

# Alcohol and other drug performance management framework

2018

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' is retained when it is part of the title of a report, program or quotation.

Available at the [Alcohol and other drugs webpage](http://www2.health.vic.gov.au/alcohol-and-drugs) <www2.health.vic.gov.au/alcohol-and-drugs>.

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If you would like to provide feedback on how this framework can be improved, please email the [email the Drug Policy and Reform unit](mailto:AOD.enquiries@dhhs.vic.gov.au) <AOD.enquiries@dhhs.vic.gov.au>.

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# Introduction

## Background

Victorian Government-funded alcohol and other drug (AOD) service providers deliver a range of community-based and residential treatment and harm-reduction services to people experiencing AOD-related harm and to their families, carers and loved ones. The AOD treatment sector comprises a wide range of organisations including non-government organisations, hospitals, community health services and primary health networks. Annually, over 31,000 people receive government-funded AOD services.

Performance management ensures that public funds deliver positive outcomes for clients and the Victorian community through the provision of safe, high-quality services. It enables service providers and the Department of Health and Human Services (the department) to monitor and understand service and system performance, identify opportunities and risks, and drive improvement. Data collected through performance management informs responses to emerging issues and helps to identify key areas for attention. It also provides the evidence base for identifying the initiatives that achieve sound outcomes, and the locations in which these are being delivered.

The *Alcohol and other drug performance management framework* (AOD PMF) builds on existing departmental frameworks, tools and processes with detailed information specifically applicable to the AOD sector. It outlines an engagement process between the department and service providers for the delivery of efficient, effective services.

The AOD PMF is supported by the new *Victorian alcohol and drug collection* (VADC). The improved data collected through the VADC will inform service provider monitoring, allowing for more accurate assessment of performance and trends.

## Scope

The AOD PMF applies to all Victorian Government-funded AOD service providers. This includes all categories of organisations that deliver AOD services including hospitals and non-government organisations. It covers both activity-based and project-based services.

## Objectives

The objectives of the AOD PMF are to:

- facilitate sustainable health and wellbeing outcomes for clients and service users
- improve reporting and analysis of service provider performance to inform service planning, sector capacity building initiatives, staff training and continuous improvement of systems and monitoring tools
- promote effective and efficient delivery of services
- assist collaboration between the department and service providers to identify and manage risk
- allow for the early identification of issues and implementation of effective interventions
- foster greater understanding among service providers of their accountabilities
- improve transparency and consistency
- improve access to performance information for both service providers and the department
- minimise administrative burden by using existing performance management systems and processes where possible.

## Structure of this document

Part 1 of this document provides a set of performance management guidelines outlining the steps that the department will take to manage service provider performance.

Part 2 describes the performance indicators that will be used in the short term and the steps that the department will take to develop and implement a detailed suite of indicators in the medium to long term.

# Part 1 – Performance management guidelines

This section outlines the steps that the department will take to respond to service provider performance issues.

## 1.1 The AOD PMF in context

The AOD PMF builds on existing performance management frameworks, tools and processes that apply broadly across the department, including to the AOD program area. The AOD PMF provides additional information to AOD service providers and departmental staff to assist them as they apply these frameworks, tools and processes to the AOD sector.

In addition to department-wide documents, there are several AOD-specific documents. The AOD PMF is consistent with, and sits alongside these. Table 1 provides a summary of relevant performance management documents, and their scope. More information about each of the documents is provided below Table 1.

**Table 1: Relevant performance management documents and their scope**

Document	Scope
Department of Health and Human Services policy and funding guidelines	Department-wide – all service providers
Funded organisation performance monitoring framework	Department-wide – only service providers funded through a service agreement (such as non-government organisations and community health services, including some AOD service providers)
Victorian health services performance monitoring framework	Department-wide – only health services funded through a statement of priorities (such as hospitals, including some AOD service providers)
<b>AOD PMF (this document)</b>	<b>AOD sector only – all AOD service providers (both those funded through service agreements and statements of priorities)</b>
Victorian AOD treatment principles and the Victorian AOD client charter	AOD sector only – all AOD service providers (both those funded through service agreements and statements of priorities)
Victorian AOD program guidelines	AOD sector only – all AOD service providers (both those funded through service agreements and statements of priorities)

### 1.1.1 Department of Health and Human Services policy and funding guidelines

The *Policy and funding guidelines* detail the policy and funding frameworks in which department-funded service providers operate. Volume 2 of the guidelines contains information about health sector organisations including those that deliver AOD services. This includes information about accountability, funding arrangements and pricing, standards and policies applicable to funded service providers.

