards. Accreditation is also a tool to measure and improve performance and outcomes

Benchmark – A standard or point of reference against which things may be compared or assessed

Compliance – Meeting specific requirements (of, for example, standards, legislation or regulation)

Continuous improvement/Continuous quality improvement (CQI) – The process of reviewing and making improvements in an ongoing manner

Data – Information collected for use in planning, decision making or evaluation

Evaluation – The formal process of assessing whether the implementation of a strategic business plan or an activity has been successful

Evidence – Documents, reports or other information that demonstrate compliance or performance

Framework – Overview, outline or skeleton of interlinked items which support a particular approach

Implementation – Putting a plan into action

Key Performance Indicators (KPIs) – The benchmarks or targets that have been chosen to measure how successfully a service provider has achieved its objectives

Milestones – The measurable stages of progress towards achieving a planned objective, such as the date something is achieved or the quantity of an output

Monitor – To check, supervise, observe critically, or record the progress of an activity, action or system on a regular basis to identify change

Objectives – What a service provider wants to achieve as a result of its planned activities. Sometimes the term 'objective' is used interchangeably with the terms 'goal' or 'aim'

Organisational culture – The values and behaviours that contribute to the unique social and psychological environment of an organisation

Outcomes – The changes, benefits, learning or other effects that happen as a result of what the organisation offers or provides

Outputs – The specific, measurable amount of goods/services/facilities produced as a direct result of an organisation's activities

Performance indicators – Information that provides a measure or reflection of what is being done or achieved

Performance management – The process by which an organisation aligns its resources, systems and employees to strategic objectives and priorities

Qualitative – A measure of the quality or qualities of an outcome that uses a narrative rather than the quantity or measured value

Quality improvement plan – Plan of action to make improvements that will impact on the quality of service delivery or operations

Quantitative – A numeric measure of an outcome

Stakeholders – Any person or organisation with an interest in the operations of a service provider

Standards (industry or service standards) – Specific procedures or outcomes that service providers are required to meet within an industry area

Strategic directions – The parameters for defining what a service provider will do, based on an analysis of its operating environment and its internal capacity

Targets – specific levels of performance set by the service provider in relation to plans and performance measures

Introduction

Performance management is a collective term for the activities an organisation engages in to ensure the products and services it provides consistently reach specific goals. Engaging in performance management processes helps an organisation to align its resources, policies, recruitment, priorities and strategic goals in an efficient and effective way.

Performance management is best represented as a cycle that begins with insights gained through various types of data gathering and reflection on what that data tells us, through to judgements made on the effectiveness and efficiency of organisational programs, people and processes (Moran et al. 2013). An important feature of performance management is the process through which an organisation seeks to align its systems, policies and employees to strategic objectives and priorities (Ray and Chakraborty 2014). This means that all activities, such as strategic planning, program delivery, data gathering, data analysis and reporting, recruitment and employee appraisal work together harmoniously.

NADA is committed to assisting the specialist alcohol and other drug (AOD) non government sector to develop quality, evidence based performance reporting that is standardised and systematic. NADA recognises that in order to assist the non government AOD sector to provide effective and innovative treatment interventions and support to the community it is essential to use tools that will enhance performance management.

Performance management can help the AOD sector demonstrate its effectiveness in delivering high-quality services to both funding bodies and the general community. This guide to enhanced performance management is intended to provide information about performance measurement, reporting, and the steps needed to embed performance management processes into organisational culture. It forms part of a suite of projects designed to increase the standardisation of performance indicators and expand the depth and breadth of outcomes and outputs in AOD treatment.

Other products in this series include:

- ***NADAbase***, which provides a way for organisations to store and then access data on client information, service delivery and treatment outcomes. Reports from NADAbase provide organisations with valuable data for enhanced performance management, benchmarking and outcomes for clients.
- ***The Benchmarking Guide***, which provides an introduction to what benchmarking is and how to use benchmarking as a simple quality improvement tool.
- ***Governance Toolkit*** and the ***Complex Needs Capable Resource***, which provide guides to processes and procedures that form the basis for benchmarking against best practice.

The *Enhanced Performance Management Guide* will provide organisations with an introduction to performance management processes, key concepts and the tools that can enable them to reflect, plan and implement ways of measuring, analysing and reporting on the work they do.

The guide contains:

- **an overview of performance management, and its links with accountability, sustainability and evidence based practice**
- **a description of elements associated with enhanced performance management and how to encourage a performance management-based organisational culture**
- **exploration of performance measurement – data collection, analysis and reporting tools, templates and guides for enhanced performance management.**

Section 1: Introducing Performance Management

1.1 THE AUSTRALIAN POLICY CONTEXT

One of the key elements that should inform performance management in the non government AOD sector is the Australian policy context. Australian drug policy is shaped by the National Drug Strategy 2010-2015, changes in alcohol and drug use trends, research findings and clinical trials, and specific AOD-related concerns raised by the community. In recent years there has also been an emphasis on alcohol and drug use as it relates to general health, mental health and wellbeing – with the result being a more holistic approach to health care through partnerships across health and welfare sectors.

Harm minimisation has underpinned the National Drug Strategy since it began in 1985. Harm minimisation encompasses the three equally important pillars of demand reduction, supply reduction and harm reduction, with the aim that they all work together in a balanced way.

Demand reduction denotes strategies and actions that prevent the uptake or delay the onset of use of alcohol, tobacco and other drugs; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community.

Supply reduction denotes strategies and actions that prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs.

Harm reduction denotes strategies and actions that primarily reduce the adverse health, social and economic consequences of drug use.

A harm minimisation approach essentially means that all interventions on the continuum from prevention to treatment be focused on minimising the harms of alcohol and other drugs for those who use them, the significant others who support those who use, and the community as a whole. While treatment philosophies and modalities may differ across the AOD sector, it is essential that they are consistent with a harm minimisation approach, are evidence based, and relate to the funding priorities as outlined in the National Drug Strategic Plan 2010-2015. Those funding priorities are as follows:

- Pregnancy and drug use
- Eating disorders
- Surgery and substance use
- Criminal justice
- Managing chronic pain
- Aboriginal and Torres Strait Islander peoples
- Co-existing mental illness
- Culturally and linguistically diverse populations
- Injecting and blood borne viruses
- Health professionals as patients
- Gambling
- Women and children

Other mechanisms that shape Australian AOD policy and inform decisions regarding the funding of organisations and their services are substance use trends revealed by well-established AOD use surveillance systems such as:

- ***National Drug Strategy Household Survey***
- ***Illicit Drug Reporting System (IDRS)***
- ***Ecstasy and Related Drugs Reporting System (EDRS)***
- ***Australian School Students Alcohol and Drug Survey (ASSAD)***

Australian AOD policy has also been influenced more recently by findings from the ***Drug Policy Modelling Program (DPMP)***, which conducts a variety of high-level research projects that employ techniques such as social and economic modelling into substance use, harms and treatment.

Australian drug policy and subsequent funding decisions are also guided by targeted research projects and clinical trials that relate to the efficacy of specific treatment interventions. Research projects of this kind conduct a specific treatment program under controlled conditions and publish the results in such a way as to be replicated in other settings. A recognised, well validated clinical intervention that is evidence based is a worthwhile investment – given that there is security in knowing that a specific treatment has already been tested and has expected positive outcomes.

Another element that has an impact on the Australian policy context is integrated care and partnerships across complementary service systems. There is acknowledgement that AOD issues are complex in nature and that other areas of need such as physical health, mental health, homelessness, family and domestic violence, and child safety all impact on client wellbeing and their outcomes in treatment. In order to address the reduction of alcohol and drug related harm, companion issues must be attended to. These issues often require the involvement of several organisations working together.

1.2 SPEAKING THE LANGUAGE OF PERFORMANCE MANAGEMENT

Organisations must learn to consider the language they use to describe the treatment they deliver and how they deliver it because language impacts on, and can reinforce myths, stereotypes and stigmas. Neutral but descriptive language should be used across all documentation (mission statements, policy documents, intervention descriptions and the like) to help an organisation communicate its services, and to educate stakeholders, funders and the community. Consistency is important when communicating the narrative of an organisation, as is striking a balance between the language specific to an organisation's treatment approach and that used in Australian policy documentation.

Situate your organisation's treatment methodology within the broader AOD policy framework by adopting the language of addiction medicine and drug treatment. A standardised terminology across the sector enables the Ministry of Health (state and Commonwealth) to compare and contrast interventions used by non government AOD organisations, and help differentiate the outcomes and outputs achieved by individual services.

