

# TaskForce Outcomes Framework



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## Purpose

An Outcomes Framework is a document that allows an organisation to clearly and transparently communicate the impact it is trying to achieve for its stakeholders across its activities and programs and how it will measure that impact and report on its progress towards those outcomes.

## Context

The Outcomes Framework will support TaskForces's 'Strategic Plan 2020' and serve as a guiding 'north star' for how to think about measuring outcomes, impact and how TaskForce works to achieve its goals. The TaskForce Outcomes Framework supports *Objective 1* of the new Strategic Plan 2020, to implement an outcomes measurement and evaluation framework.

## Key Principles

Many of our programs involve a strategic focus on working with minority and underrepresented groups including LGBTI, CALD and Aboriginal community groups. TaskForce operates in an inclusive and welcoming manner and as such has recently become Rainbow Tick accredited as an LGBTI inclusive practice.



## **TaskForce Outcomes Framework (ToF)**

The ToF explains how TaskForce sees its work contributing to achieving health and social outcomes for all our clients in Victoria. It follows and maps against the Victorian Health Outcomes Framework (DHHS) and its relevant domains enabling TaskForce to understand and report on how it contributes to better health and social outcomes for all Victorians. The ToF can be used as a reference guide by program managers and staff for the purposes of measurement and evaluation.

### ***The ToF enables stakeholders to identify:***

1. How their program aligns with our key organisational health outcomes as identified below
2. How we use data across our programs to set indicators and measure progress toward these outcomes
3. How we can compare this data to other data sources to understand Taskforce's social impact



## Victorian Health Outcomes Framework

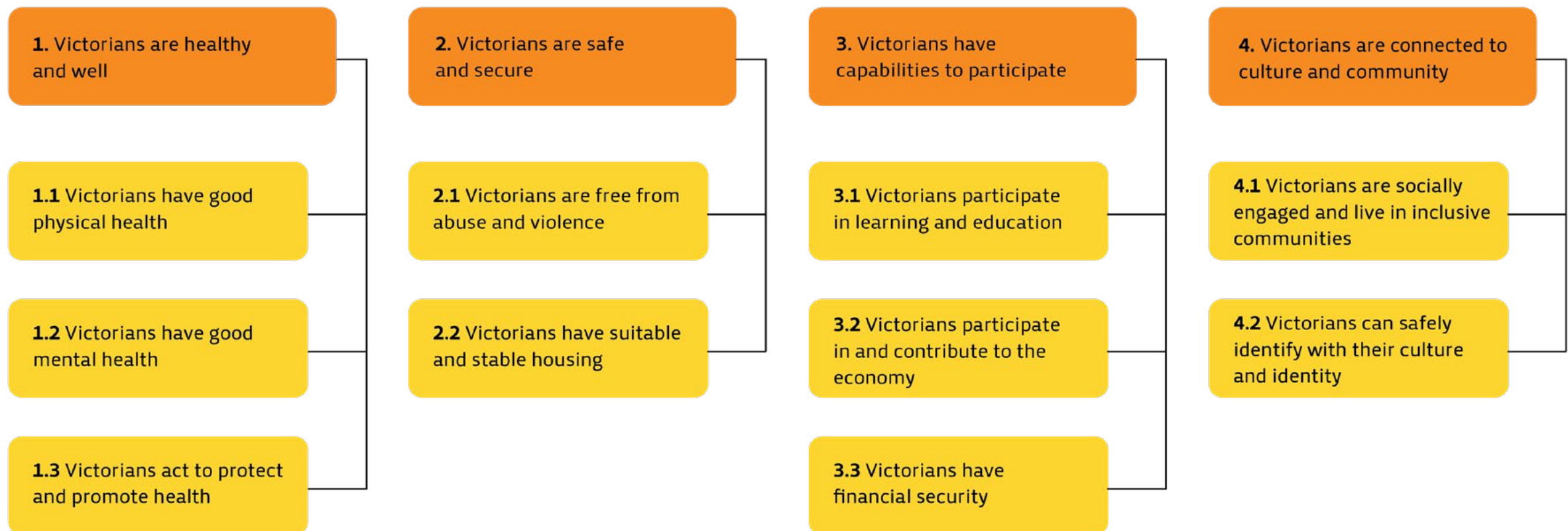
This diagram represents how our core service areas link with outcomes under the Victorian Health Outcomes Framework (VHOF).

