Queensland alcohol and other drugs treatment and harm reduction outcomes framework

Developed, endorsed, and owned by the sector
Sean Popovich - QNADA
Framework authors

Authors: Sean Popovich\textsuperscript{1}, Rebecca Lang\textsuperscript{1}, Jeff Buckley\textsuperscript{2}, Linda Hipper\textsuperscript{3}, Cameron Francis\textsuperscript{2}, Eddie Fewings\textsuperscript{4,6}, Helen Taylor\textsuperscript{6}, Kate Podevin\textsuperscript{6}, Stefan Preissler\textsuperscript{7}, Leanne Hides\textsuperscript{8,9,10,11}

\textsuperscript{1}Queensland Network of Alcohol and other Drug Agencies (QNADA), Brisbane, Australia, \textsuperscript{2}Metro North Hospital and Health Service, Insight: Centre for AOD Training and Workforce Development / Dovetail, Brisbane, Australia, \textsuperscript{3}Metro South Health, Addiction and Mental Health Service, Brisbane, Australia, \textsuperscript{4}Queensland Aboriginal and Islander Health Council (QAIHC), Brisbane, Australia, \textsuperscript{5}Queensland Indigenous Substance Misuse Council (QISMC), Brisbane, Australia, \textsuperscript{6}Department of Health (Qld), Mental Health Alcohol and Other Drugs Branch, Brisbane, Australia, \textsuperscript{7}Queensland Mental Health Commission, Brisbane, Australia, \textsuperscript{8}National Health and Medical Research Centre, Canberra, Australia, \textsuperscript{9}Lives Live Well, Brisbane, Australia, \textsuperscript{10}University of Queensland, School of Psychology, \textsuperscript{11}Australasian Professional Society on Alcohol and other Drugs, Sydney, Australia

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Today’s presentation...

• The background
• The process
• The framework
• Next steps
The background

- The Qld AOD Sector Network formed circa 2012
- Hosted inaugural Qld AOD Sector Convention in 2014
  - Development of an AOD treatment framework for Qld
  - A series of convention resolutions
    - Undertake a process to develop an outcomes framework
- Qld AOD Treatment Service Delivery Framework (2015)
Three primary objectives of AOD treatment:
- To reduce the client’s level of substance use
- To reduce the client’s experience of AOD related harm
- To build the client’s capacity to better understand and manage their own health and wellbeing.

Secondary objectives:
- Improved physical and mental health
- Improved resilience, confidence, self-esteem and sense of self-worth

Other outcomes which may be achieved through AOD treatment
- Improved relationships with partners, family members, and friends
- Improved life skills
- Improved housing or living conditions
- Improved education, training and employment-related outcomes.
Some influencing issues (2015)

- Increasing interest across health and community sectors in outcomes measurement
- Some poor examples of outcomes frameworks across sectors
- Traditionally outputs have been a focus (quantity of services provided)
- Difficulties getting meaningful data
- AOD treatment outcomes tend to be confounded by unrealistic expectations of what treatment can be reasonably expected to do.
Qld Symposium on Outcomes in AOD Treatment (2016)

- Participants were asked to:
  - consider appropriate measures of ‘quality of effort’ at ‘organisational’, ‘client’ and ‘community’ levels
  - consider associated tools to measure outcomes
  - Symposium provided early scaffolding for a series of reference groups held in 2017.
### Treatment Type

<table>
<thead>
<tr>
<th>Treatment Type</th>
<th>Measures of Quality of Effort</th>
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</thead>
<tbody>
<tr>
<td><strong>Organisational Level</strong></td>
<td></td>
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<tr>
<td>- Our Model of service is reflective of what we do on the ground</td>
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<tr>
<td>- Staff satisfaction</td>
<td></td>
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<tr>
<td>- Workforce remuneration and qualification</td>
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<tr>
<td>- Improved infrastructure</td>
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<tr>
<td>- Staff satisfaction</td>
<td></td>
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<td>- Training satisfaction</td>
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<tr>
<td>- Level of group work delivered (modules) in therapeutic program in 3 month period</td>
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<tr>
<td>- Excellent financial policy and procedures</td>
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<tr>
<td>- Clearly defined procedures</td>
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<td>- Effective waiting list mechanism</td>
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<tr>
<td>- All staff have a development plan</td>
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<tr>
<td>- How much/often do we evaluate what we’re doing</td>
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<tr>
<td>- Professional development</td>
<td></td>
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<tr>
<td>- Identified continuum of care from entry, treatment, exit, aftercare</td>
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<tr>
<td><strong>Residential Rehabilitation</strong></td>
<td></td>
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<tr>
<td>- Client satisfaction</td>
<td></td>
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<tr>
<td>- Clients return to service</td>
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<tr>
<td>- Case/number of action plans completed with clients</td>
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<tr>
<td>- Achieved client identified goals</td>
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<tr>
<td>- Clients have a sense of safety and trust in service to support them</td>
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<tr>
<td>- Shared vision of staff and clients</td>
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<tr>
<td><strong>Community Level</strong></td>
<td></td>
</tr>
<tr>
<td>- Friend/family satisfaction</td>
<td></td>
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<td>- Culturally safe/competent/responsive</td>
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<tr>
<td>- Word of mouth advertising</td>
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</tbody>
</table>
Qld AOD outcomes reference groups (2017)

