

Implementing the National Minimum Dataset for Mental Health Establishments (NGOE) in NSW Community Managed Organisations: Scoping Study

Project Report 1 – 2018



Mental Health Coordinating Council

Building 125, Corner of Church & Glover Streets

Lilyfield NSW 2040

PO Box 668 Rozelle NSW 2039

For further information please contact:

Carmel Tebbutt

Chief Executive Officer

Email: carmel@mhcc.org.au

Tel: 02 9555 8388

Julie Millard

Project Lead / Consultant in Mental Health

Email: juliemillard@bigpond.com

LinkedIn: www.linkedin.com/in/julie-millard-1505b849/

Mobile: 0438 217 912



The project is a Mental Health Coordinating Council initiative funded by the NSW Ministry of Health.

MHCC acknowledge the Australian Aboriginal and Torres Strait Islander peoples as the first inhabitants of the nation and acknowledge the traditional custodians of the lands where we live, learn and work.

MHCC values the lived experience of people recovering from mental health conditions both past and present.

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Better data will improve understanding of how not-for-profits enhance community wellbeing and facilitate macro-level analysis of policy effectiveness.¹



¹ Australian Government Productivity Commission, Contribution of the Not-For-Profit Sector, Research Report, Canberra, January 2010, p LV1

Acronyms

AIHW	Australian Institute of Health and Welfare
CES	Carer Experience of Service questionnaire
CLS	Community Living Supports
CMO	Community managed / non-government organisation ²
CMO-ERA	Community Managed Organisations Expenditure, Resources and Activity
CMHA	Community Mental Health Australia
EACLS	Enhanced Adult Community Living Supports
HASI	Housing and Accommodation Support Initiative
HSIPR	Health System Information and Performance Reporting Branch, NSW Ministry of Health – now known as System Information and Analytics Branch (SIA)
InforMH	Information for Mental Health
METeOR	Metadata Online Registry
MHAODB	Mental Health Alcohol and Other Drugs Branch Queensland
MHISSC	Mental Health Information Strategy Standing Committee
MH CADC	Mental Health Commission Contract Acquittal Data Collection, Western Australia
MHCC	Mental Health Coordinating Council
MH NGOE NBEDS	Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set
MH NGOE NMD	Mental Health NGO Establishments National Minimum Data Set
NDIS	National Disability Insurance Scheme
NMDS	National minimum data set
NGOE	Non-Government Organisation Establishment
PCLI	Pathways to Community Living Initiative
PHN	Primary Health Network
SIA	System Information and Analytics Branch - formerly known as Health System Information and Performance Reporting (HSIPR)
YES	Your Experience of Service questionnaire
YCLS	Youth Community Living Supports

² ACSQHC Scoping Study on the Implementation of National Standards in Mental Health Services 2014 pg. 7 ‘The terms ‘community-managed organisation’ (CMO) and ‘community-managed sector’ refer to non-government organisations providing services to people with mental health issues. These terms have been adopted as the preferred terms by representative bodies in the sector.’

Executive Summary

MHCC has a long history of advocating for a clear vision for NSW whereby data collection contributes to the improvement of health outcomes for all individuals who live with mental health conditions, their families and carers.

Public CMO data reporting in NSW does not allow for an adequate overview of current service provision by CMOs, with an absence of a knowledge base about community organisation-delivered mental health programs. Therefore, it is difficult to demonstrate how CMOs are contributing to the overall reform process, or a set of consistent outcome measures or indicators to measure effectiveness of service provision and to drive quality improvements.

Data collection and completion of outcome measures have multiple benefits. They provide the opportunity for people with lived experience to tell their story, to be heard and to provide input into their own recovery journey while giving feedback on the quality of the support and services being provided. Collections can also provide CMOs with the capacity to use data for research projects, exchange data with other CMOs to monitor partnership progress on joint projects, capture incidents and monitor processes.

By conducting the *Implementing the National Minimum Dataset for Mental Health Establishments (NGOE) in NSW Community Managed Organisations: Scoping Study (NGOE Scoping Study)*, MHCC aims to progress the project which will ultimately enable access to demographic and outcomes data for quality improvement, benchmarking and population needs based planning in the CMO sector. This will contribute to reliable and consistent data collection across the state and nationally.

However, it takes time to establish trust and a culture of data sharing, which can only occur if a willingness exists to develop collaborative partnerships and create an environment in which all experience the benefits.

MHCC is excited to be progressing NSW CMO data collection that is consistent and beneficial for people with lived experience of mental health conditions and their families and carers whilst supporting the reduction of data or cost burdens.

Stage 2 of the CMO NGOE project aims to determine the best practice approach to implementation of collection of the Mental Health Non-Government Organisation Establishments National Best Endeavours (NGOE) Dataset in scope with NSW CMOs.

Recommendations

1. The national minimum data set be included in all contracts with departments, state and national programs that fund CMOs to provide support and other services – data that is collected once and used often. Appropriate support and training be provided to CMO's to ensure smooth implementation
2. Implementation of the NGOE nationally for all CMOs funded to provide mental health services thereby increasing analysis, and supporting opportunities for service providers and other stakeholders to share information
3. Support consistent use of a range of validated and reliable outcome measures that are collected and considered, with greater value achieved with a broader focus on outcomes rather than only outputs and activities
4. The integration of, and access to, different types of data to be used by a range of stakeholders, including CMO peak bodies in NSW
5. Offer enhanced data reporting that can be used at a CMO, regional and national level to assist with monitoring service delivery to individuals, inform service planning and benchmarking activity³ and enhance quality improvement initiatives
6. Enable a broader view of comparative data across LHDs and CMOs both at a regional and state level
7. Consideration of the inclusion of other reporting requirements where relevant to CMOs for example outcomes assessments and opportunities for service improvement.

³ This is in line with the current benchmarking that occurs in NSW with Local Health Districts in relation to Adult Non Acute Inpatients, Adult Services and Child and Adolescent Acute Inpatient and Ambulatory Services with regular forums held to discuss data and improve decisions of care.

1. Purpose of the NSW NGOE Scoping Study Project

The NSW Government has committed to system reforms in response to the NSW Mental Health Commission's *Living Well* report ⁴, including expansion of community-based and CMO services, and a greater focus on ensuring people living with mental health conditions, their families and carers have positive experiences of service delivery, and a commitment to transparency and accountability for all government funded mental health services.

The primary responsibility of the MHCC NSW NGOE Scoping Study Project is to scope the feasibility of implementing the National Minimum Dataset for Mental Health Establishments (NGOE) in NSW CMOs that provide NSW Government funded mental health support services. The Mental Health Coordinating Council (MHCC) engaged a consultant to undertake the scoping study and facilitate consultations with community managed organisations and government agencies.

The Mental Health NGO Establishments National Minimum Data Set, developed in 2014, is a national collection of data on activity, expenditure and staffing for specialised CMO mental health services. There is interest and broad support from NSW CMOs in the implementation of the NGOE. However, scoping is required before implementation can be planned.

The project is an initiative of the Mental Health Coordinating Council, with support from the NSW Ministry of Health.

The Ministry of Health is also considering the lived experience of individuals, families and carers of services, through the introduction of the Your Experience of Service (YES) and Carer Experience of Service (CES) surveys for CMOs.⁵

In scope CMOs for the NGO-E Scoping Study are those providers that are:

- Funded by NSW Ministry of Health, either directly or through contracts with Local Health Districts
- Providing specialised mental health support or care
- Funded and reported within the NSW Mental Health budget.

⁴ NSW Mental Health Commission 2014, 'Living Well: A Strategic Plan for Mental Health in NSW', Sydney, NSW Mental Health Commission.

⁵ Information available at: www.amhocn.org/your-experience-service

Objectives

The objectives of the MHCC project are to provide:

1. Identification of issues to consider when developing processes for data collection, submission, validation and reporting by CMOs
2. Understanding of the background and likely capacity of NSW CMO services to provide annual NGOE data
3. Likely issues in implementing data collection, including clarity of the NGOE data items
4. Consideration of potential alignment of current NSW mental health funded CMOs to the service taxonomy proposed within NGOE
5. Consideration of NGOE implementation in NSW CMOs
6. NGOE implementation approaches being used or planned in other Australian states or territories, or approaches employed in other sectors in NSW e.g. alcohol and other drug (AOD) services
7. Suitability of the current NGOE collection tool developed for use by the Mental Health Commission of Western Australia.