### 1.1.2 Funded organisation performance monitoring framework

The *Funded organisation performance monitoring framework* (FOPMF) is a set of tools and processes for the department to monitor service providers that are funded through service agreements. These tools include service agreement monitoring checklists, specialist checklists, desktop reviews and Live Monitoring. In the AOD sector, service providers funded through service agreements include community health services and non-government organisations.

The FOPMF sets out the key policy and operational requirements and outlines a set of tools to assess performance against the deliverables and targets contained in an organisation's service agreement. It

ensures that all in-scope service providers across the state are engaged in a consistent manner and are assessed on defined key risk areas.

### **1.1.3 Victorian health services performance monitoring framework**

The *Victorian health services performance monitoring framework* outlines the department's approach to overseeing the performance of health services. In the AOD sector, these health services include hospitals delivering residential withdrawal and other treatment services.

This framework describes the contextual, strategic and operational aspects of monitoring and improving health services' performance. Its purpose is to promote transparency and shared accountability for performance improvement across the system and to help inform future policy and planning strategies.

The key service delivery and accountability agreements between health services and the department are statements of priorities. These outline key deliverables and performance targets to be achieved by the health services within the allocated annual budget.

### **1.1.4 Victorian AOD treatment principles and the Victorian AOD client charter**

The *Victorian AOD treatment principles* provide a high-level, aspirational set of principles intended to underpin a client focused, sustainable and coherent AOD system. The service delivery principles are based on harm-minimisation and recovery-oriented approaches, and apply to all AOD treatment providers.

The *Victorian AOD client charter* is based on the knowledge and experience of 160 service users who participated in focus groups held across Victoria. It outlines the rights and responsibilities of people who use public AOD treatment services in Victoria, and the responsibilities of AOD treatment providers.

### **1.1.5 Victorian AOD program guidelines**

The *Victorian AOD program guidelines* outline the department's principles and objectives, key service delivery requirements and minimum performance and reporting standards for funded AOD programs and services. They contain:

- information on the broad approach the department takes in relation to prevention, harm reduction and treatment
- program and service specifications outlining the requirements and expectations for particular programs and services
- key regulatory and other requirements related to quality, reporting and performance management.

## **1.2 Roles and responsibilities**

Effective implementation of the AOD PMF requires a shared understanding of the key roles and responsibilities of funded agencies and the department's operational areas and central office, as outlined in Table 2.

Broadly, the department's operational areas have the primary responsibility of managing service provider performance. The central office is responsible for supporting operational areas in this work, and identifying and leading the response to statewide issues. In the case of new initiatives, responsibility for monitoring and oversight transfers from central office to area offices once service providers begin delivering services. Where consortium arrangements apply, lead providers are responsible for responding to performance issues within their member agencies.

**Table 2: Performance management roles and responsibilities**

Service providers	Department operational areas	Department central office
<ul style="list-style-type: none"> <li>• Deliver services in a manner that is consistent with relevant AOD service specifications, guidelines, policies and legislation.</li> <li>• Collect and provide specified data to the department according to agreed timelines and formats.</li> <li>• Achieve performance targets articulated in the AOD PMF, service agreements and statements of priorities.</li> <li>• Analyse service-level data to inform local service planning, review, ongoing improvement and local catchment planning.</li> <li>• Engage with relevant departmental staff to ensure that the department is aware of any drivers affecting agency performance.</li> <li>• Work with relevant departmental staff to ensure that performance issues are successfully rectified within an agreed timeframe.</li> <li>• Collaborate with relevant department staff and other service providers to inform and implement improvements to AOD service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain and manage direct relationships with service providers.</li> <li>• Monitor service providers and their performance against service agreements and statements of priorities.</li> <li>• Respond in a timely and effective manner to performance issues.</li> <li>• Monitor broader environmental issues that may affect agency performance.</li> <li>• Liaise with and escalate issues to central office as required.</li> <li>• Implement the AOD PMF in line with the requirements in the FOPMF and the Victorian Health Services Performance Monitoring Framework.</li> <li>• Expedite poor performance matters quickly to area management in the first instance and central office as appropriate.</li> <li>• Liaise with other relevant areas where an area office has the lead role in the management of a multi-region provider.</li> <li>• Monitor how consortia are functioning and identify consortium-specific organisational issues.</li> <li>• Receive and manage incident reports as appropriate.</li> <li>• Make variations to service provider funding as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide broader policy advice and strategic oversight of the AOD system.</li> <li>• Operate and maintain the AOD data collection.</li> <li>• Analyse statewide data to identify trends and performance issues.</li> <li>• Implement and oversee the PMF.</li> <li>• Provide support and advice to operational areas about service provider performance management.</li> <li>• Monitor and performance manage service providers delivering statewide services, with the support of area offices.</li> <li>• Provide periodic reporting to area offices about service provider performance against targets.</li> <li>• Provide statewide performance reporting to government and community.</li> </ul>