- EOIs were sent to AOD services across Qld
- 48 representatives from 35 services (non-government, government and private) from across Qld
- The role of each reference group was to identify:
  - system, organisational and client level outcomes for their defined treatment type
  - any current outcome data collected
  - other information to be covered in the outcomes framework
- There was a reference group for each treatment type
- Each reference group met on three occasions
- Meetings were recorded so we didn’t miss anything!
Reference groups (2017)
### Client Indicators
- Level of data completeness
- Client report of papers on treatment goals
- Client reports that RT was useful
- Client reports increased confidence to manage
- Client return to service
  - Knowledge, etc. across domains, role, treatments

### Process Indicators
- Competency
  - Assessment completed prior to allowing access to VM in region

### System Indicators
- Retention of clients (??)
  - % of clients that exist that have been lost to a service appropriate to their needs

- % of clients that return
  - Minimum of acceptable to recognized best practice standard
  - Time spent away from client with no reporting

- Client complexity/validity
  - Multiple needs
  - % of referrals that translate to service offered (as appropriate)
Refining the indicators

- Indicators were reviewed by the Qld AOD Sector Network through each iteration.
- It became clear that there were a range of indicators that are common to all treatment types (universal indicators) with some indicators that were treatment specific.
I used to think correlation implied causation.

Then I took a statistics class. Now I don't.

Sounds like the class helped.

Well, maybe.
<table>
<thead>
<tr>
<th>Psychosocial interventions</th>
<th>Residential treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client</strong></td>
<td><strong>Process</strong></td>
</tr>
<tr>
<td>Client reported satisfaction with service</td>
<td>% of clients that come back after first session</td>
</tr>
<tr>
<td>Client reports feeling heard, validated</td>
<td>% of clients that report satisfaction with service</td>
</tr>
<tr>
<td>Improved client capacity to manage wellbeing and health (client and clinician reported)</td>
<td>A case review is performed after a certain number of sessions</td>
</tr>
<tr>
<td>Client reports progress on treatment goals</td>
<td>Staff receive regular supervision</td>
</tr>
<tr>
<td>Client reports understanding Harm Reduction</td>
<td>Time between 1st contact and accessing the service</td>
</tr>
<tr>
<td>Client reports understanding of the impacts of substance use</td>
<td>% of clients with a treatment plan and goals</td>
</tr>
<tr>
<td>Client reported satisfaction with service</td>
<td>% of referrals that translate to service offered (if appropriate)</td>
</tr>
</tbody>
</table>
June 2017
Universal indicator snapshot

- Indicators were grouped into domains (e.g. Quality of AOD treatment / intervention)

- The third and final series of reference groups was focused on compiling tools currently available to measure the indicators.
Client focus groups

- Two focus groups and 3 individual client interviews were held (adult and youth)
- In total, feedback was received from 11 clients who were currently receiving or had previously received AOD services
- Overall, clients felt that the indicators made sense and were a good representation of their views on good AOD treatment.

‘Progress is more important than achievement.’
Qld AOD Sector Convention June 2018

- Outcomes framework was drafted before heading to a second Qld AOD Sector Convention
- 110 key AOD sector decision makers from across Qld
  - 55% were from non-government services
  - 37% were from government services
  - 8% were representatives of Primary Health Networks (6 of the 7 Queensland PHNs were represented)
- Delegates voted on framework endorsement via a live anonymous online polling platform...

Read the report at qnada.org.au
They said yes!

