



## Improved Services Initiative

### Frequently Asked Questions About Comorbid Capacity Assessment

#### Questions & Answers

##### Background

Improved Services Initiative Grant recipients funded under the Improved Services Initiative are required to use a validated tool to assess their organisational capacity to meet the needs of people experiencing co-occurring mental illness and drug and alcohol issues. The Department of Health and Ageing (DoHA) contracted Communio to develop a data model and data tool to support the Improved Services Initiative.

Communio undertook a limited literature review, a snapshot consultation and reviewed other documentation. Findings indicated that capacity-building outcomes are difficult to measure and process measures are easier.

Communio proposed a data model based on the following principles:

- Data collection should not be burdensome
- Data collected should be useful management information and assist in driving the initiative
- Capacity building lends itself better to descriptive qualitative measures rather than quantitative outcome measures
- The success of the Improved Services Initiative is better measured as service level improvement over time *rather* than any absolute target- or nationally aggregated indicator
- Given the diversity of the services funded and the types of projects to be implemented, a flexible approach is required.

Communio proposed that DoHA use a validated tool to measure overall capacity for each funded service and that this be measured annually over the life of the funds.<sup>1</sup> The data tool

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<sup>1</sup> Recognising that some Improved Service Grant recipients had already undertaken self-assessment using the COMPASS tool the Department of Health and Ageing indicated that services could continue to use this instrument.

subsequently adopted and modified<sup>2</sup> for use with the Improved Services Initiative Grant recipients was the Dual Diagnosis Capability in Addiction Treatment Tool (DDCAT).

Recognising that some organisations had already begun the process of self assessment and that the work was underway in Victoria Dual Diagnosis Initiative (VDDI) DoHA indicated that those Victorian organisations that completed a base line assessment using another validated tool such as COMPASS (Comorbidity Program Audit and Self-Survey for Behavioural Health Services) could continue to use this assessment instrument.

Where services have not established a baseline assessment it is an expectation that the DDCAT is used.

**Q Why use a self-assessment tool?**

A All Improved Services Initiative Grant recipients are required to implement a validated tool to assess their comorbidity capacity and track their progress in capacity building - the objective of the initiative.

The Dual Diagnosis Capability in Addiction Treatment Tool (DDCAT) is a self-assessment instrument. It can be incorporated into existing quality processes.

**Q Why was the DDCAT selected as the self-assessment tool?**

A DDCAT was selected by the Department of Health and Ageing (DoHA) because:

- It is specific to drug and alcohol sector
- It has been validated
- It is free
- It was able to be modified

**Q Why was the DDCAT changed?**

A The DDCAT was developed for the American Drug and Alcohol sector. It was changed to reflect the Australian context.

**Q What were the changes made to DDCAT?**

A The changes were:

- Two rating items were removed – finance and licenses;
- Language was altered
  - Patient – client
  - Clinician – staff
  - Medical records – client records

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<sup>2</sup> DoHA engaged Communio to modify the DDCAT. Following consultation with the state and territory peak bodies DoHA have provided Version 3.4 for implementation by Improved Service Initiative Grant recipients.

**Q Are services expected to achieve scores of five at the end of the three year funding?**

A There is no expectation that services will attain a score of five. It is envisaged that most organisations' scores will fall in the one to three range.

**Q Are services expected to provide copies/information about the results from the self-assessment to DOHA?**

A Improved Services Initiative Grant recipients are required to provide the graph of their assessment in the progress reports. All grant recipients will undertake assessment on an annual basis to measure their achievements and identify improvements to meet the needs of people with co occurring mental illness and substance issues.

The results will not influence future funding opportunities. Services will use the results to plan and prioritise strategies to achieve project outcomes.

**Q Why has the COMPASS tool been used in Victoria?**

A Dual Diagnosis clinicians had begun using the COMPASS tool in their work with Victorian Alcohol and Drug services. DoHA indicated that those Improved Service Grant Recipients (Tranche 1) who had already undertaken self-assessment using the COMPASS could continue to use this instrument.

**Q We have already established our baseline capacity using COMPASS. Do we have to use the DDCAT?**

A No. If a service has begun the process of assessing its comorbidity capacity, it is not required to use DDCAT. Improved Service Grant recipients are required to repeat the self-assessment annually i.e. in years two and three of the project.

**Q Can we use DDCAT if we have begun using COMPASS?**

A Yes. Services may opt to use the DDCAT. Like COMPASS, the DDCAT is a validated fidelity instrument. The results from the DDCAT will assist organisations to plan and prioritise their ongoing capacity building strategies. A feature the DDCAT is that it automatically produces a graph. Improved Services Initiative will find the tool and the graph of use in providing feedback to their organisations.

**Q: Why not develop an Australian tool?**

A: Undertaking the completion of self assessment on an annual basis to ascertain service capacity may very well influence the development of an Australian tool. It will certainly inform thinking around the development and content of an Australian assessment tool.