The base is our highest volume of programs and funding (core AOD services) and the spire is the lowest volume of programs and funding we receive.





## Relevant Outcomes and Domains



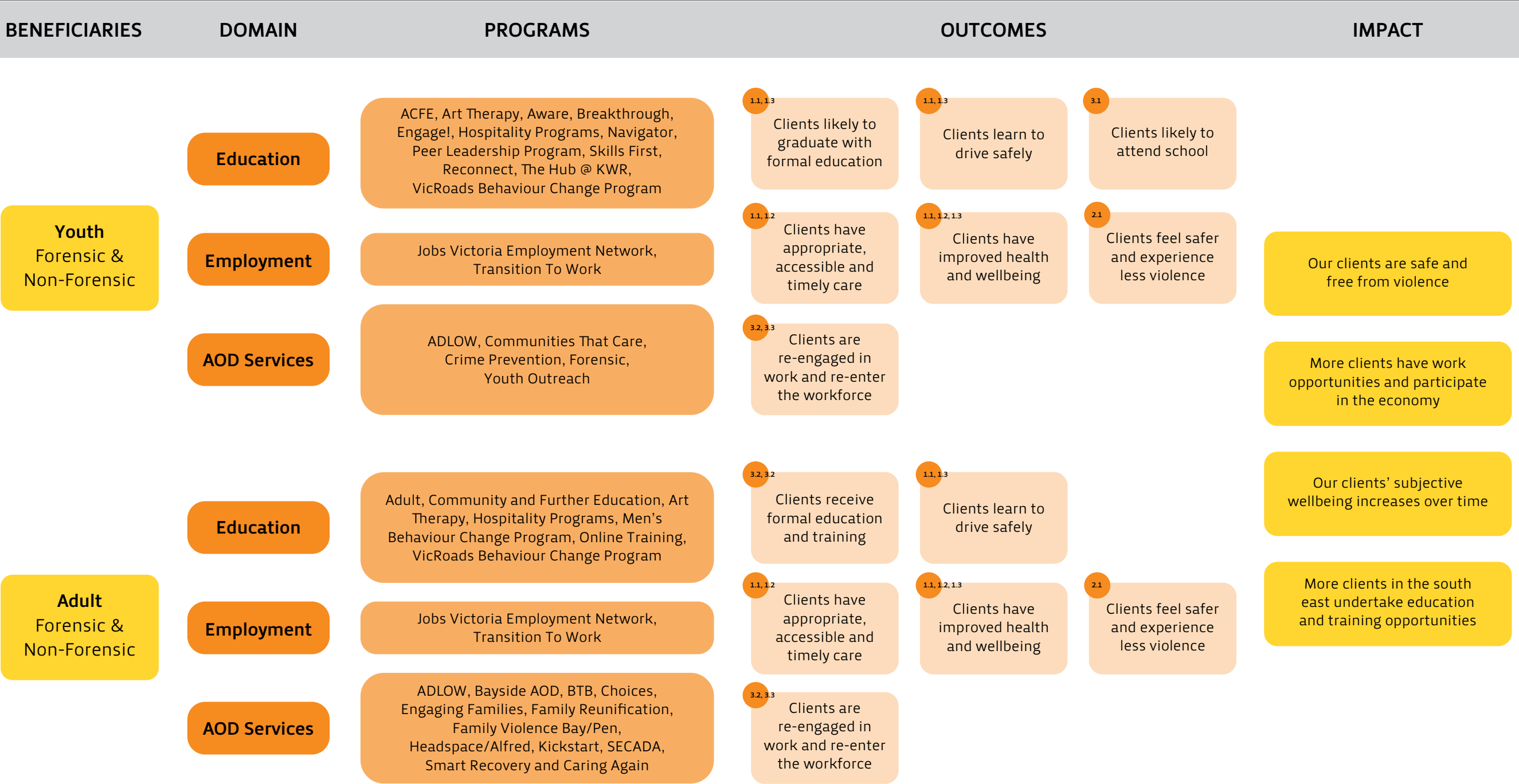
## **TaskForce Outcomes Diagram (ToD)**

The TaskForce Outcomes Diagram explains how our programs support our youth and adult clients to achieve positive social outcomes aligned to the Victorian Health Outcomes Framework (VHOF). It maps a clear pathways to the positive impact we are able to achieve for our clients and community at TaskForce.

*See next page for the full diagram*



# TaskForce Outcomes Diagram



**Legend:**

ACFE – Adult, Community and Further Education  
ADLOW – Alcohol and Drug Liaison Outreach Worker  
AOD - Alcohol and Other Drugs  
AWARE - Alcohol Wellbeing and Risk Education  
