



GROUND-UP IMPLEMENTATION OF ROUTINE OUTCOME MONITORING IS POSSIBLE

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Mental Health Coordinating Council's program to help NGOs in NSW to Map the Difference they Make
2nd Australasian Mental Health Outcomes Conference, Nov 2008

Mapping the Difference We Make: RCOM Workforce Support

Presentation key messages:

1. NGO outcome monitoring is different in over a dozen ways
2. Voluntary, not mandated so requires different implementation
3. MHCC used consumer-centric and NGO-centric approach informed by dissemination science
4. Progress at 8 months of implementation – is ground up implementation working? Will it be effective and sustained?
5. Consumer DVD, *Breaking News* important to our approach

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OBJECTIVES OF THE NSW NGO RCOM PROGRAM

1. To implement at least one consumer outcome tool in each service provider NGO where capacity exists to collect and use outcome data
2. To standardise an RCOM approach across NGOs
3. To help NGOs prepare consumers to understand, engage with, be partners in and consent to using outcome tools
4. To support staff in the uptake and use of outcome data
5. To support NGOs in using outcome data to evaluate their programs
6. To continue research and development to support the program and to evaluate the initiative

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Implementation Summary: How is NGO RCOM different?

1. Different service types (to clinical services)
2. Different RCOM focus: strengths focus, 'needs' and welfare issues
3. Different workforce and highly diverse workforce
4. Different definition of RCOM to government sector definition
5. Different policy context and no policy mandate ie there are different policy levers for NGOs
6. Different consumer context – no explicit reform agenda demanded reform using RCOM
7. Different information needs and MHCC proposes a distinct NGO information collection
8. Different selection considerations for outcome measures
9. Different recommended outcome measures to MHOAT measures: CAN-C, SWLS
10. Different starting points for commencement of RCOM in different NGOs
11. Different primary approach – **quality of consumer experience**, not 'data collection'
12. Different requirements for sustainability and need to involve **multiple** funders

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MHCC's ground-up implementation strategies

• Mail Survey of member organisations – April 2005	144 NGOs
• Face to face member forum – July 2005	70 NGOs
• Discussion Paper consultation – Aug 2006	144 NGOs
• Consumer consultation (face to face) – Sept 2006	20 NGOs
• Consumer consultation face to face and electronic	35 NGOs
• Site visits to NGOs – Dec 2006 – June 2007	30 NGOs
• Expert Reference Group	4 NGOs
• Consumer/Carer DVD 10 consumers from	4 NGOs
• Workforce Development Committee	10 NGOs
• Information Strategy CEO Consensus Meetings	10 NGOs
• Familiarisation invitations reached 100% members + non member NGOs	

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A-E NGO Program Categories and the outcome measures for adult clients

A. Psychosocial rehab & recovery NGOs	<ul style="list-style-type: none"> • Kessler 10+ • Clinical CAN or CANSAS • Satisfaction With Life Scale (18 item)
B. Psychosocial rehab – HASI Accommodation	<ul style="list-style-type: none"> • CANSAS • Existing HASI measures
C. Psychosocial rehab – employment-specific	<ul style="list-style-type: none"> • CANSAS • Existing DEEWR measures
D. Counselling NGOs	<ul style="list-style-type: none"> • CANSAS if known mental illness • K10+ for all presenting clients
E. Carer wellbeing NGO programs	<ul style="list-style-type: none"> • K10+ • Carer input to consumer measures • Other if capacity

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NSW & Commonwealth funding streams

- NSW Health NGO Grant Funded programs ('Mental Health', 'AOD')
- NSW Health NGO Grant Funded programs ('Womens Health')
- NSW Health-funded Housing and Accommodation Support Initiative
- NSW Dept Community Services
- DoHA-funded LIFE Framework suicide prevention programs
- DoHA-funded Support for Day to Day Living in the Community
- Other DoHA-funded NGO programs
- DEEWR-funded employment programs
- FaHCSIA-funded Mental Health Community Based Program
- FaHCSIA-funded Personal Helpers and Mentors Program (PHaMs)
- FaHCSIA-funded Mental Health Respite Care Program
- Headspace Funded programs

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LOVE-YOU COAG

- Boosts size of NGOs and workforce
- Boosts spread of each NGO funded
- Boosts distribution of NGO programs
- **Makes capacity building for quality feasible**
- **Makes RCOM more worth doing, interesting**
- Respectful of NGO organisational base
- Respectful of NGO autonomy and diversity
- **Makes clinical partnerships more possible, not 'duplicating' nor 'less coordinated'**

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The NSW NGO (MHCC) approach to RCOM