### 1.3 Issues impacting on service provider performance

The department recognises there are a range of issues that may affect service provider or consortium performance, and a failure to achieve targets does not necessarily reflect poor performance. External factors such as those listed in Table 3 may lead to variations in performance. If these issues arise, the department will work with an affected service provider to identify any actions that can be taken. The department also recognises that local context – such as whether a service provider or consortium operates in a metropolitan or non-metropolitan area – should be considered during performance discussions.

Service providers should manage all internal factors such as those listed in Table 3 to ensure that they are delivering high quality services as per their service agreement or statement of priorities. Service providers have a responsibility to ensure contingency plans are in place to minimise the chance of performance issues or service delivery disruption. For example, service providers must proactively plan leave coverage of individual clinicians and ensure there is sufficient flexibility within staffing arrangements to assist in providing continuous, high quality care to clients.

**Table 3: Examples of factors potentially affecting service provider performance**

External Factors	Internal Factors
<ul style="list-style-type: none"> <li>• Fluctuations in service demand</li> <li>• Major, unplanned events (such as natural disasters) that disrupt service delivery</li> <li>• New service pathways or legislative changes (such as justice system reform)</li> </ul>	<ul style="list-style-type: none"> <li>• Data integrity</li> <li>• Staff recruitment and retention</li> <li>• Staff knowledge and skills</li> <li>• Organisational governance and/or management</li> <li>• Data entry and reporting systems (including client management systems)</li> </ul>

## 1.4 Responding to performance issues – a staged approach

Departmental staff are responsible for managing service provider performance. This allows for the assessment of an agency’s performance within local contexts and local relationships.

When performance issues are identified, organisations are required to work in collaboration with the department to develop and implement appropriate actions to address key issues and service quality risks. Consortium lead providers are responsible for reporting to the department against this framework for all consortium members, as well as for taking action to address any performance issues that may arise.

### 1.4.1 Identifying performance issues

Consistent with broader departmental policy and the AOD program guidelines, further investigation is required when there is a performance variation greater than any of the following:

- five per cent against a service provider’s episode of care (EOC) target for any individual activity type
- five per cent against a service provider or consortium’s total drug treatment activity units (DTAU) target
- five per cent against a service provider or consortium’s forensic target for any activity type
- twenty per cent against a service provider or consortium’s DTAU target for any individual activity type.

For services delivered under the DTAU funding model, there is 20 per cent flexibility built into the system. Service providers delivering DTAU-based services are expected to deliver at least 80 per cent of the target for each activity type, but have flexibility to move the remaining 20 per cent between activity types to respond to demand, as long as they still achieve their overall DTAU target.

For agencies that are part of a consortium, this flexibility occurs at the consortium level. Consortium lead providers should monitor each member provider’s DTAU utilisation in each funded activity stream to ensure that the consortium is delivering an appropriate mix of services across the catchment.

Note that variation against targets does not necessarily indicate underperformance on a service provider’s behalf. Rather, variation is a prompt for discussion between the department and the service provider or consortium.

Other ways in which performance issues can be identified include through:

- narrative reports provided to the department by service providers
- ongoing monitoring through annual desktop reviews and the FOPMF process undertaken by departmental area staff
- incident reporting and complaints
- safety and quality concerns
- service provider notifications to the department
- forensic service provider ‘on hold’ requests
- client waitlist and wait time information
- service provider performance against statewide *Budget Paper 3 (BP3)* targets.

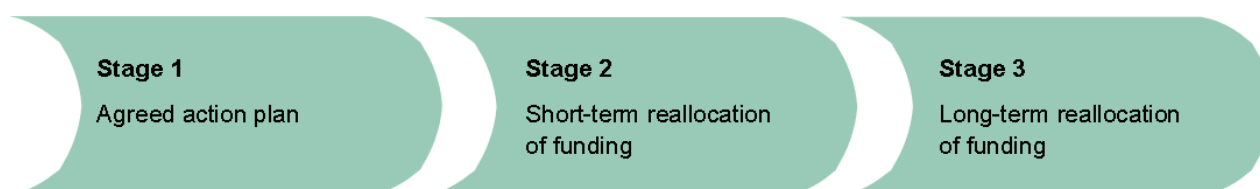


Responding to identified performance issues ensures that:

- services are being delivered in accordance with service providers' service agreement or statement of priorities
- agency viability can be monitored
- activity data is being appropriately recorded
- agencies are delivering activity for which they are funded
- funding and targets are appropriate relative to demand
- funding is allocated appropriately and service access is optimised
- quality is maintained
- client and staff safety is maintained.