Timeframe

The MHCC project commenced in December 2017 and was finalised in June 2018.

Stages of the NSW CMO-ERA Project

The NSW CMO-ERA Project aims to scope the possible implementation of three nationally developed data collection tools in the NSW CMO sector, and include the data collected in NSW mental health reporting. The data collection tools were developed under the auspices of the National Mental Health Information Strategy Standing Committee (MHISSC) in response to government commitments within the Fourth National Mental Health Plan.

Stages of the NSW CMO-ERA Project included:

- Identification of resources and supports needed for project phase
- Sector consultation on capacity and options for reporting
- Identification of appropriate tools and methods
- Definition of initial scope: service and organisation types in scope for initial reporting

- Development of agreed plan and procedures for data submission, validation and reporting
- Development of plan and requirements for ongoing collection and reporting.

Deliverables

- Project report scoping the feasibility of the implementation of the NGOE in NSW.

Consultation with CMOs

The initial process to consult was a CMO NGOE Consultation Workshop providing an opportunity to garner CMO sector expertise and representation. Consultation with CMOs in NSW who currently receive or may receive NSW Health mental health funds in the future was undertaken through an online survey.

Online Survey

In order to support a wider consultation with CMOs a Survey Monkey questionnaire was developed and distributed to members and non-members of MHCC who currently receive or may receive NSW government mental health funds in the future. The survey was disseminated to CMOs, both members and non-members of MHCC on 24 May 2018, with a deadline of 5 June 2018.

The number of organisations who received the survey is difficult to determine as the survey was distributed widely across NSW. There were 16 surveys completed. It is understood that the end of the financial year is a busy time for CMOs with a number experiencing survey fatigue. Respondents to the survey provided the following information from the questions (specific comments are in italics):

Q. Does your organisation currently receive mental health program funds from the NSW Ministry of Health?

- 43.75% reported currently receiving mental health funds

Q. If the Minimum Data Set is implemented by the Ministry of Health through changes to funding contracts will this be an additional burden for your organisation? If agree, can you provide further information.

- 43.75% agreed the implementation of a MDS would be an additional burden, 37.50% were unclear with 18.75% disagreeing.

- Comments provided were as follows:
 - *Most of this information is already reported to NSW Ministry of Health. The concern is that the effort required to prepare and supply this data may be duplicated subject to the technology used and the format required.*
 - *The Minimum Data Set has no relevance to the central person and no data is being collected of their satisfaction with the service. NDIS was intended to bring in the element of choice, but nothing different to the old system is being implemented. Where is the consumer voice?*
 - *We already have 4 data sets to maintain in the organization. Each one is so specific to the funded program that no one data set captures what the organization does as a whole, therefore we have developed yet another in house data base to do this that makes 5 databases in use.*
 - *It should not be an additional burden if the current MDS we are negotiating for the program is the same.*
 - *It will only be an additional burden if the current Client Information System we use does not already have capacity to capture the required MDS components. Where the information system does not contain components then the CMO is likely to be required to pay for an upgrade to the information system.*
 - *Of course changes to any of the technical requirements will require tech involvement ... and to introduce new variables.*
 - *Training staff to collect data; setting up data collection system; not paid to collect this data.*
 - *As of July 2019 our service will be wholly funded by NDIS. This means PIR ... will close... Unfortunately there are few services on the central coast who are funded independently to meet the needs of this group. Many of these [people] will go back through the hospital system and lost the progress they have made with the support of programs like PIR.*

Q. Do you see value in collecting the Minimum Data Set for your organisation?

- 68.75% agreed (12.50% disagreed) there was value in collecting a MDS for their organisation

Q. Do you see value in collecting the Minimum Data Set for the mental health CMO sector in NSW? If you agree can you provide more information on why you see value in collecting the Minimum Data Set and how would you use the data in your planning?

- 81.25% agreed there was value for the mental health sector
- Reasons for data collection were reported as:
 - *Such data is vital for understanding trends and the status of need across the sector, to provide better outcomes for people with a lived experience of mental ill health.*
 - *Means consistency across sector in considering outcomes. Would be useful in establishing parameters around service delivery and projects, collecting data upfront for analysis and reporting re outcomes for comparison between services.*
 - *Standardised MDS would improve integrity of reporting across CMO sector.*
 - *Focus on outcomes not outputs – are we making a difference.*
 - *Data is a key feedback tool (via single and double loop learning) ⁶ in the iterative planning process and allows us to spend more time on the things that make a difference, and less time on the things that don't.*
 - *We currently collect similar data to the MDS and use this to monitor changes in client demographics and respond to these changes.*
 - *MDS collects data on who is accessing services, on what days and for how long. Which is a great way for collecting information for future funding.*
 - *I think the data is already widely available and could easily be aggregated.*
 - *This would allow NSW Health to understand that funded programs are required to support people with mental illness who cannot access NDIS.*

⁶ Explanation available: <https://www.afs.org/blog/icl/wp-content/uploads/2012/11/loop-learning1.png>

Q. Will the provision of online support and training for data collection reduce your data burden?

- Only 43.75% agreed that online support and training would reduce data burden. However 31.25% disagreed, with 25% of respondents unclear.

Q. Will it be difficult for your organisation to identify itself to one specific service type? (Please see page 22 for the complete list of CMO service types)

- In relation to the allocation of an organisation to a specific service type 56.25% reported it would be difficult, with 12.50% being unclear in identifying itself to one service type.

Q. What timeframe do you think is required to roll-out the National Minimum Data Set?

- 50% of respondents reported that 6 months would be required to implement the national minimum data set with 43.75% of respondents reporting one year would be required.

Q. What resources would your organisation require to implement the Minimum Data Set?

- Organisations identified a number of resources that would be required to implement the MDS. The following are some of the responses reported:
 - *Training for staff in ensuring accurate collection of data. At a sector level training for executive and senior leaders on how to incorporate insights gathered through data collection into projects that improvements [sic] in capacity, asset utilisation and client outcomes.*
 - *Resources to train and supervise and support staff to collect and record data*
 - *This really depends on how different the National Minimum Data Set is from what is currently being collected. Funding for technical developments and to free up staff to complete training either online or face to face.*
 - *Database enhancement, increased resourcing and relevant training*
 - *Advice on connection with existing IT, training for staff*

- *A NSW based data entry person. (Potentially) A new data collection system*
- *Funding for technical developments*
- *Needs consumer orientation with additional questions.*
- *A case [sic] management software package. We have been wanting to introduce but don't have the funds available for a specific program.*

Q. How would you rate your organisation's capacity to provide a quarterly Minimum Data Set and report to the Ministry of Health?

- 37.5% of respondents rated their capacity to provide a quarterly MDS and report to the Ministry of Health as above average, 50% reported as average, with 6.25% as below average.
- A number of CMOs provided additional information as to their rating, reported as follows:
 - *We currently provide a variety of MDS data based on the requirements of particular contracts this would be no different once we are given a clear specification and time and resources to implement it.*
 - *NDIS has drawn a lot of resources from the organisation and left little infrastructure to support implementation of new processes.*
 - *Must be consumer oriented otherwise it is just irrelevant to their needs and more of the same.*
 - *Many volunteers involved in delivering supports and this would require a lot of training for a large non paid workforce.*

It is evident from the survey responses that CMOs are welcoming of the need for consistent data collection and a minimum data set, although CMOs have reservations about the impact on employee time, cost burden and systems upgrades of an additional data collection set.

