

# **PLANNING FRAMEWORK AND USER GUIDEBOOK**

**Outcome based planning and reporting  
framework user guidebook for Aboriginal Drug  
and Alcohol Residential Rehabilitation Services**

# Introduction

This Outcome Based Planning and Reporting Framework and User Guide has been developed for Aboriginal drug and alcohol residential rehabilitation treatment services. The service planning framework will provide organisations with guidance on how to incorporate best practice service delivery with organisational management and governance. The service planning framework makes reference to areas such as quality improvement, funding and performance management, risk management and employee professional development. The resource is a common sense, simple and highly effective approach to making a positive difference in the lives of people. For those involved in drug and alcohol service delivery it places at the centre of all efforts the most important question “Is anybody better off?”

## Acknowledgements

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## About the Artist

NADA would like to acknowledge and thank Nathaniel D Ellis, the artist who kindly donated the image of his original artwork for the cover of this resource. Nathaniel was born in Griffith NSW and is a descendent of the Kamilaroi and Waka Waka Tribes. He currently resides in the Northern Territory. The painting that the cover art work comes from was inspired during rehabilitation from drug and alcohol abuse.

The project was funded by the Australian Government, Department of Health and Ageing.



**Australian Government**  
**Department of Health and Ageing**

## About NADA

The Network of Alcohol and Drug Agencies (NADA) is the peak organisation for the non government drug and alcohol sector in NSW, and is primarily funded through NSW Health. NADA has approximately 100 members providing drug and alcohol health promotion, early intervention, treatment, and after-care programs. These organisations are diverse in their philosophy and approach to drug and alcohol service delivery and structure.

NADA’s goal is ‘to support non government drug and alcohol organisations in NSW to reduce the alcohol and drug related harm to individuals, families and the community’.

The NADA program consists of sector representation and advocacy, workforce development, information/ data management, governance and management support and a range of capacity development initiatives. NADA is governed by a Board of Directors primarily elected from the NADA membership and holds accreditation with the Australian Council on Health Care Standards (ACHS) until 2014.

Further information about NADA and its programs is available on the NADA website at [www.nada.org.au](http://www.nada.org.au).

The project was funded by the Australian Government Department of Health and Aged Care, Office of Aboriginal and Torres Strait Islander Health.

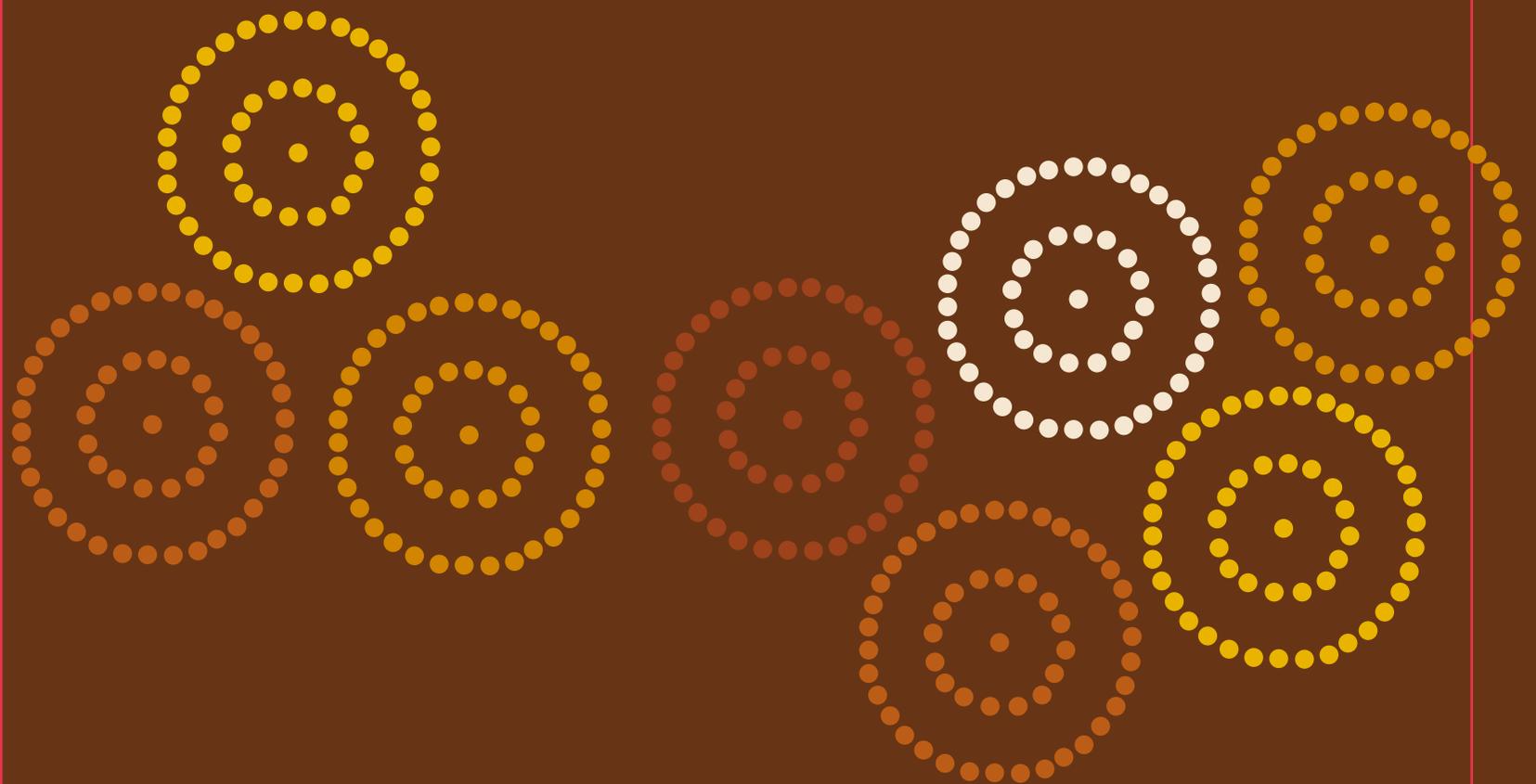


# Contents

<b>Introduction</b>	<b>i</b>
<b>What is the Outcome Planning Framework?</b>	<b>3</b>
The language of OPF .....	4
The components of OPF .....	5
The process of setting performance measures .....	6
<b>Case Studies</b>	<b>9</b>
Case Study 1 .....	9
Case Study 2 .....	11
A Possible Action Plan .....	13
<b>How does the OPF link with other systems?</b>	<b>15</b>
Summary of OPF Process and Benefits .....	16
<b>Strategic Planning Workshop</b>	<b>17</b>
The Outcome Planning Framework .....	19
<b>Sample Strategic Plan</b>	<b>21</b>
Managing for Results/Outcomes Self-Assessment Tool .....	26
<b>Acknowledgements and Resources</b>	<b>31</b>



# What is the Outcome Planning Framework?



# What is the Outcome Planning Framework?

## Outcome based accountability is...

- > outcome or results based accountability is a way of thinking, planning and reporting on performance. It can be applied to whole communities or populations, as well as to organisations and programs to plan and measure their performance.
- > the OPF supports planning and performance reporting for all types of organisations with a straightforward process that identifies what is to be achieved (*the result or outcome*), what signs there will be to show achievement and what the measures are to determine performance (*the performance measures*). Data is an important feature of the OPF and is linked directly to performance measures.
- > the OPF focuses on the ends, those being the wellbeing of or improvements for clients and communities.
- > an important distinction within the OPF is the difference between results for whole populations (*population accountability*) and results for clients of a particular program, organisation or service system (*performance accountability*). Drug and alcohol, and other health and welfare service providers, focus on performance accountability and results for clients. The information provided here primarily describes the OPF in relation to performance accountability.

## Outcome based accountability is not...

- > a test applied to organisations with a pass or fail ending.
- > used to inform how or what type of services an organisation provides.
- > an action/operational/ business plan, though the OPF framework can inform these plans to support achieving results/outcomes.
- > a way to determine how an organisation is governed or managed.

Rather, OPF is a tool to support how an organisation plans and measures their performance.

Some of its strengths are that:

- > It is a disciplined focus on the wellbeing of individuals using programs and on populations (*is anybody better off?*)
- > It can simplify and clarify what we need to focus on to be effective and accountable (*what data to collect, what approaches and strategies work best and who are our partners in improving client and population results*).

It provides a common framework and language accessible to all and equally applicable to national projects and local initiatives

## Results based accountability can be used by...

The OPF approach may be used by any size or type of organisation with a focus on health and community services. This includes drug and alcohol, family, domestic violence, homelessness services, child welfare, et cetera.

## The best environment for applying the OPF includes...

- > People with ideas and willingness to think and move beyond traditional planning and reporting.
- > Leaders and staff working together on activity that will lead to the agreed result or outcome.
- > Possible changes to what data is collected and used to inform performance reporting.
- > Possible changes to the type and range of partnerships the organisation engages in.

## What about data...

OPF focuses data collection on what is needed to demonstrate results or outcomes.

Traditionally, data collection has been about inputs and outputs - the 'how much'. These data still have a role to play in the performance story. However, outcome data - '*is anyone better off*' - is what really counts in telling the performance of your program, organisation or service system.

An organisation can identify what data sets will be used once the results/outcomes, performance indicators and performance measures have been established.

*Combining numbers and stories is the most powerful way to report on progress.*

# The language of OPF

## Population accountability

Population accountability is about the wellbeing of whole populations.

## Performance accountability

Performance accountability is about the wellbeing of clients of a particular program, organisation or service system.

## Results or outcomes

Results or outcomes are conditions of wellbeing.

## Indicators

Indicators are measures which help to quantify the achievement of a result or outcome.

## Performance measures

Performance measures are measures of how well a program, organisation or service system is working.

### Performance measures have three types:

- > How much did we do? A measure related to effort (always numbers).  
*For example: Number of clients treated for alcohol problems or the number of group sessions provided.*
- > How well did we do it? A measure related to the quality of what was done.  
*For example: % of clients admitted within 2 days of contact or % of staff with qualifications or quality improvement program accreditation.*
- > Is anyone better off? A measure related to the effect on skills/knowledge, attitude/opinion, behaviour and circumstance.  
*For example: % of clients with improved health outcomes or % of clients who are drug abstinent at 12 months after exit.*

## Report card

The OPF report card is a report on your program, organisation or service system. It directly relates to results/outcomes and the connected indicators. A report card may include a narrative story related to the results/outcomes and the connected indicators.



# The components of OPF

A cohesive results-based accountability system includes the following components: *a strategic planning process, goals and indicators, benchmarks or targets, data collection and mechanisms for regular reporting.*

**Strategic planning process:** The strategic planning process is an essential first step in the development of an OPF system. Begin by stepping back and reviewing core values, and then build a plan for the future based on these values. A strategic plan includes a vision or conceptual image of the core values of the community, agency, or program; goals; and targets to measure progress.

**Goals and Indicators:** Voicing goals and desired results as well as setting measurable indicators are the next steps in OPF efforts. The goals - or expected outcomes - reflect the values identified in the strategic plan and are statements of the desired conditions of wellbeing. These goals can be expressed in terms of the entire population, the organisation and programs.

**Goals/outcomes** can be expressed within a specific time frame and in quantifiable terms, or without reference to time and without attached quantifiable measures. For example, an unspecified goal is: 1) all clients will be stronger and healthier when they leave the program, and of a specified goal: 2) by 2011, 95% of clients will have a medical assessment before they enter the program.

The difference between the OPF and traditional planning is its way of approaching systems and programs that focuses on:

- > **OUTCOMES** or results
- > Knowing **WHY** we are doing something
- > Being clear about what **CHANGE** we are trying to produce
- > Starting with **ENDS** (desired result) and then working back to **MEANS** (what should we do)

The key questions to ask are:

1. Who are our clients/ stakeholders?
2. How can we measure if our clients are better off?
3. How can we measure if we are delivering services well?
4. How are we going on the most important of these measures?
5. Who are the partners that have a role to play in doing better?
6. What works/ what could we do better?

