

NADA
NGO Drug & Alcohol & Mental Health
INFORMATION MANAGEMENT
PROJECT

Baseline Evaluation Report

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Edwina Deakin
EJD Consulting & Associates
ejdconsulting@optusnet.com.au



Items to be Covered


- ❑ Background
 - Aims of Evaluation
- ❑ Evaluation Framework
 - Methodology
 - Consultation process used
- ❑ Key Baseline Findings
- ❑ Future Options & Next Steps





BACKGROUND

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Background

- Independent evaluation of NADA's Information Management Project
 - EJD Consulting & Associates
 - Based on Evaluation Framework
 - Staged approach- series reports
 - Continuous improvement model
 - Inform Project & generate eval. data

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Aim of Evaluation 1




- ❑ Results Based Accountability (RBA) approach
- ❑ Measure what has CHANGED:
 - Circumstances- what is being used/ done
 - Behaviours
 - Knowledge
 - Attitudes
- ❑ Action research model (*learn-as-you-go*)
- ❑ Continuous improvement approach

Importance of
gathering
baseline data

Aim of Evaluation 2




- ❑ Collect & analyse project implementation data & stakeholder feedback in stages
- ❑ Generate series of data sets & reports
 - Baseline whole sector (2009)
 - Pilot participants
 - Whole sector
- ❑ Prepare a final independent Evaluation Report on the overall success of the Project (2012)



EVALUATION FRAMEWORK

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Evaluation Framework

- ❑ Developed in consultation with Project Advisory Committee
- ❑ Finalised April 2009
- ❑ Defined:
 - Stakeholders to be consulted
 - Data gathering instruments to be used
 - Evaluation products & due dates
 - Key indicators & success factors

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Stakeholders to provide feedback



- ❑ **NADA members** (esp. Health funded)
- ❑ **Members of Project Advisory Group:**
 - NSW Health staff (MHDAO & InforMH)
 - Research organisations (NDARC & AHMRC)
 - Peak & other NGO organisations (MHCC & DAMEC)
- ❑ **Sample of clients subject to new data gathering processes**
- ❑ **NADA staff**

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Data Gathering Instruments



- ❑ **Project documentation including tools**
- ❑ **Member questionnaires**
- ❑ **Focus Groups with pilot participants**
- ❑ **Interviews with key stakeholders**
- ❑ **Project Advisory Committee feedback**
- ❑ **Other NADA feedback including end of training assessments**

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Evaluation Products



PRODUCT	DUE DATE
Evaluation Framework	✓ April 2009
Baseline Data Report	✓ Sept 2009
6 month Interim Pilot Evaluation Report	Early 2010
Final Pilot Evaluation Report	Late 2010
Prelim State Interim Evaluation Report	Mid 2011
Final State Evaluation Report	Early 2012

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Key Indicators 1 of 3

What's changed?



1) Increase in non government D&A organisations':

- routine data collection of quality mental health (MH) as well as D&A client information
- use of MH as well as D&A client information in terms of:
 - a) treatment services delivered
 - b) type of case coordination provided
 - c) client referrals initiated
 - d) client outcomes measured over time
 - e) overall service delivery & planning

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Key Indicators 2 of 3



- 2) Increase in non government D&A staff's:
- skills, knowledge & capacity in gathering quality MH & D&A client information
 - understanding of the relevance & application of quality client data to service delivery & planning

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Key Indicators 3 of 3



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

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Success Factors (←NSW Health)

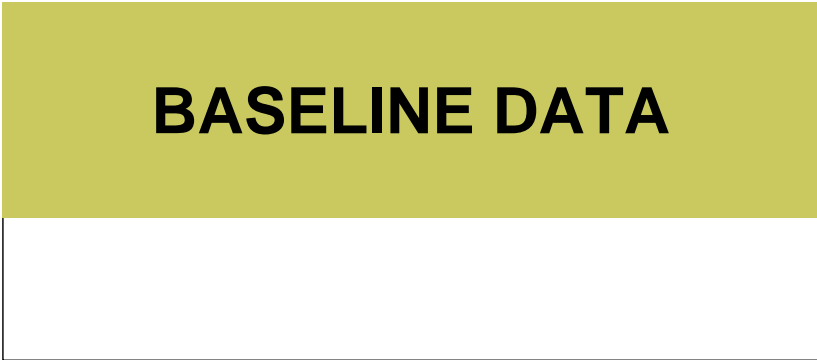
- ❑ Efficacy
- ❑ Efficiency
- ❑ Adequacy
- ❑ Appropriate