BTB – Breaking the Barriers  
CRC – Care and Recovery  
RTO – Registered Training Organisation

**Orange circles correspond to Victorian Health Outcomes Framework as follows:**  
Outcome 1.1 – Victorians have good physical health  
Outcome 1.2 – Victorians have good mental health  
Outcome 2.1 – Victorians live free from abuse and violence  
Outcome 3.1 – Victorians participate in learning and education  
Outcome 3.2 – Victorians participate in and contribute to the economy  
Outcome 3.3 – Victorians have financial security



## **VADC-DHHS Implementation**

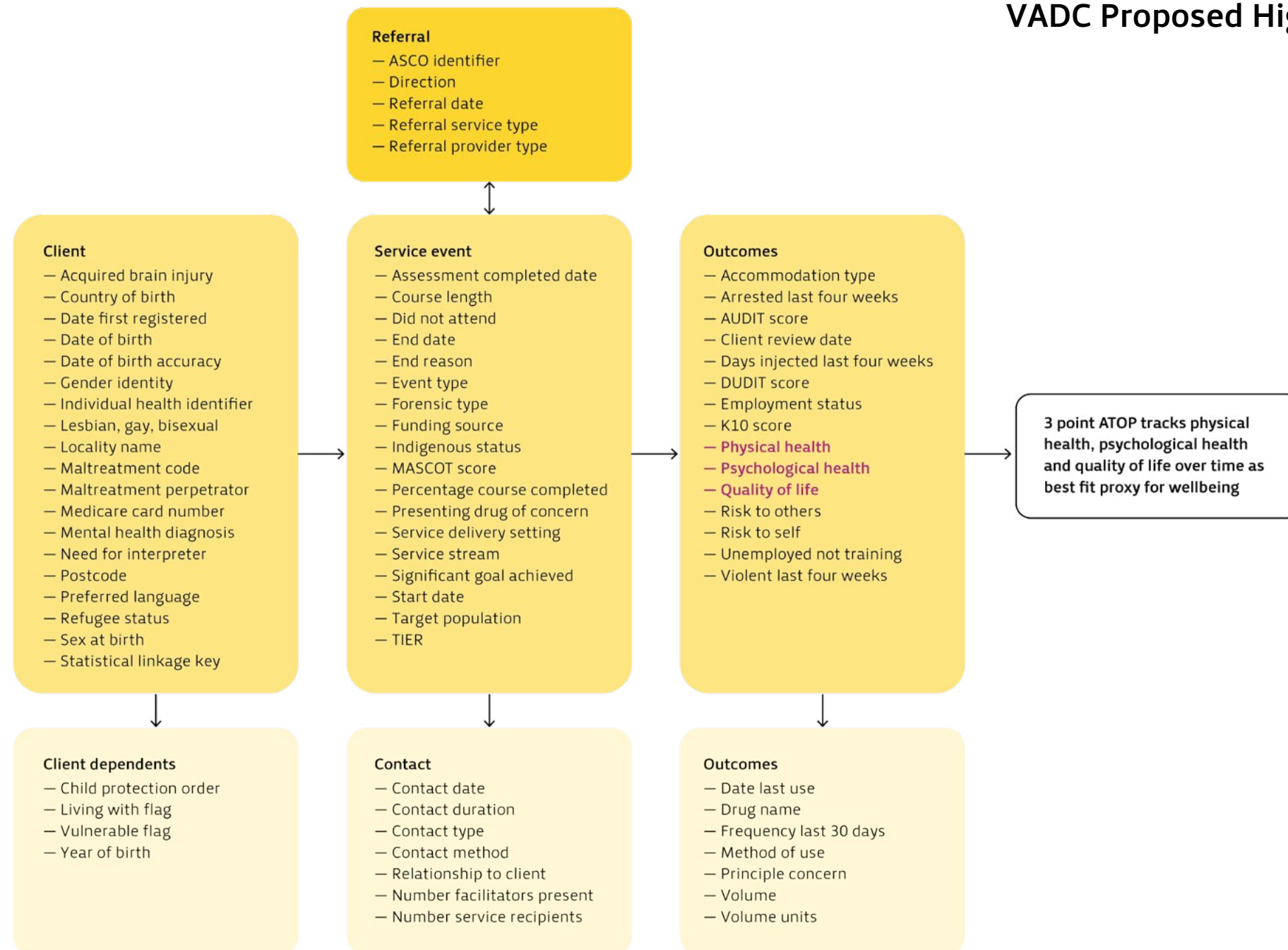
Since the completion of TaskForce's Strategic Plan, the Victorian DHHS announced that ADIS would be coming offline and that the VADC would be the new official collection replacing ADIS.