What follows is specific terminology and concepts that can be applied to enhance performance management within your organisation. Other terms are contained in the ***Glossary*** at the beginning of this guide.

Governance and strategic planning: Understanding how governance structures and strategic planning informs your organisation's work is essential to enhanced performance management. The development of mission statements, strategic directions and identification of target populations will all inform the types of interventions/ programs and activities an organisation engages in. For more detailed information on governance refer to the ***NADA Governance Toolkit***.

Describing target populations: Clearly describing the client population your organisation provides core services to, and that aligns with government strategies, is essential to sustained funding. Assisting external stakeholders to appreciate the complexity of client needs, while avoiding stigmatising and emotive language, gives context to the treatment interventions and support that an organisation provides. Articulating areas of client need provides logic for the treatment approach applied and how resources are to be allocated. Useful client population details to include are: number of clients provided treatment, population groups attending for treatment, geographical coverage and the range of strategic and operational partnerships established. More information about priority populations can be found in the ***National Drug Strategy 2010-2015***.

Describing the intervention: Taking the time to describe in detail the service, program or treatment designed to improve the lives of clients has multiple benefits for your organisation. Aside from providing crucial information to clients, the community and potential funders about the treatment clients will receive, describing core interventions, and the evidence that supports them, should be compatible with the aims outlined in your organisation's strategic plan. Examining and adopting interventions identified in current AOD intervention-related research and identified by state and federal government as a priority is an indication of an organisation's commitment to evidence based practice. Two examples of more detailed information regarding evidence based interventions can be found in:

- ***NSW Health Drug and Alcohol Psychosocial Interventions: Professional Practice Guidelines***
- ***Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions***

Performance Management Framework: A performance management framework is used to systematically plan the collection of relevant data over the lifetime of a treatment intervention or program, and to assess and demonstrate progress towards proposed outcomes. An example of a performance management framework produced by the Public Health Foundation has been adapted and shown here. This is part of a range of performance management tools available on its website: ***www.phf.org/focusareas/performancemanagement/toolkit***

Figure 1. Public Health Performance Management system

A performance management framework has several elements that include:

A clearly articulated outline/description of the program, service or intervention.

Clearly stated aims and the proposed outcomes of the intervention.

A map or flow chart of how an individual client may access, engage and exit from the program.

A data collection strategy that clearly describes what measures are used, and the logic behind the measures used, at what time intervals the data is collected.

Each of these elements is explored in more detail in Section 2.

Performance measure: Applying performance measures provides insights into how well a program, organisation or service system is working. Meeting standards can only be measured against baselines – i.e. data that is collected prior to the implementation of the activity. There are three types of performance measures that can be identified by asking the following questions:

- **How much did we do?** A measure related to the effort (always numbers).

  For example, the number of clients treated for alcohol issues or the number of groups provided.

- **How well did we do it?** A measure related to the quality of what was done.

  For example, the percentage (%) of clients admitted within two days of contact or the percentage of staff with AOD-related qualifications.

- **Is anyone better off?** A measure related to the effect on skills/knowledge, attitude/opinion, behaviour and circumstance.

  For example, the percentage (%) of clients with improved health outcomes or the percentage of clients who report improvements in injecting related harms.

Inputs, outputs and outcomes: These elements of performance management are defined as follows:

Inputs are any of the items required to achieve an output or outcome including materials, employees, resources and time.

Outputs are the specific, measurable amounts of goods/services produced as a direct result of the activities (for example, event attendance, satisfaction survey results, number of clients served).

Outcomes are the broad effect or impact of the funded activities (the eventual benefit of the activity to the target group/community, such as enhanced quality of life).

Program logic: Is a 'road map' that presents the theory behind, and expected outcomes of, a program's actions. It describes the assumptions or hypotheses about why the program will work, showing the presumed effects of activities or resources. It is a tool that identifies the links in a chain of reasoning about 'what causes what' and links resources, activities, outputs, impact and outcomes. The following example was produced by the University of Wisconsin (2012):

Figure 2. Program Logic Example

Performance indicators: Performance indicators are what your organisation will use to measure your actual results. A performance indicator is a quantitative or qualitative unit of measurement that specifies what is to be measured along a scale, dimension or theme, but is neutral; it does not indicate a specific direction or a target.

Data source: Data sources are the places from which data about your indicators will be obtained, and can include client databases, client files, program timetables, client satisfaction surveys and interviews. Performance data on some indicators can be found in existent sources. The source of performance data is very important to the credibility of reported results.

Baseline data: The set of conditions existing at the outset of a program/investment and comprising quantitative and qualitative data for establishing a profile. Baseline data is collected at one point in time (usually prior to the treatment intervention) and is used as a point of reference against which results will be measured or assessed. A baseline is needed for each performance indicator that will be used to measure results during the treatment intervention.

1.3 ACCOUNTABILITY AND SUSTAINABILITY

Accountability and sustainability are two key concepts that must inform each step and level of performance management. Both are instrumental to any effective intervention, service and/or program. When considering accountability within your organisation some of the following questions can be useful:

- **Why do you need to be accountable for your practice?**
- **Who are you accountable to?**
- **What are the key components of accountability?**
- **What does accountability look like in your day to day work?**

In order to prevent harm to the client and fulfil obligations to the funding body it is important to consider what kinds of measures might be incorporated into the performance management system or framework. It is useful to think about the evidence an organisation may present as proof that they can achieve the outcomes for the clients as they are stated.

Checks and balances that ensure your organisation is providing sound and evidence based practice should be easily identifiable and may require regular review of policy, program and supervision documentation. The same consistency and transparency of evidence should apply in relation to financial accountability and allocation of resources.

The Good Practice Guide to Grants Administration (NSW Premier and Cabinet 2009), provides some insights into the guidelines government funders apply when administrating grants and has relevance for your organisation when considering accountability. The following good practices outlined in the Good Practice Guide are applicable for your organisation in relation to performance management:

The ***Good Practice Guide to Grants Administration*** (NSW Premier and Cabinet 2009) specifies guidelines as to government funding protocols and is a useful tool for ensuring accountability.

The following good practices can all be found in the Guide and should be implemented where possible:

- Establish systems and procedures to ensure proper management and accountability for grants
- Develop performance measures to be used for monitoring during the life cycle of the grant and to evaluate the program
- Incorporate an appropriate risk assessment process.

To be accountable means engaging in the process of risk management. According to the NADA Governance Toolkit:

> "Risk management is the process of thinking systematically about all the possible risks, problems or disasters that could happen as a result of a particular activity, and setting up procedures that will avoid the risk, minimise its impact, or cope with its impact. With every new activity undertaken by an organisation, the Board should identify potential risks. A risk management plan identifies all risks, rates each risk in terms of likelihood to occur and the potential effect on program, and proposes strategies to deal with the risks" (2011)."

More detailed information regarding risk management can be found in the ***NADA Governance Toolkit.***

Consumers and clients have a contribution to make with regard to accountability. Your organisation should invest in comprehensive consumer involvement, which it can aid by implementing feedback mechanisms on services, policy and organisational development. Gaining consumer/client input at the development phase of a performance management framework ensures consumer and client engagement for the life of the project. Section 4 explores the role of consumers in performance management in greater detail.

As with accountability, **sustainability** must be established early on as a core aspect of any grant application process.

In the current funding environment there is a growing emphasis on how sustainable your organisation is and the sustainability of the services your organisation delivers. Partnerships, within and outside the AOD sector, can play an important role here. Increasing capacity and sustainability via established referral pathways, cross-case management and integrated care with other services in the community requires careful consideration.

A movement towards partnerships and consortia for the purposes of sustainability may pose additional considerations in the development of a comprehensive performance management plan. In the case of consortia, a number of tiers of performance measurement may have to be incorporated into a framework that clearly describes how each tier informs and relates to the other.

Sustainability also refers to those aspects of a program or intervention that may live on beyond the funding period. Long-lasting, sustainable outcomes are certainly of appeal to funders. In 2010, Turning Point produced a report on project implementation in the AOD sector and identified several sustained indicators that may be preserved at the conclusion of a funded project (MacLean et al 2010). These are outlined in the following table.