- Results were as follows:
  - 5% of delegates voted ‘Yes! I am happy with the framework as it is’
  - 91% of delegates voted, ‘Yes, with minor revisions’
  - 4% of delegates voted, ‘Yes, with major revisions’

- Delegates were provided with workbooks and noted their suggested revisions which were collated, reviewed and incorporated into the framework
Aboriginal and Torres Strait Islander Community Controlled sector input

• A key message from delegates was that the Framework should be further contextualised for working with Aboriginal and Torres Strait Islander peoples

• Following the convention an Aboriginal and Torres Strait Islander Community Controlled Sector forum was held to further contextualise the THROF

• 11 participants represented 7 community controlled organisations from across Qld at a workshop in December 2018.
A quick tour...
Framework overview

- Is based on evidence of what works and Qld AOD sector consensus

- Recognises organisational processes and system level impacts as indicators of AOD treatment outcomes (in addition to individual client change)

- Is adaptable based on service type and needs

- Is not prescriptive:
  - ‘intended for services to use as a guide to self-identify indicators they consider most relevant to their service model for implementation.’
Framework overview

- Universal indicators

- Treatment / service type specific indicators
  - Harm Reduction
  - Medication Assisted Treatment
  - Psychosocial Interventions
  - Residential Treatment
  - Withdrawal Management

- Provides context to the intended use of indicator that require further explanation
- Lists tools commonly used by AOD services that measure each indicator
- Incorporates existing organisational processes (eg auditing, satisfaction surveys)
Universal indicator examples

<table>
<thead>
<tr>
<th>Quality of client engagement with service</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Client is involved in goal setting</td>
</tr>
<tr>
<td>7. Client reported progress on goals</td>
</tr>
<tr>
<td>8. Worker reported progress on goals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Quality of AOD treatment / intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Understanding of harms and risks associated with substance use</td>
</tr>
<tr>
<td>10. Knowledge of harm reduction strategies</td>
</tr>
<tr>
<td>11. Confidence to implement harm reduction strategies</td>
</tr>
<tr>
<td>12. Client reported implementation of harm reduction strategies</td>
</tr>
<tr>
<td>13. Understanding strategies to improve one's level of health and wellbeing</td>
</tr>
<tr>
<td>14. Confidence to apply these health and wellbeing strategies</td>
</tr>
<tr>
<td>15. Client reported implementation of health and wellbeing strategies</td>
</tr>
<tr>
<td>16. Client reported satisfaction with services received</td>
</tr>
<tr>
<td>17. Client reports the treatment / intervention helped</td>
</tr>
<tr>
<td>18. Client reports they would recommend the service to others</td>
</tr>
</tbody>
</table>

Recommended tools / data source:

- Australian Treatment Outcomes Profile (ATOP)\textsuperscript{7} | Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)\textsuperscript{7} | ASSIST – Y (Youth)\textsuperscript{7} | Substances and Choices Scale (SCS)\textsuperscript{7} | Salford Measure (GEM)\textsuperscript{7} | Indigenous Risk Impact Screen (IRIS)\textsuperscript{8} | Menzies Mental Health Instrument (MMHI)\textsuperscript{7} | Symptom Checklist-Adult (WASC-A)\textsuperscript{7} | WASC-Y (young people)\textsuperscript{7} | Anxiety and Stress Scale 21 (DASS 21)\textsuperscript{7} | DASS 10\textsuperscript{7} | Kessler Psychological Distress Scale (K-10)\textsuperscript{7} | Nations Outcome Scales (HoNOS)\textsuperscript{8} | HoNOSCA (Child and Adolescent)\textsuperscript{8} | Life Quality Scale - abbreviated (WHOQOL-BREF)\textsuperscript{7} | Session Rating Scale\textsuperscript{6,7} | review of record keeping tools for evidence that classifies outcomes in the International Classification of Diseases 10 (ICD-10)\textsuperscript{8} | Diagnostic and Statistical Manual of Mental Disorders (DSM-5)\textsuperscript{6} |
Generally, each indicator is capable of providing a quantitative and a qualitative measure.
Commonly used screening and assessment tools (Qld)

