



NGO Drug and Alcohol and Mental Health Information Management Project

Background Paper

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The Network of Alcohol and Drug Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW. NADA's mission is to provide strong leadership and support for members to ensure the provision of sustainable best practice drug and alcohol service delivery in NSW.

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Abbreviations

ACHS	Australian Council on Health Care Standards
AHS	Area Health Service
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
BTOM	Brief Treatment Outcome Measure
DADC	Drug and Alcohol Data Coordinator
DoHA	Australian Government Department of Health and Ageing
IDDI	Illicit Drug Diversion Initiative
MDS	Minimum Data Set
MERIT	Magistrates Early Referral Into Treatment
MHCC	Mental Health Coordinating Council
MH-OAT	Mental Health Outcomes and Assessment Tools
NADA	Network of Alcohol and Drugs Agencies
NDARC	National Drug and Alcohol Research Centre (UNSW)
NGO	Non government organisation
OATSIH	Australian Government Office of Aboriginal and Torres Strait Islander Health
QMS	Quality Management Services
QNADA	Queensland NADA
RCOM	Routine Consumer Outcome Monitoring
WFD	Workforce Development

Purpose of this paper

This paper has been developed as part of the NGO Drug and Alcohol and Mental Health Information Management Project being undertaken by NADA. This background paper intends to inform non government drug and alcohol service providers and key stakeholders of the project and to provide a context which the project is operating within.

A subsequent overarching project plan and more detailed action plans will be developed to guide the implementation of the NGO Drug and Alcohol and Mental Health Information Management Project.

Introduction

The association between mental health and drug and alcohol use is well recognised. In recent years there has been an increasing focus on how best to identify and work with clients presenting with both drug and alcohol and mental health issues. The interest in this area has been driven largely by drug and alcohol service providers, research bodies, policy makers and funding bodies.

In terms of screening, assessment and data collection for drug and alcohol misuse, mental health issues or both (also referred to as comorbidity or dual diagnosis), there is inconsistency across all levels - national, state, government and non government, drug and alcohol and mental health sectors, and individual service providers. Numerous screening, assessment and outcome tools are in use, with still more being developed and implemented. The challenge for many service providers is to identify what tools are best suited for them and their clients, how to increase the skill and training of staff in the full use of tools, and how to capture and use the information collected.

Since 2003-04, there has been an injection of funds from national and state funding bodies aimed at improving service coordination and treatment outcomes for clients with drug and alcohol and mental health issues. Many strategies have been developed and implemented that go towards meeting these goals. One such strategy, the National Comorbidity Initiative, identified that there is a range of data sets that describe comorbidity in the Australian population and the many types of services accessed by this group, though the area of client outcomes was not universally well addressed.

The NSW non government drug and alcohol sector has a history of engaging in routine client data collection and to some extent client outcome measures. NSW Health funded agencies have collected and used MDS since its inception in 2000. A number of agencies were also involved in the NADA client health outcomes project in the late 1990s prior to NDARC developing the BTOM. Several agencies have continued to collect BTOM data since it was implemented in the early 2000s. Quite a few agencies have developed their own data sets for use at a local level, with varying paper and electronic systems used to collate the data and provide aggregated reports.

NADA currently provides an on-line MDS and BTOM collection and reporting system for its members, and has done so since 2000 and 2003 respectively. This system is continually being upgraded with greater functionality and has since been adopted by QNADA for use with its' member agencies. NADA has also taken steps to develop a broader client information management system, though a lack of financial resources has limited what can be achieved. A scoping exercise of members, conducted by NADA in 2007, identified the

need for a client information system that enabled agencies to collect client information that was both useful to the agency and contributed to their various reporting requirements.

For the sector as a whole, apart from MDS, there is no standard data, service or outcome measures used. This can limit our understanding of the client groups we are servicing, what services are being provided and what impact we are having. It also affects the sector's capacity to advocate for more appropriate resources and areas of priority. Therefore, the objective of the NGO Drug and Alcohol and Mental Health Information Management Project is to develop and implement a system for measuring routine client outcomes with non government drug and alcohol treatment organisations.

