

## ❖ Chapter 3: Demonstration Projects

### 3.1 Selection of Jurisdictions

Although the TSU Project: Phases One and Two are national projects, the available resources for the projects did not allow either the first research phase or the demonstration project phase to be conducted in all states and territories. Given this situation, a process was developed to identify the states and territories that would be most suitable for the demonstration projects phase.

An assessment process was undertaken to identify those states and territories with the greatest capacity to support effective demonstration projects within the resources and timeframes set down for the project. As part of this process, each jurisdiction was assessed against a series of criteria which included:

- **Budget Feasibility and Logistics:** Whether the available resources for the TSU Project: Phase Two were adequate to support one or more demonstration projects in the particular state/territory;
- **Range of Treatment Services:** The scope and range of drug treatment services currently operating in the particular state/territory;
- **Existing Peak Bodies:** Whether the particular state/territory had an established AOD sector representative body and an active peer-based drug user organisation to provide support for and be involved in the demonstration project(s);
- **Policy Frameworks:** Whether the particular state/territory had existing policy frameworks to underpin consumer participation in drug treatment services.

A rating sheet was developed to assess each of the jurisdictions against the above criteria. Although all jurisdictions rated mid to high on some of the criteria, it was the jurisdictions with the highest ratings across all criterion that were ultimately selected as the TSU Project did not have sufficient resources to undertake the demonstration projects in all states/territories. This process identified the states of New South Wales, Victoria and Western Australia as the preferred jurisdictions for the TSU Project: Phase Two demonstration projects. While it was not the primary basis for selection, an additional benefit from the selection process was that the selected states coincided with the jurisdictions that participated in the TSU Project: Phase One, which would allow for greater correlation across the project phases.

### 3.2 Expressions of Interest Process and Selection of Sites

In order to select the successful services from the 'Expressions of Interest' (EOI) process, a series of selection criteria was developed to act as the essential or 'first cut' criteria for the agency applications.

These 'first cut' criteria included:

- **Type of service:** Government or non-government operation;
- **Treatment approach:** Pharmacotherapy, inpatient detoxification, residential rehabilitation;
- **Geographical area:** New South Wales, Victoria and Western Australia in metropolitan and regional areas;
- **Key local partnerships:** With state peer-based drug user organisations and AOD peak bodies;
- **Evidence of existing consumer participation:** Demonstrated activities within their service;
- **Willingness to participate in evaluation process:** Evidence that the service is willing to facilitate and participate in the process evaluation (e.g. discussion and agreement at a staff meeting);
- **Organisational policies:** Evidence of internal policies and procedures supporting consumer participation activities; and
- **Ability to meet logistics:** Including financial/accounting/timeframe requirements.

Once interested services met the above selection criteria, they would then be assessed against a set of question-based criteria specifically relating to their proposed consumer participation projects. As part of the EOI application process, each service was required to respond to the following criteria/questions:

- **Model of consumer participation:** Proposed consumer participation models should be of medium/high levels;
- **Sustainability of project:** The plan for the project is sustainable;
- **Education/training for staff/consumers:** Project plan includes appropriate education and training for staff and consumers;
- **Remuneration of consumers:** Participants will be paid for their contributions and involvement in the project;
- **Project outcomes:** Clarity and relevance of stated project outcomes and deliverables;
- **Performance indicators:** Clearly define impact and outcomes measures for the project;
- **Project timeframe:** Project can be completed in the required timeframe;
- **No adverse effects:** Strategies to ensure that there will be no adverse or negative implications for staff or consumers as a result of participation;
- **Consumer engagement:** Strategies to ensure the project will be developed and implemented in consultation with consumers; and
- **Feedback procedure:** A feedback procedure is included in the project design for consumers and staff.

Prior to the call for EOI being disseminated, an information pack was developed to assist interested services in the EOI application process. The information pack included:

- Covering letter explaining the project and the call for EOI;
- An application/EOI form;

- Information on how to submit an EOI;
- The definition and model of consumer participation document;
- Information on and practical examples of low-, medium- and high-level consumer participation activities in the context of drug treatment;
- A flyer on the local peer-based drug user organisation.

*(Examples of some of the above documents from the EOI process have been provided at Appendix 3 to this report.)*

The call for EOI (in the form of the information pack) was mailed directly to drug treatment services in the selected states of New South Wales, Victoria and Western Australia using the available list of services from the ANCD Mapping National Drug Treatment Capacity Report (ANCD, 2005) and directly through the jurisdictional health departments. AOD peak bodies in these states, such as NADA, VAADA and WANADA, also advertised the call for applications through their individual networks. In addition, notices were uploaded to national online forums such as 'ADCA Update', the 'AIVL E-list' and the AIVL web site.