INDICATOR	DESCRIPTION
Improved staff capacity, skill and morale	Staff enthusiasm to continue work, workers trained in new skills, improved staff confidence, enthusiasm and morale
Organisational capacity and planning	New strategic plan, policy, project model or resources, new technology, plan for systems update or training, further funding secured or requested
Benefits for clients	Increased participation as a result of improved service delivery, evidence of behaviour change, involvement of ex-clients as mentors in ongoing service delivery, clients linked with other agencies
Sector capacity	New interagency partnerships developed, enhanced community sector capacity to respond to AOD issues, staff outside the agency trained
Knowledge transfer	Project resources used or disseminated by others, enhanced community awareness of AOD, contribution to government policy change, international interest in project

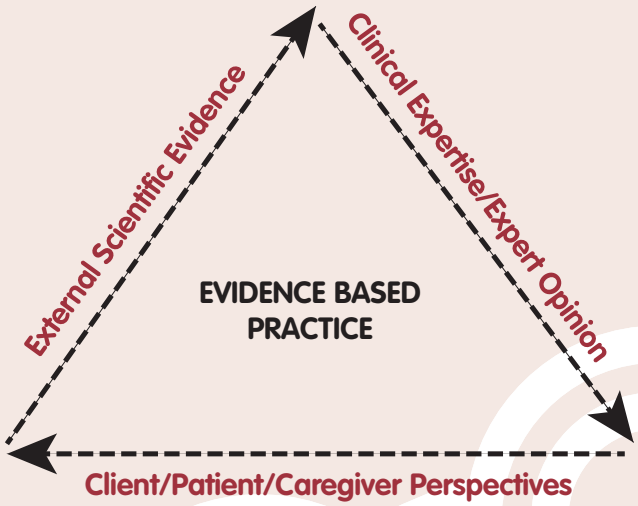
It is useful to explore those aspects of an intervention or approach to treatment that can make a contribution to the AOD sector as a whole, and the ways in which you might measure and report this impact. Capacity building and knowledge sharing of a specialisation area can be one of the ways a project has life beyond funding limits. Therefore, one aspect of planning may involve communication of the treatment and its outcomes to specific forums (conferences, symposia, workshops and as training modules are some examples).

1.4 EVIDENCE BASED PRACTICE

Evidence based practice is essential to enhance your organisation's performance management framework. It should be clear that the treatment being provided by your organisation comes from a solid evidence base and can be demonstrated through documentation and outcome measurement. Evidence based practice can be defined as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA 2006: 61).

Evidence based practice has credibility and has been proven via research, often among a variety of populations and resulting in improved client outcomes. Evidence based health care is the conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services. In clinical practice, evidence based practice can be viewed as an approach to decision-making in which the clinician uses the best evidence available, in consultation with the client, to decide upon the option which suits that client best.

Figure 3. A graphic representation of evidence based practice (ASHA 2004).



Communicating the use of evidence based practices to funding bodies demonstrates accountability for the use of what are often scarce resources in the health sector. Consistency across the policy, research and practice areas of the AOD sector also serves to reinforce the professionalism of the sector. Implementing evidence based approaches to treatment may also assist in the forging of mutually beneficial relationships between the practice and research sector.

There is a clear process to implementing evidence based practice. The resource entitled *Evidence Based Practice across the Health Professions (2011)* outlines it succinctly as the 5 A's:

Ask a question	Are group education sessions on better injecting practices useful in reducing injecting-related harms?
Access the information	Explore the research evidence available from different sources
Appraise the articles found	Critically review the research evidence paying close attention to how the studies were run (methodology) and how the results are reported
Apply the information	Integrate the findings from the literature with your clinical experience and the client needs/context
Audit	Evaluate the effectiveness of how you conducted the first four As and decide whether there is room for improvement

More detailed information about this process can be found in ***Evidence Based Practice across the Health Professions*** (Hoffman et al. 2011).

A good example of investigation and compilation of evidence based practice regarding co-occurring mental health and substance misuse is the following:

The guidelines on the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (Mills et al. 2009)

A further resource that outlines current evidence based practice approaches relevant to the Australian experience is:

The Drug and Alcohol (D&A) Psychosocial Interventions Professional Practice Guidelines (NSW Health 2008)

> "Certain questions within the sector require an approach which incorporates principles from an evidence-based medicine approach, while others should acknowledge the influence social and psychological factors have on the intervention and adopt a more evidence-based public health approach. Professionalism and clinical judgement are often strongly relied upon in the AOD sector and should play a strong role in determining how evidence is applied into practice." (ADCA 2007:3)

It is important to acknowledge that there are a variety of approaches to treatment in the AOD sector and that not all of them fit neatly into the medical model – from which evidence based practice evolved. For more information and tools about exploring relevant research sources to support a variety of interventions, see the ADCA resource ***An Evidence Based Approach for the AOD Sector*** (2007).

Section 2: Examining the Elements of Performance Management

2.1 ORGANISATIONAL CULTURE AND GOVERNANCE

Organisational culture is a key consideration when deciding on an implementation strategy for enhancing performance management. While much of the 'work' of performance management may occur on the frontline by organisation staff, it is the Board, organisational executive and senior staff who will maintain its relevance, consistency and focus. Engaging the Board and senior staff is of critical importance to enhancing performance management. Organisational culture influences practice norms and shapes the commitment to accountable, outcomes-based interventions.

The good news is that for those organisations that have implemented good governance structures and practices, performance management has a logical fit. Furthermore, with the shift in the AOD sector towards implementing strong quality improvement processes and an investment in gaining accreditation enhanced performance management can play a central role.

Performance management requires good governance structures to lay the groundwork for identifying the what, how and why of performance measurement through mechanisms such as strategic planning:

> "A key characteristic of high-performing organisations is an organisational culture that engages employees and stimulates high levels of individual and team performance" (ADCA 2007:3)

The following questions can assist with reflecting on the role of organisational culture and governance in enhancing performance management:

- **What does your organisation's governance structure look like?**
- **What mechanisms in the current governance structure of your organisation are likely to support enhanced performance management?**
- **Where in the current organisational culture does performance management feature?**
- **What might need to be enhanced/changed in order for performance management to be a central part of your organisational culture?**

An outline of specific roles within the organisation that contribute to a culture of enhanced performance management is explored in Section 4.

2.2 CONSTRUCTING A THEORETICAL FRAMEWORK

A theoretical framework provides the lens through which to view your organisation's approach to treatment interventions. It provides the foundation for decision making around interventions and approaches to work within the organisation. It is where aspects of clinical work such as theory, clinical perspectives and understandings of how people experience their world and move within it are understood conceptually.

A theoretical framework can form the conceptual basis for understanding, analysing and designing ways to investigate relationships within social systems – "a frame of reference that is a basis for observations, definitions of concepts, research designs, interpretations, and generalisations, much as the frame that rests on a foundation defines the overall design of a house" (LoBiondo-Wood & Haber, 1998:141).

There can be a combination of key theoretical constructs that underpin the approach of an organisation and the way work is carried out by staff. There are theoretical perspectives that can capture the way issues faced by an organisation's clients are have come about, and therefore what approaches might facilitate improved outcomes for those clients.

Identifying and articulating a theoretical framework provides the foundation for informing service policy, guiding future directions and evaluation and can even provide insights into staff recruitment and ongoing professional development. In this context it assists in identifying the core aims or intended outcomes an organisation is striving to achieve with its clients – and therefore what types of measures may reveal those outcomes. Some useful questions to pose regarding the development of a theoretical framework are:

- **How does theory inform the work your organisation does?**
- **How does your organisation make sense of the factors that contribute to the complex issues your clients present with?**
- **What theoretical approaches/perspectives to working with people experiencing issues with their substance use fit for your organisation?**

2.3 ARTICULATING A MODEL OF CARE

A model of care is understood here to be "a multi-faceted concept that broadly describes the way health services are delivered" (Queensland Health 2000). A model of care encapsulates (often graphically) the key elements and processes of an intervention and provides a simplified snapshot of the specific focus areas for staff and clients to engage in as part of treatment. In essence, a model of care assists in communicating to the outside world the priorities and intended outcomes of the intervention in an accessible form. It provides a picture of how change will be enacted and the actions that will take place. Incorporated into the model of care is the theoretical framework that serves as the foundation which informs and guides policy, practice, research/evaluation and future aspirations.

Some useful questions to pose regarding the development of a model of care include:

- **What are the core issues your client population present with?**
- **What are the core interventions your organisation provides?**
- **How does you theoretical framework inform your model of care?**

A further addition to these conceptual elements is the mapping of the client journey. A map of the client journey outlines the key phases or stages that occur while a client is engaged by your organisation in order to reach specific outcomes that have been identified by the client themselves. The client journey also suggests appropriate timeframes and opportunities for data collection.

2.4 LINKING THEORY, PRACTICE, INTERVENTIONS AND OUTCOMES

Having outlined key elements that inform the performance management framework – namely, a theoretical framework, model of care, and client journey map – the process of identifying performance measures and performance indicators becomes reasonably intuitive.