*(include no-cost and low cost ideas)*

**Indicators** are quantifiable measures which enable assessment of progress towards achievement of intended outputs, outcomes, goals, or objectives. They always specify time frames and are expressed in measurable terms.

Indicators can measure inputs, process, outputs, and outcomes. Input indicators measure resources, both human and financial, devoted to a particular program or intervention (i.e. number of case workers). Input indicators can also include measures of characteristics of target populations (i.e. number of clients eligible for a program). Process indicators measure ways in which program services and goods are provided (i.e. error rates). Output indicators measure the quantity of goods and services produced and the efficiency of production (i.e. number of people served, speed of response to reports of abuse). These indicators can be identified for programs, sub-programs, agencies, and multi-unit/agency initiatives.

## INPUT measures

A measure related to access or effort (How many clients enter the program or what fees were paid for a program?)

*This is the most common measure – and the least important in terms of change*

## OUTPUT measures

A measure related to effort or deliverables (How much did we do? How many courses were conducted?)

## OUTCOME measure

A measure related to results and benefits (Is anyone better off? What change was produced by our program?)

*This is the least common measure – and the most important in terms of change*

**Be clear about keeping the measures within categories, that is, at what level are the measures intended to determine results.**

**A Population Result** is about the wellbeing of whole populations

*eg. all young people are aware of the consequences of drug use*

**An Indicator or Benchmark** helps to quantify the achievement of the result (usually involves more than one agency/ program)

*eg. the age of first drug use*

**A Performance Measure** measures how well an agency, program, or service system is working

*eg. % of young people attending drug awareness education sessions*

# The process of setting performance measures

The 3 questions:

- > **How much did we do?**
- > **How well did we do it?**
- > **Is anyone better off?**

produce the performance measures for services as illustrated below.

Using the quadrants helps to demonstrate the comprehensive nature of the measures that these 3 questions alone can generate.

PERFORMANCE MEASURES		
	QUANTITY	QUALITY
EFFORT	How much did we do?	How well did we do it?
EFFECT	Is anyone better off?	
	#	%

The 3 questions in combination with the 4 quadrants provide all that is needed to be known about the performance of an agency or service system.

- > **Quantity of effort:** How much service was provided?
- > **Quality of effort:** How well was the service provided?
- > **Quantity of effect:** How many clients are better off?
- > **Quality of effect:** What percent of clients are better off and how are they better off?

This process leads to a three part list of performance measures:

**Headline Measures:** Those 3 to 5 most important measures for which you have good data and that you would use to explain your program's performance.

**Secondary Measures:** All other measures that will help you manage the program for which you have good data.

**Data Development Agenda:** a prioritised list of measures for which you need better data.

Services need to be clear about the level of impact they are seeking to make and match the measure to it. That means that if a program is designed to provide skills and knowledge, the performance measure should not be about changes in behaviour. When behaviour change is the intent of a program, the performance measure will be about that change.

**Key outcome measures/domains to consider using:**

The % of participants/stakeholders who report:

- > improved **skills** or **knowledge**
- > changed/ improved **attitudes** or **opinions**
- > changed/ improved **behaviour**
- > changed/ improved **circumstances**

OUTCOME DOMAINS			
SKILLS/KNOWLEDGE	ATTITUDES	BEHAVIOURS	CIRCUMSTANCES
Negotiating the social services system	Anger	Violence Relaxation	Employment
Awareness of rights and responsibilities	Respect	Housing	Accommodation
Parenting/relationships	Resentment	Criminal D&A use	Relocation
D&A knowledge	Responsibility	Family connection	Partnerships
Health knowledge	Race/gender	Parenting	Service linkages
Aboriginal culture	Gaol mentality	Social functioning	

## Examples of performance accountability measures...

Example 1 Result/outcome: All clients receive appropriate and sufficient care			
<b>Indicator:</b> Research informs service delivery practice		<b>Indicator:</b> Shared service delivery exists with partner organisations	
<b>Measure:</b> # research and industry journals subscribed to	<b>Measure:</b> # activities meeting or excelling industry standards	<b>Measure:</b> # and range of MOUs with other organisations	<b>Measure:</b> % clients with external service connection during treatment and at exit
<b>Measure:</b> # and type of partnerships with research institutes	<b>Measure:</b> % staff report understanding of applying research into practice	<b>Measure:</b> # case conferencing meeting held with other organisations	<b>Measure:</b> % clients report satisfaction with care provided

Example 2 Result/outcome: Increase the capacity within the community to prevent drug & alcohol harm to young people			
<b>Indicator:</b> Young people in the community act as drug and alcohol peer educators		<b>Indicator:</b> Young people in the community have access to accurate drug and alcohol information	
<b>Measure:</b> # young people attending peer education training	<b>Measure:</b> # and range of events peer educators are involved in	<b>Measure:</b> # hits on the info website by young people	<b>Measure:</b> % young people reporting easy to find and usable information on the info website
<b>Measure:</b> % young people who completed training registered as peer educators	<b>Measure:</b> % peer educators with increased knowledge, skills and confidence 20 weeks after training	<b>Measure:</b> Number and range of drug and alcohol information formats implemented	<b>Measure:</b> % young people reporting change in knowledge and behaviour about accessing drug/alcohol information

## Criteria for Selecting Indicators

Choosing the most appropriate indicators can be difficult. Development of a successful accountability system works best when those people who will collect the data, use the data, and who have the technical expertise to understand the strengths and limitations of specific measures are involved in identifying indicators.

Some questions that may guide the selection of indicators are:

*Does this indicator help us to know about the expected result or outcome?*

Indicators should provide the most direct evidence of the outcome or result they are meant to measure. For example, if the desired result is a reduction in teen pregnancy, this would be best measured by an outcome indicator, such as the teen pregnancy rate.

The number of teenage girls receiving pregnancy counselling services would not be an optimal measure for this result; however, it might well be a good output measure for monitoring the service delivery necessary to reduce pregnancy rates.

*Is the indicator defined in the same way over time?  
Are data for the indicator collected in the same way over time?*

To draw conclusions over a period of time, data must measure the same phenomenon consistently each time it is measured (often called reliability). For example, assessment of the indicator “successful employment” must use the same definition of successful (i.e. three months in a full-time job) each time data are collected. Likewise, where percentages are used, the denominator must be clearly identified and consistently applied. For example, when measuring teen pregnancy rates over time, the population of girls from which pregnant teenagers are counted must be consistent (i.e. 10% of girls ages 12 to 18).

*Will data be available for an indicator?*

Data on indicators must be collected frequently enough to be useful to decision-makers. Data on outcomes are often only available on an annual basis; those measuring outputs, processes, and inputs are typically available more frequently.

*Are data currently being collected? If not, can cost effective instruments for data collection be developed?*

As demands for accountability are growing, resources for monitoring and evaluation are decreasing. Data, especially data relating to input and output indicators and some standard outcome indicators, will often already be collected. Where data are not currently collected, the cost of additional collection efforts must be weighed against the potential use of the additional data.

*Is this indicator important to most people? Will this indicator provide sufficient information about a condition or result to convince both supporters and skeptics?*

Indicators which are publicly reported must have high credibility. They must provide information that will be both easily understood and accepted by important stakeholders.

*Is the indicator quantitative?*

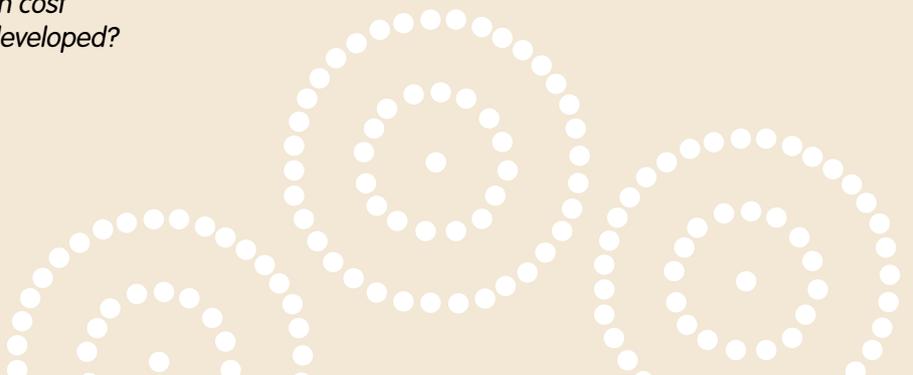
Numeric indicators often provide the most useful and understandable information to decision-makers. In some cases, however, qualitative information may be necessary to fully understand the measured condition.

## Using indicators for accountability and tracking progress

For each indicator, baseline data need to be collected to identify the starting point from which progress is examined. Comparison of actual indicator results to anticipated levels allows evaluation of the progress of programs and policies. Assigning responsibility for indicator data collection to individuals or entities in an organisation helps to assure that data will be regularly collected.

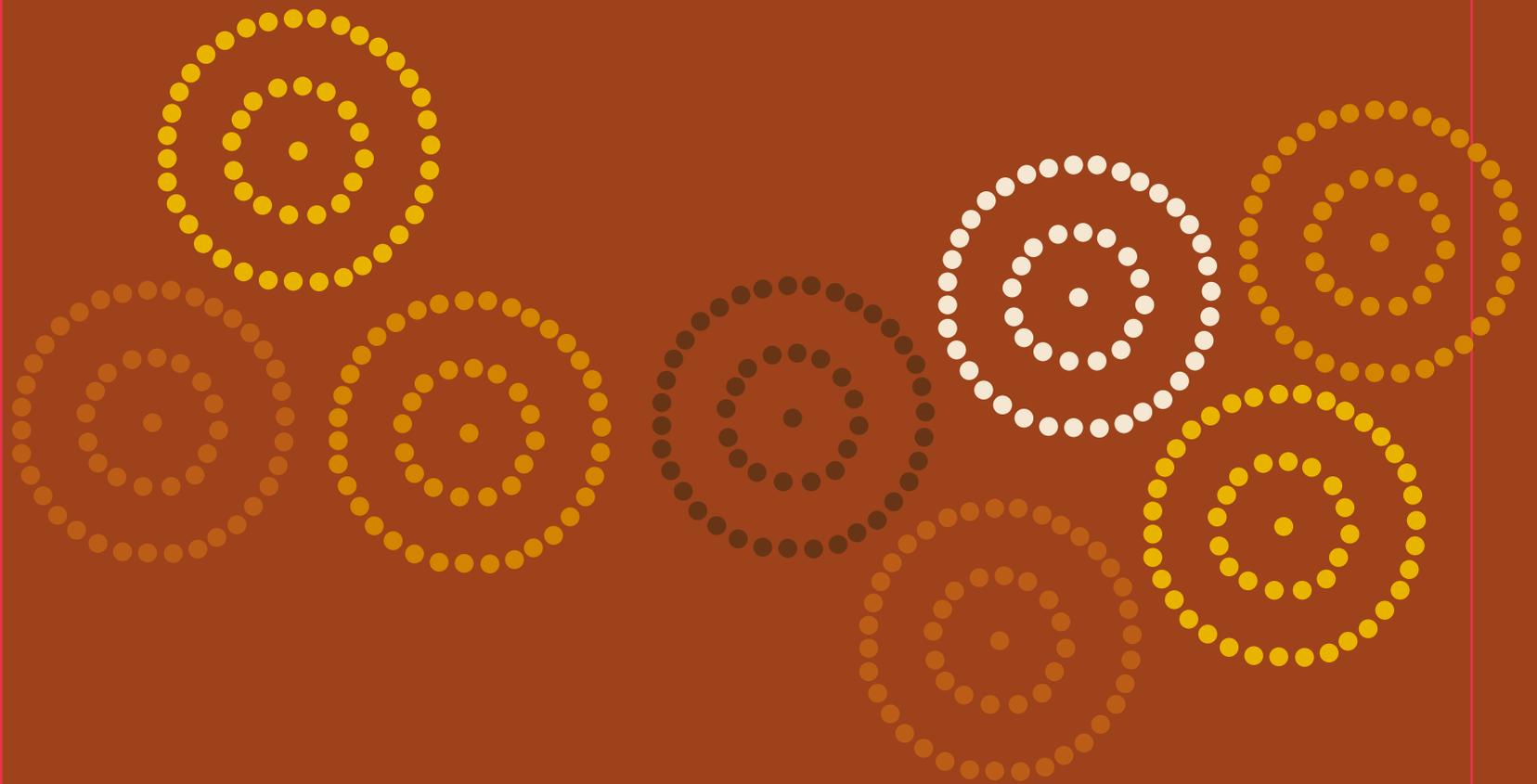
It is important to note that indicators serve as a flag; good indicators simply provide a sense of whether expected results are being achieved. They do not necessarily answer questions about why results are or are not achieved, any unintended results, the linkages that may exist between interventions and outcomes, or actions that should be taken to improve results.