When a performance issue has been identified or is anticipated by the department or service providers, all parties should take a proactive approach to address the issue. The department will then instigate a staged approach to responding to the performance issue, as outlined in Figure 1. Note that for services funded on a project basis, some of these options may be unavailable.

**Figure 1: Three-stage approach to responding to performance issues**



### **1.4.2 Stage 1 – agreed action plan**

During Stage 1, departmental area staff will work with the consortium or service provider to develop an agreed action plan. The action plan will be reviewed on a regular basis to track changes in quality and service performance, as well as to provide feedback on key outcomes. For service providers funded through a service agreement, departmental area staff should record the performance issue and all associated actions on Live Monitoring. Departmental area staff should also notify central office that it has implemented an action plan with a service provider.

To address performance issues, in the first instance consortia and service providers can consider reviewing and enhancing the following:

- engagement with partner agencies – including those delivering other services such as mental health and housing services – and consortium members
- appropriateness of service models and locations
- staff recruitment and retention strategies
- promotion of services
- strategies to engage hard-to-reach clients and their support people, family and loved ones
- data input processes and practices by staff
- DTAU and/or EOC reallocation to different activity types.

While only an indicative timeline, departmental area staff should consider escalating to Stage 2 processes if a service provider cannot demonstrate any performance improvement after three months.

### **1.4.3 Stage 2 – short-term reallocation of funding and targets**

If the above steps do not resolve the performance issues, the service provider and area should work collaboratively using the range of graduated options as provided below. Departmental area staff should update the action plan to reflect these actions.

These options are intended for use on a short-term basis and are at the discretion of area offices. To ensure minimal disruption to service delivery, particularly for forensic clients, when any changes are implemented:

- departmental area staff should notify central office so that the targets database can be updated
- departmental area staff should notify catchment intake services to enable them to appropriately refer clients
- central office staff should notify Australian Community Services Organisation (ACSO) Community Offenders Advice and Treatment Services (COATS) so that ACSO can update forensic targets.

#### **Move funding to another funded treatment stream**

If additional flexibility beyond the standard 20 per cent flexibility is required to respond to short-term demand, underutilised funds may be temporarily diverted to other activity types, without formally changing individual targets within a financial year.

#### **Move funding and targets between service providers or consortia within a catchment**

If there is demonstrated demand and consistent performance issues (over six months as an indicative timeframe), the area office may redirect a proportion of funding and associated targets to another service provider or consortium within the same catchment on a short-term basis (e.g. until the end of that financial year). Note that this option requires that the service provider or consortium has the capacity to deliver additional DTAU or EOC of the same activity type.

#### **Move funding and targets to a service provider or consortium in an accessible catchment**

If there is demonstrated demand, and there are no service providers or consortia with the capacity to deliver the activity type, the area office may redirect a proportion of funding and associated targets to a service provider or consortium in a nearby catchment, or within the same area.

#### **Withhold funding**

If there are no other service providers or consortia available that can deliver the activity type, funds may be withheld from the service provider or catchment, and associated targets reduced, in the short term.

### **1.4.4 Stage 3 – long-term reallocation of funding**

If all strategies to address performance issues have not assisted (after one year as an indicative timeframe), consideration will be given to moving funding and formally varying targets permanently. If there is no demonstrated need or demand for particular services in the area, funding may be returned to central office for reallocation to other areas of need.

Variations should not be retrospective – adjustments should be made for future periods only. Departmental area staff must seek endorsement from central office and senior management with the appropriate financial delegation before making any variations to service agreements.

### **1.4.5 Additional performance management considerations for forensic funding**

In addition to the steps outlined above, there are particular considerations relevant to forensic service delivery and targets. These are outlined below.

Service providers and consortia delivering DTAU-funded services have a proportion of their funding allocated to services for forensic clients, who are considered a priority population group.

Generally the minimum forensic targets are:

- ten per cent of DTAU for intake<sup>1</sup>
- twenty per cent of DTAU for assessment, counselling, care and recovery coordination and non-residential withdrawal.