Clearly articulating your organisation's purpose will inform the types of evidence based interventions that are implemented. An intervention is understood in this context to be a combination of program elements or strategies designed to produce behaviour changes or improve health status among individuals, or an entire population.

Interventions may include educational programs, therapeutic counselling (individual or group), residential or day programs and health promotion campaigns.

Interventions may be implemented in different settings including communities, worksites, schools, health care organisations, faith-based organisations or in the home. Evidence has shown that interventions create change by:

- **influencing individuals' knowledge, attitudes, beliefs and skills**
- **increasing social support**
- **creating supportive environments, policies and resources.**

Interventions implemented in multiple settings and using multiple strategies may be the most effective because of the potential to reach a larger number of people in a variety of ways. However, one of the most important factors about the interventions implemented by an organisation is how well they fit with the mission statement and strategic directions of the organisation – there should be logic that exists between each of these elements. Theory, practice, outcomes and reporting of outcomes should have logical links.

THEORY	Clearly link the cluster of core clinical interventions that cohere into what you call 'your program' to Australian Drug Policy, MHDAO goals and objectives, guidelines produced by Ministry of Health and other reputable organisations that outlined evidence based best practice.
PRACTICE	Make sure that your interventions have realistic key performance indicators related to clearly articulated evidence based outcomes.
OUTCOMES	Ensure your interventions are achieving the desired outcomes you want for your clients. Are the outcomes consistent with the evidence base that informs them?
REPORTING	If performance measures are designed to better capture outcomes and outputs, reporting KPIs should be easier and more systematic.

Section 3: Measuring Performance and Outcome Domains

3.1 PERFORMANCE MEASURES

A performance measure is a measure of how well public or private agencies and programs are working. Typical performance measures address matters of timeliness, cost-effectiveness and compliance with standards. Meeting standards can only be measured against baselines – i.e. data that is collected prior to the implementation of the activity.

Performance measures have three types:

EFFORT – A measure related to the effort (always numbers). For example: The number of clients treated for alcohol issues or the number of groups provided

QUALITY – A measure related to the quality of what was done. For example: the percentage (%) of clients admitted within two days of contact or the percentage of staff with AOD-related qualifications.

EFFECT – A measure related to the effect on skills/ knowledge, attitude/opinion, behaviour and circumstance. For example: the percentage (%) of clients with improved health outcomes or the percentage of clients who report improvements in injecting related harms.

PERFORMANCE MEASURES		
	QUANTITY #	QUALITY %
Effort	How much did we do?	
Effect	Is anyone better off?	

In order to answer these questions various data types and sources can be used, including demographic data to describe the clients accessing your service and in what numbers, attendance rates and lengths of engagement, client outcomes and client satisfaction surveys. Qualitative feedback can also add a narrative and context to the other performance measure you collect, and the presentation of case studies can assist in providing in-depth descriptions of client experience before and after intervention.

> "We can ask ourselves, our clients and other services whether the programs we provide are achieving the outcomes they are aiming for. If we can do that, we can establish that we are achieving good outcomes for clients and tell the story of the changes we are creating. We will then be well placed to argue the case for the importance of our services and for appropriate funding for the community safety net we provide (TasCOSS 2014)"

It is worth conducting an audit on the types of information you already collect from your clients and whether they constitute performance measures. At all times ethical data collection should be the priority and that means only collecting data from your clients that will be used by your organisation to improve service provision and justify ongoing funding support. Effective performance measurement is about quality, not quantity alone.

3.2 OUTCOME DOMAINS AND MEASUREMENT

Outcome domains and measures should align with the treatment goals and the setting in which the treatment takes place. Specific AOD service delivery domains identified through a NADA member consultation project (2010) into performance management include:

- Health promotion and prevention
- Treatment and extended care
- Harm reduction.

Figure 4. Drug and Alcohol Service Delivery Taxonomy

SERVICE LEVEL & INTENSITY	HARM REDUCTION LOW	HEALTH PROMOTION AND HARM PREVENTION MEDIUM	TREATMENT HIGH	TREATMENT + HIGH +	EXTENDED AND CONTINUING CARE MEDIUM
SERVICE TYPE	Needle and syringe program Brief intervention – information and education	Health promotion and prevention – information and education Health promotion and prevention – community development	Case management Psychosocial counselling Withdrawal management Rehabilitation day program Residential rehabilitation Opioid treatment program	The same as for treatment plus: Specialist programs (ie residential family, residential women with dependent children, Aboriginal specific, residential pharmacotherapy stabilisation/reduction)	Case management Psychosocial counselling Supported living/ transitional housing program
SERVICE SETTING	Needle and syringe centre Community based health centre Health, welfare and homelessness service Youth service Aboriginal Medical Service Schools Community events	Specialist drug and alcohol service – out client Community based health setting Health, welfare and homelessness service Youth service Aboriginal Medical Service Schools Community events Social media	Specialist drug and alcohol service – out client and out reach Specialist drug and alcohol service – residential detox Specialist drug and alcohol service – residential	The same as for treatment	Specialist drug and alcohol service – out client and out reach Supported living/ transitional housing
WORKFORCE	Health education officer Community development officer Welfare/youth worker Drug and alcohol worker/ counsellor Aboriginal health worker	Drug and alcohol specialist knowledge and skills required. Health education Officer Community development officer Welfare/youth worker Drug and alcohol worker/ counsellor Aboriginal health worker	Drug and alcohol specialist knowledge and skills required. Drug and alcohol worker/ counsellor Aboriginal health worker Mental health worker/ counsellor Psychologist Social Worker Nurse General/medical practitioner	The same as for treatment	Drug and alcohol specialist knowledge and skills required. Drug and alcohol worker/ counsellor Aboriginal health worker Mental health worker/ counsellor Psychologist Social worker
POPULATION AND DRUG USE FOCUS	Individuals, families and communities Pre and contemplative, experimental and regular drug use Injecting drug use	The same as for harm reduction Problematic drug use At risk individuals and groups	Individuals and families Problematic or dependent drug use At risk individuals and groups	The same as for treatment plus high complex health and social needs. Woman and parents with children Coexisting mental health issues Cognitive impairment Acute physical health issues Criminal justice connection Trauma histories	Individuals and families Problematic or dependent drug use At risk individuals and groups

The types of outcomes expected from each of these service delivery domains are shaped by the types of interventions that are conducted. Key outcome measures can be grouped together as suggested in the following example:

OUTCOME MEASURE	EXAMPLE OF OUTCOME
% Improved skills or knowledge	• Improved safe injecting behaviour • Mindfulness skills integration
% Changed/Improved attitude or opinions	• Client changes – behaviour, attitudinal • Willingness to engage with support services
% Changed/Improved behaviour	• Measurement of harm reduced • Reduction in suicidal behaviour
% Changed/Improved circumstances	• Circumstance changes made during intervention and changes sustained over time • Referral and acceptance to another treatment program

Becoming focussed on outcomes enables better identification and consideration of the factors that are a feature of good practice. This in turn creates a better understanding of what practices are effective and illuminates opportunities for systemic improvement. A focus on outcomes can be the means for driving change (KPMG 2011).