Brief historical, policy and service context

Policy and funding and environment

The 1999 Drug Summit saw a greater injection of funds to both the government and NGO sector for the provision of drug and alcohol service delivery. It also endorsed the implementation of a minimum data collection, as part of a coordinated strategy to monitor outcomes for drug and alcohol services in NSW. All service providers are required to collect and report on NSW MDS and/or NMDS. However, NSW MDS and NMDS are limited in its capacity to provide clinical guidance or to inform the development and planning of service delivery.

Traditionally, treatment outcomes research has been in the domain of the research sector. Yet routine outcome measurement provides service providers the opportunity to establish whether treatment has beneficial impact with the client. With a growing focus on quality in care at a Commonwealth and state level, all service providers are required to demonstrate greater alignment to evidence based/evidence informed practice and treatment outcomes.

The mental health and drug and alcohol or 'comorbidity' driven agenda of the past few years has benefited the drug and alcohol sector with a recognition of the complexities in working with this client group, and an increase in funding, resources, and workforce development opportunities. Both the Commonwealth '*Improved Services for People with Drug and Alcohol Problems and Mental Illness*' and the NSW Health '*A New Direction in Mental Health*' have components that go toward improving data collection systems and treatment outcome measuring.

Whilst an increase in funding and a greater involvement in contribution to policy for the non government drug and alcohol sector is welcomed, there is an increasing burden of compliance and reporting which in some ways counterbalances the positive impact for services and clients that increased and varied funding provides. The collection and use of client outcome data can be used across reporting requirements, service planning and clinical decision making with clients.

A minimum data set for drug and alcohol services

Development

In 1995, the Alcohol and Drug Council of Australia (ADCA), as the national peak body for non government drug and alcohol sector, held a forum which looked at the barriers between

research and service delivery. One of the recommendations from the forum was the development of a national minimum data set for alcohol and drug treatment services.

A feasibility study was subsequently funded that found some data was collected by agencies but they were not recorded or were reported inconsistently. This led to phase two – the development of the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS), overseen by the then Commonwealth Department of Health and Aged Care. All states and territories agreed to the national collection of a defined set of treatment data elements with data collection commencing in July 2000. This data set was a subset of the agreed NSW Minimum Data Set for Drug and Alcohol Treatment Services (NSW MDS DATS).

Scope

All NSW Health funded agencies that provide specialist services to people with alcohol and/or other drug and/or gambling problems are required to collect NSW MDS DATS. The NMDS data, as a subset, is then forwarded to relevant Commonwealth bodies for collation.

Intent

The intention of a minimum data set for drug and alcohol is that consistent information about clients and activities of drug and alcohol services is available to inform planning and policy development in a broad sense.

Systems of collection

The NSW MDS DATS is collected by several means. Government service providers use a computer-based system called Matisse. The data is extracted from Matisse and forwarded to each AHS Drug and Alcohol Data Coordinator (DADC) who then reports collated data to NSW Health. NMDS is then forwarded to the Australian Institute of Health and Welfare annually.

Non government service providers have the option of using an on-line data collection system operated by NADA. This allows agencies to log-in to the database from any computer to enter the data, rather than collecting it on a single computer. On behalf of the agencies, NADA creates the relevant reports and forwards them back to the agency, the AHS DADC and, where relevant, the Commonwealth Department of Health and Ageing.

Other NSW drug and alcohol data sets

NADA Health Outcomes

The NADA Health Outcomes data set was collected for approximately two years in the late 1990's, with 10 non government agencies involved in pre and post treatment client data collection and reporting. Areas that the data set examined were client risk behaviours, drug use, crime, accommodation, employment and education, income and personal relationships. The SF36, measuring health and well-being, was also included in the data set.

Agencies were responsible for collecting the data from clients and for entering it into a specifically designed database. NADA was responsible for analysing and reporting on the data to the individual agencies and as a whole.

The final report for the NADA Health Outcomes Project demonstrated general improved outcomes for clients post treatment across most domains examined. The report also highlighted several implementation issues for the agencies involved and for NADA as the lead agency, namely the resourcing (project operating, staff and computer) and skill development needs of the involved agencies. One recommendation from the report has

since become a reality with the ongoing funding of an Information Technology Officer in NADA to support the sector's data collection and reporting requirements.

The implementation of the NDARC developed BTOM saw the demise of the NADA Health Outcomes data set as the latter was not validated as is the BTOM.