Basis of questions used in feedback via:

- Questionnaires
- Interviews
- Focus Groups
- Project Advisory C'ttee

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BASELINE DATA

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Base Line Data 1



- ❑ Baseline questionnaire administered (*June 09*)
- ❑ Detailed profiling for project & evaluation
 - 69 questions
 - Likert scale & open-ended Qs
 - 4 Sections
 - 1) Service Profile
 - 2) Systems Profile
 - 3) Client Data gathered
 - 4) Service Capacity

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Base Line Data 2



- ❑ Sent to 82 NADA members
- ❑ 38 responses
- ❑ **Response rate: 46%**

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Profile of Respondents- 1 (n= 38)



- ❑ All service types included
(residential, out-patient, after-care, outreach etc)
- ❑ All areas covered
- ❑ All sizes of services
(3-160 staff)
- ❑ Range in number of clients seen pa
(18- 20,000 clients)

Profile of Respondents- 2 (n= 38)



- ❑ Estimates of clients with some form of MH problem:
 - Ranged from 18%- 100%
 - Average 72% clients



Intake Profile- 1 (n= 38)

- ❑ Majority use agency developed intake & assessment forms (92%)
- ❑ Less than half (45%) use some type of standardised screening & assessment tool
- ❑ Majority enter all or part of intake onto computer systems (4 still used paper only)
- ❑ All but one used Windows operating system
- ❑ All but one had broadband internet

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Intake Profile- 2

- ❑ Majority used NADA MDS system (55%) and/or Excel for client data (53%)
- ❑ Majority's client data collection systems:
 - Is to meet both external/ funding requirements & internal planning purposes (75%)
 - Regularly used & reviewed as part of individual treatment plans (53%)
 - Regularly or occasionally used same assessment tools to measure progress (63%)

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Intake Profile- 3



- Majority reported client data useful in respect:
 - current D&A problems (97%)
 - current MH problems (79%)
 - social/ family functioning (71%)
 - physical health (79%)
 - social economic issues (84%)
 - past D&A treatments & therapies (71%)
 - past MH treatments & therapies (68%)

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Intake Profile- 4



- Majority include MH information as part of standardised intake form & routinely asked of all clients (82%)
- Majority always use MH information to:
 - Inform how treatment services are delivered (68%)
 - Inform how case coordination is provided (68%)
 - Initiate client referrals to other services (70%)
 - Review clients progress & make adjustments (68%)
 - Measure client outcomes over time (51%)

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Intake Profile- 5



Lower % were reported regarding how useful intake & info systems were re:

- ❑ Measuring success of treatment options at exit (60%)
- ❑ Client outcomes from past treatments (47%)
- ❑ Consolidating data across different client categories (47%)

Intake Feedback



- ❑ Room for improvement in intake included:

- Outcome measurement in general
- Mental health information
- Longitudinal outcomes

Other responses for inclusion:

- Client expectations
- Hospital admissions
- Where clients are referred from
- Other medical info eg. HIV or Hep C status

Barriers to Improved Intake Data



- ❑ Database & technology constraints related to adding & accessing additional data fields (including on the NADA MDS system)
- ❑ Time and resources
- ❑ Privacy & accuracy difficulties associated with client self-reports
- ❑ Challenges in accessing reliable post-treatment or longitudinal client outcome information

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Service Capacity- 1 (n= 38)



Majority rated their service's capacity as good re:

- ❑ Knowledge of MH conditions & symptoms (87%)
- ❑ Understanding of MH treatment options (74%)
- ❑ Confidence in working with MH clients (79%)
- ❑ Skills in working with MH clients (76%)
- ❑ Ratings for measuring client outcomes after discharge were much lower (34%)

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Service Capacity- 2



Majority rated their service appreciated the value of gathering client assessment data at:

- ❑ Intake (76%)
- ❑ Various points in the treatment delivery (66%)
- ❑ Overall value of accurate & consistent client data collection (68%)

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Service Capacity- 3



Lower % reported regarding their service's;