- use of validated, adequately researched outcome tools
- standardised outcome tools across NGO program categories (A to E)
- client-rated and worker-rated outcome tools if meet above
- use of consumer-developed recovery tools if meet above in time
- not NGO self-developed tools without research validation
- not categories of change the worker thinks the client has reached
- not validated tools with word changes NGOs like better
- not validated tools with items left off or scoring systems changed

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Training is workforce-wide

Introducing MHCC's Mapping the Difference We Make: Training structure

1. Familiarisation (staff, clients and stakeholders)
2. Initial (key workers & managers)
3. Continuing Education (key workers & managers)
4. Executive and Leadership (fast-track option)

Plus consumer, staff and stakeholder Occasional Seminars


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MAPPING THE DIFFERENCE WE MAKE FAMILIARISATION

NORTH COAST AREA HEALTH SERVICE NSW@HEALTH	SYDNEY SOUTH WEST AREA HEALTH SERVICE NSW@HEALTH	HUNTER NEW ENGLAND AREA HEALTH SERVICE NSW@HEALTH
NORTHERN SYDNEY CENTRAL COAST NSW@HEALTH	SOUTH EASTERN SYDNEY ILLAWARRA NSW@HEALTH	GREATER SOUTHERN AREA HEALTH SERVICE NSW@HEALTH

3 hr public launch events: NGOs with Area Mental Health Services



MAPPING THE DIFFERENCE WE MAKE

INITIAL TRAINING : Using outcome tools

One-day intensive




- Privacy
- Engagement
- Interviewing
- Key concepts
- K10 & K10+
- HoNOS
- LSP 39 & 16
- CAN-C
- CANSAS
- CANSAS-P
- SWLs

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CONTINUING EDUCATION

workplace learning over 1 year

3 of 10 Modules (or 1 Advanced Module) to become a "Registered User of an outcomes approach"



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CHOOSE THREE MODULES OR ONE ADVANCED MODULE

1. Quality Circle (Peer & Consumer Educator)
2. Quality Activity using outcome data
3. Outcomes Event in another human service
4. Appraisal of specific outcome tools
5. Collaborating with Clinicians
6. Group work using outcome data
7. Who Gets What From You Review*
8. Reflective Article on RCOM*
9. Its all about YOU! One year using outcome tools for your own mental health
10. HoNOS Half Day Training for NGO use

**THE
10
MODULES
FOR
RCOM DATA
USE**

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EXECUTIVE & LEADERSHIP RETREAT, COOLANGATTA ESTATE NSW



To assist CEOs, Boards & Managers to successfully lead routine consumer outcome monitoring in their agencies

Proposed - March 2009
Date: TBA

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IMPLEMENTATION SUMMARY RESULTS

Training uptake at 8 months, 6 intakes
April - Oct 2008

Launch	Familiarisation NGOs	People	Initial Training		
			NGOs	Programs	People
7 May North Coast	9	(40)	4 June - Tweed Heads 3	6	(23)
29 May Central Sydney	12	(35)	12 June - Camperdown 3	3	(7)
25 June Hunter/NE	9	(45)	11 July - Ryde 6	6	(13)

Continued next slide

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IMPLEMENTATION SUMMARY RESULTS

Training uptake at 8 months, 6 intakes

Launch	Familiarisation	people	Initial Training NGOs	Programs	People
1 August Hunter	9	(70)	6	9	(20)
12 Sept SE Sydney & Illawarra	12	(25)	3	4	(7)
29 Oct Greater Southern	9	(25)	5	6	(16)
					+(13) pilot
Total NGOs 6 Familiarisations = 43			Total NGOs Initial = 16		

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RESULTS - Training uptake, 8 months

7 May North Coast	Child & Adolescent Specialist Programs Northern Rivers Social Dev Council Reconnect Carers NSW Family & Carers Mental Health The Buttery Inc MISA program Community Programs Inc Mission Australia Port Macquarie On Track Com Prog Tweed Heads On Track Com Prog Lismore On Track Com Prog Mullumbimby On Track Com Prog Coffs Harbour New Horizons Lismore	40	Held 4 June - Tweed Heads	23
29 May Sydney	Aftercare Care Employment Richmond Fellowship of NSW Grow Community & Grow NSW Central Sydney Division of GPs Psychiatric Rehab Assoc, Sydney Central Macarthur Disability Support Consumer Activity Network Inc Mission Australia Lifeline Sydney Central Sydney Inner City CCC Wayside Chapel	35	Held 12 June - Camperdown, Sydney	7
25 June North Sydney Central Coast	Centcare Lifeline Harbour to Hawksbury Australian Catholic HealthCare SFSW Pioneer Club House SFSW PHAMS SFSW Day to Day Living Mental Health Assoc Anxiety Support Gps SPERANZA Northern Beaches Mental Health Support ARAFMI Central Coast and North Sydney PRA Central Office	45	11 July - Ryde, Sydney	13