The advent of the VADC has come with new data specifications and expectations around what data items are collected, stored, shared and measured. The VADC is silent so far on implications for outcomes measurement and reporting, but it is anticipated that this will be part of the new review component to be released in the near future.

The ToF is designed to fit in with the VADC and to enable simple and effective compliance with outcomes reporting requirements. The VADC is now scheduled to commence in early October 2018.



## VADC Proposed High Level Data Model



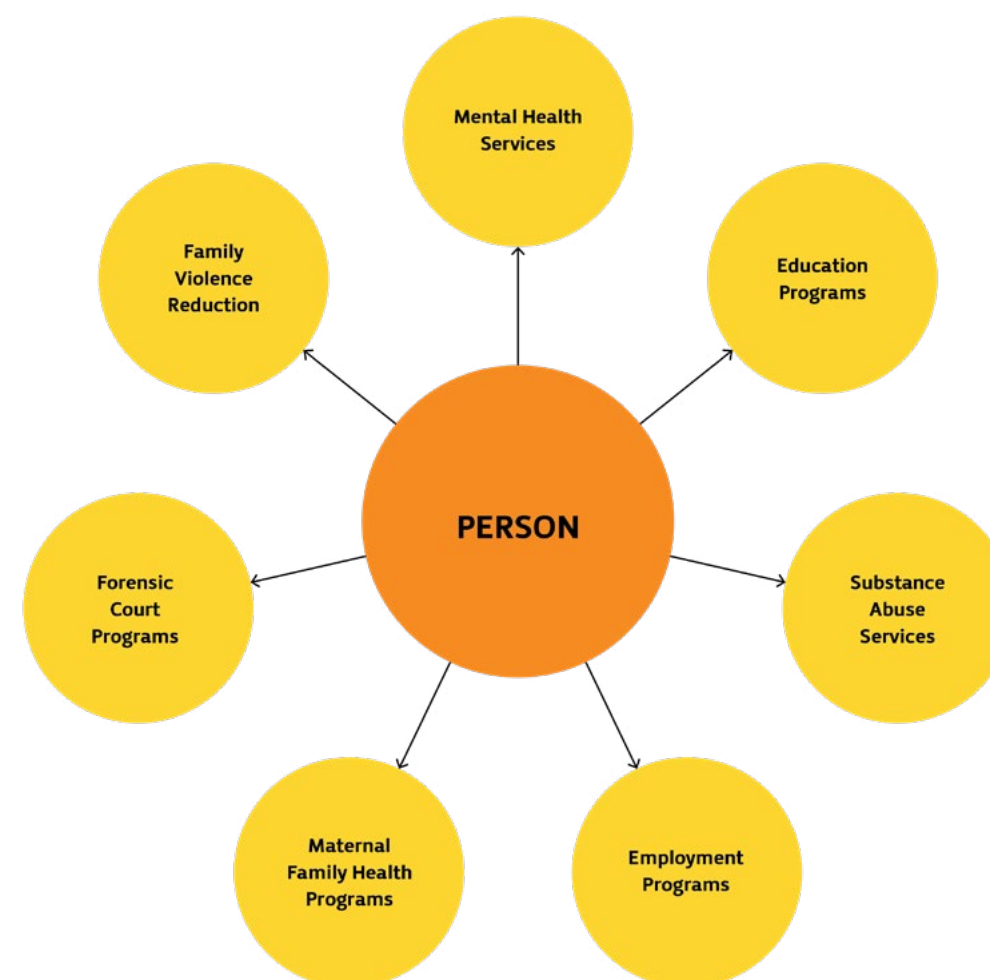
## Wraparound Services

TaskForce provides a range of services to meet our client's needs across the health, education and justice and social services spectrum. We actively seek to wraparound our client in the way we provide support throughout the journey toward better health and social outcomes.

TaskForce has engaged Dr. Peter Higgs of La Trobe University and the Burnet Institute to conduct a research review as to what constitutes best practice 'wraparound service provision' and to advise TaskForce on how it can provide industry leading wraparound care to its clients. This has involved rigorous and wide ranging stakeholder consultation with TaskForce staff, executive members and clients.

Taskforce received a full report in late August, with a view to implementing service improvement initiatives in early 2019.

**[Download the report here](#)**





## A Focus on Wellbeing

TaskForce recognises that substance use and measuring alcohol and drug taking behaviour behaviours alone is not sufficient to provide a comprehensive picture of a client's wellbeing over time.<sup>1</sup> Mental health, social environment and physical health taken together provides a strong overall assessment of subjective health, wellbeing and quality of life.

A survey was conducted in early 2017 with TaskForce's clinical staff to better understand what clinicians believed to be the priority goals for outcomes measurement:

- **60%** of TaskForce clinicians indicated that they believed that TaskForce's main purpose was to improve the health and wellbeing of our clients in South East Melbourne
- **55%** of clinicians agreed that the most important outcome to prioritise to measure service outcomes was that clients with AOD issues have better health, wellbeing and live longer
- **54%** of clinicians agreed that they can see how their clients have gone on to achieve improved health and social outcomes

Given the strong evidence for a subjective wellbeing focus as a treatment outcome and a strong agreement amongst TaskForce clinicians that improving wellbeing was a focus, TaskForce's primary indicator of improvement is the client's subjective wellbeing over time.



## Measurement Challenges

However, we recognise that given the complexity of many of our clients that an increase in wellbeing isn't always within TaskForce's control. The client may be facing any number of acute social issues during treatment at TaskForce.

As many clinicians have commented “even just that our clients come back each week, is an indicator of success”. This reflects a view that having client's returning to regular treatment is a step in the right direction. However, we also recognise that clients returning to TaskForce for the same mix of counselling services to treat the same issues may also constitute a sub-optimal treatment outcome.