Brief Treatment Outcome Measure (BTOM)

The BTOM for clients receiving opioid maintenance pharmacotherapy was developed by NDARC and NSW Health as a treatment-sector wide, standardised outcome monitoring system. BTOM incorporates NSW MDS, with treatment outcome measured by scales developed or adapted from other instruments across the domains of drug dependence, blood borne virus exposure risk, drug use, health, psychological functioning and social functioning. Additional treatment specific modules have been incorporated into BTOM for a range of service types – counselling, residential rehabilitation and detoxification.

NADA incorporated BTOM into the NADA on-line data collection system. However, whilst a number of NGO service providers opted in to BTOM data collection, the uptake was not widespread. For a number of reasons, the NGO sector was reluctant to fully engage in BTOM data collection, and this unfortunately has been the extent of standard outcome measures being used by the sector as a whole.

Magistrates Early Referral Into Treatment (MERIT) Program Health Outcomes

The MERIT Program, based in NSW Local Courts, provides adult defendants with drug problems who are eligible for bail the opportunity to receive individualised drug treatment. Program duration is approximately three months, with participants allocated a case worker that provides drug treatment and/or refers to relevant treatment interventions and ancillary services.

The MERIT Program objectives include decreased drug related crime and illicit drug use, and improved health and social functioning. These objectives are measured using a standard set of questionnaires at the client's entry to and exit from the program. Information is entered into a specifically designed database that is able to provide individual client entry and exit questionnaire scores to demonstrate health and social changes over a short period of time. The database administrator is able to provide each agency with collated reports as well as create whole of program reports.

Part of the success of the MERIT Health Outcomes data set is that the instruments selected are reliable and validated, and that the data set as a whole is able to be administered by all treatment staff with scores readily available and easily interpreted.

Currently, there are two NGOs providing full MERIT program services and using the MERIT database.

Australian Alcohol Treatment Outcome Measure – Clinician (AATOM-C)

The AATOM has been developed by NDARC to identify outcome variables for alcohol treatment. AATOM-C is for use by clinicians while AATOM-R is for use by researchers. The AATOM-C comprises of client health and well-being, current alcohol/other drug use, alcohol dependence and treatment goal measures.

Mental health data collection

NSW government mental health services use a data collection system called mental health outcomes and assessment tool (MH-OAT). This data set aligns with the Australian National Outcomes and Casemix Collection (NOCC) - the collection protocol for the reporting

requirements of the outcomes and casemix components of 'Agreed Data' endorsed by state and territory Health Ministers.

MH-OAT provides a systematic and standard way for government mental health clinicians to document and provide care for clients. MH-OAT includes a number of instruments measuring psychological distress, life skills and general functioning, and is designed to be used along the continuum of client care – intake, admission, case review and discharge/exit.

The Mental Health Coordinating Council (MHCC) is leading the development of an information strategy which includes routine consumer outcome monitoring (RCOM) and a minimum data set for non government mental health services – the strategy is called 'Mapping the Difference We Make'. There is currently no standard data collection across NGO mental health services.

Drug and alcohol service delivery

The type of client and service data collected across the NGO drug and alcohol sector varies, as does how it is collected and stored, and how that information is used. Brief scoping exercises carried out by NADA in 2006 and 2007 identified that some organisations collect only required data items (such as MDS), some collect data in addition to those required for compliance purposes but do not appear to make use of the data, while others did use some of the data for their own planning purposes.

Both the NADA Training Needs Assessment (2007) and the NSW Alcohol and Other Drug Non Government Sector Workforce Profile and Issues report (2008) identify comorbidity as an area needing to be addressed both in training and service delivery design.

The variation in data management practices across the sector may be attributed to a multitude of factors, including the range and level of intensity of service types 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 the data can support organisation planning and advocacy.

Quality Improvement

A quality improvement approach can support continuous service improvement in the drug and alcohol sector. NSW Health funded drug and alcohol service providers now engage in a quality improvement process with an accredited provider as part of their funding and performance agreements.

DoHA and OATSIH encourage funded drug and alcohol service providers to engage in a quality improvement process.

Standard 4 (Information Management) of the Australian Council of Health Care Standards (ACHS) identifies that *"There are increasing requirements for information management to support organisational performance and service delivery"*. This applies to both the business and administration of the service as well as the clinical service delivery.