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IMPLEMENTATION RESULTS

Training uptake at 8 months

Launch	NGOs participating Familiarisation	No	Initial Training & Continuing Education	
1 August Hunter	Compass Housing Services Kaiyu Newcastle Hunter New England Carer Assist Hunter Job Link Neami Hunter Valley New Horizons Hunter Psychiatric Rehabilitation Assoc Newcastle Life Without Barriers Samaritans	9 NGOs	Held 20 August - Newcastle Catholic Healthcare, Sydney New Horizons PHAMS North Ryde New Horizons Godford Richmond Fellowship, Hamilton North Psychiatric Rehab Assoc Newcastle Psychiatric Rehab Assoc Melford/Maitland Psychiatric Rehab Assoc Tamworth DET Pilot Newcastle Fam Support Headin Up Hunter JobLink	20 people 6 NGOs
12 Sept SE Sydney & Illawarra	ARAFMI Illawarra Sydney Board Members of ARAFMI NSW Sutherland Division of General Practice Disability Trust Benevolent Society Mission Australia Triple Care Farm, Robertson Richmond Fellowship of NSW Ulladulla Comper, St Vincent de Paul Society	8 NGOs	Held 27 Sept - Wollongong ARAFMI Illawarra Comper, St Vincent de Paul Society Schizophrenia Fellowship Respite Ulladulla Schizophrenia Fellowship Respite Wollongong	25 7 3 NGOs
29 Oct Greater Southern	Richmond Fellowship ACTNSW Psychiatric Rehabilitation Assoc, Goulburn Mental Health Foundation of ACT Mental Health Community Coalition ACT	4 NGOs	Held 30 Oct - Wagga Wagga Schizophrenia Fellowship Wagga Respite Schizophrenia Fellowship Wagga Carers Psychiatric Rehab Assoc, Batemans Bay Calvary Alcohol & Other Drug Service Griffith Catholic Healthcare Com Services Wagga Interreach NSW Inc	25 16 5 NGOs

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IMPLEMENTATION RESULTS

Training uptake at 8 months

No. NGOs 'new users' of RCOM doing Initial Training	= 11
No. NGOs 'existing users' doing Initial Training	= 5
No. NGOs 'existing users' NOT doing Training	= 1
No. NGOs 'new users' requesting private team training	= 3
Some NGOs already counted as participating want private team training	
No. funding streams (funded programs) where workforce has participated	= 13
No. staff trained Initial = 13 in Pilot, 86 in 2008 Roll out	= 99
Number reporting they are doing Continuing Education	= ?? approx 60%
NGOs are collaborating together to agree on mutual-use database	

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CONCLUSIONS

Uptake of training suggestive of beginning of uptake of RCOM

Minimal and slow uptake reflects voluntary uptake, not specifically resourced to the NGOs. This is suggestive of overall capacity barriers to NGO readiness and ability to attend training which costs time, backfill and travel costs

Some uptake may be due to naturalistic uptake anyway


No evidence of users stopping, no voiced disagreement

Excellent input of consumers was vital

Partnership with Areas important to recruitment of NGO interest

Ground-up implementation is possible, but we don't yet know if it is effective, sufficient, resulting in good data, or lasting and utility of measures and NGO satisfaction with same, tentative

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 So watch this space: www.mhcc.org

acknowledgments

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NSW Health
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and
NSW Health NGO Infrastructure Grants Program aiming to assist NGOs in capacity building for service quality and outcomes

And thank you to our Expert Reference Group of NGOs and others

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- ### CAN-C & CANSAS – 22 items
- | | | |
|-----------------------|----------------------------|----------------------------|
| 1. Accommodation | 9. Safety to self | 17. Intimate relationships |
| 2. Food | 10. Safety to others | 18. Sexual expressions |
| 3. Looking after home | 11. Information | 19. Child care |
| 4. Self care | 12. Psychological distress | 20. Basic education |
| 5. Daytime activities | 13. Psychotic symptoms | 21. Telephone |
| 6. Physical health | 14. Alcohol | 22. Transport |
| 7. Money | 15. Drugs | |
| 8. Benefits | 16. Company | |
- Camberwell Assessment of Needs Short Appraisal Form is the short version of the CAN (Phelan et al, 1995; Slade et al, 1999).
- Mapping the Difference We Make : RCOM Workforce Support