*The following case studies will help to set the model into the context of Aboriginal Residential Rehabilitation Treatment Services.*



# Case Studies

CASE STUDIES



# Case Studies

## Case Study 1

### Roy Thorne Community Women's Group

The program was initially established in response to the issues of grief, loss, loneliness and isolation experienced by Aboriginal women. The women were either not seeking or responding to counselling or other services to deal with these issues and circumstances or were referred by probation and parole services.

The presentation gave examples of the way in which making the client the focus for service planning created the desired outcomes.

The original plan had been to combine a therapeutic session with a meaningful activity – scrapbooking a memory album. Thoughtful observation and interpretation of client behaviour such as turning up late for the counselling session and other avoidances created an effective alternative program.

An essential aspect of the program was the NO GOSSIP rule established at the outset – this turned out to be a landmark gauge of need and commitment. The other key elements included good working relationships between staff and between staff and the women, good, effective and concerned follow up and client focused.

The group scrapbooking created an intense vehicle where the women could work through their grief and loss as well as celebration experiences in a safe and shared way that increased their relationships and self esteem. Counselling sessions could be arranged as an appointment rather than a group exercise.

The process changed in response to the women and their needs but the intended outcomes were achieved:

- > The women are out of the home for the group
- > The women experience sharing and building self esteem
- > The women talk about their grief and loss
- > The women build scrapbooks of significant relationships
- > The women make appointments for counselling

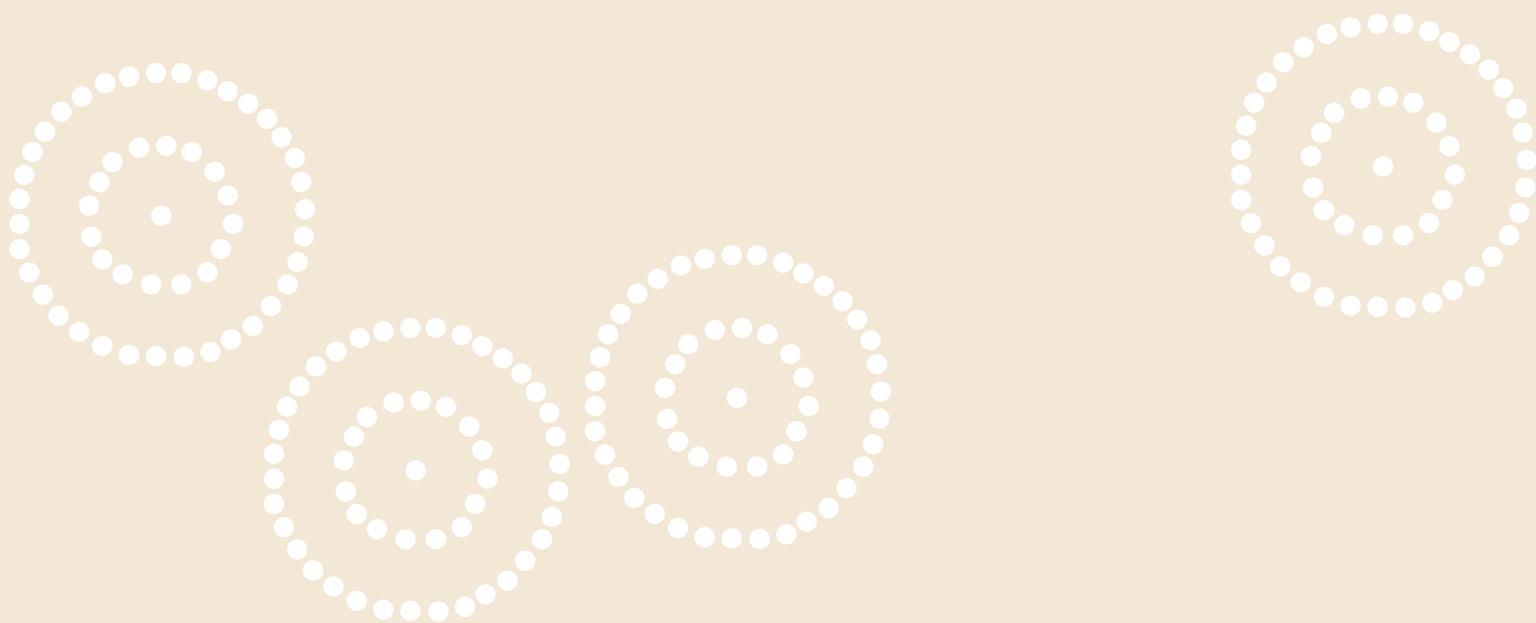
### Expressing the program as an Action Plan Report

AFHS	Aim	Strategies	Measures	Timeframe	Cost
Service Delivery	Provide a women's counselling program	Implement program Document referrals Document counselling sessions	Number of programs Number of participants Number of referrals Number attend counselling	Monthly	\$12,000

## Expressing the program as an OPF Report

OUTCOME: Women experience positive relationships	
INDICATOR	MEASURE
% attendance at group	% clients who report positive experience
% of repeated attendance	% clients who report increased confidence
Number of interactions	Number of referrals attended
Number of requests for counselling	Number of women who have counselling
Number and type of referrals	Baseline questionnaire: <i>Are you lonely?</i> <i>Do you feel connected?</i> <i>Has this changed?</i>
The data reports combined with case studies can tell a powerful story.	

This OPF reporting model graphically describes the original planning question - *is anyone better off?*



# Case Studies

## Case Study 2:

### Namatjira Haven Drug and Alcohol Healing Centre: Brief Intervention with Youth

The program was developed in response to an increasing number of young people presenting with poly drug use with a younger initial starting age of use of around 11 or 12 years of age now rather than previously 14 – 16 years.

The abstinence only approach was resulting in young people “dropping out” of the program primarily due to their non compliance in attendance at compulsory group AA meetings.

The program for youth now has a change therapy focus on early and brief intervention and education. The basic assumptions of the programs are that there will be:

- > a short stay of 4 – 8 weeks
- > education based on harm reduction principles
- > compulsory Aboriginal culture groups to establish relationships
- > non compulsory AA meetings – attendance by choice
- > pathways to services
- > supported accommodation

Namatjira Haven also works with schools, particularly Ballina High School Year 6 students in a knowledge and skills health promotion and prevention program. The program components include:

- > a session with residents to share stories
- > an education session with Byron Youth Service on drug health education and the dangers in mixing various drugs
- > a session with the MERIT workers about drugs and criminal activity and healthy life choices
- > a shared lunch
- > involvement in the AH&MRC “Deadly Shots” peer education project where young people are given a camera and the task of recording a family or community member’s story with substance use and consequences. This connects the young people with the realities of substance use and the consequences to many lives. The photographs will be put into presentations and formally exhibited.

ELEMENTS
Contact with rehabilitation clients and their stories
Exposure to education and practical information on drugs, their consequences, for example, brain damage from toxic polydrug mixing
MERIT Quiz on making healthy choices and decisions
Social time and meal with residents
Deadly Shots project picture study about the impact of drugs on an individual’s life
Follow up at 3 – 4 months of the photo studies
Partnerships with youth services, MERIT workers and AH&MRC

**OUTCOME: Young people will have information and skills to make informed choices**

INDICATOR	MEASURE
Number of young people entering the program	% young people self reporting gains in knowledge and confidence
% young people retained for the program	% young people self reporting change in behaviour with regard to accessing information/support
Number of young people actively engage family or community member in their Deadly Shots project	Number and range of information formats produced, used and evaluated
Number of young people completing Deadly Shots	Partner agency reports/evaluations of the quality and success of the project
Successful engagement of program partners	Baseline questionnaire: <i>What do you know about drugs?</i> <i>Can you use safely?</i> <i>Has this changed?</i>

**Comparison:**

Results Based Accountability stresses that the focus for assessing performance and in reporting should be on outcomes for populations and clients of services and should use data to demonstrate benefits and how clients are better off.

OPF reporting encourages the use of client stories (narrative) in combination with the use of data and graphs to demonstrate the relevance and importance of the work of agencies and programs.

Together these two elements provide a far more compelling story than either numbers or stories on their own.

It is also recognised that there are often important achievements outside of the work with clients that should be reported. This may have to do with the opening of new premises, the implementation of a new data system, or just managing to stay open despite very limited funding.

In OPF terms the examples from the 2 case studies represent what works: A non-threatening, respectful engagement that uses and builds on good relationships to produce a number of client outcomes.

It is readily apparent that the OPF offers equal funding accountability and adds a more dynamic picture not only of the group and it's participants but the value of attending the group and the difference it is making in their lives.

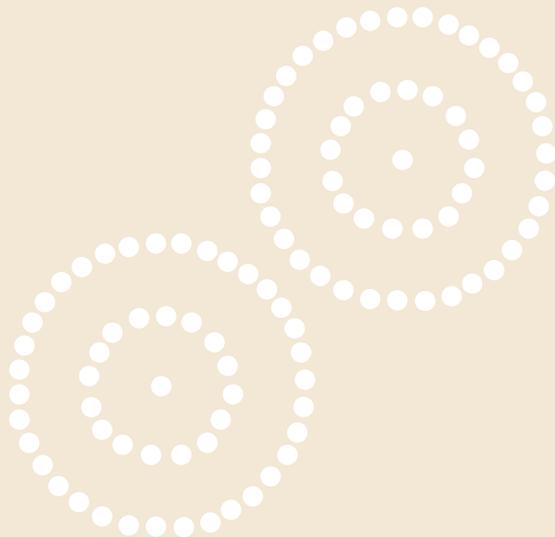
By combining:

- > The story of the group
- > The performance measures and;
- > A simple explanation of how the activities contribute to the result

You can succinctly explain the strategy and more importantly the contribution of the program to client wellbeing and the importance of such apparently simple and low key interventions for potential long term generational impacts.

