Alcohol and Other Drugs National Quality Framework Mapping Standards Refresh

The Australian Government Department of Health

National Centre for Education and Training on Addiction (NCETA)
Flinders University

2021

Citation

Fischer, J.A. and R. Lang. (2021). Alcohol and Other Drugs National Quality Framework Mapping Standards Refresh: National Centre for Education and Training on Addiction (NCETA), Flinders University, SA, and Queensland Network of Alcohol and Other Drug Agencies Ltd (QNADA).

National Centre for Education and Training on Addiction (NCETA)

NCETA is part of the Flinders Health and Medical Research Institute (FHMRI), Flinders University, South Australia. It is an internationally recognised alcohol and other drug (AOD) research translation centre that works as a catalyst for positive changes in the field. NCETA's areas of expertise includes workforce development, inclusive of programs and resources tailored to the needs of both specialist and generalist AOD workers. The Centre focuses on supporting evidence-based change and specialises in change management processes, setting standards for the development of training curriculum content and delivery modes, building consensus models and making complex and disparate information readily accessible to workers and organisations.

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Queensland Network of Alcohol and Other Drug Agencies (QNADA)

QNADA is the peak organisation for the non-government alcohol and other drug (AOD) treatment and harm reduction sector in Queensland and provides representation and sector development support. QNADA is also a member of the State and Territory AOD Peaks Network, which advances and supports AOD services in all Australian jurisdictions to prevent, treat and reduce alcohol, tobacco and other drug related harms to individuals, families and communities.

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Acknowledgments

The authors would like to thank for their assistance in producing this report:

- Ms Stacey Appleton, Project Officer, National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical Research Institute (FHMRI), Flinders University;

- Ms Maria Ortiz, Data and Administration Officer, Queensland Network of Alcohol and other Drug Agencies (QNADA);

- Ms Sophie Roenfeldt, Digital Content Producer, National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical Research Institute (FHMRI), Flinders University;

- Ms Vinita Duraisingam, Senior Research Officer, National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical Research Institute (FHMRI), Flinders University;

- Alcohol and other drug peak state and territory agencies; and

- Professors' Peter Eastwood, Jon Karnon and Ann Roche, College of Medicine and Public Health, Flinders University.

NCETA respectfully acknowledges the Kaurna nation as the traditional owners of the land and waters on which our Centre is located.

We pay our respects to Kaurna elders past, present and emerging.

Abbreviations

General abbreviations:

AOD	Alcohol and other drugs
DOH	Commonwealth Department of Health
ISQua	International Society for Quality in Health Care
JAS-ANZ	Joint Accreditation System of Australia and New Zealand
NCETA	National Centre for Education and Training on Addiction
NQF	National Quality Framework
QNADA	Queensland Network of Alcohol and other Drug Agencies
TC	Therapeutic Community

Standards:

ASES	Australian Service Excellence Standards: a road map to organisation (3rd Edition, version 8. 2020)
ATCA	Australasian Therapeutic Communities Association Standard for the Therapeutic Communities and Residential Rehabilitation Services (3rd Edition, June 2019)
EQuIP6	Evaluation and Quality Improvement Program (2016)
HSQF	Human Services Quality Framework (Queensland) (version 7. 2020)
ISO9001	Quality Management Systems (2015)
VHSS	Victorian Human Service Standards (Rules) (2015)
DMHS	National Safety and Quality Digital Mental Health Standards (2020)
NSQHS	National Safety and Quality Health Service (2nd Edition, 2017)
QIC	Quality Improvement Council Health and Community Services Standards (7th Edition, 2017)
RACGP	Standards for General Practices (5th Edition, 2017)
WANADA	Western Australian Network of Alcohol and other Drug Agencies Alcohol and Other Drug Human Services Standard (version 3, 2019)

Jurisdictions:

ACT	Australian Capital Territory
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
TAS	Tasmania
VIC	Victoria
WA	Western Australia

Percentages all rounded.

Standards detailed in this report

ASES: **Australian Service Excellence Standards: A road map to organisation (3rd Edition, version 8. 2020)**

ASES standards are accredited by the International Society for Quality in Health Care (ISQua) through their External Evaluation Association (IEEA) 2006-2025. Owned by the South Australian Government Department of Human Services, ASES is particularly relevant for small to medium sized community organisations (Department of Human Services, 2020). The ASES is listed as an acceptable standard in the National Quality Framework.

ATCA: Australasian Therapeutic Communities Association Standard for the Therapeutic Communities and Residential Rehabilitation Services (3rd Edition, June 2019)

ATCA Standards are certified with the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). It provides a two-tiered approach to certification for residential rehabilitation services and therapeutic communities (Australasian Therapeutic Communities, 2019). The ATCA standard can be used in conjunction with a standard listed as acceptable in the National Quality Framework.

EQuIP6: **Evaluation and Quality Improvement Program (2016)**

The EQuIP is a quality assessment and improvement program accredited by ISQua for managing organisations / health services and supports excellence to ensure quality, safe care and services. The focus of EQuIP is on continuous quality improvement (Australian Council on Healthcare Standards, 2016). The EQuIP5 is listed as an acceptable standard in the National Quality Framework.

HSQF: **Human Services Quality Framework (version 7. 2020)**

The HSQF is a standard certified with the JAS-ANZ and applies to organisations delivering services funded by the Queensland Government Departments of Communities, Disability Services and Seniors and Child Safety Youth and Women. The HSQF provides the standards required to assess and improve the quality of human services and promoting quality outcomes for people accessing these services (Department of Communities, Disability Services and Seniors, 2020). The HSQF is listed as an acceptable standard in the National Quality Framework.

ISO9001: International Organization for Standardization (ISO) Quality Management Systems (2015)

The ISO is a worldwide federation of national standards bodies. Organisations and services use the ISO9001 standard to demonstrate their ability to consistently provide products and services that meet consumer and regulatory requirements (International Organisation for Standardisation, 2018). In Australia, ISO standards are certified by the Joint Accreditation System of Australia and New Zealand (JAS-ANZ). The ISO9001 is listed as an acceptable standard in the National Quality Framework.

DMHS: National Safety and Quality Digital Mental Health Standards (2020)

Published in 2020, the DMHS focuses upon the delivery of digital specialist mental health, suicide prevention and alcohol and other drug services. It includes the provision of information, digital counselling services, treatment services and peer-to-peer services delivered by telephone, videoconferencing, web-based, SMS or mobile health applications (Australian Commission on Safety and Quality in Health Care, 2020). The NSQDMH is not listed as an acceptable standard in the National Quality Framework.

NSQHS: **National Safety and Quality Health Service (2nd Edition, 2017)**

NSQHS Standards are compulsory for many health organisations. The NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services (Australian Commission on Safety and Quality in Health Care, 2017). The NSQHS is listed as an acceptable standard in the National Quality Framework.

QIC: Quality Improvement Council Health and Community Services Standards (7th Edition, 2017)

QIC is an accreditation standard owned by Quality Innovation Performance (QIP) and accredited with the ISQua that offer a detailed review of an organisations systems across many areas, including governance, corporate systems and service delivery (QIP 2021). The QIC is listed as an acceptable standard in the National Quality Framework.

RACGP: **Standards for General Practices (5th Edition, 2017)**

The RACGP Standard supports general practices to address and identify gaps in their systems and processes. The standards were created to protect patients from harm by improving the safety and quality of health services provided (The Royal Australian College of General Practitioners, 2017). The RACGP standard is listed as an acceptable standard in the National Quality Framework.

WANADA: **Alcohol and Other Drug Human Services Standard (Version 3, 2019)**

The WANADA standard was specifically developed for the Western Australian AOD sector and other human service sectors (WANADA, 2019). The first version of this standard was known as the Standard on Culturally Secure Practice (AOD Sector). The WANADA standard is listed as an acceptable standard in the National Quality Framework.

Executive Summary

The National Quality Framework (NQF) for Drug and Alcohol Treatment Services was released in August 2018. The NQF sets a national quality benchmark which consumers can expect from alcohol and other drug (AOD) treatment providers (Department of Health, 2018: 5). The purpose of the NQF is to encourage a nationally consistent approach to quality and safety in the delivery of AOD treatment.

The NQF requires AOD treatment providers to be accredited with at least one accreditation standard determined to be acceptable after the transitional period of three years after publication of the NQF. In the transitional period, processes may be undertaken by services to achieve accreditation with an acceptable accreditation standard.

During the three-year transition period, NQF listed standards may be updated or new standards may emerge relevant to the AOD sector. Concomitantly, there is a need to monitor AOD treatment providers' progress towards accreditation with a listed standard, thereby ensuring compliance at the end of the transition period. The objectives of this project were therefore to:

- Identify NQF listed accreditation standards that have been updated, or released that may be relevant to the NQF, since August 2018; and map these to NQF's principles;

- Identify accreditation standards that are currently used by private and non-government organisation (NGO) AOD treatment providers; and give an indication of how many of these providers are certified to standards consistent with NQF principles; and

- Determine the impact of NQF implementation on the private and NGO AOD treatment provider sectors.

Methods

Updated and newly released standards were identified through a desktop review, alongside consultations with representatives from the Department of Health. Identified standards were then mapped to NQF principles, using a two -person panel approach. Standard changes were categorised as either "minor", "major" or "new". How changes accorded with NQF principles were described.

A list of private and NGO AOD treatment providers was compiled and confirmed by AOD peak agencies. Searches for provider accreditation information were then conducted. Analyses primarily included determining the number and percentage of providers accredited to a standard listed in the NQF, funding status (for NGO services only) and provider type (for private providers only).

Updated and Newly Released Standards

Since August 2018, six accreditation standards were identified as having been updated, or newly released. This comprises four updated acceptable NQF standards; one that could be used in addition to an acceptable NQF standard; and another that has been newly released.

Updated acceptable NQF standards:

- **ASES:** Australian Service Excellence Standards: A road map to an organisation (3rd Edition, version 8, 2020);

- **HSQF**: Human Services Quality Framework Queensland (version 7, 2020);

- **EQuIP6**: Evaluation and Quality Improvement Program (EQuIP6, 2018); and

- **WANADA**: WANADA Alcohol and Other Drug Human Service Standard (version 3, 2019).[1]

Updated standard that could be used in conjunction with an acceptable NQF standard:

- **ATCA,** Standard for Therapeutic Communities and Residential Rehabilitation Services (3rd Edition, June 2019).

Newly released standards:

- **DMHS:** National Safety and Quality Digital Mental Health Standards (2020).

Updated standards were mapped to NQF principles. Updates to Standards were categorised overall, as either "minor", "major" or "new" (Table I).

Table I: Summary of the six standards updated or released since August 2018

Standard	Update	
	Extent	Summary
ASES	Minor	Performance objectives pertaining to several ASES standards have been strengthened. The ASES standard remains consistent with NQF principles.
HSQF	Minor	Changes primarily relate to the inclusion of mandatory evidence requirements. The HSQF remains consistent with NQF principles.
EQuIP	Major	The EQuIP5 has been updated to the EQuIP6. The EQuIP6 has two functions (support and corporate), whereas the EQuIP5 had three (clinical, support and corporate). EQuIP6 remains consistent with NQF principles.
WANADA	Minor	Performance objectives pertaining to several WANADA standards have been strengthened. The WANADA standard remains consistent with NQF principles.
ATCA	Major	The revised ATCA Standard includes the addition of governance and management criteria, which were identified as gaps in the assessment of the previous version of the standard against the principles of the NQF. The revised ATCA standard is consistent with NQF principles.
DMHS	New	Standard released in 2020. Fully mapped here to NQF principles. The MHDS is consistent with NQF principles.

Treatment Providers

In this report, private and NGO AOD treatment providers were examined separately.

Private providers

Sixty-six private providers were identified, with accreditation information found for 35. Of these 35:

- Twenty-nine (83%) were accredited with a standard listed in the NQF;
- Two (6%) were working towards a NQF listed standard;
- Two (6%) were accredited to a standard not listed in the NQF;
- One (3%) was accredited to another standard; and
- Three (9%) stated they were not accredited to any standard.