*“Progress for our clients doesn't necessarily translate to percentage improvement in e.g. AOD use reduction, less offending etc. Not getting worse can be significant improvement, but not easy to track. Difficult to get measures that accurately reflect progress then, quantitatively at least.”*

Further research is required to determine how to evaluate and measure treatment effectively for regularly returning clients. Measuring the 3-pt ATOP over time, gives TaskForce a best possible approach to establishing baseline outcomes across our client base and to track improvement going forward.





## **The Australian Treatment Outcome Profile (ATOP)**

For the majority of our AOD programs we will introduce the Australian Treatment Outcome Profile (ATOP), which is part of the DHHS Review Tool (an optional component of the new DHHS intake and assessment guidelines and procedures), which assesses alcohol and drug usage frequency as well as health and wellbeing measures such as:

- Psychological health status
- Physical health status
- Overall health status

The Review Tool, designed by Turning Point—introduces evidence-based and best practice approaches to measuring improvements in wellbeing or quality of life, over the course of treatment. The ATOP is a validated instrument for the measurement of treatment outcomes for Australian drug and alcohol treatment populations in program settings.<sup>2</sup>

By measuring these indicators over time we would expect to see an increase in at least the final 3 ATOP indicators. Commencing in late 2018 TaskForce will collect all relevant client 3-Pt ATOP measures for appropriate sessions and this will help to create baseline data for 2019 of what to expect in client outcomes over time.

### ***Data Collection Processes***

Business rules are in development for data collection processes, but we would expect 3-Pt ATOP's to be collected approximately every 3 months for clients. This period is consistent with a range of data collection processes, but also with the length of programs and funding packages for relevant TaskForce programs and components including counselling, complex clients, CRC etc.

Our initial focus will be on collecting this data for our youth cohort and programs with measurement and collection of 3-Pt ATOP's at the beginning, middle and end of treatment periods. This is likely to provide the best quality data along with the ability to link our client's historical 3-Pt ATOP's results since 2014, when AOD service redesign and recommissioning occurred.

## **The Outcomes Star**

For our SEMPHN programs including ADLOW and Breaking the Barriers, we will use the Outcomes Star as a means to measure client wellbeing. The Star can either be completed by a practitioner and client together or by the client separately and then returned to the practitioner. The relevant Stars including the Drug and Alcohol Star and the Family Star (Early Years).

The Drug and Alcohol Star has been the subject of a local action research study regarding benefits of implementation within St Kilda's Crisis Support Network in Australia. The report identifies 20 benefits to the project of using the Star at organisation, programme, practitioner, and client level and concludes that the Star provides a unique innovation in human service delivery.<sup>3</sup> The Family Star had its reliability examined in a peer reviewed paper in 2014, finding that it provided a reliable assessment measure when mapped against the client's five-point Journey of Change.<sup>4</sup>

The Star provides a useful visual and data summary of a client's current wellbeing status across several relevant domains with a score out of 10 achieved for each domain with a corresponding description of circumstances. The client's future progress can be recorded against past performance and improvements or set-backs visually represented.

One of the major benefits of the Outcomes Star tool is that it fosters greater client participation in outcomes management and recognition of client progress over time as a result of treatment. Research indicates that clients who can see progress over time are more likely to comply with treatment and engage in supportive behaviours conducive to recovery and positive outcomes. Clients are also more likely to feel ownership and take control over their treatment and recovery plan if they are co-creators with counsellors.

## Data Sources

This diagram represents how we will measure and report on outcomes using data from various sources.