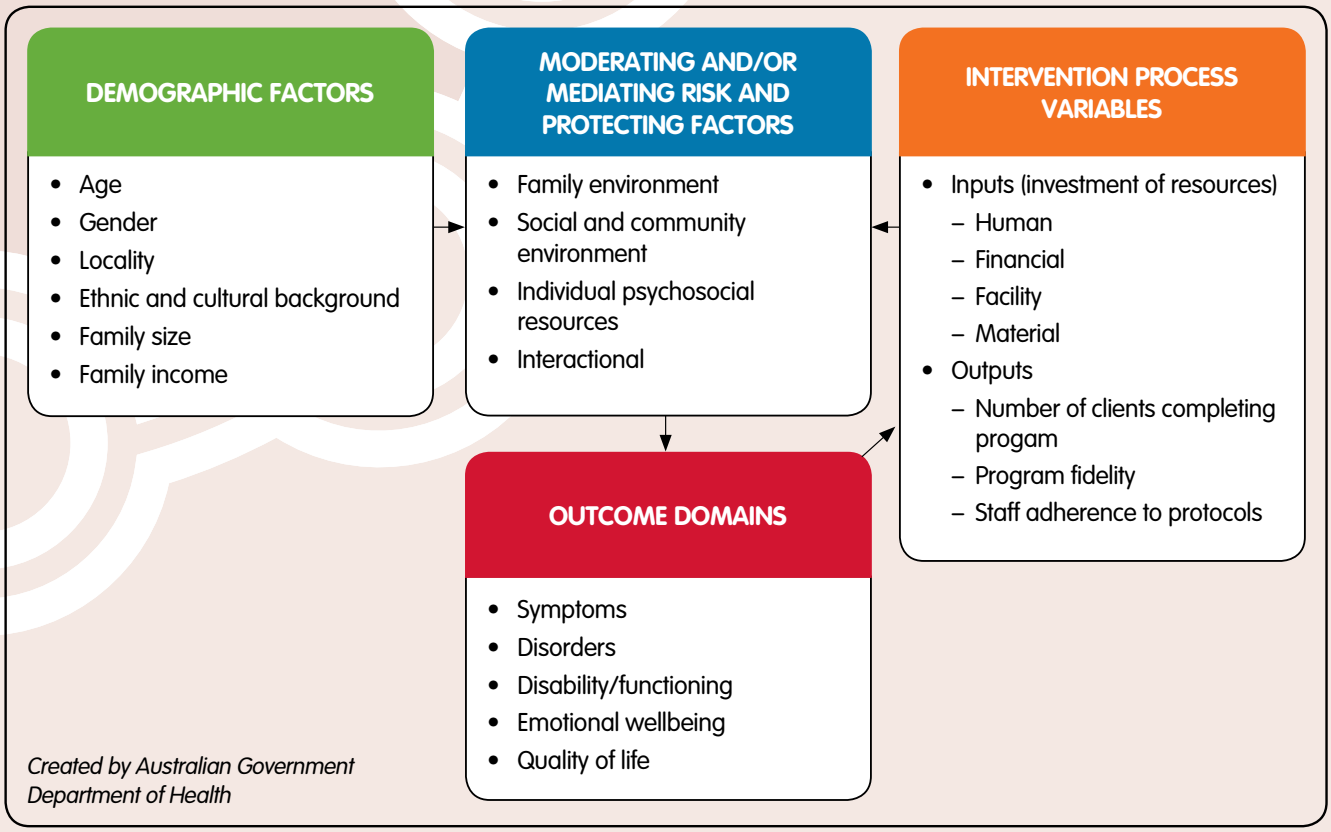
It is accepted practice within the specialist AOD sector that treatment goals encompass a biopsychosocial approach, meaning that treatment goals address the whole person and attend to: physical and mental health; AOD harms; stabilisation of accommodation and relationships; increased connection with vocational training; and education and/or employment and financial stability. Therefore, domains of outcome measurement should also attend to these aspects of potential improvement, including: AOD health and/or severity of dependence, mental health, general health and wellbeing and blood borne virus risk.

It is generally accepted in the specialist AOD treatment sector that goals for treatment should include:

- reduction in harmful behaviours
- improved physical health
- improved psychological health
- improved social adjustment and functioning
- reduction in harm associated with drug use
- improved stabilisation in mental health
- a reduction in criminal behaviour.

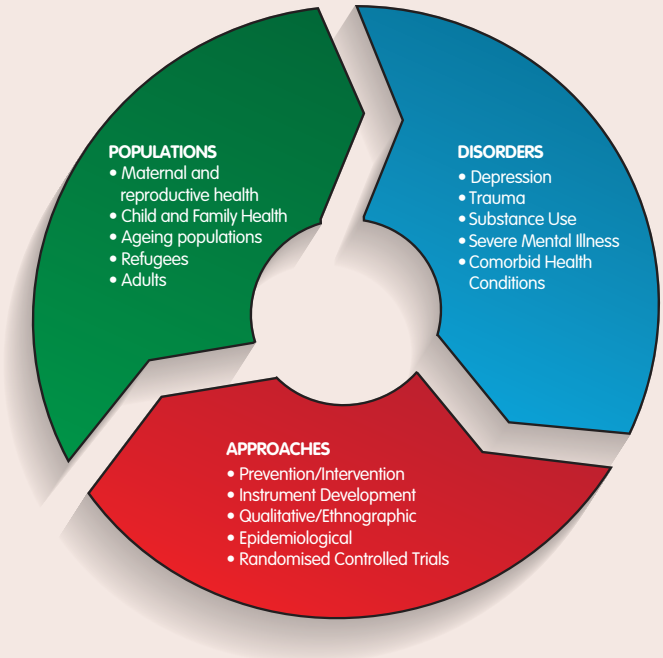
The graphics below provide examples of outcome domains that might be targeted as part of a comprehensive treatment plan in a mental health and/or AOD setting.

Figure 5. Treatment Plan in a mental health and/or AOD setting



While there may be expected outcomes given a specific AOD treatment intervention, there may also be additional outcomes not expressly described. It is useful to implement flexible performance measures so as to capture some of these incidental outcomes.

Figure 6. Treatment Plan in a mental health and/or AOD setting.



Created by Duke Global Health Institute

NADAbase outcome domains

In 2009 NADA set out to determine some specific domains of outcome measurement that would be broad enough to capture the diversity of programs and interventions in the non government AOD sector – which were then to be included in an online database for use by NADA membership.

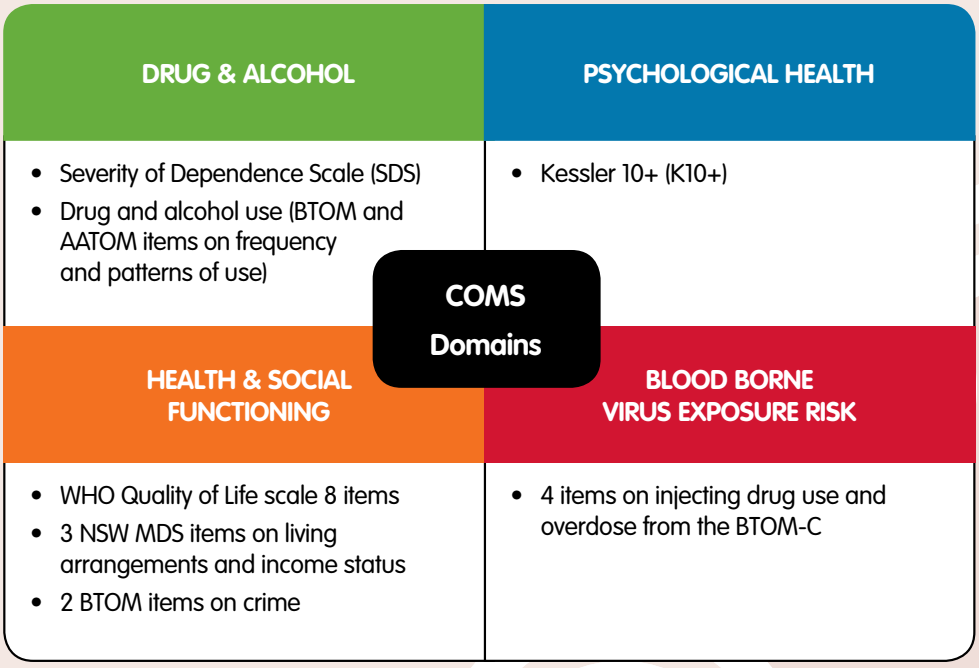
> "It is anticipated that the data system will provide the first step in a common approach to outcome measurement in the non government drug and alcohol sector and support the sector to collect information to inform individual client treatment planning, agency service/program development and sector-wide advocacy, planning and policy development" (NADA 2009:5).

As part of the process of outcome domain selection, considerations were made as outlined in the following table. These questions provide an insight into considerations made in selecting appropriate outcome measures.

PURPOSE
What is the tool designed to measure?
What is the evidence that the tool accurately and consistently measures what it was designed to measure, i.e. what are the psychometric properties of the tool (validity and reliability)?
APPLICABILITY
Is the measure appropriate for use in a range of service types (out-patient counselling and/or case management, short- and long-term residential rehabilitation)?
Is the measure appropriate for use with a range of client groups (e.g. Aboriginal people, people from culturally and linguistically diverse communities, young people and older people)?
Is the measure appropriate for use by a range of staff with varying levels of experience and expertise? How easy is it to use the tool (training/qualification requirements, administration, length, scoring, and interpretation)?
AVAILABILITY
Can the measure be incorporated into an online data collection system?

After careful consideration of these factors outlined above, and an extensive review of a range of brief, well-validated outcome measures as described in the ***NADA Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings*** (Deady 2009), the following measures were selected.

Figure 7. NADA Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings



3.3 DEVELOPING PERFORMANCE INDICATORS

Performance indicators are used to measure actual results. A performance indicator is a quantitative or qualitative unit of measurement that specifies what is to be measured along a scale or dimension. "Definitions of KPIs have a consistent thread, generally centred on quantifiable, measurable progress towards achieving agency goals and objectives." (State of Victoria 2010). An indicator should be designed to obtain performance data.