Remember also:

*“Combining numbers and stories is the most powerful way to report on progress.”*



# A Possible Action Plan

## Action Plan Outline

### A. What's at stake?

1. The importance of good results
2. The cost of bad results if we fail

1. The outcomes we want for this population (in plain language)
2. How we recognise these conditions in our day to day experience
3. How we measure these conditions: indicators of wellbeing
4. Where we've been; where we're headed: indicator baselines and the story behind the baselines

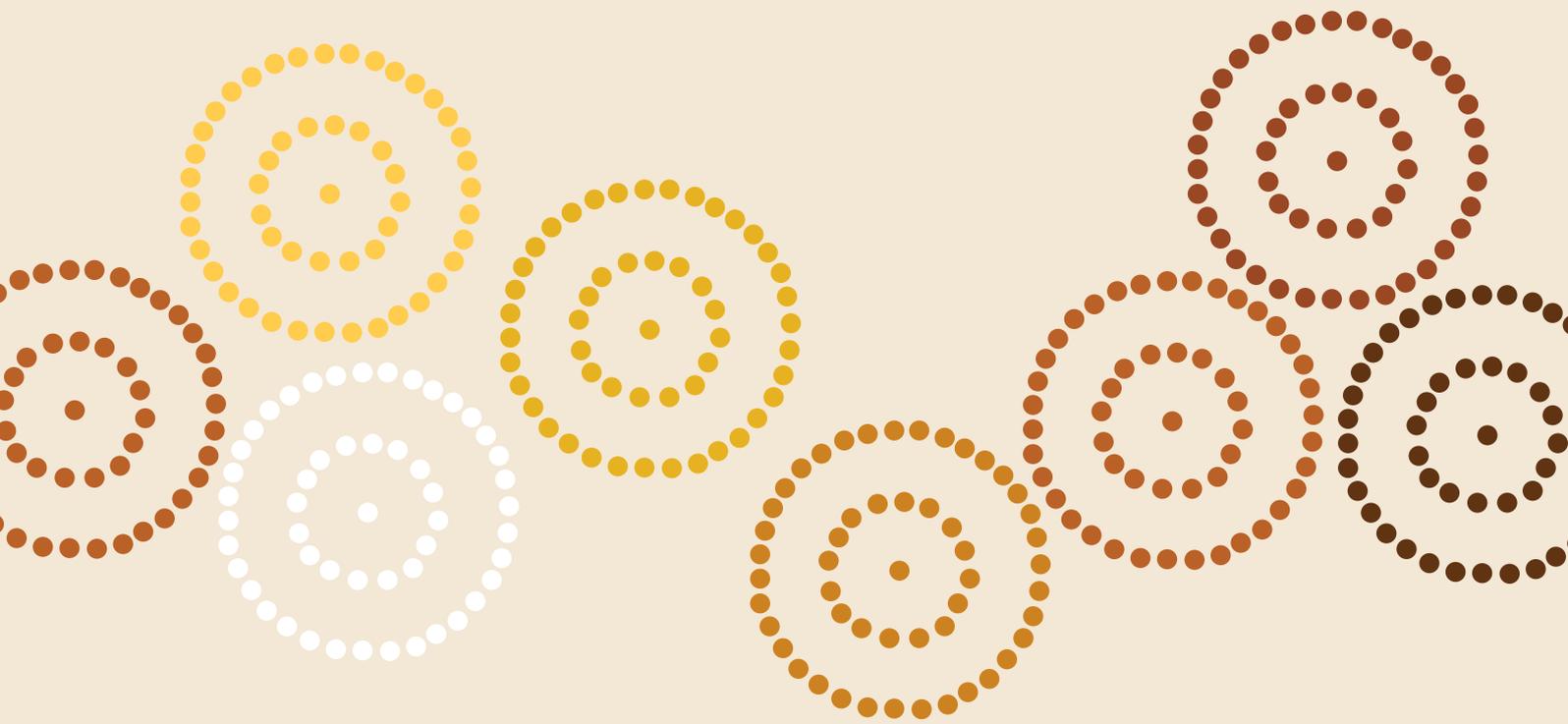
### C. What works - What will it take to do better?

1. Partners who have a role to play
2. What worked in other places; what we think will work here (best practices, best hunches, and no-cost low-cost ideas)
3. How we will create a comprehensive, integrated, consumer oriented, easily accessible system of services

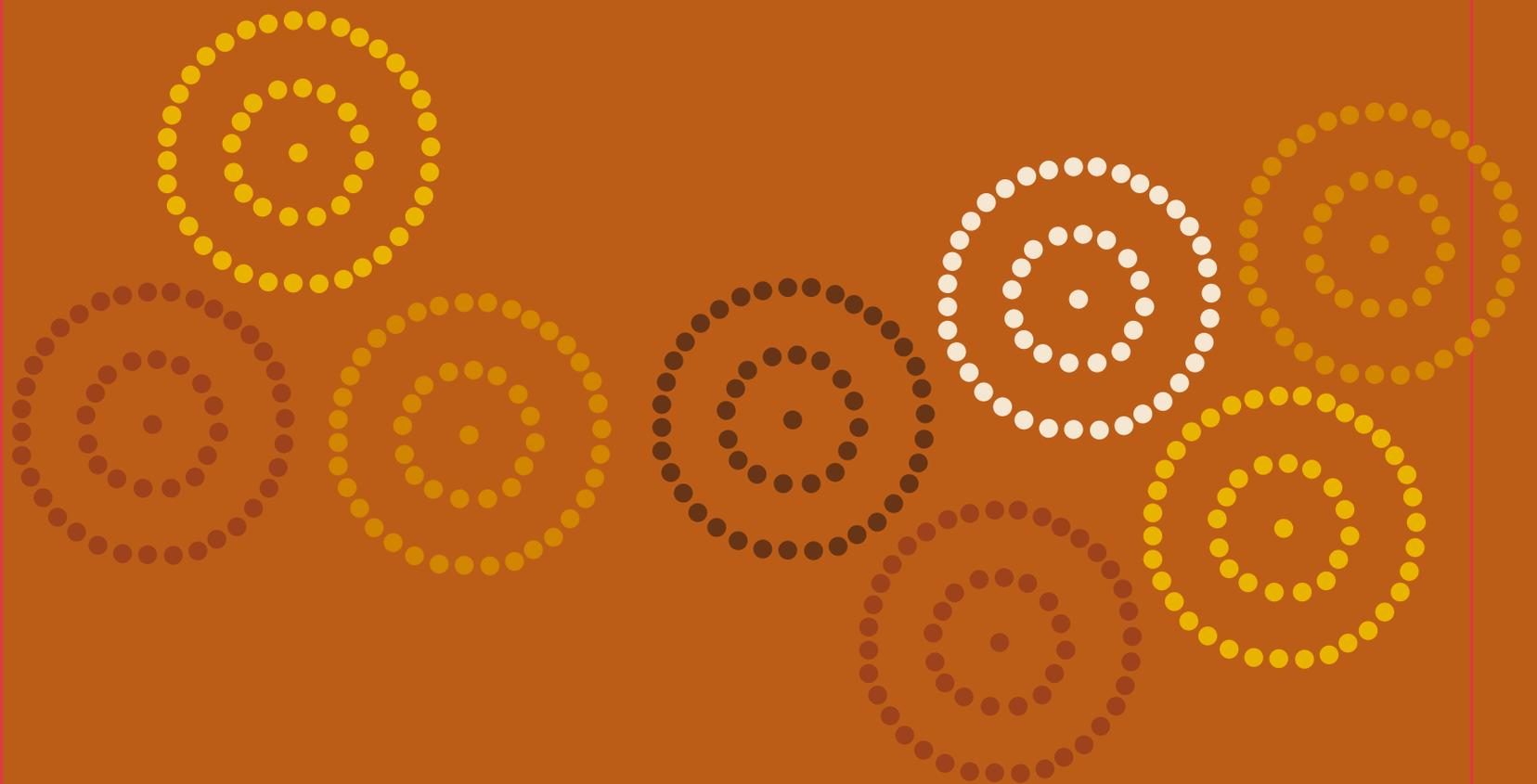
### D. What we and our partners propose to do!

1. This year
2. Next year
3. 3 to 5 years





# How does the OPF link with other systems?



# How does the OPF link with other systems?

Using the OPF for strategic planning is talked about on page 5 and a sample Strategic Plan as an example of a plan expressed in the OPF model is given on pages 19 - 24.

## OATSIH action plans and reporting requirements

Page 15 gives a comparison of expressing the Case Study 1 program as an Action Plan Report and as an Outcome Based Report

## Continuous quality improvement and accreditation systems

Quality and accreditation standards are usually designed to assess:

- > Structure
- > Process
- > Outcomes

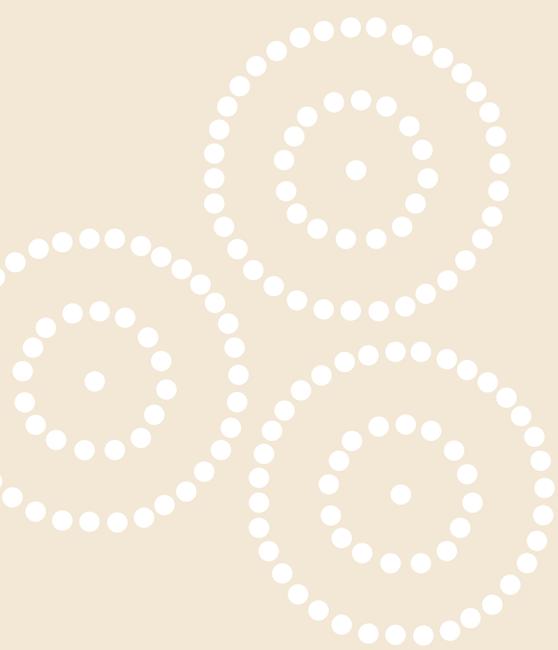
Structure is about how the service is designed, its organisation chart, buildings and physical resources et cetera. Process is about the “what and how it is done” aspects of the organisation or program, such as conducting a women’s group, providing arts and craft activities et cetera. Outcomes are about the results achieved – it is the “is anyone better off?” question.

In this way OPF has greater alignment with quality requirements than the current process reporting. Evidence to support accreditation is largely designed around an organisation measuring and tracking client outcomes – setting a baseline - tracking progress and reviewing results for continuous improvements.

Many of the OPF indicators will be a direct match for those indicators used by accreditation agencies.

Possible Performance Measures of OPF	Possible Performance Measures of Quality*
% of clients from ATSI communities completing the program	% of clients from ATSI communities completing the program
% of clients from most disadvantaged areas	% of clients from most disadvantaged areas
% of clients who report positively on satisfaction with service:	% of clients who report positively on satisfaction with service
% of clients who report positively on satisfaction with their case worker	% of clients who report positively on satisfaction with their case worker
Number of relationships with service partners	Number of relationships with service partners

*\* taken from the accrediting bodies, Australian Council of Healthcare Standards and the Quality Improvement Council standards*