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>DETAILS</th>
<th>ADMIN.</th>
<th>PERIOD</th>
<th>TRAINING REQU'D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction Severity Index</td>
<td>Measures a range of domains in addition to substance use including demographics, medical status, employment / income, legal status, family and social relationships, psychiatric status.</td>
<td>Interview</td>
<td>Varies by domain</td>
<td>Training is required.</td>
</tr>
<tr>
<td>Alcohol Use Disorders Identification Test (AUDIT)</td>
<td>A brief measure of substance use (alcohol only).</td>
<td>Self-report</td>
<td>Year</td>
<td>No formal training is required. A manual is available and should be understood before administering.</td>
</tr>
<tr>
<td>Alcohol, Smoking and Substance Involvement Screening Test (ASSIST / ASSIST-Y)</td>
<td>Measures recent substance use and associated risky behaviours. A youth version of the ASSIST is available called ASSIST-Y.</td>
<td>Interview</td>
<td>3 months / lifetime</td>
<td>No formal training is required. A manual is available and should be understood before administering.</td>
</tr>
<tr>
<td>Australian Treatment Outcomes Profile (ATOP)</td>
<td>A brief one page measure of substance use with additional domains (i.e. employment, education, housing, carer status, justice, violence, psychological health, physical health, and overall quality of life).</td>
<td>Interview</td>
<td>4 weeks</td>
<td>No formal training is required. A manual is available and should be understood before administering.</td>
</tr>
<tr>
<td>Client Satisfaction Questionnaire (CSQ)</td>
<td>A measure of general service satisfaction.</td>
<td>Self-report</td>
<td>Day</td>
<td>No training is required, however this tool requires a licence to use and has associated fees.</td>
</tr>
<tr>
<td>Depression, Anxiety and Stress Scale (DASS 21 / DASS 10)</td>
<td>A brief screening tool for depression, anxiety and stress. There are several versions available. The DASS 21 and DASS 10 are most commonly used in practice.</td>
<td>Self-report</td>
<td>Week</td>
<td>Training is recommended for interpretation. A manual is available for a fee.</td>
</tr>
</tbody>
</table>
Organisational and system examples

Staffing (confidence, PD and supervision)
- Clinical / practice supervision is distinct from operational supervision
- Good orientation to the sector in addition to organisation (eg shadowing other services, mentoring programs)
- Cultural supervision should be considered to support culturally reflective practice

Access (screening, health information)
- Staff training (eg culturally appropriate screening tools), accreditation (eg Rainbow Tick), organisational planning (eg Reconciliation Action Plan)

System inputs
- Service location can affect access to treatment (eg withdrawal management and resi, dislocation from family and support networks)
- Consideration of unmet need should include specialist services for specific populations (eg AICCHOs, LGBTIQ+)
- Considering structure of procurement processes to ensure appropriate service delivery for specific populations
- Impact of reporting requirements (eg efficiency, maximise client time)
- Impact of non-AOD system referrals
- Workforce sustainability and retention
### Example Questions / Prompts

- Did the staff treat you with respect and dignity?¹
- I felt the staff treated me in a professional manner.¹
- On my visit to this service I was made to feel comfortable.²
- When you arrived at your appointment, did staff make you feel welcome?¹
- Do you feel safe when you work with us?²⁴
- I felt I did not get anywhere with my problems.⁷
- Do you feel like you know more about the way alcohol and other drugs affect lifestyle and health?⁹
- Did you find that you learned things about safer alcohol / other
- Was the service helpful in learning coping skills?¹⁷
- Was the service helpful in learning life skills (eg budgeting, paying bills)?¹⁷
- I would recommend this service to someone I know with similar problems.¹⁰
- A treatment plan is a document that
- My worker asked for my permission before talking with other people / services about me.³⁸
- When I was referred to another service, my worker helped to make sure that the transition was as smooth as possible.³⁹
- I would return to this service if I needed help
Some limitations

- The THROF is aimed at the AOD treatment system in general. Additional consideration is required for specific populations, particularly:
  - Aboriginal and Torres Strait Islander peoples
  - Young people
  - LGBTIQ+ population
  - CALD populations
  - People from refugee and asylum seeker backgrounds
  - People with a disability
  - Families and significant others
Final comments

- As the THROF is implemented by services, potential amendments (and indicators) will likely be identified.
- Ongoing client engagement will be required to ensure the THROF remains relevant to both mainstream and specific populations.

Next steps

- Supporting services who choose to implement the THROF
- Documenting and responding to implementation challenges
- THROF review in 202?
Where can I find it?

Insight.qld.edu.au
Guidelines > AOD models of service

qnada.org.au
Workers > Research clearinghouse
Special Thanks...

- Reference groups participants
- Client focus group participants
- Aboriginal and Torres Strait Islander community controlled sector representatives
- Sector convention delegates (2014 + 2018!)
- Qld AOD Sector Network Members