The following considerations can assist in devising appropriate performance indicators:

- **An indicator should help us to know about the expected result or outcome**
- **Indicators should provide the most direct evidence of the outcome or result they are meant to measure**
- **Data on indicators must be collected frequently enough to be useful to decision-makers (eg. Baseline, 3 months, exit, post treatment follow-up)**
- **Good indicators provide a sense of whether expected results are being achieved**
- **Indicators do not necessarily answer questions about why results are or are not achieved, or actions that should be taken to improve results.**

(DOHA and NADA, 2010: 10)

A useful approach to devising key performance indicators has been provided by the Department of Health in relation to the mental health sector in ***Key Performance Indicators for Australian public mental health services (2005)***.

Generic indicators when used at a program level to whole-of-system level should have all or some of the following qualities:

- **Be worth measuring:** The indicators represent an important and salient aspect of the public's health or the performance of the health system
- **Be measurable for diverse populations:** The indicators are valid and reliable for the general population and diverse populations (i.e. Aboriginal and Torres Strait Islander peoples, rural/urban, socioeconomic etc)
- **Be understood by people who need to act:** People who need to act on their own behalf or on that of others should be able to readily comprehend the indicators and what can be done to improve health
- **Galvanise action:** The indicators are of such a nature that action can be taken at the national, state, local or community level by individuals, organised groups and public and private agencies
- **Be relevant to policy and practice:** Actions that can lead to improvement are anticipated and feasible – they are plausible actions that can alter the course of an indicator when widely applied
- **Measurement over time will reflect results of actions:** If action is taken, tangible results will be seen indicating improvements in various aspects of the nation's health
- **Be feasible to collect and report:** The information required for the indicator can be obtained at reasonable cost in relation to its value and can be collected, analysed and reported on in an appropriate time frame
- **Comply with national processes of data definitions:** Selection criteria for sets of performance indicators

Section 4: Orienting Organisations to Performance Management

4.1 CREATING AN OUTCOMES-BASED ORGANISATIONAL CULTURE

Organisational change management encompasses all activities aimed at helping an organisation successfully accept and adopt new practices. A comprehensive and structured approach to change management is important to the success of any project that makes significant change within an organisation, and implementing enhanced performance management is no different.

Although use of the outcomes data set and data system may be considered a relatively minor shift in a practice, implementing a system for measuring client outcomes requires a culture shift from the current input and output focused measures that many organisations collect. The focus of measurement will shift from 'how much did we do?' to 'how well did we do it?'

> "If we really want evaluative thinking and practice to become embedded in individual and organisational practices, then we must also be acutely attuned to and focused on developing tools, processes and understandings about how new knowledge and skills are transferred to the everyday work of program staff and leaders" (Preskill, 2013; pg: 4)

When introducing or upgrading performance management, an organisation needs to enable the changes through enacting the following key aspects of performance management:

- Implementation and communication of the organisational strategic plan, which links key documents to and informs the core interventions of the program
- Board, managers and staff should all be provided clarity about what outcomes are a priority to the service and their relative roles within the implementation of an enhanced performance management approach
- The organisational corporate plan and goals need to be communicated to staff in order to inform, implement, integrate and prioritise key performance aspects into their practice
- Staff need to be able to understand the organisation's expectations, particularly regarding the introduction of any new performance measures
- The capacity to collect the necessary data is needed and the timeframes related to their collection, analysis and reporting need to be communicated and documented in business planning processes
- Support from the top of the organisation is crucial – a lack of synergy among staff (leaders and team) (Rapp et al, 2010) will impede the implementation of enhanced performance management, thus negatively impacting the roll-out of a performance management system.
- Appropriate skill sets and training for staff are necessary for the implementation of relevant performance measures needs of the organisation

> "Development of a successful accountability system works best when those people who will collect the data, use the data, and who have the technical expertise to understand the strengths and limitations of specific measures are involved in identifying indicators" (DOHA and NADA, 2010:10)

Wherever possible, the data that is collected by an organisation should be reviewed and explored so as to create a seamless feedback loop from data collection, collation, reporting, through to review. Staff and clients are more engaged with data collection if they can observe the ways it is used in continuous improvement. Creating an outcomes-based organisational culture is about bringing the data that is collected to life and giving it purpose in the daily activities of the service. Where an outcomes-based organisational culture has been established there will be a clear link between the desired outcomes for clients, the indicators of success for the outcomes, the strategic plan, best practice guidelines and government funder expectations.

4.2 ROLES FOR BOARD, MANAGEMENT, STAFF AND CONSUMERS

Ultimately the implementation of organisational changes is supported by those who work within in it. There are key roles and responsibilities regarding the implementation of performance management at all levels of the organisation and these should be clearly articulated at the beginning of the process. Creating a sustainable and effective performance management process requires input and support from the Board, management team, staff team and consumers. In this section some of the key responsibilities and areas for consideration for those involved in the organisation are presented.

The role of the organisation's Board is one of governance and the development of critical foundation documents such as the mission and strategic plan. Identifying the direction and specific focus of the organisation helps inform performance management implementation. As articulated in the NADA Governance Toolkit (2011) the core responsibilities of the Board are:

- plan strategically for the future so that the organisation is in a better position to achieve its mission
- ensure the organisation is currently viable – that it is legally compliant, financially solvent, and that risks are managed well
- manage and represent the organisation's membership.

Questions managers and Board members should explore:

- **What do managers and Board members believe about the value of performance measurement and evaluation?**
- **How might performance management be implemented into the organisation?**
- **How and what data does the organisation use for decision making?**
- **What inhibits organisation managers from using findings of the data that is collected?**
- **How would organisation managers and Board members like to learn about enhanced performance management practices?**
- **What would it take to build and sustain evaluation support?**
- **At what depth should the Board and managers learn about evaluation?**
- **What strategies and tools are most effective for building managers' capacity in the areas of performance management?**

(Preskill, 2013:2)

It is useful for the Board to be involved in the implementation of enhanced performance management at the beginning and to assist in guiding the process while supporting the management team. This may mean educating the Board about the importance of performance management and what it entails.

The management team has similar responsibilities to that of the Board; however it will be necessary to provide explicit leadership to staff regarding the use and significance of adopting an enhanced performance management framework.

While the core focus of the management and staff team can differ on a day-to-day basis, the roles should inform each other in a continuous feedback loop. It is useful to consider the differences in focus between management and staff teams within an organisation in order to develop an implementation plan that aligns with each role appropriately.

FOCUS OF MANAGEMENT TEAM	FOCUS OF STAFF TEAM
Funding requirements and strategic negotiations	Assessment and admissions
Advocating for the organisation	Treatment planning and case management
Staff (HR)	Facilitation of interventions
Treatment trends and research	Day to day management of clients
Target group and program alignment	Treatment completion and referral

Data collection is primarily the responsibility of the staff group, while the reporting of results from the data is primarily the responsibility of the management team. It is for this reason that identifying how to bridge this gap is useful. Most importantly, the results/outcomes of the data will be only useful if the data being inputted is accurate. Staff therefore need to have an understanding of what they are specifically being funded to provide and how it will be reported. Data reporting should be regularly tabled in a variety of forums from case reviews through to funding submissions.

Staff should have a sound understanding of the evidence base that underpins the programs and interventions they deliver, and have a sense of philosophical alignment with the strategic direction of the organisation.

Staff need encouragement to see the value in engaging in a performance management process because of the improvements gained to the work they perform and the impact it may have on the outcomes for their clients. In order to facilitate quality data collection, staff need to be provided the tools, training and time. A thorough audit of business processes within an organisation will assist staff to identify the inclusion of data input, analysis and reflection as part of their work activities – as opposed to an add-on to their work day. A consultative and inclusive implementation process that follows the principles of change management will be effective in embedding performance management into organisational culture.

Challenges that staff face implementing enhanced performance management also need to be considered and may include:

- time pressures
- mixed messages about the importance of engaging in evaluation
- seldom seeing others using evaluation results
- and rarely using evaluation results for their own programmatic or strategic decision making (Preskill,2013:2).

Efforts should be made to address these potential barriers when implementation commences. More detail on change management processes can be found in the NCETA Organisational Change Toolkit 2005.

Consumers have a role in exploring data collection policy, specifically regarding privacy and use of data and the review of appropriate measures. Consumers may also be able to provide support and advice regarding the collection of follow-up data. More detail regarding consumer participation can be found on the ***NADA website*** and in the ***National Resource for Consumer Participation in Health***.