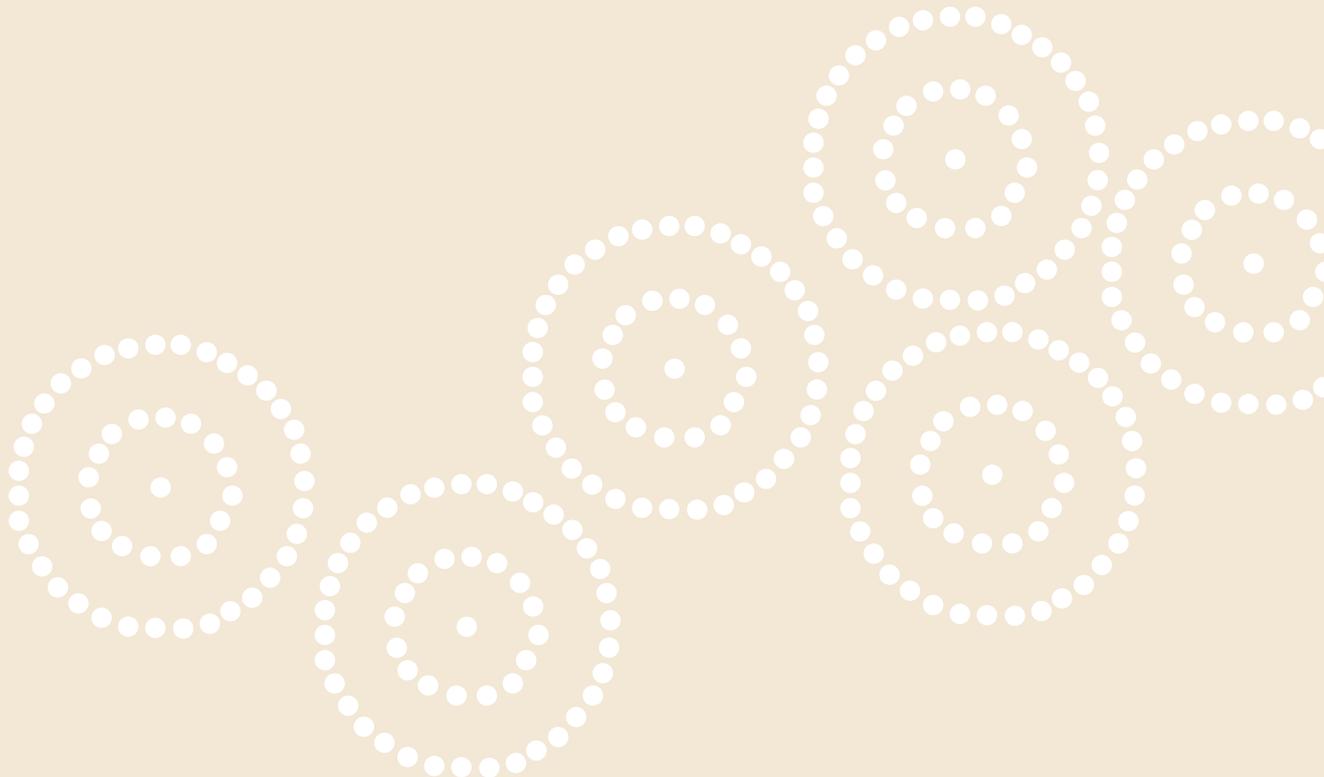


# Summary of OPF Process and Benefits

*"It is a disciplined business-like thinking process where we start with the ends we want (results and indicators) and works backward to the means to get there. We establish indicator baselines showing where we've been and where we're headed if we stay on our current course. Then we consider the story behind the baselines (e.g. the causes of teen pregnancy or poor water quality.) Next we consider all the potential partners who can contribute to making the numbers better. Then we consider what works to do better than baseline, including what the research tells us and what our common sense tells us. Finally, we craft an action strategy that includes **no-cost and low-cost** actions over a multi-year period.*

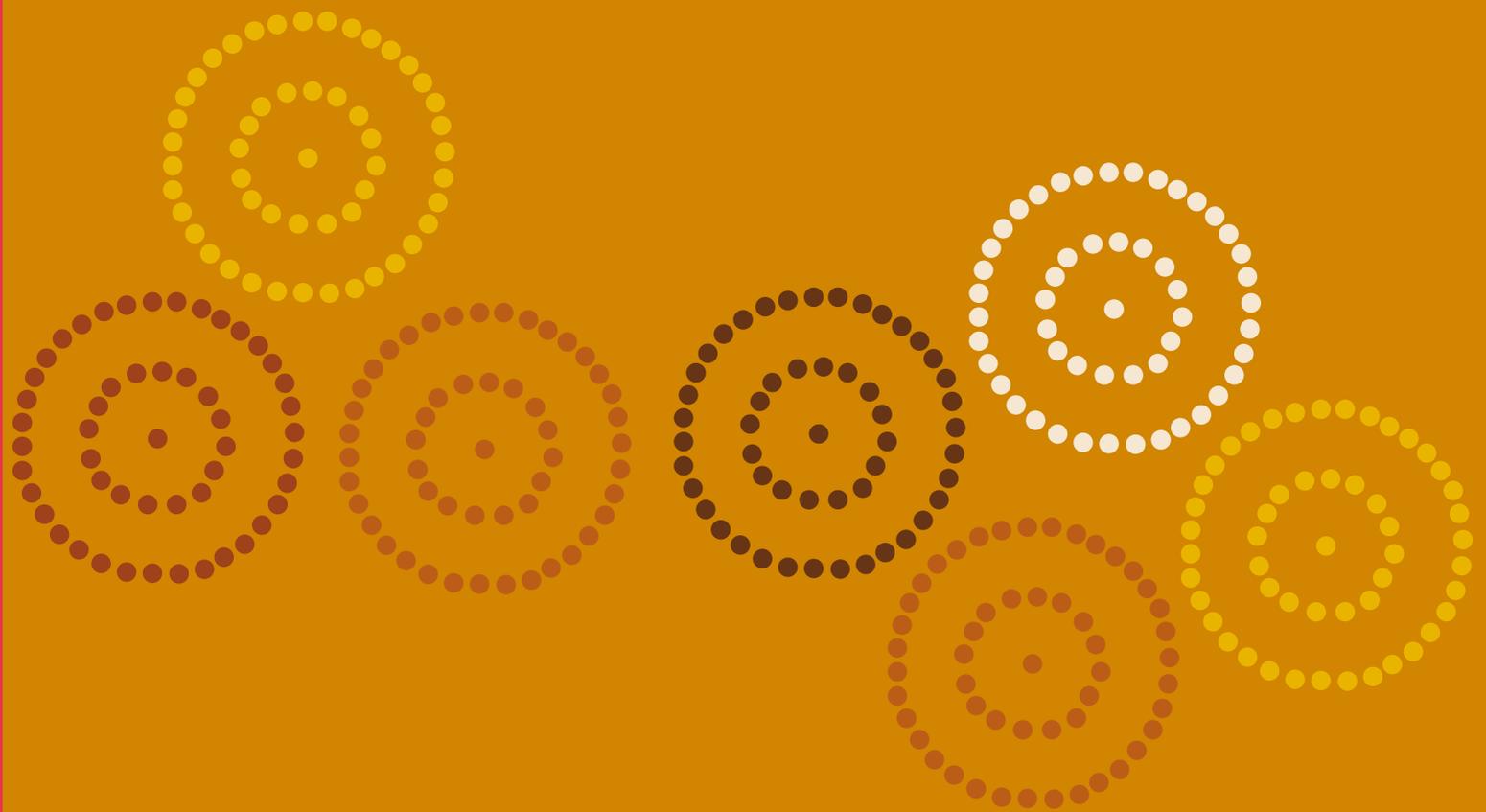
*We must avoid the thousand-pages-of-useless-paper versions of performance measurement. We must insist that programs and agencies identify the 3 or 4 most important measures; make sure these measures focus on customer results, not just amount of effort; create baselines for these measures, and hold agencies accountable for making progress against their baselines. We can use these measures in a simple day-to-day management process that builds data-based decision making into the culture of the organizations, and periodically produces what's needed for the budget".*

**Mark Friedman**



# Strategic Planning Workshop

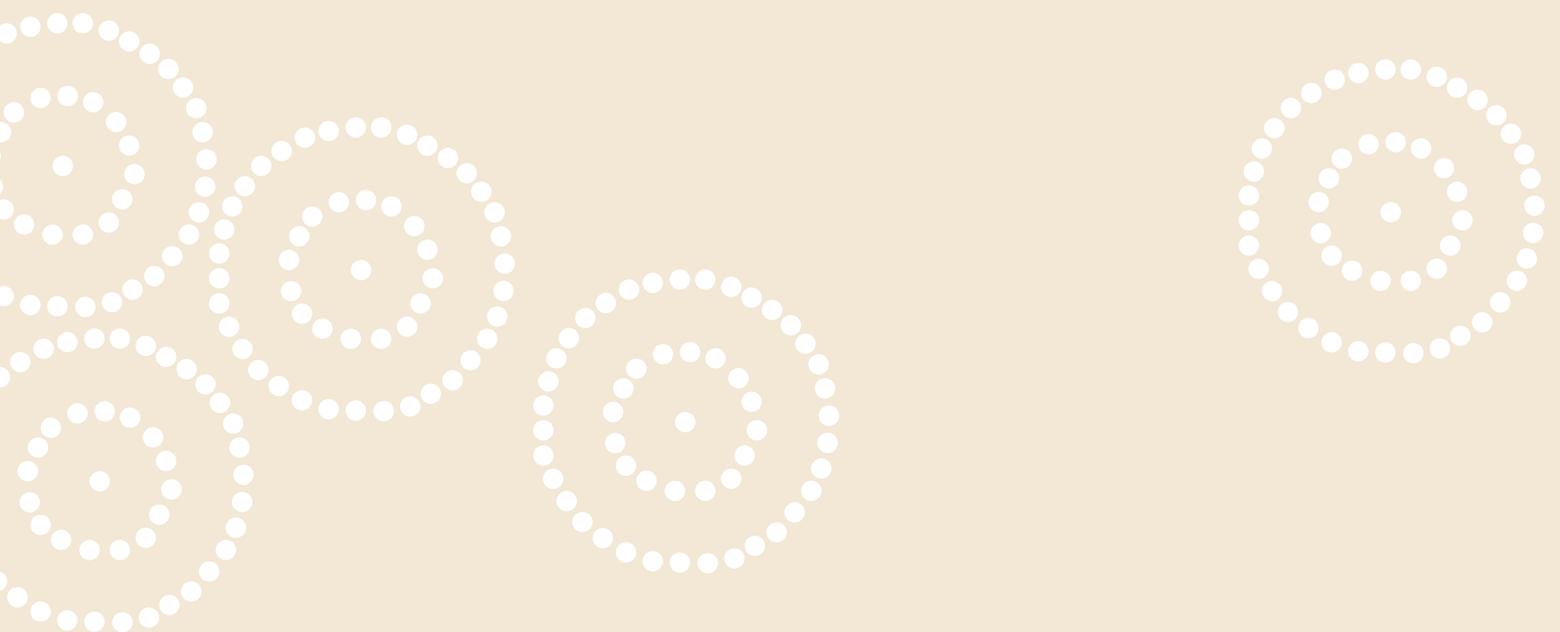
WORKSHOP



# STRATEGIC PLANNING WORKSHOP

## Day 1

<b>9.00am</b>	<b>Welcome and introduction to the planning workshop</b>
	<p>What will we achieve today?</p> <p>Results Based Accountability (RBA)</p> <ul style="list-style-type: none"> <li>&gt; RBA planning and how it works</li> <li>&gt; Review of Service goal/mission</li> </ul>
<b>11.00am</b>	<b>Morning tea</b>
11.20am	<p><b>Key questions</b></p> <ul style="list-style-type: none"> <li>&gt; Who are our clients?</li> <li>&gt; Who are our stakeholders?</li> <li>&gt; What do we want for our organisation?</li> <li>&gt; What do we want for our clients?</li> </ul> <p><b>Results/outcomes</b></p> <p>What are the key results/outcomes we want to achieve (drawn from the above information)?</p> <ol style="list-style-type: none"> <li>1. Organisation level results/outcomes</li> <li>2. Client results/outcomes</li> <li>3. Stakeholder/service partner results/outcomes</li> </ol>
<b>12.30</b>	<b>Lunch</b>
1.10pm	<p><b>Performance measures</b></p> <p>What are the performance measures for each of the identified performance indicators? Consider input, output and outcome measures.</p> <p><b>What have we achieved today?</b></p>
<b>4.00pm</b>	<b>Close</b>