Based on feedback received from a number of potentially interested services, AIVL agreed to extend the EOI process for a two-week period to allow busy drug treatment services to develop their applications and respond to the criteria effectively. The dissemination process outlined above for the initial EOI notification was repeated with an 'Extension to Expressions of Interest' notice.

In response to the extended call for EOI, the project received nine applications from interested drug treatment services from within New South Wales, Victoria and Western Australia. A short listing process was then undertaken jointly by AIVL and NCHSR and seven applications were chosen which were deemed to have met the required selection criteria.

An initial assessment of the quality of the applications in terms of the selection criteria was undertaken by the project staff at AIVL and NCHSR. This initial review was not a decision-making process and did not involve an assessment of the relative merits of the individual applications. It was a quality check designed only for the early identification of missing or lack of information. As part of this process, further clarifications and information was sought from all seven short-listed applicants to ensure that the information that was made available to the formal assessment panel was thorough and provided all the necessary information for a good decision-making and selection process.

Some of the additional clarifications sought from the prospective sites included clarification on project outcomes, performance indicators, age of participants, practical issues relating to participation in the process evaluation, payment of participants, and how the proposed consumer participation activities would increase existing levels of consumer participation in their service. Further information was also requested on issues such as the long-term sustainability of the project outcomes, access to education and training and existing local partnerships, particularly with the peer-based drug user organisation.

Once all further information was received from the applicants of the EOI process, the formal assessment panel was convened to consider all applications and make final recommendations to AIVL and DoHA on the selected demonstration sites. The membership of the three-person assessment panel was specified in the funding agreement between AIVL and DoHA and included;

- A representative from the ANCD;
- A representative from an AOD peak body (from a state or territory other than New South Wales, Victoria or Western Australia); and
- A representative from AIVL.

To ensure that the selection process was transparent, a rating sheet was developed to allow each panel member to numerically score each of the short-listed applicants on the totality of information provided in response to the EOI selection criteria outlined above. The information from each panel member was collated and the AIVL representative on the panel then convened individual teleconferences with each of the other panel members to address any clarifications and to finalise their selections.

A summary report was then developed for the DoHA outlining the EOI and selection process, and making a final recommendation on the five successful demonstration sites. These selections were then confirmed in writing by DoHA. One of the unsuccessful sites did submit a written query of the process adopted and the reasons why they were not successful. A written response to these questions was provided by AIVL and this was accepted by the applicant.

### 3.3 Establishment of Projects

Following the confirmation of the selected demonstration project sites by DoHA, AIVL worked with each site to develop and finalise a project contract and a detailed project plan based on information provided by the agencies in their proposals. As part of the project planning process with each site, a 'logical framework' or 'project logframe' was developed to help both the service and AIVL monitor the progress of the project and measure its outcomes. *(An example 'project logframe' has been provided at Appendix 4 to this report).*

The logframes listed specific activities in the project, their timelines, the process to be undertaken in completing the activity and verifiable outputs leading to specific project outcomes. These logframes have been used as the basis of progress reporting for the duration of the project and for the final reporting template used by each site at the completion of their projects.

Following the completion of the project establishment documentation above, AIVL liaised with each site to commence the project and, in particular, to ensure each site had a liaison person at the local peer-based drug user organisation (in the absence of an existing relationship). It was a requirement of all projects that they work collaboratively with the local peer-based drug user organisation, particularly in relation to negotiating with them to provide training for consumers and staff involved in the projects.

Once the projects and links with the local drug user organisation were established, AIVL stepped back from the selected sites to ensure that each project was genuinely 'owned' by the services, their staff, consumers and local partners. Although AIVL continued to undertake an overall monitoring role, this mostly consisted of making monthly contact with the selected sites to 'check-in' on the progress of the projects, seek written progress updates where possible, and to attempt to 'trouble-shoot' within extremely limited project resources and without compromising independence of the process evaluation stage of the project.

The very limited resources available for the five demonstration projects, coupled with the fact that

there is also very limited levels of consumer participation activity currently underway within the drug treatment sector in Australia, made it important that these small demonstration projects were, in reality, locally driven and openly evaluated. If we were to genuinely learn what is needed to create good-quality, meaningful and sustainable local consumer participation activity in drug treatment settings, it was essential that these projects be able to thrive or fail on their own merits rather than through an 'artificial' and ultimately unsustainable process of AIVL being overly interventionist in a project administration/management role.

The process evaluation stage of the demonstration projects and the results and findings of those evaluations are the focus of Chapters 4, 5 and 6 of this report.