2. Changed Community Managed Sector Landscape

Over the past decade the landscape in NSW has substantially changed for the community managed mental health sector. This has occurred as a consequence of mental health reform at both a State and Commonwealth level and more recently due to the roll-out of the NDIS. This reform includes but is not limited to the following points:

- A focus on the lived experience, choice and control, person centred care and improving physical health
- The imperative for trauma informed recovery oriented practice, programs and suicide prevention services
- Growth of a peer workforce
- Reform, innovation and collaboration between and within sectors
- Establishment of the National Mental Health Commission and the Mental Health Commission of NSW in 2012
- Relevant reports, legislation and frameworks:
 - A National Framework for Recovery-Oriented Mental Health Services 2013
 - Fifth Mental Health and Suicide Prevention Plan, and Implementation Plan 2017
 - Living Well: A Strategic Plan for Mental Health in NSW 2014
 - National Review of Mental Health Programmes and Services Report 2015
 - National Mental Health Commission, A Contributing Life: the 2012, 2013, 2014 and 2016 National Reports on Mental Health and Suicide Prevention
 - National Mental Health Commission 2017 National Report on Mental Health and Suicide Prevention
 - NSW Mental Health & Forensic Act amendments 1997 – 2018
 - NSW Mental Health Reform 2014-2024
 - NSW Ministry of Health GIMP (Grants Management Improvement Program) that evolved over 6 years into the MHB Partnerships for Health

(P4H) community sector reform process and resultant agreed contracted key performance indicators⁷

- NSW State Health Plan: Towards 2021
- Focus on competitive tendering and its impacts with the aim of achieving a robust efficient and dynamic sector. However, these processes can disrupt and negatively impact on service users and support workers, local community partnerships, and established organisational infrastructure resulting from tender decision⁸
- Community based care with resultant programs CLS, PCLI, and service hubs such as LikeMind
- National Disability Insurance Scheme pilot sites in 2013 and full roll-out commencing in 2017
- Fewer contractual arrangements and an 'apparent inherent bias toward larger providers at the expense of local knowledge and expertise that smaller providers have developed'⁹ resulting in the need for the amalgamation of smaller and often specialised CMOs
- Establishment of Primary Health Networks in 2015, previously Medicare Locals
- 'Commonwealth pooled funding of mental health programs to Primary Health Networks (PHNs)'¹⁰ and resultant commissioning of mental health services and regional stepped care approach to mental health and suicide prevention
- Greater involvement of large faith based organisations in providing mental health funded services
- NSW Ageing, Disability and Home Care services transitioning to Department of Family and Community Services (FACS)
- The development and introduction in 2018/2019 of the YES and CES surveys and Guides¹¹ for CMO use¹².

⁷ Strengthening Mental Health Care in NSW (undated)

www.health.nsw.gov.au/mentalhealth/reform/Publications/mental-health-care.pdf

⁸ MHCC View from the Peak Oct 2017 p5

⁹ MHCC View from the Peak Oct 2015 p3

¹⁰ One year on: Progress Report on the implementation of Living Well: A Strategic Plan for Mental Health in NSW 2014-2024 cited MHCC View from the Peak Feb 2016 p2

¹¹ Available at: www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/national-mental-health-committees/mental-health-information-strategy-standing-committee/your-experience-of-service-survey-instrument

¹² It is understood that a YES survey is currently being developed by the Australian Mental Health Outcomes and Classification Network (AMHOCN) for use by Primary Health Networks.

3. Current Mental Health Funded Programs in NSW

The NSW Ministry of Health funds a range of community mental health programs for which the implementation of the NGOE may be relevant. These range from mental health promotion, to, helplines, to face to face counselling and supports, to residential services.

“The value of our services is realised through an understanding of how our services improve the quality of life for our clients. Data is at the core of understanding the correlation between our activities and the outcomes achieved for clients.”

**Respondent MHCC National Minimum Data Set CMO Consultation
Survey May 2018**

4. CMO Data Collection: A History

MHCC has long advocated for a coordinated approach to data collection, including supporting and enhancing CMOs' ability to produce comprehensive data that reports activity and meaningful outcome data while not substantially increasing the reporting burden. This is evidenced by the projects and work undertaken by MHCC over the past 14 years, as follows:

2004 – 2007 - NSW NGO Development Strategy: Mental Health

MHCC worked to build the profile and capacity of NGOs providing mental health rehabilitation and recovery services in NSW. The Strategy concentrated on three main areas of activity: Workforce development; Outcomes and quality; and Promoting partnership.¹³ During 2006-2007 MHCC worked to develop a sector wide approach to the collection, distribution and use of data about service activity.

2007 – Routine Consumer Outcome Monitoring Project

The Routine Outcome Monitoring Project conducted by MHCC involved preparing the non-government mental health sector in the use of consumer outcome measures to improve service planning and delivery. The project was informed by the needs of NGOs identified in the NSW NGO Development Strategy: Mental Health Report. Workshops on outcomes and their use with NGOs were facilitated by MHCC across NSW.

2010 – NSW Community Managed Mental Health Sector Mapping Project

MHCC completed an extensive mapping of the NSW community managed mental health sector from 2008 to 2010. This involved a detailed survey of CMOs, a capacity-building literature review and multiple stakeholder consultations. The information was further updated in 2013 as part of the MHCC Sector Benchmarking Project. The report was designed around a framework for building sector capacity comprising four sector capacity elements of: client experience; service provision; research and development; policy and planning.

2010 - NSW Community Managed Mental Health Sector Data Management Strategy Phase 1

From February 2009 to May 2010 Mental Health Coordinating Council undertook the Data Management Strategy Project, Phase 1 with funding from NSW Health. The

¹³ www.mhcc.org.au/media/13206/final-report-ngo-development-strategy11-2008.pdf

project sought to explore how CMOs working in mental health in NSW could apply technology to make optimal use of the information gained through program delivery thereby improving outcomes for individuals. The development of an evidence-based, recovery-oriented CMO service system that enhances knowledge creation and management, improves relationship outcomes for individuals and carers, reduces administrative burden for CMOs and builds on quality performance systems was the focus of the Strategy.

The major achievements of the project were extensive consultation with CMOs, over a year through three working groups and forums, with the development of data sets, both comprehensive and minimum for application by the broad mental health community managed sector. The data sets developed were consumer-focused, recognised the role of families and carers, had rationales for inclusion of data elements and were compatible with the national data dictionaries. In addition, the project established a set of criteria against which organisations could assess the applicability of data systems to their specific requirements including links to human resource and work health and safety processes.

2011 - Mental Health Non-Government Organisation National Minimum Data Set Project

The Mental Health Non-Government National Minimum Data Set Project represented a significant step toward establishing a national mental health NGO data collection. Community Mental Health Australia (CMHA)¹⁴ through MHCC and in partnership with the Australian Institute of Health and Welfare (AIHW) worked on the project from March till July 2011. The Mental Health NGO NMDS project aimed to develop a mental health non-government organisation national minimum data set.

The main purpose for collecting nationally consistent information on the activity of mental health NGOs was to provide reliable data to better inform policy, practice and planning of national mental health NGO activities to support Australians living with mental health conditions, their families and carers. The project was undertaken through a process of consultation with Australian state and territory government funders, mental health CMO peak bodies and CMOs. A national consultation workshop was held on 8 June 2011.

¹⁴ CMHA is the alliance of state and territory mental health peak bodies.

The project deliverables included a mental health NGO service taxonomy, a data set specification for the national collection and a preferred data collection methodology, with a report of the project completed.

2011 - Data Management Strategy Business Plan and Funding Proposal – Phase Two

This second phase of the Data Management strategy for MHCC included a scoping study to determine the technology infrastructure requirements of CMOs working in mental health in NSW, and the development of a business plan to enhance CMOs' technology capacity. The business plan involved significant investment in resources that were beyond the scope of the project.

2013 - 2014 – Development of Mental Health NGO Establishments National Minimum Data Set

MHCC represented CMHA on the working groups developing the Mental Health NGO Establishments National Minimum Data Set (MH NGOE NMDS) which was planned to be implemented in 2014-2015. This work was undertaken by AIHW for the Mental Health Information Strategy Standing Committee (MHISSC).

The primary purpose for the creation of the NGOE NMDS was to collect nationally consistent information on the activity of CMOs working in mental health, and to provide reliable data to better inform policy, practice and planning of national mental health NGO activities.

The scope of the MH NGOE NMDS is that any mental health-related CMO funded to provide services under one or more of the service types should be included in the service type taxonomy. This taxonomy is also becoming the basis of other national and state service mapping and planning projects. The collection methodology for the MH NGOE NMDS requires a CMO to provide aggregated data to its respective funders, at either state and territory or national levels. The funder is then responsible for submission to the AIHW. Depending on the funder this information may be required to be collected through the AIHW's own collection tool.