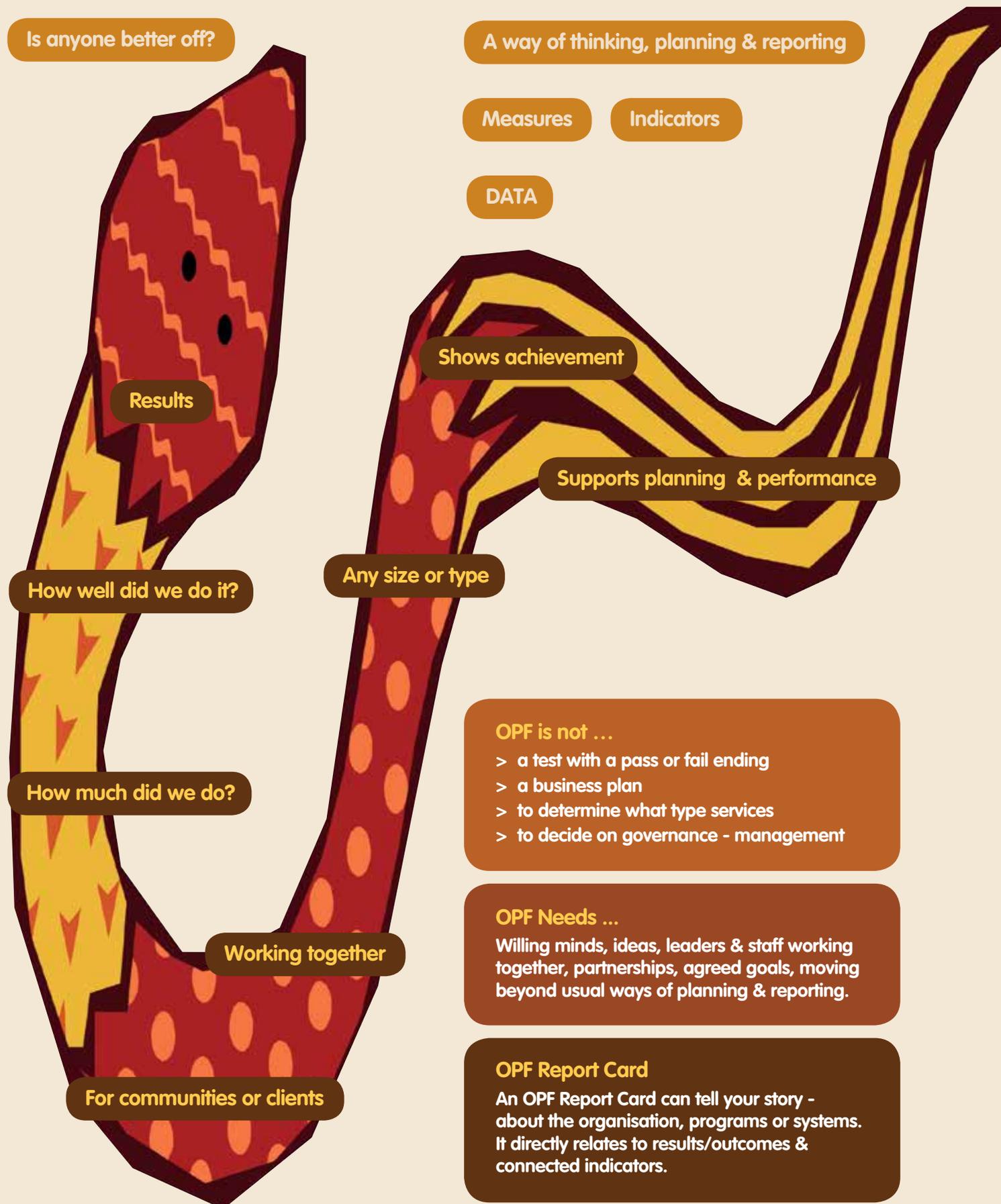


# STRATEGIC PLANNING WORKSHOP

## Day 2

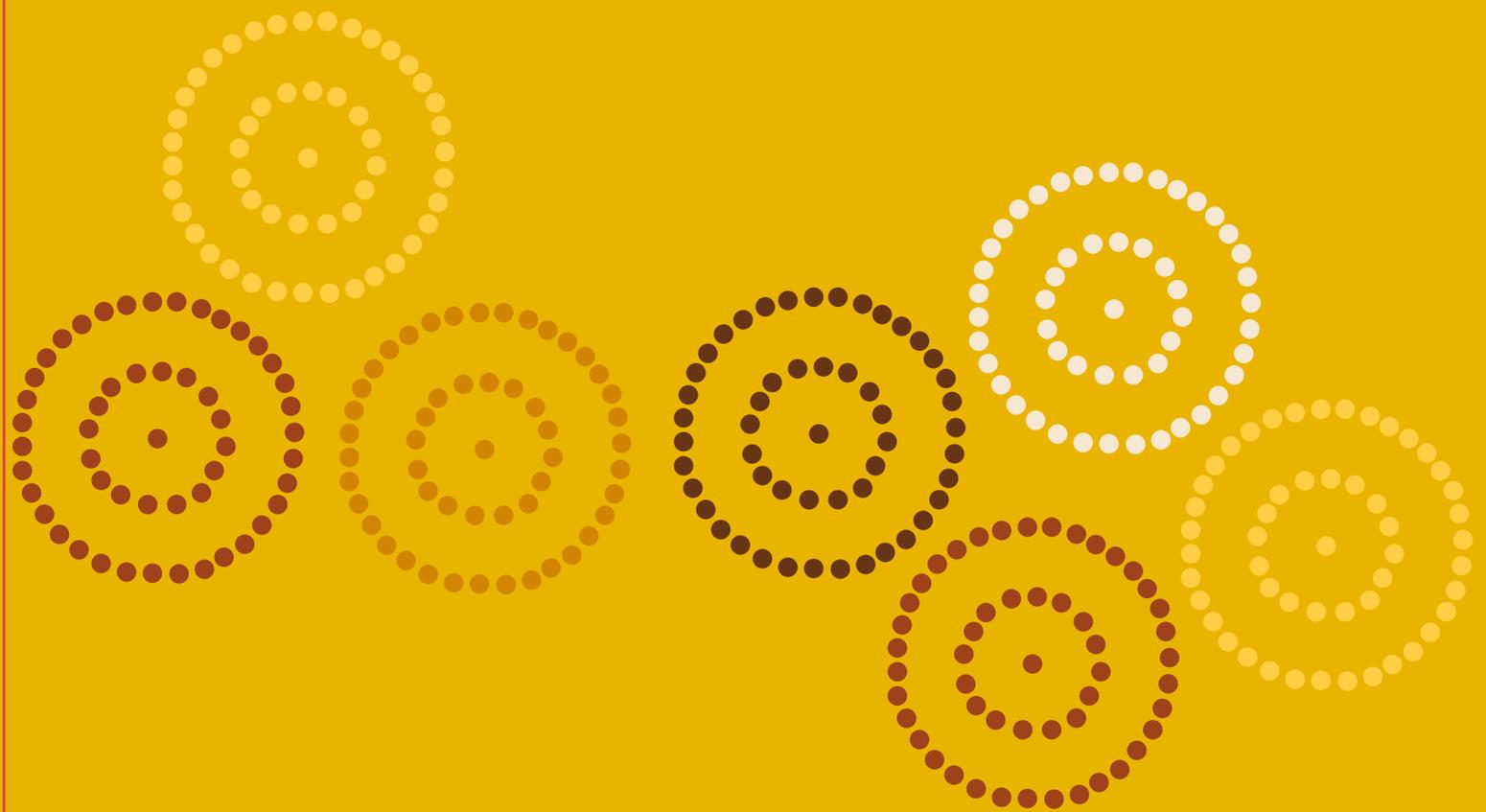
9.00am	Welcome to Day 2
	<b>Review of the performance plan and framework</b> Does the framework describe what the organisation is to achieve? Are there results/outcomes missing? Do the indicators directly link to the results/outcomes?  Are there additional performance measures that will assist in demonstrating our indicators and results/outcomes?
11.00am	Morning tea
11.20am	<b>Putting it all together</b> Linking the plan with: > service reporting > quality improvement and accreditation systems > data collection systems
12.30	Lunch
1.10pm	<b>Finalising and implementing the plan</b> Service to consider what actions need to be taken to implement and maintain the plan.
3.00pm	Close

# The Outcome Planning Framework...





# Sample Strategic Plan



# Sample Strategic Plan 2010 – 2012

## Background

The OOOO Rehabilitation Centre is a not-for-profit Aboriginal Community Controlled organisation for the treatment of drug and alcohol issues.

OOOO's programs include health promotion, early intervention, residential treatment, and after-care programs. The OOOO Centre is open to men and women from throughout NSW with priority given to Aboriginal and Torres Strait Islanders.

OOOO Centre is governed by a Board of Directors elected from the community membership.

## Principles

OOOO has identified a number of guiding principles that inform the organisation's approach and underpin its services and programs:

- 1 Clients' views and needs are the basis of OOOO's advocacy and work program
- 2 OOOO respects values the diversity that exists within the client and community groups with which it interacts
- 4 OOOO is committed to best practice in service delivery based on current research. It promotes and supports the implementation of best practices in the non government drug and alcohol sector
- 5 OOOO uses a team-based approach to its service delivery and programs
- 7 OOOO is committed to continuous improvement and innovation.

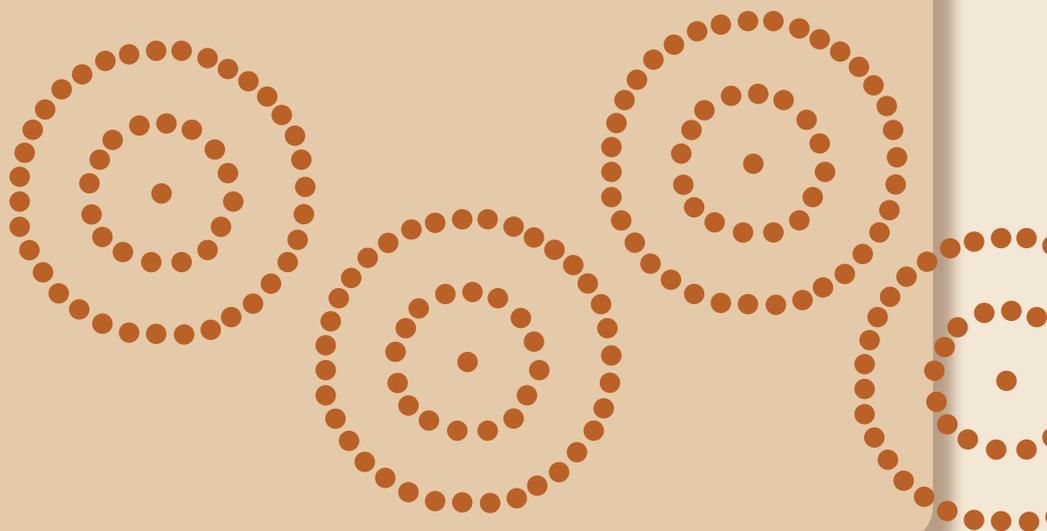
## Goal

To work within the drug and alcohol sector in NSW to reduce the alcohol and drug related harm to individuals, families and the community.

## Outcomes

Over the next two years, OOOO Centre will focus its efforts on four outcome areas:

1. Continue to develop OOOO Centre as a quality treatment service for drug and alcohol issues
2. Build service networks and information exchange with other non government drug and alcohol services
3. Engage in a quality improvement and accreditation program with the intention of achieving accreditation in 2012



# Sample Strategic Plan

## 1 DELIVERING QUALITY SERVICES AND PROGRAMS TO CLIENTS AFFECTED BY DRUGS AND ALCOHOL

**OOO Centre will do this by using the following strategies and measures:**

### Strategies:

1. Ensuring that staff are informed of current research and good practice and are competent in their work practices
2. Providing a range of evidence based services and programs for clients in its care:  
\*assessment \*case management \*health checks \*counselling \*peer support \*therapeutic and art groups  
\*exercise and recreation program \*aftercare
3. Developing partnerships with other providers and relevant groups for effective intake, assessment, treatment and aftercare services
4. Evaluating client satisfaction and program delivery.