Note that these are minimum targets, and service providers may deliver a greater percentage of activity to forensic clients in response to demand. For EOC-funded activity types, there are forensic-specific activity types with associated targets.

### **Managing demand**

Forensic clients must be able to access services within the timelines outlined in their orders. Therefore, service providers may consider a number of additional demand management options in consultation with area offices. These include:

- using an increased proportion of DTAU allocation to support the forensic client group
- ensuring any issues with timeliness and quality of court reporting have been addressed
- ensuring consultation with ACSO on appropriateness of current locations of service delivery for clients, particularly those on Community Corrections Orders
- reviewing current wait lists for individual locations provided by ACSO – both numbers and length of waits and how these are being managed
- identifying any administrative issues in referral from COATS that may be affecting referrals or pathways.

### **‘On hold’ requests**

Service providers may not go on hold for voluntary clients. For forensic clients, service providers and consortia may request going on hold if:

- there is a change in circumstances such as increased demand or the sudden departure of a staff member leads to a short-term inability to respond to demand
- the service provider is unable to achieve its forensic targets in the long term due to issues such as its service delivery model.

In all cases, service providers and consortia must exhaust all efforts to address demand fluctuations and other service delivery issues before requesting to go on hold. They must also negotiate with departmental area staff prior to lodging a request. Note that for consortia, any capacity or delivery issues being experienced by individual members must be dealt with by the consortium lead in conjunction with its members. Consortium leads should only ever make an on hold request where it applies to their entire consortium.

Before making a request to go on hold for a short period (e.g. approximately two weeks) a service provider or consortium must first:

- if a consortium, confirm that the demand cannot be managed amongst other consortium members
- confirm that all other options for increasing service provision have been exhausted in consultation with the area office
- develop a plan for responding to the short-term issue necessitating the on hold request.

If at the conclusion of the agreed short-term on hold period the service provider has not managed to resolve the relevant issues, the area office may instigate the graduated performance issue management process outlined in Part 1 above.

To make an on hold request, service providers should submit an ACSO COATS on hold request form that can be found on [ACSO's COATS website](http://coats.acso.org.au) <<http://coats.acso.org.au>>. If forensic (and overall) demand is consistently high, central office will be advised. Additional prepayments from ACSO brokerage may be used to ensure ongoing capacity to meet forensic demands.

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<sup>1</sup> This includes Drug Diversion Appointment Line , Court Integrated Services Program, the Court Referral and Evaluation for Drug Intervention and Treatment program and other diversion pathways for forensic clients.

## Part 2 – Performance indicators

This section outlines the performance indicators that will be used in the short term and gives an overview as to how a detailed suite of AOD performance indicators will be developed over the long term.

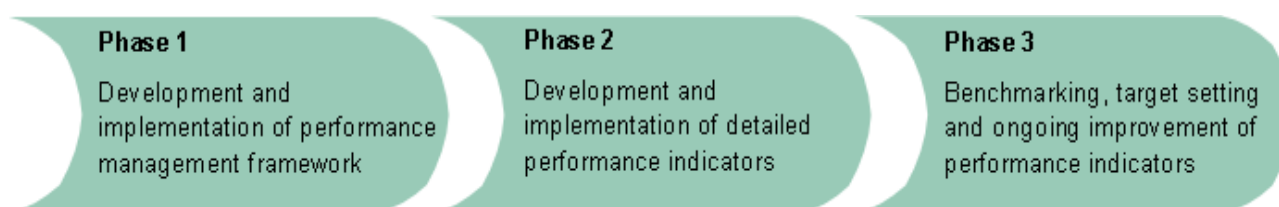
### 2.1 A consultative phased approach

The AOD PMF will be designed and implemented in three phases. As Figure 2 shows, the development and improvement of detailed performance indicators falls into Phases 2 and 3.

Phase 1 is the development and implementation of the overarching AOD PMF. Phase 2 will then involve developing a suite of detailed performance indicators in consultation with service providers. It is anticipated that this work will be completed during 2019–20, once the VADC is fully operational.

Finally, after implementing the performance indicators and confirming the quality of the data, Phase 3 will cover benchmarking and target-setting. During benchmarking, performance will be compared across various levels including at the provider and area levels, and against any other relevant external standards. Provisional targets will then be set based on the identified benchmarks, and these targets updated before being confirmed. Throughout this time, performance indicators will be revised and improved as required. It is anticipated that this phase will be undertaken during 2020–21 and 2021–22.