CMO mental health service types are:

1. Care coordination
2. Counselling - face-to-face
3. Counselling, support, information and referral - online
4. Counselling, support, information and referral - telephone
5. Education, employment and training

6. Family and carer support
7. Group support activities
8. Individual advocacy
9. Mental health promotion
10. Mental illness prevention
11. Mutual support and self-help
12. Personalised support - linked to housing
13. Personalised support - other
14. Sector development and representation
15. Self-help—online
16. Service integration infrastructure
17. Staffed residential services

The *Mental Health Non-Government Organisation Establishments National Best Endeavours Dataset* (NGO-E) is an annual collection of aggregate data on service funding, staffing and activity i.e. clients and contacts. It was developed in consultation with the CMO sector.

The NGO-E has been implemented in several states and remains the current national standard for reporting.'

2013 - 2015 – National Community Managed Organisation Outcome Measurement Project

MHCC funded by the Department of Health and Ageing (working on behalf of CMHA) reviewed the use of outcome measures in mental health related community managed organisations (CMOs) across Australia. This was in partnership with the Australian Mental Health Outcomes and Classification Network (AMHOCN).

The final report¹⁵ outlines recommendations on measures that have the most potential for use in Australia across the various mental health CMO service types, and identifies information infrastructure development issues that would need to be considered to introduce reporting of consumer outcomes. The resulting Guidebook¹⁶ published in 2015 details the measures most appropriate for the different domains of

¹⁵ Australian Mental Health Outcomes and Classification Network (AMHOCN) and Community Mental Health Australia, 2013, National Community Managed Organisations (CMO) Outcome Measurement Project Report

¹⁶ AMHOCN and Community Mental Health Australia, 2015, Implementing Routine Outcome Measurement in Community Managed Organisations

community mental health sector, as well as focus and activity. It also provides advice on how to introduce the collection of routine outcome measurement. It explores their uses and application in community organisations, the importance of consumer and carer participation, workforce training and education and outlines the benefits, including consumer outcomes, service improvement, service comparability and value for money.

2016 - Proposal for a Community Managed Mental Health Sector Development Plan/Strategy

In February 2016, Mental Health Coordinating Council (MHCC) provided a Briefing Note to both the Mental Health Commission of NSW and the NSW Minister of Health presenting an argument to fund support for a Community Managed Mental Health Sector Development Strategy. MHCC Members were provided with this information at a Members Forum.¹⁷ One of the members' priorities identified at that forum was a CMO Data Management Strategy. The briefing note referred to the NSW CMO Data Management Strategy (2010) and its achievement of sector consensus on a Minimum Data Set and the production of a business plan for data system capability for NSW Health funded mental health CMOs.

The briefing note recommended that 'district co-ordinating structures have access to timely, local and comparative data on the mental health and wellbeing of their populations, including in housing, health, justice and welfare. Districts should set up arrangements for the appropriate sharing of individual-level data for shared clients who have high rates of service access.

The proposal for a CMO Data Management Strategy included:

- Implementing national CMO data set specifications
- Implementing YES survey for CMOs
- Benchmarking consumer outcomes
- Supporting IT system upgrades

Also recommended was the need:

- To ensure that data informs planning and review cycles and that reports are

¹⁷ Mental Health Coordinating Council Member Consultation – Sector Development Plan/Strategy Briefing Note May 2016

provided regularly to the community about its mental health and wellbeing through the CMO Data Management Strategy (by informing Mental Health Commission of NSW annual reports and Ministry of Health annual reporting).

- For the NSW Ministry of Health to establish a community-managed sector development plan that includes strategies to strengthen and expand the community sector workforce and improve the management and collection of data.

2017 - Bilateral Agreement between the Commonwealth and NSW

The 2017 Bilateral Agreement between the Commonwealth and NSW sets out a suite of reforms (in the priority areas of aged care integration, palliative and end of life care, mental health, multidisciplinary team care, and rural and remote service delivery) to progress the Council of Australian Government's (COAG) commitment to enhanced coordinated care, as articulated in the Addendum to the National Health Reform Agreement (NHRA): Revised Public Hospital Arrangements for 2017-18 to 2019-20 (the NHRA Addendum).

The overarching objective of the Agreement is to support the implementation of coordinated care reforms, consistent with the principles outlined in the NHRA Addendum that improve patient health outcomes; and reduce avoidable demand for health services.

The Agreement clearly identifies as a Key Milestone the need to: identify feasibility of future data collection, analysis and linkage between health and social services data, considering: NSW-held datasets including mental health data, and NSW family and community services data (child protection, social impact investment).¹⁸

2018 – Key Projects Mental Health Commission of NSW

The Mental Health Commission of NSW is an independent statutory agency responsible for monitoring, reviewing and improving mental health and wellbeing for people in NSW. The Commission is currently undertaking two projects in NSW: the *Building Community-Based Mental Health Services and Supports Project* and the *Review of Headline Indicators to Monitor Mental Health Reform Project*.

¹⁸ Bilateral Agreement between the Commonwealth and New South Wales: Coordinated care reforms to improve patient health outcomes and reduce avoidable demand for health services, 2017 page 15 www.federalfinancialrelations.gov.au/content/npa/health/other/Signed_bilateral_agreement_NSW.pdf

1. Building Community-Based Mental Health Services and Supports Project¹⁹

In 2017, the Commission undertook a preliminary scoping exercise which identified a number of qualities required by effective systems of community-based services and supports. The Building Community-based Mental Health Services and Supports Project aims to:

- understand and describe the characteristics of an effective network of wholistic and comprehensive community-based mental health services and supports,
- use that understanding to develop a set of evidence-based principles and recommendations to guide their planning, delivery and monitoring, and
- achieve consensus on, and commitment to, use of the Principles to plan, develop and monitor a system of community-based mental health services and supports in conjunction with people who experience mental illness, their families and carers.

The project is being conducted in two-phases. Phase One (the current focus of work) includes describing and examining a range of best practice case studies and a selection of case study site visits (in metropolitan, regional and rural localities) to understand how programmes work, from the perspective of stakeholders and interest groups. Phase One also includes a large-scale stakeholder survey which will enhance the consultative reach of the Project by seeking relevant perspectives on the characteristics, enablers, barriers, and desired outcomes of a well-designed service and support system

Phase Two of the project will involve the development of a set of draft best practice principles and workshops with senior representatives of stakeholder groups (across NSW) to test the principles and their implications for the sector. The final Project Report will be used by the sector to plan, develop and monitor a system of community-based mental health services and supports.

2. Review of Headline Indicators to Monitor Mental Health Reform Project²⁰

The main objective of the project is to review and develop the current set of ten indicators to ensure sufficient, appropriate and effective system level monitoring of

¹⁹ Discussion with Karen Burns Deputy Commissioner MHC of NSW on 7/2/18, and Project Information sheets (undated) received 18/6/18

²⁰ Review of Headline Indicators to Monitor Mental Health Reform Project Information Sheet (undated) received 18/6/18

progress reform, from whole-of-government and whole-of-life perspective.

As a part of the Commission's system reviews process, this project seeks to conduct a rigorous, timely and fit-for-purpose review of the Commission's existing headline indicators that enables the Commission to effectively monitor current progress of NSW mental health reform in both the system and population outcomes.

2018 – MHCC CMO NGOE Project

MHCC will continue its work with NSW Health in support of enhanced data collection for NSW CMO services. Stage 2 of the joint CMO Expenditure, Resources and Activity (CMO-ERA) project aims to scope the reporting of data on activity and expenditure in the mental health sector and determine the best practice approach to implementation of collection of the Mental Health Non-Government Organisation Establishments National Best Endeavours (NGO-E) Dataset in scope with NSW CMOs. The project will broaden the scope of the NGO-E to assess the feasibility of consolidating the performance monitoring collections, while considering the reduction of data burden on CMOs.