### Performance Measures:

**OOOO Centre** will know it has been successful in meeting Outcome 2 if, by 2012:

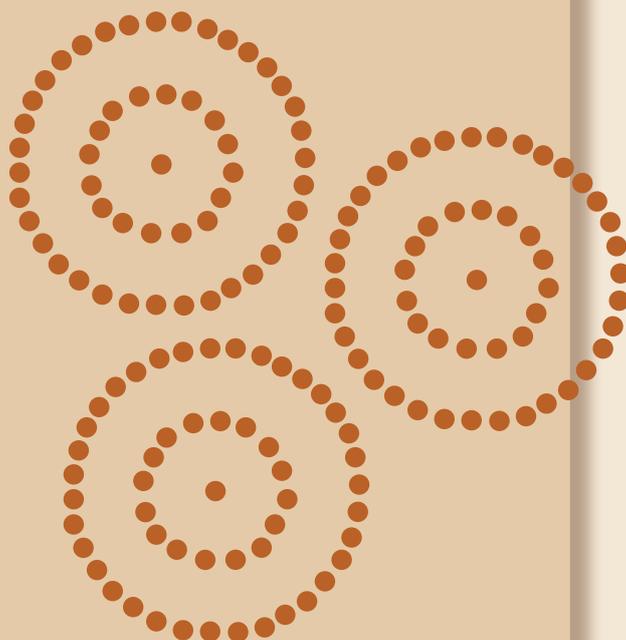
- > NSW Government has sustained or improved its funding.
- > Staff are trained and competent with good practice service delivery  
Clients remain in and progress through the program  
Partnerships are developed and fostered

**OOOO Centre** will also measure its success in the above areas by:

### Results:

- > Evaluation of care plans and client satisfaction
- > Positive feedback from partner agencies
- > Number of clients graduating from the program
  - % case plans developed
  - % admitted clients completing residential program
  - % clients reporting reduced drug use
  - % relapses post treatment

*These measures will be reported on annually.*



# Sample Strategic Plan

## 2 PARTICIPATING IN NETWORKS AND INFORMATION EXCHANGE OPPORTUNITIES FOR THE NON GOVERNMENT DRUG AND ALCOHOL SECTOR

**OOOO Centre** will participate by sharing information and ideas to improve advocacy and service development within the sector.

**OOOO Centre will do this by:**

1. Building partnerships and alliances between government and non government sectors, with a focus on links between drug and alcohol, mental health, housing and criminal justice sectors
2. Collaboration with NSW Health funded and other peak bodies by attending forums and advisory groups and developing submissions, policy position and advocacy papers
4. Being accessible and responsive to all parties to offer support, advice and information.

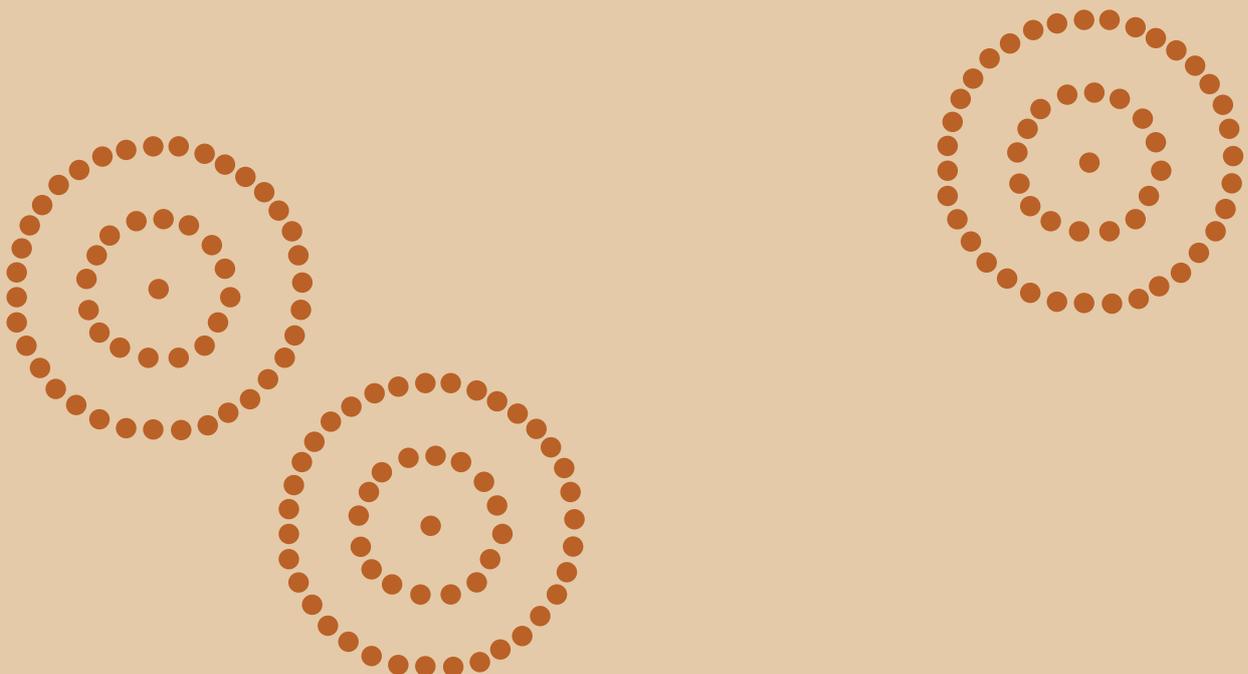
**Performance Measures:**

**OOOO Centre** will know it has been successful in meeting Outcome 3 if, by 2011:

Key sector and partner organisations report OOOO Centre was effective in:

- > Promoting partnerships
- > Being accessible
- > Providing timely, quality advice and information
- > Contributing to informative conferences and forums.

*These measures will be reported on annually.*



# Sample Strategic Plan

## 3. ENGAGING IN A QUALITY PROGRAM AND ACHIEVEMENT OF ACCREDITATION

**OOOO Centre** will continue to develop its internal systems and operations based on an ongoing commitment to quality governance, effective services, and sound management. It will also ensure it is efficient and strategic in its allocation of resources.

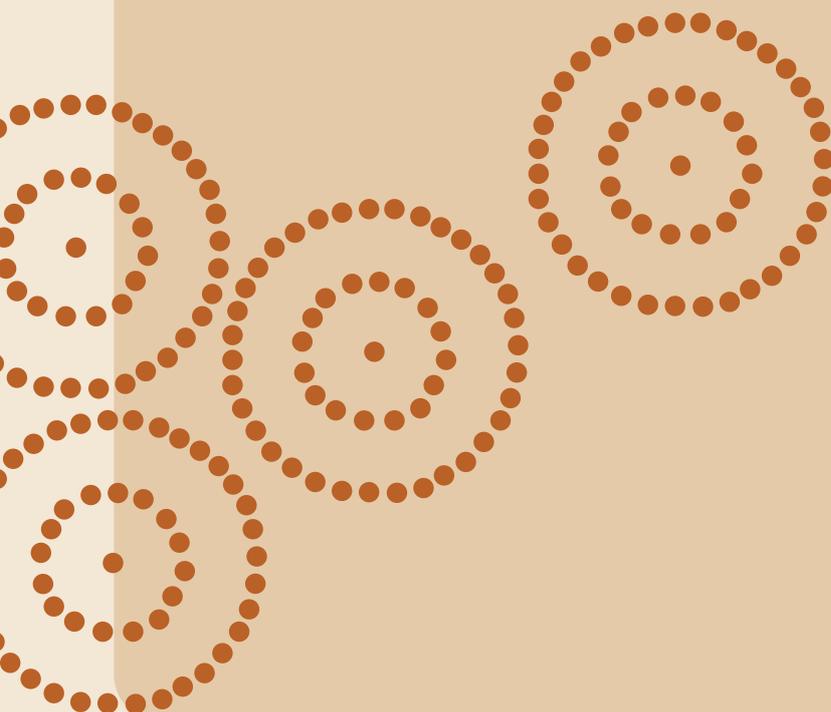
**OOOO Centre will do this by:**

- 1 Maintaining sound Board and governance practices
- 2 Implementing effective program and project management
- 3 Engaging in an external quality improvement program.

**Performance Measures:**

**OOOO Centre** will know it has been successful in meeting Outcome 4 if, by 2012:

- > Board performance review indicates performance of a high standard
- > Projects meet all key deliverables and receive positive evaluation and feedback from clients and stakeholders
- > An external review for accreditation is undertaken
- > Finances are effectively managed and acquitted
- > Performance measures listed under Outcome 3 also relevant to Outcome 4.

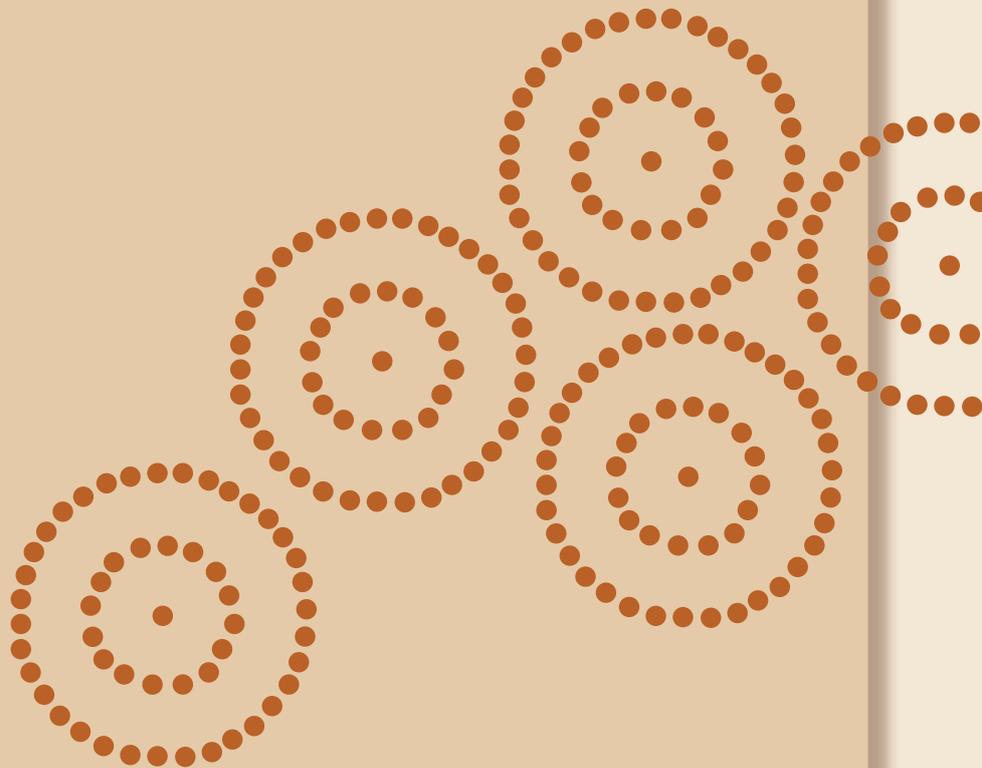


# Sample Strategic Plan

## The organisations and people OOOO centre works with and for

To fulfil its aims and meet its outcomes, OOOO Centre will work with key drug and alcohol service partners and stakeholders in NSW:

- > **Non government peak and advisory bodies** in NSW, Aboriginal Health and Medical Research Council (AHMRC), Mental Health Coordinating Council (MHCC), and the Council on Social Services NSW (NCOSS)
- > Other service providers and government **agencies working across the human services** spectrum, with a focus on mental health, criminal justice, housing, Aboriginal services, family, children and carers
- > Drug and alcohol sector **funding bodies**, including Office of Aboriginal and Torres Strait Islander Health, NSW Health and Commonwealth Department of Health and Ageing
- > **Quality improvement service providers**
- > Workforce and industry **education, training and advisory bodies** including TAFE NSW, Community Services and Health Industry Training Advisory Body (CSH ITAB), and Community Services and Health Industry Skills Council CSH ISC
- > **Research bodies** including the National Drug and Alcohol Research Centre (NDARC) and the National Centre for Education on Training and Addiction (NCETA).