<b>MACRO</b>	<b>Government data</b> — PHN/DHHS <b>AOD Sector data</b> — VAADA/Consortia	SEMPHN Areas of Need reports, Turning point Annual AOD Stats, Bayside City Council Youth Resilience Survey Community Indicators, Comparative Wellbeing
<b>MESO</b>	<b>Organisational data</b> —TaskForce headline reports <b>Community data</b> —Council/Local Gov data	From SRS and Star we can generate reports letting us know how clients are progressing over time on average. This can include headline data by program area for TaskForce overall to compare over time (trends).
<b>MICRO</b>	<b>Client data</b> —Individual clients <b>Program data</b> —TaskForce program data	<p>We will capture this data and be able to report at program level using SRS. We will also be able to report on demographic indicators such as program participants who are LGBTI, CALD, and Homeless.</p> <p>Implementing the Outcomes Star and the 3-Pt ATOP Review Tool we will have client level health and wellbeing data across most of our AOD programs, around 80% of services covered.</p>



## Future Planning

TaskForce plans to have strong baseline data for wellbeing across all AOD counselling programs by end of 2019. This will enable performance measurement over time of our counselling services against these established baselines. Management and reporting of outcomes will be done through InfoXChange's SRS system, which will be in operation by October 2018. Initially this will be done via export to Excel spreadsheets through basic reports and then processed and reported externally.

However, TaskForce may wish to commission custom reports going forward that better enable outcomes reporting in relevant areas. Further, InfoXChange is currently developing further functionality and outcomes reporting capability for SRS which will provide additional outcomes reporting functionality and sophistication in the future. TaskForce will explore these options as we become more familiar with the system, as VADC reporting needs develop and as desire for further investment in outcomes reporting progresses.



## Appendix

<b>ADIS</b>	Alcohol and Drug Information System
<b>ADLOW</b>	Alcohol and Drug Liaison Outreach Worker
<b>AOD</b>	Alcohol and Other Drugs
<b>ASCO</b>	Australian Community Support Organisation
<b>ATOP</b>	The Australian Outcome Treatment Profile
<b>ATOP 3-Pt</b>	3 point ATOP tracks over time as best fit proxy for wellbeing
<b>AUDIT Score</b>	Alcohol Use Disorders Identification Test Score
<b>Breaking the Barriers</b>	A TaskForce program focused on promoting a healthy and positive relationship between mothers and their babies
<b>CALD</b>	Culturally and Linguistically Diverse
<b>DHHS</b>	Department of Health and Human Services
<b>DHHS Review Tool</b>	An optional component of the new DHHS intake and assessment guidelines and procedures
<b>K10 Score</b>	The Kessler Psychological Distress Scale (K10) is a simple measure of psychological distress.

<b>MASCOT Score</b>	Measures a client's Treatment Readiness Index (TRI) pre and post interventions
<b>PHN</b>	Primary Health Network
<b>QOL</b>	Quality of Life
<b>SEMPHN</b>	South Eastern Melbourne Primary Health Network
<b>SRS</b>	TaskForce's client management system and outcomes reporting software. Created by InfoXchange.
<b>The Review Tool</b>	This is part of the DHHS new intake and assessment tools
<b>The Outcomes Star</b>	(The Star)
<b>ToF</b>	TaskForce Outcomes Framework
<b>VADC</b>	Victorian Alcohol and Drugs Collection



## References

- 1 Miller PG, Hyder S, Zinkiewicz L, Droste N, Harris JB. Comparing subjective well-being and health-related quality of life of Australian drug users in treatment in Regional and Rural Victoria. *Drug Alcohol Rev* 2014;33:651-657
- 2 Ryan et al. 2013—'Validation and implementation of the Australian Treatment Outcomes Profile in specialist drug and alcohol settings'. See also Lintzeris N, Monds L A, Rivas G, Leung S, Withall A, Draper B. The Australian Treatment Outcomes Profile instrument as a clinical tool for older alcohol and other drug clients: A validation study. *Drug Alcohol Rev* 2016;35:673-677
- 3 Harris, L., & Andrews, S. (2013). Implementing the Outcomes Star well in a multi-disciplinary environment. RMIT University, published by The Salvation Army, Crisis Services Network, Victoria, Australia
- 4 Joy Mackeith, (2014), "Assessing the reliability of the Outcomes Star in research and practice", *Housing, Care and Support*, Vol. 17 Iss 4 pp. 188—197