The Quality Improvement Councils' (QIC) Health and Community Service Standards have two standards that relate directly to the collection and use of client data. Standard 1.5 – *'Knowledge (including research and the collection, storage and sharing of information) is managed in a systematic, ethical and secure way, and the organisation uses it to inform service review and development'* – seeks evidence that demographic and research data is used to improve outcomes for its consumers. Standard 2.2 – *'Planning and provision of*

services and programs focus on positive outcomes for agreed consumer and community needs' – seeks evidence that the organisation gathers and uses service outcome information.

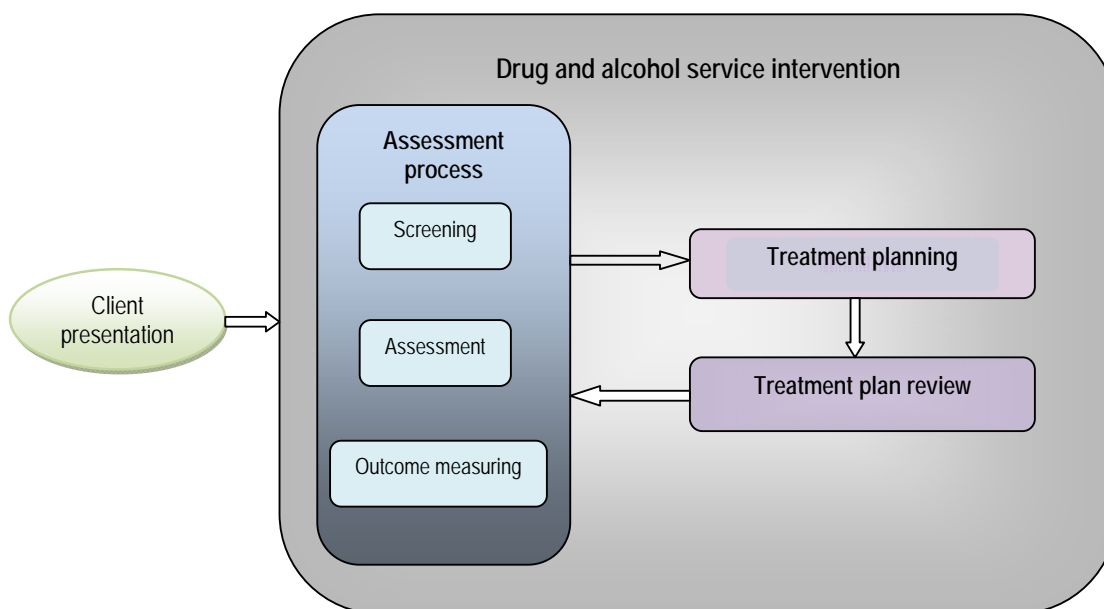
Both of these sets of quality improvement standards provide a framework for the collection and use of client and service data, while allowing freedom for organisations to determine what data, when to collect it and how best to use it.

Screening, assessment, outcome measuring and treatment planning

Integrated client screening, assessment, outcome measuring and treatment planning

Screening, assessment, outcome measuring and treatment planning are integrated activities that support clients to address problematic drug and alcohol use and mental health issues.

The diagram below demonstrates the relationship between the assessment process and individual client treatment planning.



Screening

In the drug and alcohol sector, screening may be described as an initial procedure to detect the possible presence of other disorders or problems, particularly mental health issues. It does not determine whether a disorder or problem actually exists, rather identifies symptoms which may indicate the presence of a disorder. Screening is used as part of the full client assessment - screening is not the assessment per se.

As a part of routine practice, screening can identify symptoms that may not be outwardly obvious, thus detecting areas for further investigation with the client. It also provides opportunity for brief intervention with clients.

Examples of validated screening tools used in the drug and alcohol sector:

- *PsyCheck Screening Tool*
- *K10 (Kessler 10 Distress Scale)*

Assessment

Client assessment is the process taken to develop rapport with the client and to gather information about the client so that a treatment plan can be developed and/or reviewed. This ongoing process of assessment is likely to include both informal and standardised techniques. Use of particular assessment tools may be triggered by the screening procedure where symptoms of a possible disorder are identified. Whilst assessment tools may support the development of treatment planning, such instruments alone cannot be used to make a diagnosis or provide adequate information to understand a client's treatment needs. It is also worth noting that the majority of drug and alcohol treatment workers do not and should not make 'diagnoses', rather identify issues and link with appropriate services.