Overall, the most common NQF listed accreditation standards held by private providers were:

- NSQHS (N=15, including 1 in progress);
- ISO9001 (N=10, including 1 in progress); and
- EQUiP (N=7).

Within each jurisdiction the most common accreditations held were for:

- NSW, the NSQHS (N=4, including 1 in progress);
- QLD, equally the NSQHS (N=5) and EQuIP (N=5);
- VIC, the NSQHS (N=5); and
- SA, TAS, WA, the ISO9001 (n=2, including 1 in progress).

No private providers were found to be accredited (or working towards accreditation) with the following NQF standards: HSQF, WANADA, ATCA or RACGP.

NGO providers

302 NGO providers were identified, of which:

- 206 (68%) were accredited to a NQF listed standard;
- 39 (13%) are very likely to be accredited to a standard on the list in the NQF, but specific accreditation details uncertain; and
- 57 (19%) were not accredited to a listed NQF standard.

Overall, NGO providers accredited to a NQF listed standard (N=206) frequently held one accreditation standard listed in the NQF (n=140, 68%). A quarter were accredited with two NQF standards (n=52; 25%) and 14 with three or more (7%).

There were 261 providers funded by government (Commonwealth, State or both), and 41 that were not. Government funded providers were more likely than those not funded to be accredited

with a standard listed in the NQF (Table II).

Table II: Government funded and not funded NGO providers by accreditation to a standard listed in the National Quality Framework Summary

Government Funding	Providers N	Accreditation status					
		Accredited		Not currently accredited		Likely accredited, but not established	
		n	%	n	%	n	%
Yes	261	188	72	34	13	39	15
No	41	18	44	23	56	0	0
TOTAL	**302**	**206**	**63**	**57**	**19**	**39**	**13**

There were a small number of cases where the accreditation status could not be confirmed, but the organisation was of a type that made it highly unlikely they could be in receipt of funding and not be accredited, e.g. Community Controlled Health Services.

The ISO9001 and QIC were the most frequently identified NQF listed acceptable standards held by NGO providers.

- ISO9001 (N=69; including 8 in progress);
- QIC (N=52; including 1 in progress);
- HSQF (N=44; including 3 in progress);
- WANADA (N=38; including 1 in progress);

- EQUiP (N=29; including 1 in progress);
- RACGP (N=26; including 1 progress);
- ASES (N=25; including 1 in progress); and
- NSQHS (N=7).

Thirteen providers were accredited to the ATCA standard, with a further 11 working towards ATCA accreditation.

Jurisdiction seemed to be associated with the accreditation standard used. For example, in South Australia (SA) the most common standard was the ASES (N=5), which was developed by the SA government. The most common standard in WA was the WANADA standard, with 29 providers accredited. Similarly, the ATCA standard was most common used by therapeutic communities, with 13 providers holding accreditation and a further 11 working towards this standard.

Impact

Private AOD services may experience some impact as a result of the ongoing implementation of the NQF in conjunction with broader sector developments. For example, concerns raised by the Victorian Health Complaints Commissioner regarding the negative effect of under supply, vulnerability and the for-profit model on consumers'. Recommendations were consequently made for the inclusion of quality and safety standards in any private provider regulatory mechanisms.

An intention of the NQF is that it is applicable to all AOD treatment providers. That is, both those receiving government funding and those who are not. One mechanism to encourage the uptake of the NQF is through contractual arrangements – the requirement for providers in receipt of government funds to obtain accreditation with an accepted standard (Department of Health, 2018:7). Overall, 72% of government funded providers (Commonwealth, State or both) that held accreditation to a listed standard, compared with 44% who did not receive government funding. This suggests that this mechanism has a positive impact in the take-up of accreditation by NGO providers.

We identified 302 NGO providers (up from 241 identified in the 2018 mapping exercise), of which 68% were accredited to a standard listed in the NQF. For private providers this was 83%, which includes large private providers with greater capacity to undertake accreditation processes.

The 2018 exercise found 80% of identified providers were accredited to a standard listed in the NQF, with a further 8% working towards accreditation (Roche et al., 2018) but this included government delivered services. This increase in identified providers highlights the need for an ongoing process to monitor sector compliance with the NQF. As the sector grows, new providers will enter both the public and private parts of the system. This has been underscored recently by poor practices identified through the Victorian Health Complaints Commission report on private alcohol and other drug treatment providers.

Accreditation information was not found for all providers. Future refresh projects should consider additional methods for obtaining this information or add this limitation to their methodology. Given that the private AOD sector is largely unregulated (Victorian Health Complaints Commissioner, 2021) and we were able to locate the accreditation status of less than half of identified non-government organisations, obtaining this information will be important for progressing the national treatment directory. This information will also help jurisdictions in addressing regulatory or licensing gaps to ensure that a safe and high quality treatment system is available to the community.

Recommendations

That the Australasian Therapeutic Communities Association Standard for the Therapeutic Communities and Residential Rehabilitation Services standard (3rd Edition, June 2019) (ATCA), be included as an acceptable standard in the NQF.

That the National Safety and Quality Digital Mental Health Standards (DHMS) (2020) be listed as an acceptable standard.

That the introduction of any private AOD treatment provider registration/licensing scheme include the requirement for accreditation to an NQF accepted standard.

That ongoing monitoring of the AOD treatment sector compliance with the NQF be maintained. Two crude indicators for monitoring compliance be considered:

- *Whether a providers is accredited (yes/no); and*
- *if Yes, to what NQF listed standard(s).*

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Introduction

The National Centre for Education and Training on Addiction (NCETA), in collaboration with the Queensland Network of Alcohol and Other Drug Agencies (QNADA), was commissioned by the Australian Government Department of Health to conduct a refresh of accreditation standards that are consistent with the National Quality Framework (NQF) for Drug and Alcohol Treatment Services principles (Commonwealth of Australia, 2018). This was partly in recognition of previous work undertaken by NCETA and QNADA in identifying and mapping commonly used accreditation standards in the AOD field during the development of the NQF (Roche, et al., 2018).

Project Objectives

This Report conveys the findings of this project, regarding:

- NQF listed standards that have been updated, or standards that have been released and are potentially relevant to the Alcohol and Other Drug (AOD) treatment sector, since August 2018; and mapped to NQF's principles;

- Accreditation standards currently used by Alcohol and Other Drug (AOD) private and non-government organisation (NGO) treatment providers; and an indication of how many of these providers are certified to standards/frameworks consistent with NQF principles; and

- Discussion of standard updates and impact of NQF implementation on the NGO and private AOD treatment sectors.

Report Structure

This report is structured as follows:

- Background;

- Methods;

- Updated and emerging standards mapped to NQF principles;

- Accreditation standards used by AOD private and NGO treatment providers; and

- Impact.

Background

This section describes the background to the current refresh project.

> Accreditation is an evaluation process that involves assessment by qualified external peer reviewers to assess a health service organisation's compliance with safety and quality standards.
> Awarding accreditation to a health service organisation provides assurance to the community that the organisation meets expected patient safety and quality standards.
> (Australian Commission on Safety and Quality in Health Care, 2018: 1)

All health-care treatment seekers have the right to receive safe and high-quality health-related services, provided with professional care, skill and competence (Australian Commission on Safety and Quality in Health Care, 2009), including people who seek treatment for alcohol and other drug (AOD) concerns. However, existing quality mechanisms vary, and until recently there was no consistent approach to ensuring minimum quality standards and continuous improvement in the Australian AOD treatment system (Department of Health, 2018:5).

To fulfil consumer expectations of a nationally consistent quality benchmark from the Australian AOD treatment sector, the National Quality Framework (NQF) for Drug and Alcohol Treatment Services was released in August 2018. The NQF provides a national approach to minimum quality standards and continuous quality improvement in the delivery of AOD services.

To inform quality improvement of AOD treatment services, the NQF comprises nine guiding principles (NQF principles):

- Organisation governance;
- Clinical governance;
- Planning and engagement;
- Collaboration and partnerships;
- Workforce, development and clinical practice;
- Information systems;
- Compliance;
- Continuous improvement; and
- Health and safety.

The NQF was endorsed by the Ministerial Drug and Alcohol Forum in November 2019. Jurisdictions agreed that AOD treatment providers would be required to be accredited with one or more of the NQF's acceptable accreditation standards by 29 November 2022 (Department of Health, 2018). The eight acceptable standards are:

- ASES: Australian Service Excellence Standards, 6th edition, 2018;
- EQuIP5: The Evaluation and Quality Improvement Program, 2013;

- HSQF: Human Services Quality Framework, version 5, 2019;
- ISO9001: Quality Management Systems, 2015;
- NSQHS: National Safety and Quality Health Service Standards, 2nd edition, 2017;
- QIC: Quality Improvement Council Health and Community Services Standards, 7th edition, 2017;
- RACGP: Standards for General Practices, 5th edition, 2017; and
- WANADA: Alcohol and Other Drug Human Service Standard, version 3, 2019.

Under the transitional arrangements, the following four accreditation standards could be used in conjunction with an accepted NQF standard:

- VHHS: Victorian Human Services Standards (2015);
- ATCA: Australasian Therapeutic Communities Association Standard for the Therapeutic Communities and Residential Rehabilitation Services (2nd edition, 2018);
- TAS: Tasmanian Quality and Safety Standards (2014); and
- NSMHS: National Standards for Mental Health Services (2010).

However, during this three-year period, NQF listed standards may be updated and revised by owner organisations. Additional standards may also emerge that are relevant to the AOD treatment sector. For example, in the case of the latter, the National Safety and Quality Digital Mental Health Standards (2020) (DMHS) was released in 2020 (See Appendix 1 for summary). The DMHS focuses on the delivery of digital alcohol and other drug services, along with mental health and suicide prevention services (Australian Commission on Safety and Quality in Health Care, 2020).

It is also useful to monitor AOD treatment providers' progress towards accreditation with a listed NQF standard, thereby ensuring compliance at the end of the transition period. This is particularly relevant for AOD private and NGO treatment providers, as all government AOD services were identified as accredited to an acceptable standard in the last review (Roche et al., 2018).

The purpose of this refresh project was therefore to:

- Identify NQF listed accreditation standards that have been updated, or new standards that may be relevant to the NQF, since August 2018; and map these to NQF's principles;
- Identify accreditation standards that are currently used by NGO and private AOD treatment providers; and indicate the extent to which these providers are certified to standards/frameworks consistent with NQF principles; and
- Determine the impact of NQF implementation on the NGO and private AOD treatment provider sectors.

Methods

This section describes the approaches used to:

- Identify, map and describe updated and newly released accreditation standards; and
- Identify and determine accreditation standards used by AOD private and NGO treatment providers.

Updated and Newly Released Standards

Identification

To identify which, if any, of the NQF standards had been updated since August 2018; and newly released standards the following activities were undertaken:

- Desktop review. The agency responsible for each identified accreditation standard was subsequently contacted to ascertain changes; and
- Consultation with representatives from the Commonwealth Department of Health.

Mapping

The updated and newly released identified standards were then mapped to NQF principles. This mapping process involved the following steps:

- A panel of two assessors was established to undertake the mapping exercise. Both panel members had previous experience in the AOD and health services sectors as program evaluators;
- Panel members worked independently to identify (map) areas of concordance (or lack thereof) between each updated standard and each of the nine NQF principles. To do this, the specific section or sections of each standard that demonstrated consistency for each of the nine principles was identified and documented; and
- To ensure a high degree of 'inter-rater reliability', (that is, the degree of agreement among assessors in terms of homogeneity and consensus), one panel member reviewed the assessments of the other and identified areas of consistency. Where any differences were found, discussions were held to achieve consensus.

Narrative analyses

Updated standards were then described. This entailed:

- Categorisation of updates as either "minor", "major" or "new"; and
- Description of what these updates comprised, along with examples of how updated standards accord with specific NQF principles.

Standards used by Private and NGO AOD Treatment Providers

The following procedures were undertaken to identify private and NGO AOD treatment providers, locate information regarding certification to accreditation standards, and to analyse the data collected.