# Managing for Results/Outcomes Self-Assessment Tool

This brief self assessment tool can be used to identify and then decide what areas may need resources and/or capacity building for the organisation to make the most effective use of the outcomes planning framework. This may mean some additional training or further development of data management systems.

## Key Questions:

1. To what extent is there tangible support from management for building and strengthening MFR practices?
2. To what extent is your organisation using results information to manage and adjust ongoing operations, strategic plans, policies and resources?
3. To what extent is there a linkage between the program outcomes and the organisation's strategic outcomes?
4. To what extent does your business plan specify performance expectations across the organisation that are clear, concrete and time-bound?
5. To what extent do you measure outcomes? How easy is it to relate these measurements to financial measures? How often is this linking done?
6. To what extent is evaluation integrated into the management of programs and policies?
7. To what extent are the results data used for internal managing and for external reporting? How consistent is the information used for managing with the information reported externally?

## 1. To what extent is there tangible support from management for building and strengthening MFR practices?

Characteristic: Management commitment				
Stage 1 Awareness	Stage 2 Exploration	Stage 3 Transition	Stage 4 Full implementation	Stage 5 Continuous learning
CEO (or equivalent) and team leaders verbally commit to building capacity to manage for results.	Managers are aware of and committed to managing for results, pilots or other test initiatives are undertaken.	Champions or MFR leaders are identified and encouraged to visibly show the benefits of managing for results.	Senior managers ask for performance information for improving results abilities and management systems.	Support at all levels for periodic adjustment of the organisational infrastructure to sustain MFR practices.

## 2. To what extent is your organisation using results information to manage and adjust ongoing operations, strategic plans, policies and resources?

Characteristic: Using results information to manage				
Stage 1 Awareness	Stage 2 Exploration	Stage 3 Transition	Stage 4 Full implementation	Stage 5 Continuous learning
Activity/output information used by managers in a few programs to modify operations.	Output information used in some ways to modify operations.  Outcomes data considered in a few management decisions for allocating resources, revising strategies and policies.  Values understood and linked to results.	Activity/output information used frequently to modify program operations.  Some information on outcomes and the capacity to deliver them is analysed and used in decisions	Information on outcomes and the capacity deliver them is frequently analysed and used in decision making for operations, allocating resources, and revising strategies and policies.	Performance information on outcomes is routinely and consistently analysed and used for decisions.  Outcome and performance information is reviewed for its usefulness.

**3. To what extent is there a linkage between the program outcomes and the organisation's strategic outcomes?**

Characteristic: Strategic planning				
Stage 1 Awareness	Stage 2 Exploration	Stage 3 Transition	Stage 4 Full implementation	Stage 5 Continuous learning
Organisational objectives defined and prioritised.  Planning and performance focused on outputs.	Organisational objectives and priorities logically linked to some key outcomes, as demonstrated through a results chain or logic model.	Strategic planning framework links all outcomes.  Strategic plan identifies outcomes and recognises the need for strategic partnering.	Strategic planning framework informs planning decisions.  Strategic planning framework has been implemented and informs planning decisions.	Stage 4 plus: Strategic planning framework is central to planning, and is routinely reviewed and updated on the basis of lessons learned and changing circumstances.

**4. To what extent does your business plan specify performance expectations across the organisation that are clear, concrete and time-bound?**

Characteristic: Business planning				
Stage 1 Awareness	Stage 2 Exploration	Stage 3 Transition	Stage 4 Full implementation	Stage 5 Continuous learning
Program performance expectations are set in terms of outputs.  There are few program performance targets.  Most performance expectations are clear but few are measurable.	Expectations are identified and linked to objectives/priorities.  Performance expectations are clear and measurable in some program areas.  Performance areas are identified in the context of outputs and outcomes.	Some objectives are linked to specific key expectations, and to those responsible.  Planning focuses on expected outcomes in some areas.  Many programs have measurable targets.  Operational plan identifies outcomes and recognises the need for partnering.  > Development of measures based on operational needs and strategic plan.  > Risk management strategies are applied to some aspects of operational planning	All objectives are linked to specific expectations, and those responsible.  Performance expectations are aligned to outcomes and are measurable.  Operational plan implemented and informs planning.  Risk management strategies applied to operational plan	Stage 4 plus: Performance expectations are regularly reviewed and updated in light of corporate lessons learned and changing circumstances.

**5. To what extent do you measure outcomes? How easy is it to relate these measurements to financial measures? How often is this linking done?**

<b>Characteristic: Outcomes and performance measures</b>				
<b>Stage 1</b> Awareness	<b>Stage 2</b> Exploration	<b>Stage 3</b> Transition	<b>Stage 4</b> Full implementation	<b>Stage 5</b> Continuous learning
Inputs, activities and outputs are measured.	Some key outcome information is gathered in programs.	Key outcome data collected frequently and systematically.  Comparative information (baselines/ benchmarks) used to compare performance.  Measures are revised in view of findings of pilot projects.	Key outcomes regularly collected, validated and related to costs.	Stage 4 plus: Measures reviewed at specified intervals to identify and correct gaps in performance information.

**6. To what extent is evaluation integrated into the management of programs and policies?**

<b>Characteristic: Evaluation processes</b>				
<b>Stage 1</b> Awareness	<b>Stage 2</b> Exploration	<b>Stage 3</b> Transition	<b>Stage 4</b> Full implementation	<b>Stage 5</b> Continuous learning
Evaluation occurs when there is an external requirement.	Evaluation is used in some cases and is only sometimes integrated into measurement strategy.	Evaluation integrated with performance measurement strategy as a management aid.  Strategies for evaluating initiatives are considered at the design phase.	Regular evaluation is an integral part of policy and program management.	Same as stage 4.

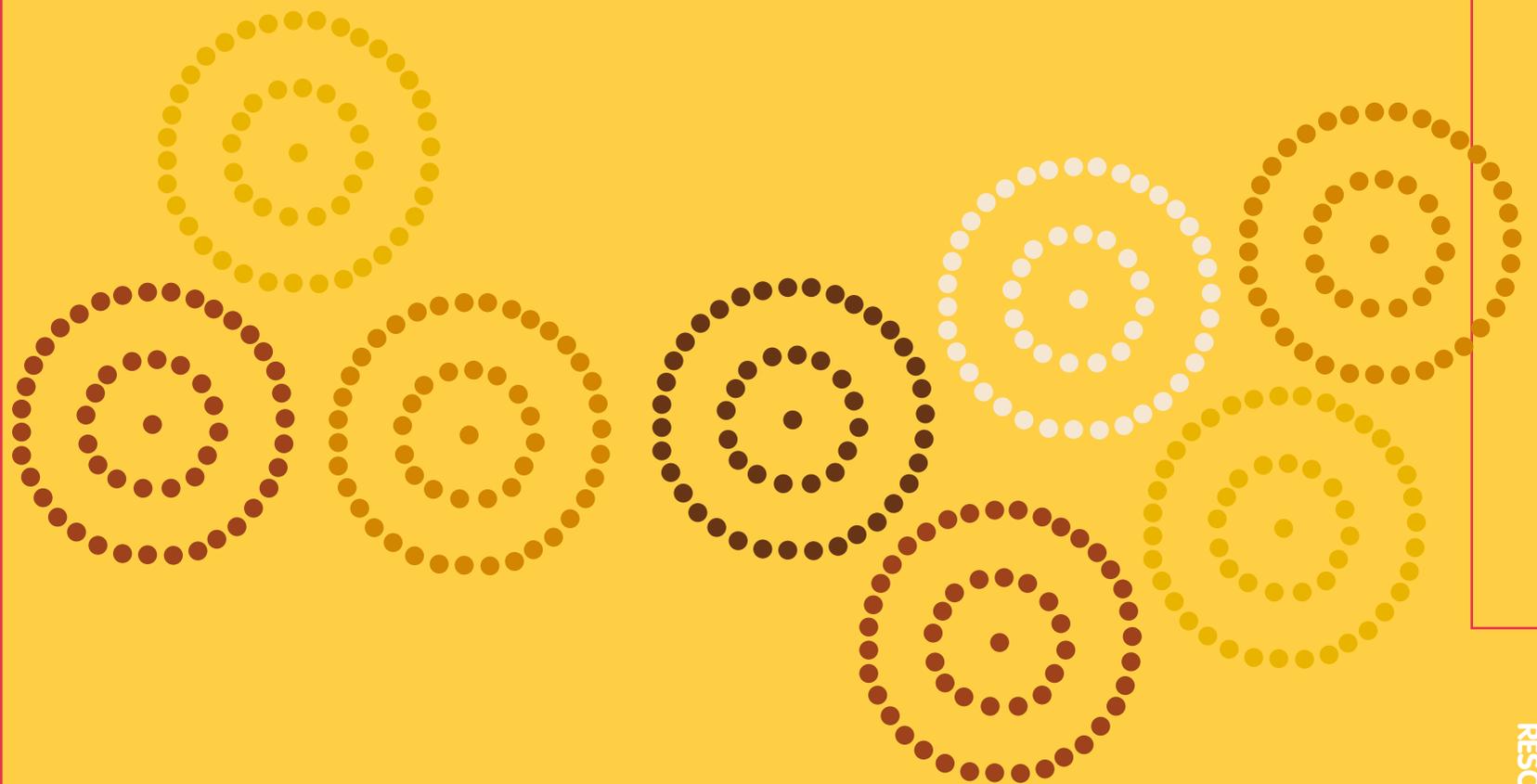
**7. To what extent are the results data used for internal managing and for external reporting?  
How consistent is the information used for managing with the information reported externally?**

<b>Characteristic: Consistency between results data for internal management and external reporting</b>				
<b>Stage 1</b> Awareness	<b>Stage 2</b> Exploration	<b>Stage 3</b> Transition	<b>Stage 4</b> Full implementation	<b>Stage 5</b> Continuous learning
Reporting is not at all linked with internal management reporting practices.	External and internal reporting share common priorities and outcome areas, but do not reconcile results and resources.  External data are reported, analysed, and used on a few occasions for decision making and program management.	External and internal reporting share some common priorities and key outcome-results. There are links -outputs, activities and resources.  External data are sometimes reported, analysed, and used for decision making and management.	External and internal reporting share all key priorities, outcomes and outputs, activities, and resource information.  Data reported externally is used regularly for managing.	Same as stage 4.





# Acknowledgements and Resources



# Acknowledgements and Resources

The OPF overview has been informed by material available on [www.raguide.org](http://www.raguide.org) and [www.resultsaccountability.com](http://www.resultsaccountability.com) accessed March 2010.

Case study on teen drug & alcohol use reduction – California: [http://www.raguide.org/RA/santa\\_cruz\\_teen\\_alcohol.htm](http://www.raguide.org/RA/santa_cruz_teen_alcohol.htm)

Friedman, M. (1995). *From outcomes to budgets: An approach to outcome based budgeting for family and children s services*. Washington, DC: Center for the Study of Social Policy.

Friedman, M. (2005). *Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities*. Trafford

*Turning Curves, Achieving Results*. (2007) Annie E. Casey Foundation.

Utting, D, Dr, Painter, A and Renshaw, J. (2008) *Turning the Curve Stories*. Crown Copyright 2008 sponsored by the UK Department for Children, Schools and Families.

*Working Together - The RBA Way*. (2009) NSW Family Services

## Organisations

There is a growing network of organisations and individuals who provide support for OPF/RBA/OBA implementation.

The Family Action Centre, Newcastle, AU  
[newcastle.edu.au/centre/fac](http://newcastle.edu.au/centre/fac)

NSW Family Services, Sydney, AU  
[nswfamilyservices.asn.au](http://nswfamilyservices.asn.au)

The Local Community Services Association, Sydney, AU  
[lcsa.org.au](http://lcsa.org.au)