Consumer participation in performance management implementation requires planning and support. It is essential for an organisation to review business processes in order to improve consumer participation, and enhanced performance management is no different. There are a number of areas where consumers may be invited to provide input or review aspects of the implementation process. A useful checklist to audit consumer participation is provided here:

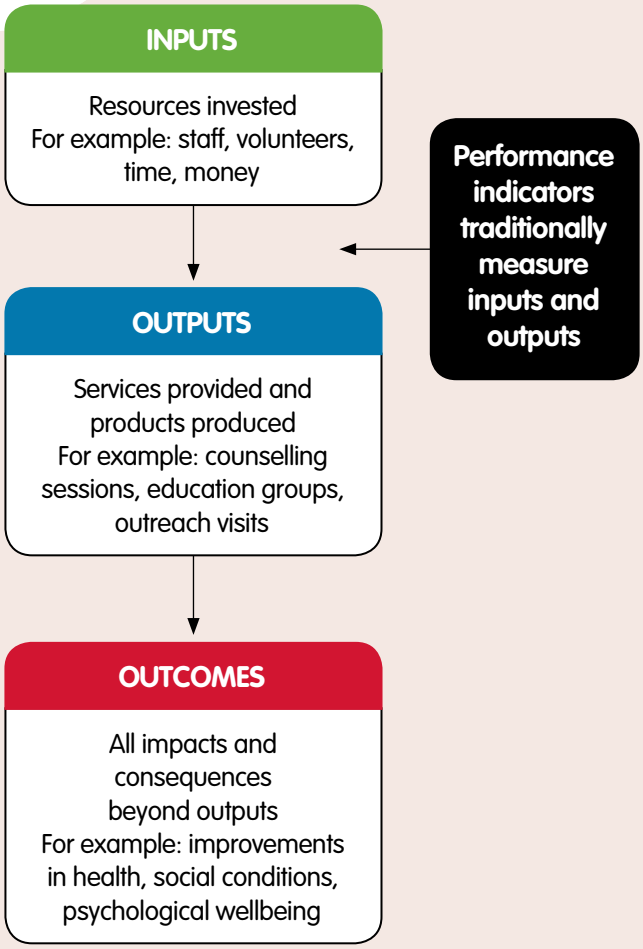
LEVEL OF INVOLVEMENT	Participate	No opportunity	Not applicable	Review date
Consumers - required activities				
Use available information and support to stay informed and make decisions about their care and treatment	☐	☐	☐	☐
Participate in the development of consumer information resources	☐	☐	☐	☐
Participate in governance, planning, and safety and quality improvement activities through structures such as community advisory committees (CAC) and quality committees	☐	☐	☐	☐
Participate in the development and evaluation of programs, system redesign and health promotion strategies	☐	☐	☐	☐
Provide feedback to health services on quality of care received, including experience, satisfaction, compliments and complaints	☐	☐	☐	☐
Utilise the Office of the Health Services Commissioner (OHSC) when the health service response to a complaint has been inadequate	☐	☐	☐	☐

Department of Human Services Victoria 2005

4.3 DATA COLLECTION AND REPORTING

Most data collection in the not-for-profit or community sector currently focuses not on outcome measurement but on the measurement of inputs and outputs (as illustrated by the diagram below). With the shift in emphasis around wanting to know all the impacts of treatment provided to AOD sector clients, outcome measurement is now a central aspect of data collection and reporting. While information about the inputs and outputs of AOD organisations remains important, enhancing performance management is about being able to clearly identify whether what we do actually makes a difference to the clients we provide services to. In this section the process of data collection and reporting will be explored with tips on how to develop a data collection strategy. As previously outlined in Section 2, a data collection strategy sits alongside the client journey and is informed by phases or stages within the treatment/intervention process.

Figure 8. Performance indicators traditionally measure inputs and outputs



Details to include in the data collection strategy are:

- the types of data being collected
- measures and approaches to data collected
- the rationale behind the selection of data collection instruments
- the frequency of data collection
- about whom the data is being collected
- how the data will be collected, analysed, reported and stored
- privacy and consent related to data collection, storage and reporting.

The reporting of data can take many forms, beyond those required by funding bodies. An example of collecting performance management data:

1. **An intervention is designed to reduce harmful drug use behaviour (Policy – Harm reduction).**
2. **The performance measure is: Increased knowledge of harmful drug use.**
3. **The indicator would be to: Increase levels of safer drug use (behaviour).**
4. **Behaviour change needs to be measured 'over time'; therefore, baseline data would need to be obtained regarding levels of harmful drug use upon admission.**
5. **Follow-up data would need to be obtained post exit from the program.**

(Preskill, 2013:2)

DATA COLLECTED	
Output data	# of clients who are using drugs more safely (numbers attending groups)
Outcome data	% of input (effort – groups) relative to intervention outcome. How well did we do in assisting clients to use drugs more safely relative to the effort put into facilitating the intervention?
	Qualitative data. In what ways are clients using drugs more safely (outcome data regarding behaviour change)?

Section 5: Resources, Tools and Templates

5.1 CHANGE MANAGEMENT TEMPLATE

[Insert organisation name] [Insert logo]

CHANGE MANAGEMENT PLAN	
1. CHANGE IDENTIFICATION	
1.1 Scope of Change	• Broadly describe the change and its rationale • How far reaching within the organisation is the change? • Define the context and challenges surrounding the implementation.
2. CHANGE SPECIFICATIONS	
2.1 Process Change	• What are the major changes to processes? *(You may need to break this down into components, e.g. intake and assessment, clinical review, data entry, staff supervision)* • What is going to be done differently? • Which policies and procedures need to be changed?
2.2 Human Resources	• What roles within the organisation are affected, and how? • What work practices will be affected?
2.3 Communication	• How will implementation of the Treatment Outcomes Data Collection System be communicated within the organisation? • Who are the organisation's key stakeholders that are likely to be affected (clients, funding bodies, other services)? • How will the organisation ensure clients and stakeholders are informed about the implementation of the system?
2.4 Other considerations	• What costs may be generated by participation (time, workload, other resources)? • How will the organisational culture be affected by this change?

[Insert organisation name] [Insert logo]

ACTION PLAN			
	ACTIONS	**RESPONSIBLE PERSON**	**TIMEFRAME**
Process Change 1 Activities (e.g. Intake and Assessment)	For example: Review and amend intake and assessment policies and procedures (flow chart)		
Process Change 2 Activities (e.g. Data Entry)	For example: Review and amend data entry protocols and procedures (flow chart)		
Process Change 3 Activities (e.g. Clinical Review)	For example: Add 'outcomes' as a standing agenda item at clinical review meetings		
Process Change 4 Activities			