Definitions

The NQF provides two definitions of AOD providers:

1. ***AOD providers receiving government funding*** are defined as those 'specifically providing evidence informed treatment to address alcohol and other drug dependence, or one that describes or promotes itself as a service that provides such treatment. These providers receive Commonwealth and/or state/territory government(s) or Primary Health Network funding. These organisations can be government or non-government run, for-profit or not-for-profit; and

2. ***AOD providers not receiving government funding*** are defined as those 'specifically providing treatment to address alcohol and other drug dependence or one that describes or promotes itself as a service that provides such treatment that does not receive government funding. A provider not receiving government funding may receive funding from other sources such as philanthropy, client fees and private hospitals.

In an attempt to reconcile these differing definitions, the funding status of NGO providers has been identified using a list of funded organisations provided by the Commonwealth Department of Health, as well as a review of organisational websites. No jurisdictional or Commonwealth database exists that details all sources of government funding to AOD treatment organisations. We are more likely to know about AOD funding received from a department of health, than funding provided by departments delivering social services, aged care, or veteran support AOD initiatives. Consequently, it is possible some providers identified as "not funded" may in fact obtaining State or Territory or Commonwealth funding. In contrast it is assumed private providers receive funding from other sources, for example client fees.

Definitions were developed to clarify the following terms:

- ***AOD treatment providers*** who deliver AOD treatment programs. In this report, providers who deliver prevention programs were excluded;

- ***Private providers*** that operate on a for-profit basis. In this report, individuals who operate independently on a for-profit basis, but who are required to hold professional registration were excluded (e.g., psychologists); and

- ***Non-government organisation (NGOs)*** providers that operate on a not-for-profit basis. They function independently of government, but may be funded to deliver services by government agencies.

It is noted this refresh project is specifically focused on mapping standards used by private and NGO AOD treatment providers, as all government run services were identified as compliant with the NQF in the initial mapping project.

Identification

A list was compiled of Australian AOD private and NGO treatment providers. This list was composed using a broad range of search strategies, including reports, website reviews, search engines, AOD peak bodies and DOH assistance (Table 1).

Table 1: Searches undertaken to compile jurisdictional lists of AOD treatment providers

Search	Examples of materials examined	Provider type	
		Private	NGO
Reports	• Victorian Health Complaints Commission	✔	✔
Websites	• North and West Homelessness Networks list of national public/ private detox/rehabilitation centres (nwhn.net.au); and • Rehabreviews.com.au.	✔	✔
Search engines	• Health-Direct keyword search, e.g., "alcohol and drug treatment" (www.healthdirect.gov.au/); and • Generic online searches with combinations of the following terms: addiction, treatment, private, rehabilitation, residential, therapeutic community.	✔	✔
AOD Peaks	• Publicly available membership lists; and • Checking of compiled jurisdictional lists developed by AOD peaks, with requests to add any 'missing' providers.	✔	✔
DOH	• Primary Health Networks compiled list of Department of Health funded AOD programs.	✔	✔

Notes: AOD: alcohol and other drugs; NGO: Non-government organisation; DOH: Commonwealth Department of Health.

Provider details were then obtained by searching organisational and AOD program websites. This information pertained to:

• Sector (private vs NGO);

• Operating jurisdiction(s); and

• Contact details (web and email).

Finding accreditation information

Several methods were employed to identify accreditation standards currently used by private and NGO AOD treatment providers. These methods included scanning websites, conducting an online survey, searching the online registers of certification bodies, assistance from peak AOD groups, and extrapolation from publicly available membership lists (Table 2).

Table 2: Searches undertaken to obtain AOD treatment provider accreditation information

Searches	Example of materials
Websites	• Websites of AOD programs and AOD program providers were trawled to ascertain accreditation details: and • Time consuming and largely unsuccessful.
Email/Online survey	• 287 generic emails were sent to AOD programs with specific email addresses (i.e., not web forms). The email requested completion of a short online survey (Appendix 2); • 92 online surveys were completed; and • Few respondents to the online survey included provider/program name, making it difficult to determine how many respondents were accredited and to what standards.
Online registers	• JAS-ANZ register (https://register.jas-anz.org/certified-organisations) for the ISO9001, WANADA and ATCA Standards; • The Australian Council on Healthcare Standards membership list (https://www.achs.org.au/members/member-organisations-list/) for the EQuIP standard; • The QIP certified organisations search function (https://www.qip.com.au/find-accredited-organisation/https://www.qip.com.au/find-accredited-organi-sation/) for the QIC standard; • Searches were conducted using organisational names and specific standards; and • Organisational websites were reviewed for certification marks (e.g. ASES, AGPAL and QIP).
Other	• ATCA publicly available membership list, which identifies members who are accredited/or working towards the ATCA standard; and • Assistance from AOD peaks, particularly from QNADA and WANADA.

Analysis

Separately for private and NGO AOD treatment providers, analyses entailed the following phases:

- Number of providers identified, and subsequent number and percentage accredited to a standard listed in the NQF;

- Number of different accreditation standards used; and

- Specific accreditation standards used, and whether these were listed in the NQF.

There were a small number of cases where accreditation status could not be confirmed, but the organisation was of a type that made it highly unlikely they could be in receipt of funding and not be accredited, for example Community Controlled Health Services or services who identified a State or Territory government as a funder. These providers were catergorised as "likely accredited, but not established". Where possible data comparisons involved examining jurisdictional differences.

Accreditation Standards

This section considers NQF listed standards that have been updated since August 2018, mapped against the NQF's principles, along with the mapping of newly released standards relevant to the alcohol and other drug treatment sector.

Identified Updated Standards

Six accreditation standards have been updated, or released, since August 2018.

Four updated accepted NQF standards:

- **ASES:** Australian Service Excellence Standards: A road map to an organisation (3rd edition, Version 8, 2020);
- **HSQF**: Human Services Quality Framework/Standards Queensland (Version 7, 2020);
- **EQuIP6**: Evaluation and Quality Improvement Program (EQuIP6, 2018); and
- **WANADA**: WANADA Alcohol and Other Drug Human Service Standard (Version 3. 2019)[1]

One standard that could be used in addition to an acceptable NQF standard has also been updated, the ATCA, Standard for Therapeutic Communities and Residential Rehabilitation Services (3rd Edition, June 2019).

One standard has been released that has been designed to be used by organisations delivering digital health services, the DHMS: National Safety and Quality Digital Mental Health Standards (2020) (See Appendix 2: DHMS detailed overview).

The ATCA and NSQDMHS standard were included in the refresh process, bringing the total number of updated standards mapped for consistency with the NQF principles to six.

Updated Standards Mapped Against NQF Principles

The results of the mapping procedures for the identified updated standards are presented below (Table 3). Specific standards that have been updated since August 2018 have been shaded.

As can be seen in Table 3, there remains a high degree of consistency between the nine NQF principles and the content of the updated standards. Most standards contained several components that supported the demonstration of consistency with each of the nine NQF principles. In most instances the coverage of the standards against the principles was substantial, thereby offering a reasonably sound level of assurance that the principles were evident in those standards.

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[1] Roche et al. (2018) mapped a previous version of the WANADA standard - WANADA Alcohol and Other Drug Human Service Standard (version 2, 2018). To ensure consistency, this later version was identified as requiring mapping

Table 3: Elements of recently updated/released accreditation standards since August 2018 consistent with the NQF's nine principles, with updates shaded

NQF Principle	Standard					
	ASES	**HSQF**	**EQuIP6**	**WANADA[1]**	**ATCA**	**MHDS**
Organisational Governance	Consistent (Standard 1, 2 & 4)	Consistent (Standard 1 & 3)	Consistent (Standard 1 & 2)	Consistent (Standard 1, 2, 3, 4, 5 & 6)	Consistent (Standard 1, 2, 8 & 14)	Consistent (Standard 1 & 3)
Clinical Governance	Consistent (Standard 2, 4, 7 & 8)	Consistent (Standard 1, 3, 6)	Consistent (Standard 1 & 1)	Consistent (Standard 2, 3, 4, 5 & 6)	Consistent (Standard 2, 3, 6, 9 & 12)	Consistent (Standard 1 & 3)
Planning & Engagement	Consistent (Standard 7 & 8)	Consistent (Standard 1, 2 & 3)	Consistent (Standard 1 & 2)	Consistent (Standard 1, 2, 3 & 5)	Consistent (Standard 2, 6 & 7)	Consistent (Standard 1, 2 & 3)
Collaboration & Partnerships	Consistent (Standard 5, 6 & 8)	Consistent (Standard 1, 2 & 3)	Consistent (Standard 1 & 1)	Consistent (Standard 3 & 6)	Consistent (Standard 2 & 6)	Consistent (Standard 2 & 3)
Workforce Development	Consistent (Standard 2 & 4)	Consistent (Standard 6)	Consistent (Standard 2)	Consistent (Standard 4, 5 & 6)	Consistent (Standard 3 & 10)	Consistent (Standard 1)
Information Systems	Consistent (Standard 2)	Consistent (Standard 1)	Consistent (Standard 2)	Consistent (Standard 5)	Consistent (Standard 4, 11, & 14)	Consistent (Standard 1 & 3)
Compliance	Consistent (Standard 2, 3, 4 & 8)	Consistent (Standard 1 & 6)	Consistent (Standard 1)	Consistent (Standard 3, 5 & 6)	Consistent (Standard 4 & 14)	Consistent (Standard 1 & 3)
Continuous Improvement	Consistent (Standard 2, 4, 7 & 8)	Consistent (Standard 1 & 5)	Consistent (Standard 2)	Consistent (Standard 5 & 6)	Consistent (Standard 8 & 13)	Consistent (Standard 1 & 2)
Health & Safety	Consistent (Standard 2 & 4)	Consistent (Standard 1 & 6)	Consistent (Standard 1 & 2)	Consistent (Standard 4 & 5)	Consistent (Standard 5 & 6)	Consistent (Standard 1)

Note: Roche, et al. (2018) report mapped a previous version of the WANADA standard - WANADA Alcohol and Other Drug Human Service Standard (version 2, 2018). To ensure consistency, this later version was identified as requiring mapping.

A synthesis of all standards mapped to NQF principles can be found in Appendix 3.

Narrative Description of Updated Standards

Updated standards were categorised as "minor", "major" or "new".

For each of the six updated Standards, narrative descriptions were produced of how the standard had been updated, and how these revisions accord with NQF principles.

(ASES) Australian Service Excellence Standards: A road map to an organisation. 3rd edition. Version 8. 2020.

The ASES comprises eight Standards and 18 Performance Objectives; and was assessed as remaining consistent with NQF principles. ASES updates were categorised as "minor". ASES standards per se have not changed. Rather, several performance objectives had been strengthened. The way in which corresponding ASES standards remain in accordance with NQF principles is described below (Table 4; Appendix 3).

Table 4: Updated ASES standards mapped to NQF principles, with examples of ASES consistency and NQF principles' relevant requirements

Collaboration & Partnership

ASES			NQF Principle
Map		Example of consistency	Example of relevant requirements
Old[1]	New		
5	5: Partnerships	1.1 Working collaboratively 1.2 Teamwork	Work with other organisations to meet identified client needs
	6: Communications	6.1 Communication	Have processes for conveying information to external partners
	8: Consumer outcomes	8.1 Consumer engagement	Clients are involved in their care

Compliance

ASES			NQF Principle
Map		Example of consistency	Example of relevant requirements
Old[1]	New		
2, 4 & 8	2: Governance	2.2 Policy & procedures	Legislative requirements & risk management
	3: Financial & contract management	3.1 Financial management 3.2 Asset & physical resource management 3.3 Purchasing & contract management	Mechanisms in place for ensuring compliance with contracts, & relevant regulations
	4: People	1.1 Human resources	Work health & safety requirements

Continuous Improvement

ASES			NQF Principle
Map		Example of consistency	Example of relevant requirements
Old[1]	New		
2, 4 & 7	2: Governance	2.2 Policy & procedures	Use data to improve understanding of clients & service usage
	4: People	4.1 Human resources 4.3 Diversity & inclusion	Seeking feedback to foster continuous improvement
	7: Service outcomes	7.1 Outcomes monitored	Ensuring service improvement
	8: Consumer outcomes	8.2 Consumer feedback & complaints	Seeking feedback to foster continuous improvement

Health & Safety

ASES			NQF Principle
Map		**Example of consistency**	**Example of relevant requirements**
Old[1]	**New**		
2, 4 & 7	2: Governance	2.4 Risk management	Managing risk
	4: People	4.2 Workplace health & safety	Demonstrated commitment to health & safety

Note: [1] Roche, et al., 2018

(HSQF) Human Services Quality Framework QLD. Version 7. 2020.