Example of an informal assessment used in the drug and alcohol sector:

- *Agency's own assessment through client interview/s, including presenting issues, drug use, physical well-being, medical and personal history, risk assessment, mental state, strengths, etc.*

Example of a standard assessment tool used in the drug and alcohol sector:

- *SF36 or SF12 (Social Functioning Scale)*
- *AUDIT (Alcohol Use Disorder Identification Test)*

Outcome measuring

Standard measures of assessment can be used to identify changes in a client's drug/alcohol use, health, wellbeing, social functioning and circumstances. An outcome is obtained by the collection and comparison of standard data (the measure) over a period of time, commonly at treatment entry, mid-point and exit. There are a range of tools used to measure treatment outcomes, some may be validated while others are not, yet practical and sufficient.

Outcome information can be used by the client, the clinician and the service provider. Importantly, outcome information can form part of the evaluation of treatment interventions, leading to informed and reflective practice.

Example of an outcome measure data set used in the drug and alcohol sector:

- *BTOM (Brief Treatment Outcome Measure)*

Treatment planning

Treatment planning, in partnership with the client, is the development of interventions that support the change of a presenting problem or disorder. Treatment planning is informed by a comprehensive assessment, matched to an individual's needs and goals, and reviewed regularly.

Why undertake drug and alcohol and mental health screening, assessment and outcome measuring?

Both research and experience indicates that mental health issues among clients presenting for drug and alcohol treatment is not uncommon and that these issues impact on client functioning, treatment engagement and treatment outcomes. Screening helps to identify individuals whose mental health requires further investigation. The use of structured screening and assessment provides for informed decision making when treatment planning and reviewing.

The use of outcome measures by treatment providers is a key component of a client focused and informed practice. Whilst there is an element of administration and statistics, the information collected can be used clinically with individual clients, by the organisation in quality and service planning and by the broader sector in advocacy and policy contribution.

Outcome measuring goes beyond data collection towards building evidence that the non government drug and alcohol sector plays a key role in the provision of effective drug and alcohol treatment programs.

What screening, assessment and health outcome tools to use?

In selecting screening/assessment tools, criteria includes:

- reliability (ability to consistently detect the disorder)
- validity (how accurate the screen is in detecting the disorder)
- specificity (can it identify those *without* the disorder)
- sensitivity (accuracy in detecting those *with* the disorder).

Consideration must also be given to the setting where the screening and assessment is undertaken and how fully the information can be utilised. For example, it may be interesting to collect data on a whole range of issues, but if it is not relevant to the client's treatment, needs, wants and planning, or the service provider, there is questionable value. Of particular importance, is the availability of the tool (cost, licences, etc) and who can use the tool (training, qualifications, etc).

Whilst it is not possible to recommend one tool across all settings, for all mental health concerns and for all client groups, research and experience can point us in the direction of a range of screening and assessment tools and outcomes measures that can be applied and well utilised by the non government drug and alcohol sector.

The identification of relevant tools, measures and systems will be an early part of the NGO Drug and Alcohol and Mental Health Information Management Project. Consultation with service providers and those with expertise in related research and information management will inform the selection of tools and measures.

NGO Drug and Alcohol and Mental Health Information Management Project

Background

Increasingly complex client presentations, especially relating to the presentation of co-morbid mental health and drug and alcohol problems, have been noted by drug and alcohol services for a number of years.

Comorbidity and mental health specific client information is not routinely collected by the drug and alcohol sector despite the fact that a large proportion of clients have symptoms of mental illness in addition to drug and alcohol use issues.

As part of the NSW Health strategy '*A New Direction in Mental Health*', NADA has been provided a grant to undertake an information management project over a four year period. This project supports the sector in the provision of quality care and planning for clients with drug and alcohol and mental health issues. The project will build the capacity of agencies to assess and measure outcomes for clients with drug and alcohol and mental health issues.

Objective

The objective of the NGO Drug and Alcohol and Mental Health Information Management Project is to develop and implement a system for measuring routine client outcomes with non government drug and alcohol treatment organisations.

Outcomes

The broad outcome for the NGO Drug and Alcohol and Mental Health Information Management Project is to improve treatment outcome measuring for clients presenting to non government drug and alcohol treatment agencies with drug and alcohol and mental health problems.