5. Benefits and Issues of NSW CMO Data Collection

Data collection and completion of outcome measures have multiple benefits. They provide the opportunity for people with lived experience to tell their story, to be heard and to provide input into their own recovery journey while giving feedback on the quality of the support and services being provided. Collections can also provide CMOs with the capacity to use data for research projects, exchange data with other CMOs to monitor partnership progress on joint projects, capture incidents and monitor processes.

MHCC's Data Management Strategy Report (2010, p. 44) identified that 'Many CMOs working in mental health in NSW are under significant pressure, due to the diverse reporting requirements of multiple funders.' There are various funders for CMOs, including multiple state and Commonwealth government departments with most requiring mandatory regular reporting on a range of output and performance indicators. CMOs are also recipients of grants administered by aged care and disability services and Primary Health Networks (PHNs). The administrative burden on CMOs to collect data and produce reports is increasingly complex and time-consuming.

There are competing needs between funders, with their focus on accountability, strategic planning, competitive tendering, costs, privacy and outputs, and the CMO sector with its focus on individual improvement, outcomes, capacity building, data sharing, community growth, evaluation, planning and service quality improvement. One of the concerns raised by CMOs articulated in the WA report of 2015-2016 is the lack of provision for the reporting of outcomes or qualitative data.²¹

There are fifteen local health districts covering Sydney metropolitan and rural and regional NSW. In addition, two specialist networks focus on children's and paediatric services, justice health and forensic mental health. A third network operates across the public health services provided by the St Vincent's Hospital Network. There is no centralised information site publicly identifying expenditure of funds on specific mental health services and what the current mental health funded programs are.

See Appendix A, for further information on outcome measures and their benefits. Appendix B contains a summary of Outcome Measures Used in NSW.

It is understood that CMOs commonly provide a diversity of services some of which

²¹ www.mhc.wa.gov.au/media/1605/ngoe-evaluation-report-2015-16.pdf

are not specifically or fully funded. These services would not be considered with allocation to a service type or when reporting against a service type. Examples of this may include but are not limited to: health literacy, resource development and distribution, emergency relief, community outreach, engagement and consultation with people with lived experience, families and carers and the wider community, or research. It is recognised that research and CMOs' capacity to reach a broad cross section of society is currently underutilised in NSW.

In 2014 the Scoping Study on the Implementation of National Standards in Mental Health Services identified (ACSQHC, p. 35) that: *'an industry has been created around the collection of irrelevant data'*, and *'that information should be shared so that people are not duplicating work that has already been produced'* (p. 38).

As reported in the *Open government data and why it matters* report: *'Access to open government data in Australia is economically important, as confirmed by multiple theoretical and empirical studies, with varying estimates of its net positive benefit. Some of these benefits include new data-driven products and services, increased operational efficiency in both the public and private sectors, and improved engagement from the public.'*²²

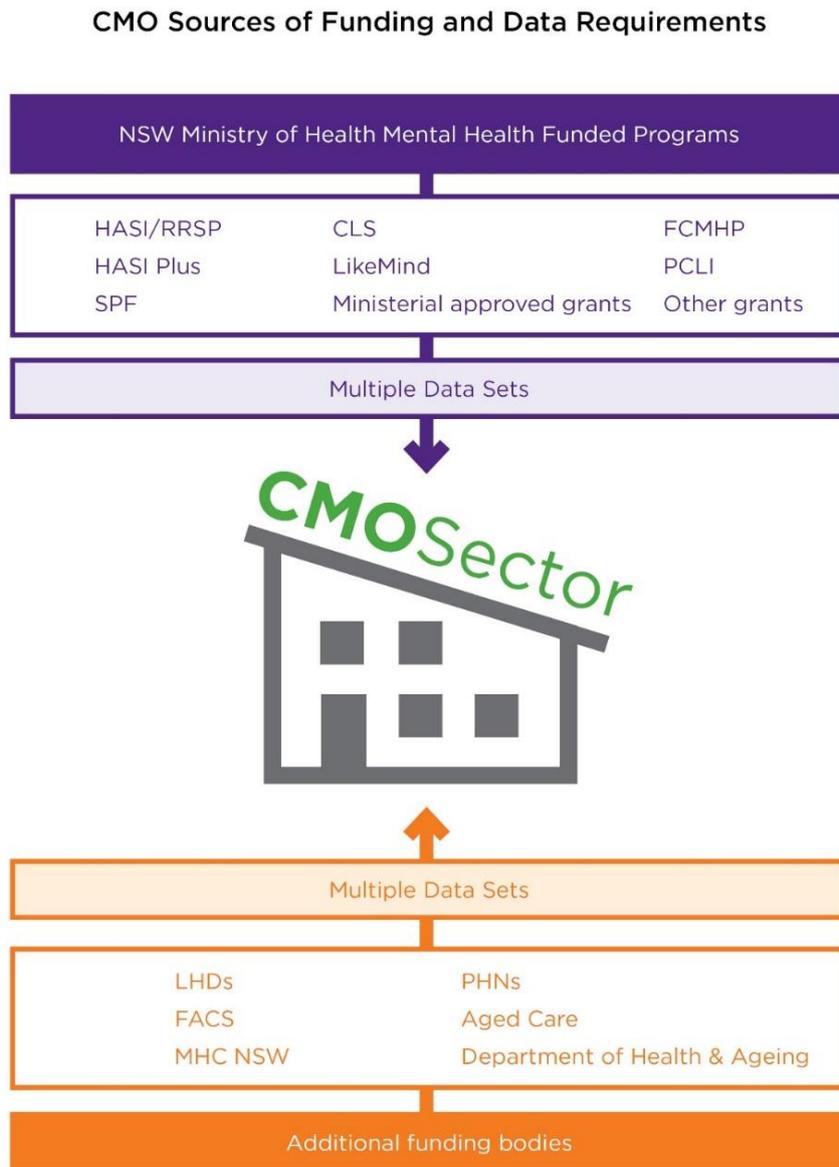
There is a potential for benchmarking, workforce planning and training, and equitable distribution of resources as a result of collecting NGO-E data. The proposed NGOE implementation would assist with a consistent data collection, however greater value would be achieved if there was a broader focus on outcomes rather than only outputs and activities.

“Consistent data across services is very useful to provide best practice care to service users.”

Respondent MHCC National Minimum Data Set CMO Consultation Survey May 2018

²² Commonwealth of Australia 2016 Executive Summary (p. 4)

Diagram 1: Existing NSW CMO Sources of Funding and Data Requirements



6. Taxonomy Use Comparison

The scope of the Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set (MH NGOE NBEDS) is mental health-related non-government organisations that provide one or more of the service types included in the service taxonomy:

Appendix C identifies a comparison of NMDs service taxonomy (17 items), and taxonomy use by Western Australia (13) and Queensland (17).

7. NGO-E in Other States and Territories

To date Western Australia and Queensland have implemented a data collection system for community managed organisations.

Western Australia

The data collection for contract acquittal of CMOs that are funded by the WA Mental Health Commission went live in Western Australia in December 2013. All CMO mental health service providers that receive funding are required to complete the MHC CADC. That is CMOs that provide services under one or more of the service types included in the service taxonomy. There are seven Health Regions in Western Australia, and 14 service types included in the data collection.

The WA data collection system aims to:

- Improve consistency and quality of data
- Consolidate data reporting procedures
- Streamline the reporting process for NGOs
- Meet contract and future national reporting requirements.

An Online Data Collection (MH CADC) Instrument User Guide (with Frequently Asked Questions section) was developed and distributed with improvements over time to enhance reporting consistencies and validation functionality. Mental Health Commission Contracts include information on allocation of service type(s) and contract reporting requirements.

There are two reporting periods – June and December, with reporting deadlines on 25 July and 25 January. The Mental Health Commission procured the services of

WebSurvey²³ as the organisation that developed and hosts the online data collection instrument. Access is by a secure webpage with a secure link emailed to the authority for each mental health service provider.

A Helpdesk is maintained by the Mental Health Commission. Error messages occur when: Data is entered in the incorrect format; Data is entered outside applicable ranges; Mandatory data fields have not been completed. A Validation Summary is included in the Print View of the report which provides some calculated fields for example, cost per service hour, proportion of staff hours in service delivery etc. to assist organisations with assessing their data prior to submission.