The HSQF Standards remain unchanged; and was therefore assessed as remaining fully consistent with NQF principles. HSQF updates were categorised as "minor". Updates to Version 7 (and to Version 6) concerned the inclusion of mandatory evidence requirements, including statutory obligations, suggestions for types of evidence and clarification of text in various parts of the document. As substantive text was not amended, it was determined that there was no requirement to repeat the mapping exercise for the HSQF (See Appendix 3).

(EQuIP6) Evaluation & Quality Improvement Program. 2018.

The EQuIP6 standard comprises two functions and eight standards. In contrast, the previous version (EQuIP5) had three functions (clinical, support and corporate). The mapping process determined the EQuIP standards remained consistent with NQF principles. Updates to the EQuIP6 were categorised as "major". The merging of three functions into two functions required that all EQuIP6 standards to be mapped to NQF principles (Table 5; Appendix 3).

Table 5: Updated EQuIP6 standards mapped to NQF principles, with examples of EQuIP6 consistency and NQF principles' relevant requirements

Organisational Governance

EQUIP6			NQF Principle
Map		**Example of consistency**	**Example of relevant requirements**
Old[1]	**New**		
1, 2 & 3	1: Corporate	1.1 Leadership & management	Organisation goals are defined & operationalised
	2: Support	2.1 Quality improvement & risk management	Risk management

Clinical Governance

EQUIP6			NQF Principle
Map		**Example of consistency**	**Example of relevant requirements**
Old[1]	**New**		
1, 2 & 3	1: Corporate	1.1 Leadership & management	Systems for providing safe care and services
		1.2 Safe practice & environment	Clear systems of clinical governance

Planning & Engagement

EQUIP6			NQF Principle
Map		**Example of consistency**	**Example of relevant requirements**
Old[1]	**New**		
1, 2 & 3	1: Corporate	1.3 Service delivery	Assessment and treatment
	2: Support	2.4 Population health	AOD treatment service planning

Collaboration & Partnership

EQUIP6			NQF Principle
Map		Example of consistency	Example of relevant requirements
Old[1]	New		
1 & 2	1: Corporate	1.1 Leadership & management	Establishing partnerships and collaborative care
		1.3 Service delivery	

Workforce Development

EQUIP6			NQF Principle
Map		Example of consistency	Example of relevant requirements
Old[1]	New		
2 & 3	2: Support	2.2 Human resource management	Employment of appropriately qualified & skilled staff

Information Systems

EQUIP6			NQF Principle
Map		Example of consistency	Example of relevant requirements
Old[1]	New		
1 & 2	2: Support	2.3 Information systems	Information management systems & data collection and storage

Compliance

EQUIP6			NQF Principle
Map		Example of consistency	Example of relevant requirements
Old[1]	New		
1, 2 & 3	1: Corporate	1.2 Safe practice & environment	Processes in place to comply with relevant laws, regulations

Continuous Improvement

EQUIP6			NQF Principle
Map		Example of consistency	Example of relevant requirements
Old[1]	New		
2	2: Support	2.1 Quality improvement & risk management	Central focus of the organisation

Health & Safety

EQUIP6			NQF Principle
Map		Example of consistency	Example of relevant requirements
Old[1]	New		
2 & 3	1. Corporate	1.2 Safe practice & environment	Safe environment for staff, clients & visitors
	2. Support	2.5 Research	Risks are identified & monitored

Note: [1] Roche, et al., 2018

(WANADA) Western Australia Network of Alcohol and other Drug Agencies. Alcohol and Other Drug and Human Services Standard. June 2019.

Roche et al., (2018) mapped the Western Australia Network of Alcohol and other Drug Agencies (WANADA) Alcohol and Other Drug and Human Services Standard, Version 2, 2018. For consistency, an updated WANADA Standard Version 3, 2019 is included here.

WANADA updates were categorised as "minor". WANADA standards per se have not changed in the updated version. Rather, several performance objectives have been refined and clarified. Consequently, WANADA standards mapped to NQF principal organisational governance were increased (Table 6; Appendix 3).

Table 6: Updated WANADA standards mapped to NQF principles, with examples of WANADA consistency and NQF principles' relevant requirements

Organisational Governance

WANADA			NQF Principle
Map		**Example of consistency**	**Example of relevant requirements**
Old[1]	**New**		
2, 4, 5 & 6	1: Understanding & responding to community needs & expectations	1.1 Understanding community needs & expectations	Cultural security & safety
	2: Rights & responsibilities, & inclusive practice	2.1 Rights & responsibilities 2.3 Involving people who use the service	Includes information about rights, responsibilities & non-discriminatory practice
	3: Evidence informed practice	3.6 Harm reduction	Reducing AOD-related harms
	4: Human resource management	4.3 Worker health, safety & wellbeing	Workers feel respected, valued & culturally safe in the workplace
	5: Service management	5.5 Internal communications & records	Clear lines of authority & responsibility
	6: Organisational governance	6.1 Governing body composition, roles & responsibilities	Information on effective governance including succession planning

Note: [1] Roche, et al., 2018

(ATCA) Australasian Therapeutic Communities Association Standard for Therapeutic Communities and Residential Rehabilitation Services. 3rd Edition, June 2019.

The ATCA standard comprises 14 Standards and 25 Performance Objectives; and was assessed as consistent with NQF principles. ATCA updates were categorised as "major". The revised ATCA Standard includes the addition of governance and management criteria, which were identified as gaps in the assessment of the previous version of the standard. The additional criteria addressed these gaps and the updated Standard was assessed as being consistent with the principles of the NQF (Table 7; Appendix 3).

Table 7: Updated ATCA standards mapped to NQF principles with examples of ATCA consistency and NQF principles' relevant requirements

Organisational Governance

ATCA			NQF Principle
Map		**Example of consistency**	**Example of related requirements**
Old[1]	**New**		
Not consistent with the NQF principles	1: Residential community	1.1 Rules & values in the organisation	Organisational objectives, values & goals are established
	2: Resident member participation	2.2 Resident member rights within the residential setting	Delivery of appropriate services to clients
	8: TC leadership & management principles	8.1 TC leaders are role models within the organisation	Delineating roles responsibilities
	14: Governance & management	14.1 Governance	Identifying and managing risk

Clinical Governance

ATCA			NQF Principle
Map		**Example of consistency**	**Example of related requirements**
Old[1]	**New**		
Not consistent with the NQF principles	2: Resident member participation	2.1 Resident member's participation is the central focus to all aspects of the organisation	Standards of care
	3: Strategic human resource management	3.2 Staff are provided with appropriate support to undertake their role within the organisation	Maintaining clinical safety
	6: Harm reduction & risk management	6.1 Harm reduction information is included in the program 6.2 Each resident has an individualised treatment plan	Providing individual responsive treatment
	9: TC community resident member participation	9.1 TC resident member's participation is the central focus to all aspects of the organisation 9.2 Resident member rights within the TC	Services are respectful & responsive to client needs
	12: Rules in the TC	1.1 Rules in the TC	Clinical safety implementation & review processes

Planning & Engagement

ATCA			NQF Principle
Map		**Example of consistency**	**Example of related requirements**
Old[1]	**New**		
2, 6 & 7	2: Resident member participation	2.1 Resident member's participation is the central focus to all aspects of the organisation	Client-focused services
	6: Harm reduction & risk management	6.2 Each resident has an individualised treatment plan	Appropriate case management
	7: Community as method	7.1 The TC programme applies the Community as Method approach 7.2 The Australian TC Essential Elements are implemented within the TC	Client focused services delivered in alignment with client preferences, needs & values

Collaboration & Partnership

ATCA			NQF principle
Map		**Example of consistency**	**Example of related requirements**
Old[1]	**New**		
Not consistent with the NQF principles	2: Resident member participation	2.1 Resident member's participation is the central focus to all aspects of the organisation	Collaboration to enhance client care
	6: Harm reduction & risk management	6.2 Each resident has an individualised treatment plan	Partnership to provide the best care to individual clients

Workforce Development

ATCA			NQF principle
Map		**Example of consistency**	**Example of relevant requirements**
Old[1]	**New**		
3, 7 & 10	3: Strategic human resource management	3.1 Organisation's recruitment is based on gaining the best outcomes for the organisation[1] 3.2 Staff are provided with appropriate support to undertake their role within the organisation 3.3 Human resource processes allow for ongoing development of staff	Merit based recruitment; appropriate practice/clinical supervision is provided
	10: TC strategic human resource management	10.1 Organisation's recruitment is based on gaining the best outcomes for the organisation[1] 10.2 Human resource processes all ongoing development of therapeutic community staff	Organisation provides access to resources for effective staff performance

Nots: [1]3.1 and 10.1 are the same performance objectives listed in the ATCA standard

Information Systems

ATCA			NQF principle
Map		**Example of consistency**	**Example of relevant requirements**
Old[1]	**New**		
4 & 11	4: Information management & appropriate use/evaluation of data	4.1 Organisation maintains an appropriate database that allows for service evaluation 4.2 Organisation maintains all client records according to organisational policy & the relevant jurisdictional legislation	Mantaining secure & effective information systems
	11: Use of data from the TC	11.1 Organisation maintains an appropriate database that allows for service evaluation	Organisations have implemented information systems
	14: Governance & management	14.2 Financial management	Information systems comply with legislative responsibilities

Compliance

ATCA			NQF principle
Map		Example of consistency	Related requirements example
Old[1]	New		
Not consistent with the NQF principles	4: Information management & appropriate use/evaluation of data	4.1 Organisation maintains an appropriate database that allows	Systems are in place to monitor compliance
	14: Governance & management	14.1 Governance	Takes proactive steps to comply with relevant laws, regulations, etc.

Continuous Improvement

ATCA			NQF principle
Map		Example of consistency	Related requirements example
Old[1]	New		
13	8: TC leadership & management principles	8.1 TC leaders are role models within the organisation	Continuous improvement is accepted & understood by management and staff
	13: Continuous improvement	13.1 Improving the outcomes of resident members is the priority consideration in decisions to change the service and approach	Established policies & procedures for internal review, client file reviews & feedback from stakeholders

Health & Safety

ATCA			NQF principle
Map		Example of consistency	Related requirements example
Old[1]	New		
5 & 6	5: Workplace health & safety	5.1 Organisation has the relevant policies and processes in place relating to workplace health and safety legislation 5.2 Staff are supported to maintain current first aid training 5.3 Staff oversee tasks & activities by resident members	Demonstrated commitment to staff health & safety to mitigate risk
	6: Harm reduction & risk management	6.2 Each resident has an individualised treatment plan	Providing a culturally secure, private & supportive environment

Note: [1] Roche, et al., 2018

(DMHS) National Safety and Quality Digital Mental Health Standards (2020).

The DMHS standard comprises three Standards and 12 "intents"; and was assessed as consistent with NQF principles. The DMHS was categorised as "new". The table below provides a full map of the DMHS to NQF principles (Table 8; Appendix 3).