The target outcomes for the NGO Drug and Alcohol and Mental Health Information Management Project are:

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

Outputs

The following outputs are to be delivered by the project:

1. A client treatment outcome measuring tool for use by non government drug and alcohol organisations
2. An on-line data collection system for the capture and reporting of client treatment outcomes
3. Resources to support the use of routine client treatment outcome measures and the on-line data collection system (i.e. User Guides, Data Dictionary, training).

Implementation

The project will be implemented over a four year period as detailed below:

Phase 1: Initiation	
Key Activities	<ul style="list-style-type: none">○ Recruit Project Manager○ Develop project plans○ Establish Project Advisory Group
Phase 2: Delivery	
Key Activities	<ul style="list-style-type: none">○ Member consultation, scoping and information activities○ Identify 'flagship' group of agencies to be involved○ Compile data set and treatment outcome measures○ Develop on-line data collection system○ Pilot data collection○ Develop support resources – data dictionary, etc.○ Implement training and support structures○ Commence routine treatment outcome measure collection
Phase 3: Closure	
Key Activities	<ul style="list-style-type: none">○ Project evaluation○ Develop recommendations/proposals for ongoing program○ Final reporting

Project Management

Governance

NADA has ultimate accountability and responsibility for the project and for ensuring the project complies with the Funding and Performance Agreement with NSW Health.

The Project Manager is responsible for leading the development and implementation of the project so that project outcomes are achieved. The project team may include other NADA staff who contribute to the project as needed, particularly where this project relates to other program areas and activities of NADA.

The Project Advisory Group will include NADA member representation as well as external experts in the area of research, data management, mental health, and drug and alcohol policy and service delivery. The Advisory Group will exist for the life of the project and is responsible for providing advice and guidance on project planning and implementation.

Consultants and contractors may be engaged by NADA to undertake specific areas of work as part of the project. The consultants and/or contractors will enter into contracts/agreements with NADA that clearly detail deliverables and payment.

Reporting requirements

The Project Manager provides progress reports to NSW Health as per the funding and performance agreement. In this instance, end of financial year reports will be forwarded to the relevant officer, with the project final report to include the project evaluation.

Progress reports are provided to the NADA Board, including relevant subcommittees, as required.

Progress and implementation issues are raised at the Project Advisory Group for discussion and advice. The NADA Board, including relevant subcommittees, may act as a forum for the discussion of progress and implementation issues.

NADA's internal operations allow for project coordination across the team and across program areas.

Stakeholder and member communication

A project communication strategy will be included in the project implementation plan to ensure NADA members and stakeholders have access to current and usable information about the project and its activities.

The Project Manager will utilise a range of communication tools including:

- NADA website
- NADA member fortnightly email update
- NADA Advocate newsletter
- developing project 'Fact Sheets'
- information and consultation sessions with NADA members
- presentation at the NADA Conference
- visits to member agencies.

Related projects and programs

The NGO Drug and Alcohol and Mental Health Information Management Project links strongly with NADA's Strategic Framework 2008-2010, particularly in the area of '*Sector Capability and Capacity Building*'. The related initiatives of support for staff training and development and promotion of evidence based practices will be reflected throughout this project.

Specific NADA projects that this project will align with include:

- National Comorbidity Initiative '*Improved Service Initiative*'
- IDDI 'Workforce Development Project/s'
- quality improvement support through ACHS and QMS
- information technology and MDS management
- policy and advocacy activities regarding NGO compliance and reporting requirements.

The project is also cognisant of broader policy developments within NSW Health and Commonwealth Government, i.e. data management, mental health, reporting and compliance requirements.

Evaluation and monitoring

Project implementation will be monitored throughout the life of the project by the Project Manager, NADA staff and Board and the Project Advisory Group.

Evaluation of the project will occur towards the end of the project with performance to be measured against the project objective, outcomes and outputs. Evaluation will also include a review of the project's processes such as the schedule, budget, governance and communication.

Conclusion

The non government drug and alcohol sector is an integral part of drug and alcohol service delivery in NSW and Australia. The NGO Drug and Alcohol and Mental Health Information Management Project provides further opportunity to demonstrate the unique services our sector provides to clients presenting with drug and alcohol issues while building on evidence informed and reflective practice.

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