Other reporting requirements consolidated in the State Data Collection (SDC) of 2014/15 include, where relevant to CMOs the following: Annual standards and outcomes assessment; Carers Recognition Act; Disability access and inclusion plan; financial reporting; and opportunities for service improvement.

The primary purpose was to standardise data (with the recognition that only establishment data is being collected) and to reduce the burden on CMOs by using a web-based system for data entry. It was reported that: 'no one system meets everyone's needs particularly in relation to client management data'.²⁴

The third evaluation in February 2016 via Survey Monkey provided feedback from 51 (of 76) CMOs. The resultant report²⁵ for Western Australia identified 86% satisfaction with the reporting system, with 76% of respondents reporting a reduced administrative reporting burden. 86% of respondents found the historical data useful, 76% the Help Desk, with only 54% finding the training useful. It is noted that a number of respondents reported becoming familiar with data entry and therefore not requiring additional training. Technical issues identified related to saving or printing data.

In December 2016, the NGO-E SDC system rolled out an additional process to allow the MHC Contract Managers direct access to data submitted by the organisation. This new review process allows the Contract Managers at the Commission and the CMO to resolve any data issues directly within the system (cited p. 26).

²³ WebSurvey is an online survey, hosted in Melbourne and priced using a per-use model. Online survey set up costs begin at \$2200 +GST and a usage fee of \$1.50 +GST applies per respondent. Information from website on 6/3/18 www.websurvey.com.au/

²⁴ Telephone discussion with Trevor Dare of WA Mental Health Commission on 6/2/18

²⁵ Government of Western Australia, The Evaluation of the Mental Health Non-Government Organisation Establishment Reporting System 2015-2016

Data transfer from the NGOs to the MHC is performed through report submission using the MH NGOE SDC web-based reporting instrument. Data which is applicable to the NGOE NBEDS is forwarded to the AIHW annually by the MHC.

The Contract Manager at the MHC may identify an issue with the data collection. The CMO is notified and will address the identified issue(s) by either correcting the data (if inaccurate) or providing clarification or further information via a comment.²⁶

Overview of Reporting Process in WA is shown as:



Queensland

The Mental Health Alcohol and Other Drugs Branch (MHAODB) Queensland contacted all non-government organisations funded by the Department of Health inviting them to participate in a pilot quarterly data collection for a new online reporting mechanism. Fifteen, of thirty-five, organisations who provide mental health services participated in the pilot for the data set and provided feedback to the MHAODB about the process.

Contracts were changed across the state and the Mental Health Non-Government Organisation Establishment Data Set was made mandatory for all mental health funded organisations in Queensland from the reporting period of 2016-2017. MHAODB procured the services of WebSurvey. As the contract acquittals are quarterly so is the data collection, although the data accumulates. There are 17 service types involved in the data collection. Please see Appendix C for service taxonomy use comparison.

The Clinical Systems Collections and Performance Unit of MHAODB provides ongoing CMO support, a helpdesk and quarterly reports. The first year of data collection is

²⁶ Western Australia Mental Health NGOE SDC Online Data Collection Instrument User Guide, 2017/18 pg. 29

under review, with ongoing changes occurring to the online tool, user guide and data guide specifications.²⁷

Issues that are being identified in the first year of data collection include but are not limited to the following:

- Data collection is quarterly, in line with contract acquittals. There is consideration to making the collection to six-monthly to decrease CMO burden and support improvements to the tool
- The first year of data has data quality issues with an ongoing need to advise in relation to definitions, with a 'best effort' entry if unclear where data is entered
- The ability to resubmit data is limited though this can be corrected in the next quarter
- High-level turnover of staff in CMOs resulting in the need to manage increased access and support for new users
- Location of service is linked to Hospital and Health Services (similar to NSW Local Health Districts) of which there are 16 in Queensland, and not specific to a town or city
- Some measures do not accurately describe what services are provided with CMOs wanting to include qualitative and outcome data
- The status of the Quality Accreditation/Certification Standard Indicator and Outcome Measurement Tool Indicator were changed to an annual question, in the 4th quarter, as they were repetitive
- A data report is provided to CMOs, however as yet, there are no sector reports for Queensland.

Each CMO nominates an Organisation Authority that is responsible for ensuring the organisation's capture, recording, storage and reporting of data. Data cleaning is reported as initially challenging with the need for logical validation and consistency of data entry over time.

If data is not submitted or incomplete, in the final week of the reporting month, CMOs are followed up via telephone by the Systems Collection Team of Queensland Government. One month following the data collection period deadline the process is handed over to the Community Services Funding Branch of the Queensland

²⁷ Telephone discussion with Garry Thorne and Lee Roberts from Clinical Systems, Collections and Performance Unit MHAODB Queensland on 9/1/18

Government to progress their contract compliance processes with the outstanding organisations.

CMO Peak Bodies of Western Australia and Queensland

The peak bodies of WA and Queensland were contacted to discuss involvement with implementation of the NGOE. Feedback provided included:

- Initial consultation about the process but no further development of the system (QLD)
- Peak body not involved in data cleaning or CMO contact
- Specific data on the sector is not provided to the peak body although this has not yet been requested as less than one year of implementation (QLD)²⁸
- There were no major issues identified by the sector with implementation, due to the high level of ongoing training and access to telephone support.

8. Other Data Collections

NSW Drug and Alcohol Services

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) overseen by the Commonwealth Department of Health is the national collection of a defined set of treatment data elements agreed upon by all states and territories. The NMDS is a subset of the agreed NSW Minimum Data Set for Drug and Alcohol Treatment Services (NSW MDS DATS) which has a number of additional items.

NADABase is an online client treatment and outcomes database built and supported by NADA for its membership. NADA, as the Network of Alcohol and other Drugs Agencies is the peak organisation for the non-government drug and alcohol sector in NSW. NADA represents over 100 organisational members that provide a broad range of services including alcohol and other drugs health promotion, early intervention, treatment, and after-care programs. These community based organisations operate throughout NSW. They comprise both large and small services that are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

²⁸ The Consultant was advised that a statewide report is being developed, with Queensland service level data to be presented at a CMO Contract Forum in March 2018

NADAbase is the combined NADA provided database for National and NSW Minimum Data Sets for Alcohol and Other Drug Treatment Services (N/MDS) and Client Outcomes Measurement System (COMS). It provides a comprehensive system of client data collection and reporting free to NADA members. Support and online tutorials²⁹ and data cleaning are provided by NADA. The tutorials are designed to assist organisations in navigating NADAbase and to effectively input, extract and report on the client data collected.

The National Minimum Data Set (NMDS) and the NSW Minimum Data Set (MDS) for Alcohol and Other Drug Treatment Services (AODTS) consists of a range of items describing administrative, social, demographic, drug-related and service-related information. The data set was developed in conjunction with service providers to ensure data elements are useful to individual organisations needing consistent, accurately defined information for service development and planning and at a Commonwealth or state level. The unit of measurement for the N/MDS is a Service Episode. For a list of Data Collection Items please see Appendix D.

An NSW MDS Data Dictionary 2015,³⁰ and a set of requirements and guidelines for completing of the NMDS and NSW MDS and for collecting information on Indigenous status are available.

NADA has maintained some of the items in NADAbase that have been removed from the NSW MDS in relation to Service Delivery Setting (Outreach Setting) and Main Service Provided (Day Rehabilitation Activities) and mapped according to NSW Government guidelines for the data extract.

On 1st July 2017, three new data collection screens were made available to NADAbase users that have the potential to not only enhance client care but to also increase the evidence base of clients experiencing these issues. The screeners are attached to each client episode and form part of the initial assessment to inform care planning around issues related to suicide risk, domestic and family violence and blood borne virus and sexual health.

The goal of the Client Outcomes Measures System (COMS) development was to improve the way outcomes of care are measured in non-government alcohol and

²⁹ <http://tutorial.nada.org.au/>

³⁰ Available at: http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2015_014.pdf

other drugs organisations in NSW, with a particular focus on co-occurring disorders and mental health outcomes in alcohol and other drugs services.