Table 8: DMHS standards mapped to NQF principles with examples of DHMS consistency and NQF principles' relevant requirements

Organisational Governance

MHDS		NQF Principle
Standard	**Example of related requirements**	**Example of relevant requirements**
1: Clinical & Technical Governance	1.1 Governance	Clearly defined roles & responsibilities; systematic approach to governance
	1.2 Safety & quality systems	Risk management plan in place; mechanisms exist to deliver services to diverse populations
3: Model of care	3.1 Establishing the model of care	Organisational goals & how these will be achieved defined
	3.4 Communicating for safety	Cultural safety

Clinical Governance

MHDS		NQF Principle
Standard	**Example of Consistency**	**Example of relevant requirements**
1: Clinical & Technical Governance	1.1 Governance	Accountability quality care
	1.2 Safety & quality systems	Review mechanisms in place for clinical safety
3: Model of care	3.1 Establishing the model of care	Governance in accordance with the Australian Commission on Safety & Quality in Health Care
	3.3 Minimising the harm	Appropriate screening & assessment processes in place
	3.5 Recognising and responding to acute deterioration	Systems in place for clinical safety & timely access to appropriate treatment

Planning & Engagement

MHDS		NQF Principle
Standard	**Example of Consistency**	**Example of relevant requirements**
1: Clinical & Technical Governance	1.4 Safe environment for the delivery of care	Treatment is undertaken in collaboration with clients and other consumers
2: Partners with Consumers	2.2 Partnering with service users in their own care	Collaboration to ensure best care for clients
3: Model of care	3.1 Establishing the model of care	Treatment is informed by the evidence; care is delivered in partnership with service users

Collaboration & Partnership

MHDS		NQF Principle
Standard	**Example of Consistency**	**Example of relevant requirements**
2: Partners with Consumers	2.3 Health & digital literacy	Active engagement of clients in treatment planning
	2.4 Partnering with service users in design & governance	Systems in place for collaborative care to meet the needs of clients
3: Model of care	3.4 Communicating for safety	Communicating with others to address client needs

Workforce Development

MHDS		NQF Principle
Standard	**Example of Consistency**	**Example of relevant requirements**
1: Clinical & Technical Governance	1.3 Workforce qualifications & skills	Employing appropriately qualified & skilled staff; processes for staff to effectively perform their roles

Information Systems

MHDS		NQF Principle
Standard	**Example of Consistency**	**Example of relevant requirements**
1: Clinical & Technical Governance	1.2 Safety & quality systems	Effective systems to guide treatment
	1.4 Safe environment for the delivery of care	Information stewardship & maintenance of secure systems
3: Model of care	3.5 Recognising and responding to acute deterioration	Accessible policies & procedures to meet client needs

Compliance

MHDS		NQF Principle
Standard	**Example of Consistency**	**Example of relevant requirements**
1: Clinical & Technical Governance	1.2 Safety & quality systems	Ensuring legal and associated compliance mechanisms are in place
	1.4 Safe environment for the delivery of care	Client information is protected
3: Model of care	3.3 Minimising the harm	Risk is engaged with in a considered manner

Continuous Improvement

MHDS		NQF Principle
Standard	**Example of Consistency**	**Example of relevant requirements**
1: Clinical & Technical Governance	1.2 Safety & quality systems	Procedures in place for monitoring treatment quality; client feedback & complaints incorporated into improvement activities
	1.3 Workforce qualifications & skills	Reviews are undertaken to improve treatment quality
	1.4 Safe environment for the delivery of care	Commitment to improving service delivery
2: Partners with Consumers	2.4 Partnering with service users in design & governance	Policies in place for incorporating client feedback

Health and Safety

MHDS		NQF Principle
Standard	**Example of Consistency**	**Example of relevant requirements**
1: Clinical & Technical Governance	1.3 Workforce qualifications & skills	Demonstrated commitment to health and safety

Treatment Provision

This section considers what (if any) accreditation standards were being used by private and non-government AOD treatment providers, along with an indication of the extent to which these providers are accredited to standards listed as acceptable in the NQF. Private AOD treatment providers are firstly examined, followed by NGOs.

Private Providers

This section considers accreditation standards currently used by private AOD treatment providers.

Provider accreditation status

Sixty-six private providers were identified with information found for 35 (53%). The number of providers identified per jurisdiction ranged from 8 (SA, TAS and WA combined) to 22 (NSW). The proportion of private providers for which information was found ranged from 32% (NSW) to 84% (QLD) (Table 9).

Table 9: Number of private providers identified and for which information was found

Jurisdiction	Private Providers		
	Identified	Information found	
	N	n	%
NSW	22	7	32
QLD	19	16	84
VIC	17	8	47
SA/TAS/WA1	8	4	50
TOTAL	**66**	**35**	**53**

Notes: NSW: New South Wales; QLD: Queensland; SA: South Australia; TAS: Tasmania; VIC: Victoria; WA: Western Australia
[1]: No private providers identified in the Australian Capital Territory (ACT) or Northern Territory (NT)

Overall, 83% (n=29) of private providers (N=35) were accredited to any NQF listed standard, with a further 6% (n=2) working towards one of these standards. One (3%) provider held only accreditation to another standard, whilst three (9%) held no accreditation (see Table 10).

Table 10: Number of private providers with standards listed in the National Quality Framework

| Jurisdiction | Accreditation status of providers for whom information was found | | | | |
| | Accreditation to an NFQ standard | | Accredited to another standard | No accreditation held | N |
	Accredited	In progress			
NSW	6	1	0	0	7
QLD	13	0	0	3	16
VIC	7	0	1	0	8
SA/TAS/WA[1]	3	1	0	0	4
TOTAL	**29 (83%)**	**2 (6%)**	**1 (3%)**	**3 (9%)**	**35 (100%)**

Notes: NSW: New South Wales; QLD: Queensland; SA: South Australia; TAS: Tasmania; VIC: Victoria; WA: Western Australia; . No private providers identified in the Australian Capital Territory (ACT) or Northern Territory (NT)

At the jurisdiction level most standalone providers were accredited to an NQF listed standard. Specifically, in:

- NSW (N=7 providers) - six were accredited and one was in progress;
- QLD (N=16) - 13 were accredited, whilst a further three held no accreditation;
- VIC (N=8) - Seven were accredited, whilst one held another accreditation; and
- SA/TAS/WA (N=4) - Three were accredited and another was in progress (Table 10).

Number of accreditations held

Overall, providers (N=35) were commonly accredited with one standard (n=18, 60%), and this tended to be the case in all jurisdictions (Table 11).

Table 11: Number of accreditations held by providers accredited to a standard listed in the National Quality Framework

| Jurisdiction | Number of standards held | | | | | N |
	One	Two	3 or more	In progress	None	
NSW	5	1	0	1	0	7
QLD	7	5	1	0	3	16
VIC	7	1	0	0	0	8
SA/TAS/WA[1]	2	1	0	1	0	4
TOTAL (%)	**21 (60%)**	**8 (23%)**	**1 (3%)**	**2 (6%)**	**3 (9%)**	**35 (100%)**

Notes: NSW: New South Wales; QLD: Queensland; SA: South Australia; TAS: Tasmania; VIC: Victoria; WA: Western Australia

[1.] No private providers identified in the Australian Capital Territory (ACT) or Northern Territory (NT)

Types of accreditation standards used

Overall, the most common NQF listed accreditation standards held by private providers were:

- NSQHS (N=15; including 1 in progress);
- ISO9001 (N=10; including 1 in progress); and
- EQUiP (N=7) (Table 12).

Within each jurisdiction the most common accreditations held were for:

- NSW, the NSQHS (N=4, including 1 in progress);
- QLD, equally the NSQHS (N=5) and the EQUiP (N=5);
- VIC, the NSQHS (N-5); and
- SA, TAS, WA, the ISO9001 (N=2, including 1 in progress) (Table 12).

Table 12: Types of accreditation standards used by private providers, including NQF listed standards and other standards

Jurisdiction	Accreditation type n											
	ASES	EQuIP	HSQF	RACGP	IS09001	NSQHS	QIC	WANADA	ATCA	NMHS	TRPS	NONE
NSW	1	1	0	0	1	42	0	0	0	1	0	0
QLD	0	5	0	0	7	5	1	0	0	0	1	3
VIC	1	0	0	0	0	5	2	0	0	1	0	0
SA, TAS, WA[1]	0	1	0	0	22	1	1	0	0	0	0	0
TOTAL	**2**	**7**	**0**	**0**	**10**	**15**	**4**	**0**	**0**	**2**	**1**	**3**

Notes: NSW: New South Wales; QLD: Queensland; SA: South Australia; TAS: Tasmania; VIC: Victoria; WA: Western Australia; NMHS: National Mental Health Standard; TRPS: Trauma Recovery Programme Standards; [1] No private providers identified in the Australian Capital Territory (ACT) or Northern Territory (NT); [2] includes 1 "in progress"

NGO Providers

This section considers accreditation standards currently used by non-government organisation (NGO) treatment providers.

Caveat on the data presented: accreditation status not found

There are several reasons why the accreditation status of an agency was not found:

- They may be accredited under their constitutional name, registration name, or some other reason

- They may be accredited, but it is not on their website; nor could we locate them on any known register

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Provider accreditation status

We identified 302 NGO providers, of which 68% were accredited to a standard that is listed in the National Quality Framework (NQF). A further 13% of agencies are very likely to be accredited to a standard on the list in the NQF, but we were unable to identify specific accreditation details. Nineteen per cent of providers were not accredited to a listed NQF standard (Table 13).

Table 13: Number of NGO providers identified accredited to a standard listed in the National Quality Framework, by jurisdiction

| Jurisdiction | Providers N | Accreditation status | | | | | |
| | | Accredited | | Not Currently Accredited | | Likely accredited, but not established | |
		n	%	n	%	n	%
ACT	9	5	56	4	44	0	0
NSW	73	42	58	12	16	19	26.
NT	23	18	78	4	17	1	4.
QLD	69	55	80	12	17	2	3
SA	23	15	65	6	26	2	8
WA	41	35	857	3	7	3	7
VIC	52	31	60	12	23	9	17
TAS	12	5	42	4	33	3	25
Total	**302**	**206**	**68**	**57**	**19**	**39**	**13**

Notes: ACT: Australian Capital Territory; NSW: New South Wales; NT: Northern Territory; QLD: Queensland; SA: South Australia;

The proportion of providers by jurisdiction accredited to a standard that is listed in the NQF ranged from 42% in Tasmania (TAS) to 85% in Western Australia (WA) (mean: 65%). In contrast the proportion of providers not accredited ranged from 7% in WA to 33% in TAS (mean: 23%) (see Table 12).

Amongst NGO providers not currently accredited, approximately one in three were working towards some form of accreditation, though not necessarily a NQF listed standard (table not shown).

Accreditation by funding status

There were 261 providers funded by government (Commonwealth, State or both), and 41 that were not. Amongst government funded providers, 72% were accredited, 15% were likely to be accredited, but this was not established, and 13% were not accredited with a standard listed in the NQF. By jurisdiction, the proportion of accredited government-funded providers ranged from 42% in TAS to 88% in WA (mean: 67%) (Table 14).

Table 14: Providers funded and not funded accredited to a standard listed in the National Quality Framework, by jurisdiction

Jurisdiction	Providers N	Accreditation status					
		Accredited		Not currently accredited		Likely accredited, but not established	
		n	%	n	%	n	%
Funded by government							
ACT	9	5	56	4	44	0	0
NSW	66	42	64	5	8	19	29
NT	11	9	82	1	9	1	9
QLD	60	52	87	6	10	2	3
SA	22	15	68	5	23	2	9
WA	34	30	88	1	3	3	9
VIC	47	30	64	8	17	9	1
TAS	12	5	42	4	33	3	25
Total	261	188	72	34	13	39	15
Not funded by government							
ACT	0	na	na	na	na	na	na
NSW	7	0	0	7	100	0	0
NT	12	9	75	3	25	0	0
QLD	9	3	33	6	67	0	0
SA	1	0	0	1	100	0	0
WA	7	5	71	2	29	0	0
VIC	5	1	20	4	80	0	0
TAS	0	na	na	na	na	na	na
Total	41	18	44	23	56	0	0

Notes: NA: Not Applicable; ACT: Australian Capital Territory; NSW: New South Wales; NT: Northern Territory; QLD: Queensland; SA: South Australia; TAS: Tasmania; VIC: Victoria; WA: Western Australia

In contrast, amongst providers who received no government funding, 44% were accredited and 56% were not. In the Australian Capital Territory (ACT) there were no listed providers who were not government funded. Of note, all New South Wales (NSW) providers who were not in receipt of government funds (N=7) were not accredited with a standard listed in the NQF (see Table 14).