**Figure 2: Process to develop a detailed suite of performance indicators**



### 2.2 Existing performance monitoring

In the short term, current performance indicators will continue to be used to monitor services funded on an activity basis. These are:

- the number of EOC and DTAU delivered against individual activity and overall targets
- the number of DTAU delivered against adult community service forensic targets
- applicable statewide performance indicators listed in the ‘drug services’ section of BP3. These are outlined in Table 4.

**Table 4: Applicable drug services BP3 performance indicators**

BP3 measure
Number of phone contacts from family members seeking support
Needles and syringes provided through the needle and syringe program
Number of telephone, email, website contacts and requests for information on alcohol and other drugs
Clients on the pharmacotherapy program
Commenced courses of treatment: community-based drug treatment services
Commenced courses of treatment: residential-based drug treatment services*
Number of DTAU
Number of new residential withdrawal clients*
Residential bed days*

<b>BP3 measure</b>
Percentage of new clients to existing clients
Percentage of residential rehabilitation courses of treatment greater than 65 days*
Successful courses of treatment (episodes of care): community-based drug treatment services
Successful courses of treatment (episodes of care): residential-based drug treatment services*
Average working days between screening of client and commencement of community-based drug treatment*
Average working days between screening of client and commencement of residential-based drug treatment*

\*Note – these measures are currently being reviewed and therefore may be updated from 2019–20 onwards.

In addition, service providers are expected to deliver services in-line with:

- the Policy and funding guidelines
- the FOPMF as applicable
- the AOD program guidelines
- critical incident-reporting requirements as outlined in the *Victorian health incident management system* (for health services) and the *Critical incident management system* (for other categories of organisation)
- any other initiative- or service-specific requirements agreed to by service providers through request for quote processes or in individual agreements.

Departmental staff will actively manage performance against these indicators and expectations in line with the processes outlined in Part 1 of the AOD PMF.

## 2.3 Performance monitoring in the long term

In the long term, the department will develop and implement a suite of detailed performance indicators in ongoing consultation with the sector.

### 2.3.1 Indicative performance domains

A set of performance domains will underpin the detailed suite of performance indicators. While these performance domains may be modified during Phase 2, it is anticipated that these will align with the performance domains in the AOD program guidelines.

**Table 5: Indicative performance domains and outcomes expected for clients**

<b>Outcome domains</b>	<b>Indicative outcome</b>
Effectiveness	AOD-related behaviours of clients stabilised, improved or ceased
	Improved quality of life status
	Improved social connectedness/reduced social isolation
	Improved physical health
	Clients' capacity for engagement in AOD treatment services and decision making about their own treatment planning improved
	Contribution to improved long-term housing security
	Contribution to improved economic participation
	Client engagement with health, human services and other key social supports
	Reduced involvement with the justice system

Outcome domains	Indicative outcome
	Improved involvement of families in support provided to the client
Efficiency and sustainability	Services are cost efficient
Responsiveness	Responsiveness to population diversity
	Improved responsiveness to family members including children and significant others
	Improved responsiveness to dependent children of clients
Accessibility	AOD treatment services are easy to find and access
	People who are most in need are prioritised for access
	The AOD treatment services system is easy to navigate
	People have reasonable access to AOD treatment services no matter where they live
Continuity	Pathways between AOD treatment streams, including intake and assessment, are well established and support continuity of care
	Pathways to and from local human services and other social support services are well established and support continuity of care
Safety	Client safety
	Family safety
	Worker safety

### 2.3.2 Sources of data

It is anticipated that data underpinning the detailed suite of indicators will be derived predominantly from the new VADC. The VADC will facilitate a wide range of useful indicators including:

- client demographic indicators
- output indicators such as the number of services delivered
- treatment outcome indicators such as accommodation, employment and physical and mental health outcomes
- treatment efficiency indicators
- client pathway indicators and indicators regarding engagement with other types of government services.

In addition, the department may require service providers to deliver additional qualitative information that cannot be derived from the VADC. In-line with the AOD PMF principles, service provider reporting burden will be minimised wherever possible by using data that is already collected for other purposes and incorporating new data requirements into the VADC.

### 2.3.3 Outcomes-based performance monitoring

The implementation of the VADC will also provide opportunities for increased monitoring of client outcomes. The capacity to monitor outcomes will be vital as the department scopes options to transition towards systematic outcomes measurement and outcomes-focused performance management of funded service providers into the future. The department will work closely with the AOD sector to explore the future potential for outcomes-based performance monitoring in the medium to long term.