

## **The association between treatment commissioning mechanisms and ensuing workforce characteristics, and alcohol and other drug treatment outcomes**

Alison Ritter<sup>1</sup>, Katinka van de Ven<sup>1,2</sup>, Thu Vuong<sup>1</sup>, Jenny Chalmers<sup>1</sup>, Timothy Dobbins<sup>3</sup>, Michael Livingston<sup>4,5</sup> & Lynda Berends<sup>6</sup>

<sup>1</sup>. Drug Policy Modelling Program, Social Policy Research Centre, University of NSW, Sydney, NSW, 2052, Australia, <sup>2</sup>. Centre for Rural Criminology, University of New England, Armidale NSW 2350, <sup>3</sup>. School of Population Health, University of NSW, Sydney, NSW, 2052, Australia, <sup>4</sup>. National Drug Research Institute, Health Sciences, Curtin University, Bentley, WA, 6102, <sup>5</sup>. Centre for Alcohol Policy Research, La Trobe University, Melbourne, 3083, <sup>6</sup>. National Drug and Alcohol Research Centre, University of NSW, Sydney, NSW, 2052, Australia

Presenter's email: [alison.ritter@unsw.edu.au](mailto:alison.ritter@unsw.edu.au)

**Introduction and Aims:** There are many questions about the ways in which governments commission AOD treatment services (such as competitive tendering, length of funding contracts, government and non-government providers) and the ensuing workforce characteristics. This study sought to examine the impact of these on client treatment outcomes.

**Design and Methods:** An observational cross-sectional study, employing multi-level analysis: episodes of care data, nested within person-level data, nested within treatment site, nested within organisation. 207 AOD treatment sites across Australia participated. The client outcome variables were treatment completion and length of stay. Predictor variables were competitive tendering, number of funding contracts, recurrent funding, the ratio of episodes to staff, type of professions, years of clinical experience, staff turnover, and type of provider (government; non-government). Analyses controlled for drug type, type of treatment received, and client characteristics.

**Results:** There were no significant associations between successful treatment completion and any of the procurement, contracting or workforce variables (IRRs ranged between 0.46 and 1.26, all  $p > 0.05$ ). For length of stay, none of the procurement variables (competitive tendering, multiple funding sources, non-recurrent funding) were significant (all  $p > 0.05$ ). Two workforce variables were significant: having lower episode-to-staff ratio (ie lower caseloads;  $p = 0.047$ ) and having AOD workers as the predominant profession ( $p = 0.021$ ). There was no association for non-government or government status.

**Discussion and conclusions:** We found inconclusive evidence of a relationship between client outcomes and procurement and funding contract arrangements. The lack of measurable effects observed here raises important questions about the dominance of these mechanisms in service procurement.

**Implications for Practice or Policy:** Given that procurement from competitive tendering does not impact on client outcomes, government should seek ways to select providers that do not impose administrative burdens. Treatment funding should reflect capacity for a lower number of clients per staff member, and an AOD trained workforce.

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