Amongst government funded providers not currently accredited to any standard about one in four were working towards some form of accreditation, though not necessarily a NQF listed standard. For providers not in receipt of government funding this was approximately 1 in 10.

Number of accreditations held

Overall, most providers held one accreditation standard listed in the NQF (n=140, 68%). A quarter were accredited with two NQF standards (n=52; 25%) and 14 with three or more (7%) (Table 15).

Across jurisdictions the proportion of providers accredited to one NQF standard ranged from 40% in the ACT to 80% in South Australia (SA), Western Australia and Tasmania, and 81% in Victoria. In

New South Wales (NSW), Northern Territory (NT), and Queensland (QLD), 71%, 56% and 53% respectively were accredited to only one NQF listed standard (see Table 15).

Table 15: Number of accreditations held by providers accredited to a standard listed in the National Quality Framework, by jurisdiction

| Jurisdiction | Providers | Number of accreditations held | | | | | |
| | | One | | Two | | 3 or more | |
		n	%	n	%	n	%
ACT	5	2	40	2	40	1	20
NSW	42	30	71	10	24	2	5
NT	18	10	56	6	33	2	11
QLD	55	29	53	22	40	4	7
SA	15	12	80	2	13	1	7
WA	35	28	80	4	11	3	9
VIC	31	25	81	5	16	1	3.
TAS	5	4	80	1	20	0	0
TOTAL	**206**	**140**	**68**	**52**	**25**	**14**	**7**

Notes: ACT: Australian Capital Territory; NSW: New South Wales; NT: Northern Territory; QLD: Queensland; SA: South Australia; TAS: Tasmania; VIC: Victoria; WA: Western Australia

Types of accreditation standards used

The most frequently identified NQF listed acceptable standards held by NGO providers, in order were (Table 16):

- ISO9001 (N=69; including 9 in progress);
- QIC (N=52; including 1 in progress);
- HSQF (N=44; including 3 in progress);
- WANADA (N=37; including 1 in progress);
- EQUiP (N=29; including 1 in progress);
- RACGP (N=26; including 1 in progress);
- ASES (N=25; including 1 in progress).

Thirteen providers were accredited to the ATCA standard, with a further 11 working towards ATCA accreditation (Table 16).

Jurisdiction seemed to be associated with the accreditation standard used. For example, in SA the most common standard was the ASES (N=5), which was developed by the SA government. The most common standard in WA was the WANADA standard, with 29 providers accredited. Similarly, the ATCA standard was most common used by therapeutic communities, with 13 providers holding accreditation and a further 11 working towards this standard (see Table 16).

The most frequently identified other standards used by NGO providers were the National Mental Health Standard (NMHS) and the National Disability Insurance Scheme (NDIS) standard.

Table 16: Accreditation standards used NGO AOD treatment providers, including NQF listed standards and other standards

| Jurisdiction | Status | NQF listed standards | | | | | | | | | Other standards used | | |
| | | Standalone | | | | | | | | Can be used with a standalone | | | |
		ASES	EQuIP	HSQF	RACGP	IS09001	NSQHS	QIC	WANADA	ATCA	NMHS	NDIS	Other
ACT	Accredited	0	0	1	1	1	0	4	0	2	1	0	1
	In progress	0	0	0	0	0	0	0	0	1	0	1	0
NSW	Accredited	13	16	5	1	9	4	6	1	1	2	2	2
	In progress	1	0	0	0	1	0	0	0	7	0	0	0
NT	Accredited	3	1	2	3	8	0	7	1	3	0	0	3
	In progress	0	0	0	1	1	0	0	0	0	0	0	0
QLD	Accredited	1	5	29	8	28	1	6	5	1	2	0	3
	In progress	0	0	3	0	4	0	0	1	0	0	0	0
SA	Accredited	5	1	2	2	4	0	4	1	0	1	0	0
	In progress	0	0	0	0	1	0	0	0	1	0	0	0
WA	Accredited	0	3	1	2	4	0	4	29	4	1	0	0
	In progress	0	1	0	0	0	0	0	0	1	1	0	0
TAS	Accredited	0	1	0	0	1	1	3	0	0	0	0	1
	In progress	0	0	0	0	0	0	1	0	1	0	0	0
VIC	Accredited	2	2	1	8	6	1	17	0	2	1	1	1
	In progress	0	0	0	0	1	0	0	0	0	0	0	0
TOTAL[1]	Accredited	**24**	**29**	**41**	**25**	**61**	**7**	**51**	**37**	**13**	**8**	**3**	**11**
	In progress	**1**	**1**	**3**	**1**	**8**	**0**	**1**	**1**	**11**	**1**	**1**	**0**

Notes: ACT: Australian Capital Territory; NSW: New South Wales; NT: Northern Territory; QLD: Queensland; SA: South Australia; TAS: Tasmania; VIC: Victoria; WA: Western Australia; Other includes National Disability Insurance Scheme Standard (NDIS) and National Mental Health Standards (NMHS); [1] Does not add to 302 - providers may hold two or more accreditations

Impact

This section of the report considers the impact of:

- Updated and newly released accreditation standards on the NQF; and

- NQF implementation on the NGO and private AOD treatment provider sectors.

Updated and Newly Released Accreditation Standards

This refresh project identified six accreditation standards have been updated, or released, since August 2018.

For the ASES, HSQF, and WANADA standards, updates were minor. These minor updates primarily related to strengthening performance objectives, evidence or clarifying standards. The EQuIP has undergone a significant update, though it remains consistent with the principles of the NQF.

The ATCA standard had also undergone significant updates since the previous report. The revised ATCA Standard includes the addition of governance and management criteria, which were identified as gaps in the assessment of the previous version of the standard against the principles of the NQF. The revised ATCA standard is consistent with NQF principles and should be added to the list of acceptable standards.

The DMHS had not previously been mapped to NQF principles, as it was released in 2020. The DMHS focuses upon the delivery of digital specialist mental health, suicide prevention and alcohol and other drug services. It includes the provision of information, digital counselling services, treatment services and peer-to-peer services delivered by telephone, videoconferencing, web-based, SMS or mobile health applications (Australian Commission on Safety and Quality in Health Care,2020). The DMHS is currently not an approved National Quality Framework standard, or one that may be used with an approved standard. However, the DHMS standard along with the WANADA and ATCA are the only standards which have been specifically designed for, or focus on, AOD treatment provision.

Recommendation

That the Australasian Therapeutic Communities Association Standard for the Therapeutic Communities and Residential Rehabilitation Services standard (3rd Edition, June 2019) (ATCA), be included as an acceptable standard in the NQF.

That the National Safety and Quality Digital Mental Health Standards (2020) (DHMS), be listed as an acceptable standard in the NQF.

Treatment provision

This section considers the impact of the NQF on private and NGO treatment providers.

Private providers

In this refresh project, 66 private AOD treatment providers were identified, with accreditation

information found for 35 (53%). Of these 35, 29 (83%) were accredited with a standard listed in the NQF.

Overall, private providers accredited to a standard listed in the NQF (N=35) were commonly accredited with one standard (60%). Eight were accredited with two NQF standards (23%) and one with three or more (3%). Three (all standalone providers) stated they did not hold any accreditation.

Private providers frequently held NSQHS, ISO9001 or EQUiP accreditation. All of these standards are accepted by the NQF.

The extent to which all private AOD treatment providers are covered by accreditation standards that are consistent with the NQF principles is unknown. Accreditation information was not found for 31 AOD private treatment providers (47%). It is also likely that not all private AOD services were identified through the current process. It is the unknown accreditation status of private AOD treatment providers which is of concern, given that the private AOD treatment sector is largely unregulated (Victorian Health Complaints Commissioner, 2021).

Private AOD services may experience some impact as a result of the ongoing implementation of the NQF, along with broader sector developments. For example, the recently released Victorian Health Complaints Commissioner review of private health services providers offering alcohol and other drug rehabilitation and counselling services in Victoria, noted that whilst privately funded AOD services do perform an important role in service delivery, "the intersection between undersupply, vulnerability and the for-profit model is the space where poor consumer outcomes occur and which, by and large, generates complaints to my office" (2021:8). The review recommended a registration/licensing scheme for private providers, including a set of minimum quality and safety standards; and independent auditing to ensure AOD treatment best practice.

Recommendation

That the introduction of any private AOD treatment provider registration/licensing scheme include the requirement for accreditation to an NQF accepted standard.

NGO providers

We identified 302 NGO providers (up from 241 identified in the 2018 mapping exercise), of which 68% were accredited to a standard listed in the NQF. For private providers this was 83%. However, this may be due to capacity, as almost a third of private providers were part of larger health-care businesses, such as Ramsay Health Care. The 2018 exercise found 80% of identified providers were accredited to a standard listed in the NQF, with a further 8% working towards accreditation, but this included government delivered services (Roche et al., 2018).

An intention of the NQF is that it is applicable to all AOD treatment providers. That is, both those receiving government funding and those who are not. One mechanism to encourage the uptake of the NQF is through contractual arrangements – the requirement for providers in receipt of government funds to obtain accreditation with an accepted standard (Department of Health, 2018:7). Given that 72% of government funded providers (Commonwealth, State

or Both) held accreditation to a listed standard, compared with 44% who did not receive government funding, suggesting that this mechanism has a positive impact in the take-up of accreditation by NGO providers.

Most providers held one NQF listed accreditation (n=140, 68%). A quarter were accredited with two NGO standards (n=52; 25%) and 14 with three or more (7%). Similarly, most private providers were accredited with one standard.

Notably jurisdiction seemed to be associated with the accreditation standard used, for example in SA and WA, supporting the assertion that contractual requirements to achieve accreditation are an effective mechanism. For providers not in receipt of government funding, the complementary NQF mechanism for encouraging providers to obtain accreditation in accordance with the NQF, is through jurisdictional arrangements. It may be that jurisdictional arrangements are also contributing to the uptake of a NQF listed standard.

Accreditation information was not found for all providers. Future refresh projects should consider additional methods of obtaining this information, or add this limitation in their methodology. Given that the private AOD sector is largely unregulated (Victorian Health Complaints Commissioner, 2021) and we were able to locate the accreditation status of less than half of identified NGOs, obtaining this information will be important for progressing the national treatment directory. This information will also help jurisdictions in addressing regulatory or licensing gaps to ensure that a safe and high quality treatment system is available to the community.

The increase in identified providers highlights the need for an ongoing process to monitor sector compliance with the NQF, as the sector grows, new providers will enter both the public and private parts of the system. This has been underscored recently by poor practices identified through the Victorian Health Complaints Commission report on private alcohol and other drug treatment providers.

Recommendations

That ongoing monitoring of AOD treatment sector compliance with the NQF be maintained. That two crude indicators for monitoring compliance be considered:

- *Whether a provider is accredited (yes/no); and*

- *If yes, to what NQF listed standard(s).*

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Appendices

Appendix 1: Detailed overview of the DMHS: National Safety and Quality

Digital Mental Health Standards (2020)

Standard One: Clinical and Technical Governance Standard

Describes the clinical and technical governance, safety and quality systems and the safe environment.

Intent	Related items
1.1 **Governance**: Service providers set up & use clinical & technical governance systems to improve the safety & quality of care	• Governance, leadership & culture; • Organisational leadership; and • Clinical and technical leadership
1.2 **Safety and quality systems**: Safety & quality systems are integrated with governance processes to enable the service provider to actively manage & improve the safety & quality of care.	• Legislation, regulations, policies & procedures; • Measurement & quality improvement; • Risk management; • Incident management systems & open disclosure; • Feedback & complaints management; • Diversity & high-risk groups; and • Healthcare records
1.3 **Workforce qualifications and skills**: The workforce has the right qualifications, skills & supervision to ensure the delivery of safe & high quality care to service users & their support people.	• Safety & quality training; • Performance management; • Qualified workforce; and • Safety & quality roles & responsibilities
1.4 **Safe environment for the delivery of care**: The environment promotes safe & high quality care or service users & their support people.	• Safe environment; • Privacy; • Transparency; • Costs & advertising; • Security & stability; and • Continuity & updates

Standard Two: Partners with Consumers Standard

Describes the systems and strategies to create a person-centred digital mental health system in which service users are relevant, their support people are included in shared decision making; partners in their own care and involved in the development and design of quality digital mental health services.