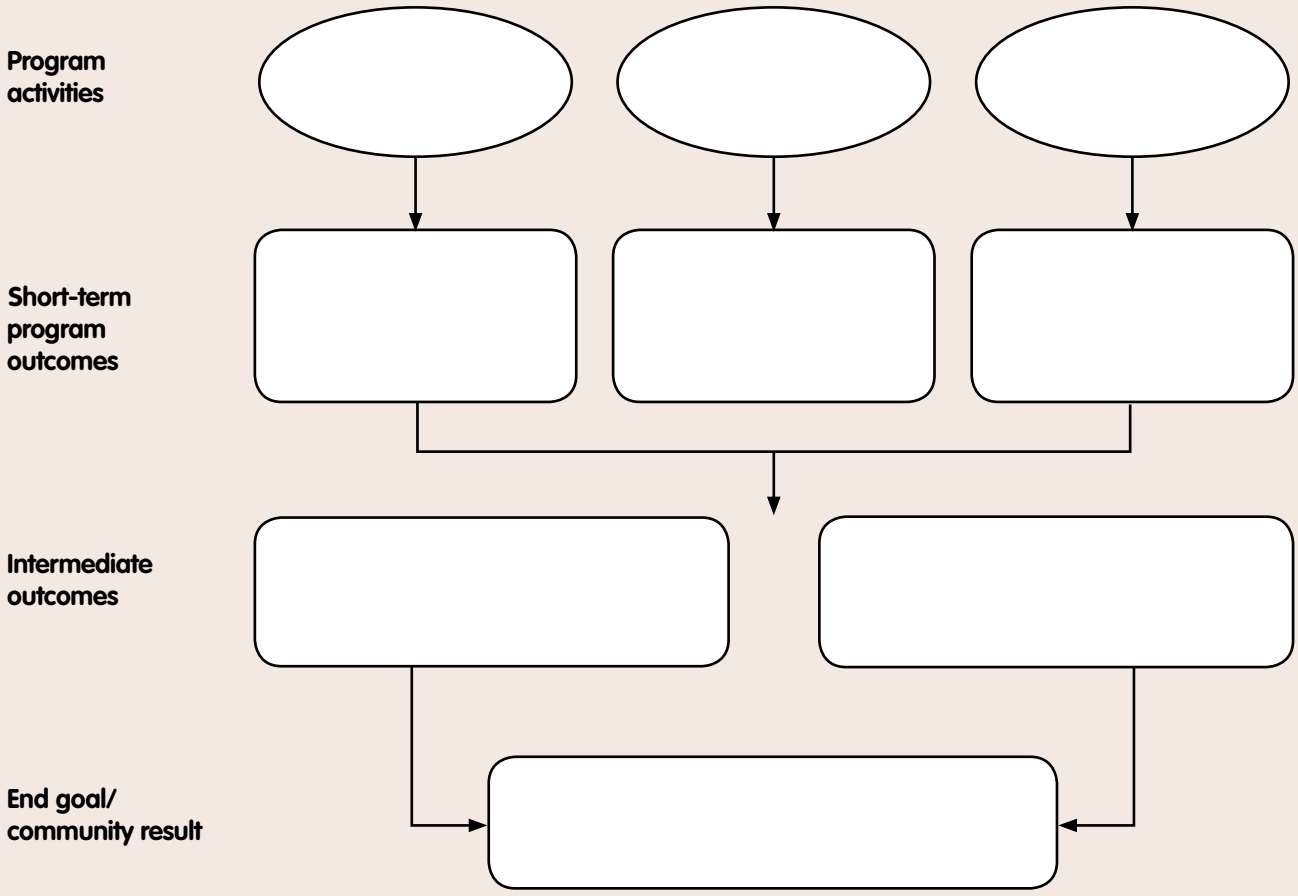
ACTION PLAN *continued*			
	ACTIONS	**RESPONSIBLE PERSON**	**TIMEFRAME**
Human Resources Activities	For example: Revise position descriptions for lead staff involved in implementing Treatment Outcomes Data Collection System		
Communication Activities	For example: Add 'Implementation of Treatment Outcomes Data Collection System' as a standing agenda item at staff meetings		
	For example: Update client consent forms to include the collection of information to monitor outcomes		
	Include activities for other stakeholders of the organisation		
Implementation Monitoring Activities	For example: Include discussion of Treatment Outcomes Database at staff supervision meetings		
	For example: Conduct systems audit to monitor use of Treatment Outcomes database (e.g. percentage of clients with outcomes information entered on at least two occasions)		

5.2 OUTCOME TEMPLATE

[Insert organisation name] [Insert logo]

OUTCOME TEMPLATE

OUTCOME MAP: Template 1#



IBM On Demand Community

5.3 PERFORMANCE MANAGEMENT SELF-ASSESSMENT

Performance Management Self Assessment Tool and Guide: Turning Point Performance Management National Excellence Collaborative, 2004

5.4 RESOURCES

Government grants and tenders

Information about supplying services to the NSW Government can be accessed at: ***www.procurepoint.nsw.gov.au***

Integrated Care Branch: ph. (02) 9391 9184

The Grants Management Improvement Taskforce Report can be accessed at: ***www.health.nsw.gov.au/business/partners/Documents/gmip-taskforce-report.pdf***

NSW Health tender information, including policies and registering for tender notices, can be accessed at: ***www.tenders.nsw.gov.au/health/?event=public.home***

Planning, Monitoring and Evaluation at Mental Health and Drug & Alcohol Office (MHDAO) ***www.health.nsw.gov.au/mhdao/Pages/pe-mhdao.aspx***

Guidelines and Best Practice Resources

This page contains links to guidelines and plans by the NSW and Commonwealth Governments relating to drug and alcohol and/or mental health policy and service delivery ***www.nada.org.au/resources/guildlinesandplans***

NSW Health Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines ***www.health.nsw.gov.au/policies/gl/2008/pdf/GL2008_009.pdf***

Young People Mental Health Guidelines NSW Health ***www.health.nsw.gov.au/policies/gl/2014/pdf/GL2014_002.pdf***

Supporting Families and Carers of Drug and Alcohol Users (NSW Health) ***www.health.nsw.gov.au/mhdao/Pages/family-da-support.aspx***

Co-Morbidity Guidelines (NDARC) ***http://ndarc.med.unsw.edu.au/resource-type/comorbidity***

Partnerships in Health Resources

Partnerships for Health can be accessed at: ***www.health.nsw.gov.au/business/partners/Pages/gmip-taskforce-report-response.aspx***

Outcome measures

A Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings - Network of Alcohol & other Drug Agencies (NADA) as part of the Drug and Alcohol and Mental Health Information Management Project 2009 ***www.nada.org.au/media/7678/review_of_measures_09.pdf***

Outcome measures, Te Pou, New Zealand ***www.tepou.co.nz/outcomes-and-information/outcome-measures/28***

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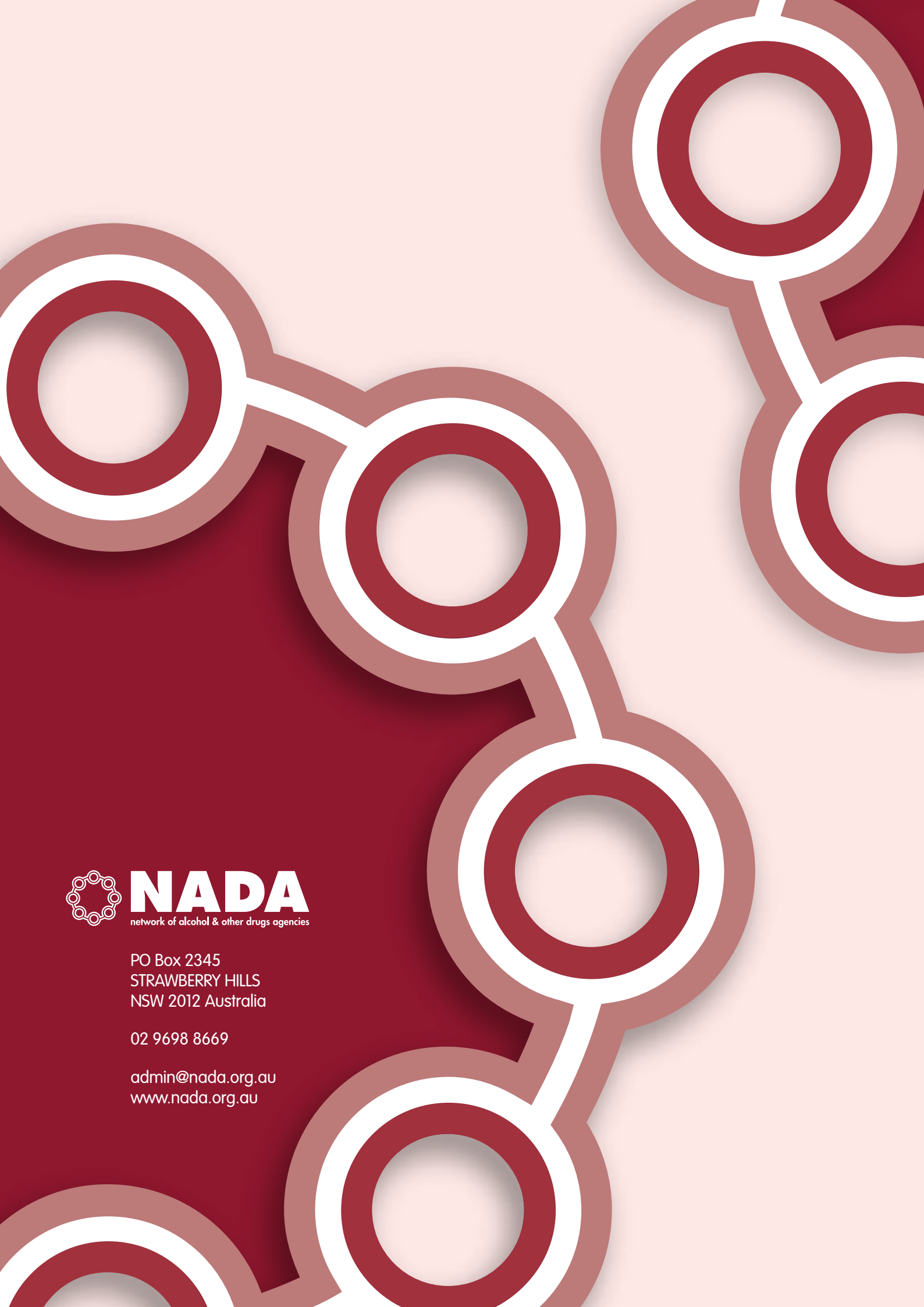

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