In December 2009, after extensive consultation with the Advisory Committee and after seeking other expert advice: after thorough consideration of the Review of Measures report and other published reports and in light of the findings from the Baseline Evaluation in 2009, NADA released its Outcomes data set and the document: *Determining the Treatment Outcomes Dataset (2009)*.³¹

New Zealand Programme for Integration of Mental Health Data (PRIMHD)

The Programme for Integration of Mental Health Data (PRIMHD) includes non-government organisations who work in the mental health and addiction³² sector.³³ PRIMHD was developed by the Ministry of Health in New Zealand to combine a legacy Mental Health Information National Collection with a separate collection of local District Health Board (DHB) outcome data. The intent is to provide a single rich data source of national mental health and addiction information that can be used for multiple purposes by a range of different stakeholders including the Ministry, DHBs and NGOs.

DHBs and NGOs that provide publicly funded mental health and addiction services send data identifying their service user referrals, activities and any outcomes (e.g. HoNOS - DHB only) to the PRIMHD database at the Ministry using secure electronic information transfer protocols.

PRIMHD can be used to produce a range of reports for the Ministry and the wider mental health sector. NGO service data can be shared with similar services for benchmarking service delivery practices and considering the effects of different models of care.

³¹ Sighted on NADA website on 7/2/18

³² Terminology used in New Zealand

³³ Platform Trust, NGO Guide to PRIMHD, July 2016 www.platform.org.nz/OurPublications

9. NGOE Implementation in NSW

A successful CMO NGOE implementation in NSW requires commitment from government and CMOs and an integrated service delivery model.

The NSW CMO response to the implementation of the NGOE is considered to be favorable due to longevity and involvement in the pursuit of a minimum data set. As reported in the MHCC Annual Report³⁴ in 2017: *For many CMOs the greater attention to agreed contracted KPIs is welcomed and will hopefully, as anticipated, provide stronger engagement with LHDs around activity and outcomes.*

CMOs understand the need for data and its benefits. However the ultimate data goal for CMOs is to 'collect once and use often'.

In 2011 when the MHCC Data Management Systems Business Plan was developed it was determined that a 'one solution for all' approach was not possible due to the technical and practical limits. However, portal-based technologies now permit centralised data collection with only a need for Internet access.

What will be required for implementation?

- A clear vision for NSW whereby data collection contributes to the improvement of health outcomes for all individuals who live with mental health conditions, their families and carers
- The determination of costs for set-up and implementation of CMO NGOE in NSW
- Stage 2 of the project to determine and support implementation of the NGOE for CMOs funded to provide mental health services
- Communication strategy that regularly consults with and informs the CMO sector about a proposed implementation of NGOE data collection
- Clear and concise information to CMOs about the roll-out, timeframe for implementation and expectations of data collection completion
- Access to a reliable and secure web portal for data collection and reporting
- Development (or modification) of a Data Dictionary and User Guide for NSW in relation to mental health funded services is required before implementation

³⁴ MHCC Annual Report in 2017 page 4

- Realistic data collection periods³⁵ as determined in contract acquittals with data being accumulative.
- Reduction of data burden for CMOs. As reported in the WA Evaluation Report³⁶: ‘...it is also evident that the needs for additional information need to be balanced against the level of reporting burden placed on organisations.’
- Data collection by programs as documented in contracts is in line with the NMDS to avoid duplication
- Recognition of the diversity of service delivery models within a service type.
- Clear and articulated definition of service types. For example, the WA Data Collection 3.1 states: ‘It is the Mental Health Commission’s responsibility to allocate the services they fund to a service type. Services will be allocated to a service type based on the principal function they are funded to provide. If an NGO is funded to provide one type of service, it can only be allocated to one service type. However, if an NGO is specifically funded to provide more than one type of service, the activity for each type of service should be collected under each relevant service type’³⁷
- Consultation and negotiation with CMOs for all new contracts, variation to contracts or contract renewal in the allocation of CMO programs to service types
- Ongoing education, training and the nurturing of a culture of support via a Helpdesk for CMOs through MHCC, or InforMH at the Ministry of Health
- Provision of regular reports to CMOs and to the NSW CMO sector through the peak body

³⁵ It is noted that Queensland is considering six monthly data reporting. See section: NGOE in Other States and Territories in this report

³⁶ Government of WA Mental Health Commission, Evaluation of the NGOE Reporting System 2015-16 pg. 18

³⁷ As seen in the WA Mental Health NGOE In-Brief 2014/15: page 24 – Service Types

Recommendations f

1. The national minimum data set be included in all contracts with departments, state and national programs that fund CMOs to provide support and other services – data that is collected once and used often. Appropriate support and training be provided to CMO's to ensure smooth implementation
2. Implementation of the NGOE nationally for all CMOs funded to provide mental health services thereby increasing analysis, and supporting opportunities for service providers and other stakeholders to share information
3. Support a consistent use of a range of validated and reliable outcome measures that are collected and considered, with greater value achieved with a broader focus on outcomes rather than only outputs and activities
4. The integration of, and access to different types of data to be used by a range of stakeholders, including CMO peak bodies in NSW
5. Offer enhanced data reporting that can be used at a CMO, regional and national level to assist with monitoring service delivery to individuals, inform service planning and benchmarking activity³⁸ and enhance quality improvement initiatives
6. Enable a broader view of comparative data across LHDs and CMOs both at a regional and state level
7. Consideration of the inclusion of other reporting requirements where relevant to CMOs for example outcomes assessments and opportunities for service improvement

As more investment is made in the sector by Governments and other funders, it is critical to have reliable information and data with which to plan, resource, analyse, manage and support strategic decision making and service provision that is based on best practice and continuous quality improvement.³⁹

³⁸ This is in line with the current benchmarking that occurs in NSW with Local Health Districts in relation to Adult Non Acute Inpatients, Adult Services and Child and Adolescent Acute Inpatient and Ambulatory Services with regular forums held to discuss data and improve decisions of care.

³⁹ MHCC Data Management Strategy 2011 Executive Summary, page 2

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Appendix A - Outcome Measures

Outcome measures are an invaluable tool to highlight an individual's recovery progress, and can include questionnaires, tools, instruments or scales. Outcome measures also provide an opportunity to demonstrate change over time. It is understood that the collection of routine outcome measures enhances CMOs ability to ensure a person led approach, consider data based on individual progress and identify areas for additional support, provide an opportunity for benchmarking, and improve the quality of service provision.⁴⁰

CMOs in NSW are undertaking a number of steps to ensure consistent outcome measurement use. Outcome measures are collated at an organisational level with data produced for tenders and planning. Organisations may also use the information to understand how specific population groups are presenting, or have changing needs, and can be used to contribute to funding requirements and accreditation processes.

On its website, the Australian Mental Health Outcomes and Classification Network ⁴¹ identifies the importance of outcome measures in improving the quality of care and mapping the recovery journey.

The following outcome measurements were recommended in *the Implementing Routine Outcome Measurement in CMOs Report 2015* as the most appropriate tools in most situations for community managed organisations delivering mental health services in Australia. The tools were chosen for their ease of use, no cost, reasonable psychometric properties, and appropriateness for the community sector and completion by the people with lived experience. The report also identified that 'a single tool would not be sufficient to cover the diversity of outcomes achieved by the sector.'⁴²

⁴⁰ Callis et al, 2017 identified the most common reasons CMOs find outcome measurement important were linked to organisational objectives such as seeking to improve services, planning and strategy

⁴¹ At: www.amhocn.org/resources/frequently-asked-questions

⁴² Australian Mental Health Outcomes and Classification Network and Community Mental Health Australia 2015 *Implementing Routine Outcome Measurement in Community Managed Organisations*, page 6

Table 1: Outcome Measurements Recommended in the Implementing Routine Outcome Measurement in CMOs Report 2015

Area covered	Recommended Outcome Measure
Recovery	Recovery Assessment Scale (RAS) or Stages of Recovery Instrument (STORI)
Thoughts and Feelings	Kessler-10 (K-10) or Carer QoL or Strengths and Difficulties Questionnaire (SDQ)
Daily Living and Maintaining Relationships	Work and Social Adjustment Scale (WSAS)
Social Inclusion	Living in the Community Questionnaire (LCQ)
Quality of Life	World Health Organisation Quality of Life – Brief Australian Version (WHOQoL-BREF)
Experience of Service	Your Experience of Service (YES) or Carers Experience of Service (CES)
Multi-Dimensional	Camberwell assessment of Need – Short Appraisal Scale (CANSAS)

This report notes that the NSW Mental Health Branch are presently reviewing the outcome measurement tools mandated under current contracts, with the expectation that just one of the mandated tools will suffice as a measurement tool. This will then be consistent with the recommendations from the Commonwealth arising from the Fifth National Mental Health Plan. That tool is likely to be the Living in the Community Questionnaire (LCQ). The Commonwealth sees the LCQ as both brief and sensitive to change and has capacity for further development. Importantly, it could be used across Australia for comparable benchmarking with a particular emphasis for community settings and community managed organisations.