Intent	Related items
1.1 Partnering with service users in their own care: Systems that are based on partnering with service users in their own care, & with their support people, are used to facilitate the delivery of care. Service users are partners in their own care, with their support people, in line with the model of care & to the extent that they choose.	• Healthcare rights & informed consent; and • Planning care
1.2 Health and digital literacy: The service provider takes account of the health & digital literacy of service users & their support people & ensures that communication occurs in a way that support effective partnerships.	• Communication that supports effective partnerships
1.3 Partnering with service users in design and governance: The service provider partners with service users & their support people in the design & governance of digital mental health services.	• Partnerships in governance, planning, design, measurement & evaluation; • Usability; and • Accessibility

Standard Three: Model of care standard

Describes processes for developing and delivering digital mental health services, minimising harm to service users, their support people and others, communicating for safety and recognising and responding to acute deterioration in mental state.

Intent	Related items
1.1 Establishing the model of care: The service provider ensures that the model of care for each digital mental health service is goal-directed & can achieve the stated outcomes of care for service users & their support people.	• Designing the model of care; • Evidence supporting the model of care; and • Information for service users and their support people
1.2 Delivering the model of care: The care delivered is consistent with the model of care & provided in partnership with service users & where relevant their support people.	• Delivering the model of care
1.3 Minimising harm: In line with the model of care, service users at risk of harm are identified & targeted strategies are used to prevent and manage harm to service users or others.	• Screening of risk; and • Planning for safety
1.4 Communicating for safety: Service providers have systems in place for effective and coordinated communication that facilitates the delivery of safe & high-quality care for service users & their support people.	• Correct identification; • Communication of critical information; and • Transfer of care
1.5 Recognising and responding to acute deterioration: Service providers have systems in place to recognise and respond to acute deterioration in mental state.	• Recognising acute deterioration; • Escalating care; and • Responding to acute deterioration

Appendix 2: Online survey questions

Default Question Block

Participation is confidential and voluntary. No AOD provider/program will be named in any publications.

Type of AOD provider:

○ Government provider

○ Non-government / charity provider

○ Private provider

Are specialist or generalist AOD services provided?

○ Specialist (organisation focus is AOD-related; e.g. Woolshed)

○ Generalist AOD (organisation delivers a range of services, including AOD-related, e.g. hospital)

Name of AOD program:

[   ]

Location of AOD program:

○ Australian Capital Territory

○ New South Wales

○ Northern Territory

○ Queensland

○ South Australia

○ Tasmania

○ Victoria

○ Western Australia

These next questions ask about the use of specific accreditation Standards. Does your AOD program currently use...

ASES (Australian Service Excellence Standards)?

○ No

○ Yes, Certified

○ Certification in progress

○ Do not know

ATCA (Standard for Therapeutic Communities & Residential Rehabilitation Services)?

○ No

○ Yes, Certified

○ Certification in progress

○ Do not know

EQuIP (Evaluation & Quality Improvement Program)?

○ No

○ Yes, Certified

○ Certification in progress

○ Do not know

HSQF (Human Services Quality Framework)?

○ No

○ Yes, Certified

○ Certification in progress

○ Do not know

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RACGP (Standards for General Practice)?

○ No

○ Yes, Certified

○ Certification in progress

○ Do not know

WANADA (AOD Human Service Standard)?

○ No

○ Yes, Certified

○ Certification in progress

○ Do not know

IS09001 (Quality Management Systems)?

○ No

○ Yes, Certified

○ Certification in progress

○ Do not know

NSQHS (National Safety & Quality Health Services)?

○ No

○ Yes, Certified

○ Certification in progress

○ Do not know

Other?

○ No

○ Yes, Certified (please name Standard)

○ Certification in progress (please name Standard)

○ Do not know

Please add any comments here:

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Appendix 3: Current maps of accreditation standards mapped to NQF Principles
Elements of accreditation standards: updated and new in 2021; remaining current from the prior mapping (Roche, et al., 2018). Updates shaded

NQF Principle	Standard									
	ASES	EQuIP6	HSQF	ISO9001	NSQHS	QIC	RACGP	WANADA[1]	ATCA	MHDS
	Updated 2021	Updated 2021	Updated 2021	Mapped[2]	Mapped[2]	Mapped[2]	Mapped[2]	Updated 2021	Updated 2021	New 2021
Organisational Governance	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent
	Std 1, 2 & 4	Std 1 & 2	Std 1 & 3	Std 4-7 & 9	Std 1 & 2	Std 1 & 4	Core Std 3	Std 1-6	Std 1, 2, 8 & 14	Std 1 & 3
Clinical Governance	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent
	Std 2, 4, 7 & 8	Std 1	Std 1, 3 & 6	Std 5-8 & 9	Std 1	Std 1, 2, 4 & 5	QI Std 3 & Core Std 5	Std 2-5 & 6)	Std 2, 3, 6, 9 & 12	Std 1 & 3
Planning and Engagement	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent
	Std 7 & 8	Std 1 & 2	Std 1, 2 & 3	Std 7, 8 & 9	Std 2 & 5	Std 3-5	Core Std 2 & 3	Std 1-3 & 5	Std 2, 6 & 7	Std 1-3
Collaboration and Partnerships	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent
	Std 5, 6 & 8	Std 1	Std 1, 2 & 3	Std 8	Std 2 & 6	Std 1 & 3	GP Std 2	Std 3 & 6	Std 2 & 6	Std 2 & 3
Workforce Development	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent
	Std 2 & 4	Std 2	Std 6	Std 7, 8 & 9	Std 1	Std 2 & 4	Core Std 3 & GP Std 3	Std 4-6	Std 3 & 10	Std 1
Information Systems	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent
	Std 2	Std 2	Std 1	Std 7	Std 1	Std 2	Core Std 5 & 6	Std 5	Std 4, 11 & 14	Std 1 & 3
Compliance	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent
	Std 2-4 & 8	Std 1	Std 1 & 6	Std 8 & 9	Std 1	Std 1	GP Std 3 & Core Std 3	Std 3, 5 & 6	Std 4 & 14	Std 1 & 3
Continuous Improvement	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent
	Std 2, 4, 7 & 8	Std 2	Std 1 & 5	Std 5, 9 & 10	Std 1	Std 1, 2 & 5	QI Std 1 & 2 & GP Std 3	Std 5 & 6	Std 8 & 13	Std 1 & 2
Health and Safety	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent	Consistent
	Std 2 & 4	Std 1 & 2	Std 1 & 6	Std 6, 7 & 8	Std 1 & 7	Std 1 & 2	Core Std 3 & GP Std 5	Std 4 & 5	Std 5 & 6	Std 1

Std: Standard; [1] Roche, et al. (2018) mapped a previous version of the WANADA standard - WANADA Alcohol and Other Drug Human Service Standard (version 2, 2018). To ensure consistency, the latest version has been mapped; [2] Previously mapped by Roche, et al. (2018)

Standard Narratives

ASES: Australian Service Excellence Standards: A road map to organisation (3rd edition, version 8. 2020) (Roche et al., 2018; Fischer and Lang, 2021)

ASES standards are accredited by the International Society for Quality for use in Health Care External Evaluation Association (IEEA) 2006-2025. Owned by the South Australian Government Department of Human Services, ASES is particularly relevant for small to medium sized community organisations (Department of Human Services, 2020). The relevant part of each ASES standard is included below.

Organisational Governance

A systemic approach to organisational governance is established. The ASES Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Planning includes requirements related to strategic planning;

- Standard 2: Governance includes requirements related to business planning, risk and financial Management; and

- Standard 4: People, Partnerships and Communication includes requirements related to cultural inclusion.

Clinical Governance

Establishment of accountability of individuals for the delivery of safe and effective quality care. The ASES Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Governance includes requirements related to identifying and managing clinical risk;

- Standard 4: People, Partnerships and Communication includes requirements related to staff skills and professional development;

- Standard 7: Service Provision includes requirements related to service design, monitoring and improvement; and

- Standard 8: Consumer Outcomes includes requirements related to client record management.

Planning and Engagement

Planning and engagement to meet and be adaptable to client (service user) and community needs. The ASES Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 7: Service Provision includes requirements related to community consultation in service planning; and

- Standard 8: Consumer Engagement includes requirements to ensure services delivered to individual clients are based on identified need and undertaken in collaboration with the client.

Collaboration and Partnerships

Partnerships are established to improve and focus on client centred care. The ASES Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 5: Working Collaboratively includes requirements to work with other organisations to meet identified client needs;

- Standard 6: communication includes requirements for processes to convey information to external partners; and

- Standard 8: Consumer outcomes includes requirements for clients to be involved in their care.

Workforce, Development and Clinical Practice

Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision. The ASES Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Governance includes requirements related to knowledge management; and
- Standard 4: People, Partnerships and Communication includes requirements related to human resource management.

Information Systems

Secure and effective information systems to meet organisational objectives and inform decision making. The ASES Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Governance includes requirements related to data and knowledge management.

Compliance

Protect clients by meeting legislative, regulatory and professional obligations. The ASES Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Governance includes requirements related to legislative requirements and risk Management;

- Standard 3: Financial management includes requirements for procedures to ensure compliance with contracts and relevant regulations;

- Standard 4: People, Partnerships and Communication includes requirements related to work health and safety; and

- Standard 8: Consumer feedback and Complaints includes requirements for monitoring statutory and legislative requirements.

Continuous Improvement

Continuous improvement is a systematic ongoing effort The ASES Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Governance includes requirements to use data to improve understanding of clients and service usage;
- Standard 4: People, Partnerships and Communication includes requirements related to seeking feedback to foster continuous improvement;
- Standard 7: Service Provision includes requirements related to ensuring service improvement; and
- Standard 8: Consumer feedback and Complaints includes requirements for monitoring statutory and legislative requirements.

Health and Safety

Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements. The ASES Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Governance with requirements including managing risk; and
- Standard 4: People includes requirements related to work health and safety.

HSQF Standard (Version 4.1 2017) (Roche, et al., 2018)

The HSQF applies to organisations delivering services funded by the Queensland Government Departments of Communities, Disability Services and Seniors and Child Safety Youth and Women. The HSQF provides the standards required to assess and improve the quality of human services and promoting quality outcomes for people accessing these services (Department of Communities, Disability Services and Seniors, 2020). The HSQF is an approved National Quality Framework standard.

Organisational Governance

A systemic approach to organisational governance is established. The HSQF Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Governance and Management includes requirements related to strategic planning and governance arrangements, as well as cultural security; and
- Standard 3: Responding to Individual Need includes requirements related to cultural appropriateness.

Clinical Governance

Establishment of accountability of individuals for the delivery of safe and effective quality care. The HSQF Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Governance and Management includes requirements related to compliance with regulations and contractual arrangements, as well as establishing a service delivery environment that reflects contemporary practice;
- Standard 3: Safety, Wellbeing and Rights includes requirements related to reporting and responding to potential or actual harm and flexible and inclusive practice; and
- Standard 6: Human Resources includes requirements related to workforce knowledge, skills and experience.

Planning and Engagement

Planning and engagement to meet and be adaptable to client (service user) and community needs. The HSQF Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Governance and Management includes requirements to understand the community and plan the service in a way that reflects the community's needs;
- Standard 2: Service Access includes requirements related to eligibility and access; and
- Standard 3: Responding to Individual Need includes requirements related to formulating service delivery that respects and values the individual, as well as monitoring, review and reassessment.

Collaboration and Partnerships

Partnerships are established to improve and focus on client centred care. The HSQF Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Governance and Management includes requirements related to engaging with relevant stakeholders through collaboration and partnerships;
- Standard 2: Service Access includes requirements related to collaborating with other organisations to meet client needs; and
- Standard 3: Responding to Individual Need includes requirements related to partnerships and collaboration.