- ❑ Use of client assessment data in service planning & delivery (60%)
- ❑ Capacity to review & report on client outcomes data (58%)
- ❑ Overall quality of their info management systems (53%)
- ❑ Capacity to use outcome data in advocacy & funding submissions (50%)

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Service Capacity- 4



Minority of services reported:

- ❑ Their capacity to compare client outcome data with other services was good (21%)
- ❑ Their capacity to assess client outcomes after discharge was good (34%)
- ❑ NGO D&A sectors capacity to consolidate & report on client outcomes overall was good (16%)

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Mental Health Issues- 1 (n= 38)



- ❑ Staff with mental health training:
 - 27% had 20% or less trained including 5 organisations having no staff trained
 - 32% had between 21% & 50% trained
 - 22% had between 51% & 99% trained
 - 19% had all staff trained in mental health

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Mental Health Issues- 2



MH treatment & support provided:

- ❑ through a MH service with relevant client information shared between providers (68%)
- ❑ in-house via MH trained professionals (66%)
- ❑ via clients referred to MH service for treatment & support separate to their drug & alcohol interventions (66%)
- ❑ via in-house staff not formally trained in MH (50%).

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Mental Health Issues- 3



- ❑ Majority (82%) MH info was included in standardised intake form & routinely asked of all clients
- ❑ Majority used standardised MH screening & assessment tool (62%) (most using more than one tool):
 - Psycheck Screening Tool (29%)
 - Kessler-10 (K10) (16%)
 - Depression Anxiety Stress Scales (DASS) (13%)
 - Inpatient Recovery & Intensive Support (IRIS) (13%)
 - SAAP database (5%)

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Mental Health Issues- 4



Majority reported using MH information to:

- ❑ initiate client referrals to other services (70%)
- ❑ inform how treatment is delivered (68%)
- ❑ inform how case coordination provided (68%)
- ❑ review client's progress & make adjustments to treatment plans as needed (68%)

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Mental Health Issues- 5



Approximately half or less than half reported using MH client data to:

- ❑ measure client outcomes over time (51%)
- ❑ to review the services overall service delivery & planning (47%)
- ❑ in advocacy or funding submissions (37%)

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Mental Health Issues- 6



Approximately one-quarter (22%) also used MH client data to:

- ❑ to assist in family & carer planning
- ❑ for referrals to other medical or support organisations
- ❑ for internal research, staff development & service monitoring purposes

Mental Health Issues- 7



Majority rated their service's capacity as good in respect to various MH measures:

- ❑ Knowledge of MH conditions & symptoms (87%)
- ❑ Understanding of MH treatment options (82%)
- ❑ Confidence in working with MH clients (79%)
- ❑ Skills in working with MH clients (76%).

Baseline Conclusions- 1



- Very encouraging baseline results in respect to:
 - Client data gathering systems in place
 - Positive attitudes to collection & use
 - Interest & capacity in respect to MH issues
 - Commitment to further improvements

Baseline Conclusions- 2



However

- Positive baseline self-assessments challenge to measure improvements in client outcome reporting over time



FUTURE OPTIONS

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Issues for Future- 1

Majority (88%) keen to improve service's collection & use of client data. Suggestions:

- ❑ Introduce a standardised data collection tool, incorporating mental health data
- ❑ agreement to adopt standardised computer softwares to improve data comparisons & reporting
- ❑ funding grants to assist staff, including clinical staff, to improve computer literacy

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Issues for Future- 2

- Modify NADA's online MDS database:
 - a simpler, more user-friendly interface
 - the addition of MH data fields
 - a capacity to better measure client progress & outcomes over time
 - a capacity to generate improved data analysis & outcomes reports
 - a capacity to generate simple graphics & charts on outcome data
 - a capacity for the database to also include client case plans & case notes



Issues for Future- 3

- Hosting of sector workshops & information sessions to assist staff:
 - improve their skills & capacities in data collection & data analysis
 - develop a better appreciation of the value & use of accurate client data information in general



Issues for Future- 4

- Providing access to specialist information & technology experts that could work with providers to:
 - improve their internal data collection systems
 - train staff in use of standardised data collection & outcome measurement tools



Issues for Future- 5

- Facilitating opportunities to share approaches to data collection & analysis & to learn lessons from across the sector
- Annual publishing & distribution of client profile & outcome data from across the sector

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