Please see Appendix B, Review of Outcome Measures Used in NSW for specific information.

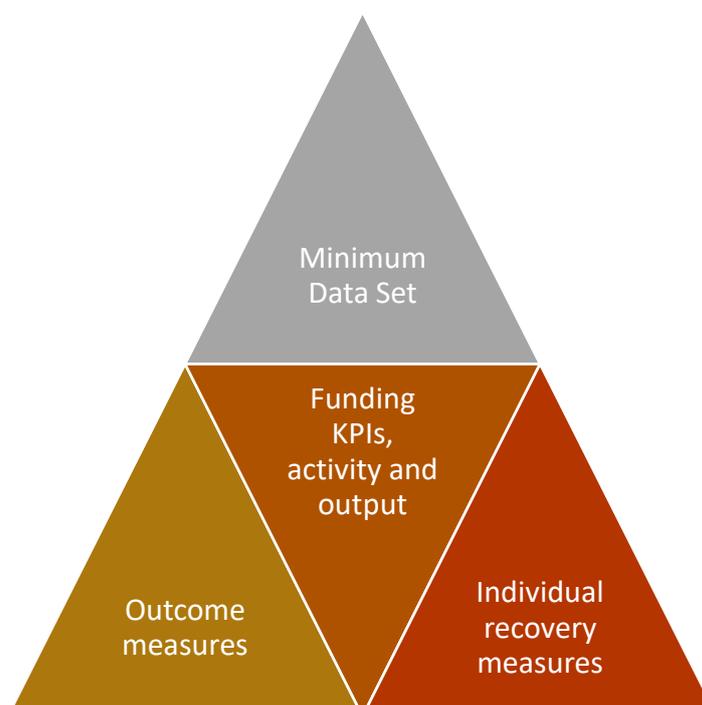
At this point in time the Centre for Social Impact at the University of Western Australia is conducting an independent research on outcomes measurement practice in the Australian community sector (2018). This is the inaugural national Outcomes

Measurement in the Community Sector Survey, replacing the Outcomes Measurement in the WA Community Sector Survey, which has run annually since 2015.⁴³ Previous work has had a significant impact to the WA community sector in terms of increasing the understanding of outcomes measurement practice in the community sector, adding a focus on measuring outcomes and the setting of policy.

The survey asked basic details about an organisation, e.g. number of staff, assets and liabilities; type of organisation; how the organisation measures its outcomes; facilitators, barriers and challenges to outcomes measurement; the organisation's mission, vision and values, and how state/territory-specific policy affects the organisation's outcomes measurement.⁴⁴

Diagram 2 below highlights the complexity for CMOs in their collection of data for individual, funder and organisational use.

Diagram 2: Existing data collection schism for CMOs



⁴³ Reports can be found at: www.csi.edu.au/search/?q=social+impact+series

⁴⁴ Survey information received by MHCC on 8/2/18

Appendix B - CMO Outcome Measures Used in NSW

NSW Program	Camberwell Assessment of Need Short Appraisal Schedule (CANSAS)	Life Skills Profile (LSP)	Recovery Assessment Scale – Domains and Stages (RAS-DS)	Living in the Community Questionnaire (LCQ)	Quality of Life (QOL)	Activity and Participation Questionnaire (APQ6)	Depression Anxiety Stress Scales (DASS)	Kessler 10 (K10)	Care Star
1. Community Living Supports (CLS)				√					
2. Youth Community Living Supports (YCLS)	√		√			√			
3. Family and Carer Mental Health Program									√
4. Housing and Accommodation Support Initiative (HASI)				√					
5. Housing and Accommodation Support	√		√	√					

NSW Program	Camberwell Assessment of Need Short Appraisal Schedule (CANSAS)	Life Skills Profile (LSP)	Recovery Assessment Scale – Domains and Stages (RAS-DS)	Living in the Community Questionnaire (LCQ)	Quality of Life (QOL)	Activity and Participation Questionnaire (APQ6)	Depression Anxiety Stress Scales (DASS)	Kessler 10 (K10)	Care Star
Initiative Plus (HASI Plus)									
6. LikeMind			√					√	
7. Resource Recovery Support Program (RRSP)	√	√	√	√					
8. Supported Accommodation		√	√		√				

Note: CMOs may use other outcome measures to the above lists in their support of individuals, families and carers.

* The Family and Carer Mental Health Program has recently mandated through the Key Performance Indicators that CMOs complete the DASS and one other.

Appendix C - Comparison of NMDS Service Taxonomy

The Project's aim is to scope the feasibility of implementing a National Minimum Dataset for Mental Health Establishments (NGOE) with NSW CMOs that provide NSW Government funded mental health support services. The scope of the Mental Health Non-Government Organisation Establishments National Best Endeavours Data Set (MH NGOE NBEDS) is mental health-related non-government organisations that provide one or more of the service types included in the service taxonomy.

The following table shows a comparison of the National Minimum Data Set and the service taxonomy used in Western Australia and Queensland.

Table 2: Comparison of NMDS Service Taxonomy

NMDS Taxonomy		METeOR page #	Western Australia 2013	Queensland 2017
1.	Care coordination	4		✓
2.	Counselling - face-to-face	7	✓	✓
3.	Counselling, support, information and referral - online	5		✓
4.	Counselling, support, information and referral - telephone	6	✓	✓
5.	Education, employment and training	8	✓	✓
6.	Family and carer support	9	✓	✓
7.	Group support activities	10	✓	✓
8.	Individual advocacy	11	✓	✓
9.	Mental health promotion	13	✓	✓

NMDS Taxonomy		METeOR page #	Western Australia 2013	Queensland 2017
10.	Mental illness prevention	14	✓	✓
11.	Mutual support and self-help	15	✓	✓
12.	Personalised support - linked to housing	16	✓	✓
13.	Personalised support - other	17	✓	✓
14.	Sector development and representation	18	✓	✓
15.	Self-help—online	19		✓
16.	Service integration infrastructure	20		✓
17.	Staffed residential services	21	✓	✓
	Total		13	17

Appendix D – Data Collection Items for Drug and Alcohol Services

The following specifies the data collection for each data item.

Commencement of Service Episode - These items should be completed on the day of the initial assessment

<i>Administrative data items</i> Client data items	<i>Person Identifier (Client Code)</i> Date of Birth Date of Birth Status Sex Aboriginal and Torres Strait Islander Origin Country of Birth Preferred Language Principal Source of Income Living Arrangement Usual Accommodation
<i>Drug use data items</i>	<i>Client Type</i> Principal Drug of Concern/Gambling Method of Use for Principal Drug of Concern Other Drugs of Concern/Gambling Injecting Drug Use
<i>Service data items</i>	<i>Service Delivery Setting</i> Date of Commencement of Service Episode Postcode of Residence at Commencement of Service Episode Source of Referral to Service Previous Services Received Main Service Provided

During Service Episode

<i>Drug use data items</i>	<i>Other Drugs of Concern/Gambling</i>
	<i>Previous Services Received</i>
	<i>Other Services Provided</i>
	<i>Service Contact Dates</i>
	<i>Postcode of Service Contact</i>

Cessation of Service Episode - These items should be completed within 3 days of the date of the cessation

<i>Service data items</i>	<i>Date of Cessation of Service Episode</i>
	<i>Reason for Cessation of Service Episode</i>
	<i>Referral to Another Service</i>