Workforce, Development and Clinical Practice

Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision. The HSQF Standards were consistent with this principle, with requirements including but not limited to:

- Standard 6: Human Resources includes requirements related to staff skills, development and supervision.

Information Systems

Secure and effective information systems to meet organisational objectives and inform decision making. The HSQF Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Governance and Management includes requirements related to the establishment and maintenance of effective information management systems and record keeping procedures.

Compliance

Protect clients by meeting legislative, regulatory and professional obligations. The HSQF Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Governance and Management includes requirements related to compliance with relevant legislation, regulations and contractual arrangements; and

- Standard 6: Human Resources includes requirements related to regulatory compliance.

Continuous Improvement

Continuous improvement is a systematic ongoing effort The HSQF Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Governance and Management includes requirements related to mechanisms for continuous improvement; and

- Standard 5: Feedback, Complaints and Appeals includes requirements related to improvement in service delivery.

Health and Safety

Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements. The HSQF Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Governance and Management includes requirements related to legislative Compliance; and

- Standard 6: Human Resources includes requirements related to industrial legislation compliance.

EQuIP6: Evaluation and Quality Improvement Program (2016) (Fischer and Lang, 2021)

The EQuIP is a quality assessment and improvement program for managing organisations / health services and supports excellence to ensure quality, safe care and services. The focus of EQuIP is on continuous quality improvement. (Australian Council on Healthcare Standards, 2016).

Organisational Governance

A systemic approach to organisational governance is established. The EQuIP Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Corporate Function includes requirements related to organisational goals; and
- Standard 2: Support Function includes requirements related to risk management.

Clinical Governance

Establishment of accountability of individuals for the delivery of safe and effective quality care. The EQuIP Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Corporate Function includes requirements related to systems for providing safe care and services.

Planning and Engagement

Planning and engagement to meet and be adaptable to client (service user) and community needs. The EQuIP Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Corporate Function includes requirements related to assessment and treatment; and
- Standard 2: Support Function includes requirements related to AOD treatment service planning.

Collaboration and Partnerships

Partnerships are established to improve and focus on client centred care. The EQuIP Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Corporate Function includes requirements related to establishing partnerships and collaborative care.

Workforce, Development and Clinical Practice

Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision. The EQuIP Standards were consistent with this principle, with requirements including but not limited to:

- Standard 2: Support Function includes requirements related to employing appropriately qualified & skilled staff.

Information Systems

Secure and effective information systems to meet organisational objectives and inform decision making. The EQuIP Standards were consistent with this principle, with requirements including but not limited to:

- Standard 2: Support Function includes requirements related to information management systems and data collection and storage.

Compliance

Protect clients by meeting legislative, regulatory and professional obligations. The EQuIP Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Corporate Function includes requirements related to statutory and regulatory compliance.

Continuous Improvement

Continuous improvement is a systematic ongoing effort. The EQuIP Standards were consistent with this principle, with requirements including but not limited to:

- Standard 2: Support Function includes requirements relate continuous improvement as the central focus of the organisation.

Health and Safety

Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements. The EQuIP Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Corporate Function includes requirements related to safe environment for staff, clients and visitors; and

- Standard 2: Support Function includes requirements for identifying and modifying risk.

ISO 9001 Quality Management Systems Standard (2015) (Roche, et al., 2018)

The ISO is a worldwide federation of national standards bodies. Organisations and services use the ISO9001 standard to demonstrate their ability to consistently provide products and services that meet consumer and regulatory requirements (International Organization for Standardisation, 2018). The ISO9001 is an approved National Quality Framework standard.

Organisational Governance

A systemic approach to organisational governance is established. The Quality Management Systems Standards were consistent with this principle, with requirements including but not limited to:

- Standard 4: Context of the organisation includes requirements related to strategic planning;
- Standard 5: Leadership includes requirements related to establishing the policy environment and governance systems;
- Standard 6: Planning includes requirements related to planning, risk and monitoring;
- Standard 7: Support includes requirements related to establishing the operational environment, including cultural security through ensuring a non-discriminatory practice; and
- Standard 9: Performance evaluation includes requirements related to monitoring and review.

Clinical Governance

Establishment of accountability of individuals for the delivery of safe and effective quality care. The Quality Management Systems Standards were consistent with this principle, with requirements including but not limited to:

- Standard 5: Leadership includes requirements related to establishing the policy environment and governance systems;
- Standard 7: Support includes requirements related to human resources, competence, knowledge management and communication;
- Standard 8: Operation includes requirements relating to operational planning and control, as well as determining requirements for service delivery; and
- Standard 9: Performance evaluation includes requirements related to monitoring and review.

Planning and Engagement

Planning and engagement to meet and be adaptable to client (service user) and community needs. The Quality Management Systems Standards were consistent with this principle, with requirements including but not limited to:

- Standard 7: Support includes requirements related to understanding needs of clients and the community and changing trends, as well as communication;
- Standard 8: Operation includes requirements related to client communication; and
- Standard 9: Performance evaluation includes requirements related to monitoring and reviewing the extent to which client needs and expectations have been fulfilled.

Collaboration and Partnerships

Partnerships are established to improve and focus on client centred care. The Quality Management Systems Standards were consistent with this principle, with requirements including but not limited to:

- Standard 8: operation includes requirements related to collaboration with external partners.

Workforce, Development and Clinical Practice

Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision. The Quality Management Systems Standards were consistent with this principle, with requirements including but not limited to:

- Standard 7: Support includes requirements related to workforce competence, staff development and supervision;

- Standard 8: Operation includes requirements related to operational planning and service Delivery; and

- Standard 9: Performance evaluation includes requirements related to monitoring and reviewing the extent to which client needs and expectations have been fulfilled.

Information Systems

Secure and effective information systems to meet organisational objectives and inform decision making. The Quality Management Systems Standards were consistent with this principle, with requirements including but not limited to:

- Standard 7: Support includes requirements related to information management, data collection, storage and use.

Compliance

Protect clients by meeting legislative, regulatory and professional obligations. The Quality Management Systems Standards were consistent with this principle, with requirements including but not limited to:

- Standard 8: Operation includes requirements related to operational adherence to statutory and regulatory requirements; and

- Standard 9: Performance evaluation includes requirements related to monitoring and measuring compliance.

Continuous Improvement

Continuous improvement is a systematic ongoing effort. The Quality Management Systems Standards were consistent with this principle, with requirements including but not limited to:

- Standard 5: Leadership includes requirements related to enhancing client satisfaction;
- Standard 9: Performance evaluation includes requirements related to monitoring and Improvement; and

- Standard 10: Improvement includes requirements related to continuous improvement.

Health and Safety

Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements. The Quality Management Systems Standards were consistent with this principle, with requirements including but not limited to:

- Standard 6: Planning includes requirements related to identifying and managing risk;
- Standard 7: Support includes requirements related to the work environment; and
- Standard 8: Operation includes requirements related to operational adherence to statutory and regulatory requirements.

NSQHS Standard (Second Edition 2017) (Roche, et al., 2018)

NSQHS Standards are compulsory for many health organisations. The NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services (Australian Commission on Safety and Quality in Health Care, 2017). The NSQHS is an approved National Quality Framework standard.

Organisational Governance

A systemic approach to organisational governance is established. The NSQHS Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Clinical Governance includes requirements related to strategic directions, sets out governance, leadership and cultural requirements and risk management, as well as addressing the specific health needs of Aboriginal and Torres Strait Islander peoples; and

- Standard 2: Partnering with Consumers includes requirements related to working with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.

Clinical Governance

Establishment of accountability of individuals for the delivery of safe and effective quality care. The NSQHS Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Clinical Governance includes requirements related to clinical leadership and clinical governance frameworks; and

- Each of the other seven standards include a requirement to integrate clinical governance in the way the standard is applied.

Planning and Engagement

Planning and engagement to meet and be adaptable to client (service user) and community needs. The NSQHS Standards were consistent with this principle, with requirements including but not limited to:

- Standard 2: Partnering with Consumers includes requirements related to sharing decisions and planning care with consumers, as well as community engagement; and

- Standard 5: Comprehensive Care Standard includes requirements related to individual client assessment and treatment planning.

Collaboration and Partnerships

Partnerships are established to improve and focus on client centred care. The NSQHS Standards were consistent with this principle, with requirements including but not limited to:

- Standard 2: Comprehensive Care Standard includes requirements related to collaboration and Teamwork;

- Standard 6: Communicating for Safety Standard includes requirements related to effective communication between organisations involved in providing care to consumers; and

- Perhaps because of its focus on clinical safety, this Standard does not specifically require formal partnerships with other health professionals and organisations. We note this Standard is generally used in conjunction with another Standard (e.g., EQuIP), which includes partnership requirements.

Workforce, Development and Clinical Practice

Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision. The NSQHS Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Clinical Governance includes requirements related to workforce competency, training, credentialing and performance management; and

- Many of the remaining seven standards include requirements relating to identify training needs specific to the standard's area of interest (e.g., comprehensive care standard).

Information Systems

Secure and effective information systems to meet organisational objectives and inform decision making. The NSQHS Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Clinical Governance includes requirements related to healthcare record systems; and

- Many of the remaining seven standards include requirements relating to information management and record keeping specific to the standard's area of interest (e.g., Standard 5: Comprehensive Care).

Compliance

Protect clients by meeting legislative, regulatory and professional obligations. The NSQHS Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Clinical Governance includes requirements related to policies and procedures to review compliance with legislation, regulation and jurisdictional requirements.

Continuous Improvement

Continuous improvement is a systematic ongoing effort. The NSQHS Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Clinical Governance includes requirements related to organisation-wide quality improvement systems; and

- Many of the remaining seven standards include requirements relating to maintenance of continuous improvement processes specific to the standard's area of interest (e.g., Standard 5: Comprehensive Care).

Health and Safety

Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements. The NSQHS Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Clinical Governance includes requirements related to the maintenance of a safe environment, as well as policies and procedures to review compliance with legislation, regulation and jurisdictional requirements; and

- Standard 7: Communicating for Safety includes requirements related to reporting adverse events.

QIC Standards (seventh edition, 2017) (Roche, et al., 2018)

QIC is a nationally recognised accreditation standard that supports a wide range of organisations of varied sizes and service delivery types, including but not limited to drug and alcohol services, Aboriginal Health Services and mental health services (Australian Commission on Safety and Quality in Health Care, 2017). The QIC is an approved National Quality Framework standard.

Organisational Governance

A systemic approach to organisational governance is established. The QIC Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Governance includes requirements related to strategy and planning, accountability, financial and risk management; and

- Standard 4: Diversity and cultural appropriateness includes requirements related to identifying what cultural appropriateness means with respect to the community the organisation is seeking to serve.

Clinical Governance

Establishment of accountability of individuals for the delivery of safe and effective quality care. The QIC Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Governance includes requirements on quality management;
- Standard 2: Management Systems includes requirements related to human resources and knowledge management;
- Standard 4: Diversity and cultural appropriateness includes requirements related to staff Development; and
- Standard 5: Service delivery includes requirements on service design and evaluation.

Planning and Engagement

Planning and engagement to meet and be adaptable to client (service user) and community needs. The QIC Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 3: Consumer and community engagement includes requirements related to needs assessment and consumer and community involvement;
- Standard 4: Diversity and cultural appropriateness includes requirements related to specific populations; and
- Standard 5: Service Delivery includes requirements related to individual client intake, assessment and treatment planning.

Collaboration and Partnerships

Partnerships are established to improve and focus on client centred care. The QIC Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Governance includes requirements related to collaboration and strategic positioning; and
- Standard 3: Consumer and community engagement includes requirements related to collaborating with other services to meet client needs.

Workforce, Development and Clinical Practice

Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision. The QIC Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Management Systems includes requirements on workforce planning and knowledge management; and
- Standard 4: Diversity and cultural appropriateness includes requirements related to workforce competency to work with specific populations.

Information Systems

Secure and effective information systems to meet organisational objectives and inform decision making. The QIC Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Management Systems includes requirements on information and knowledge management.

Compliance

Protect clients by meeting legislative, regulatory and professional obligations. The QIC Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Governance includes requirements on service agreement and partnerships and ensuring legal and regulatory compliance.

Continuous Improvement

Continuous improvement is a systematic ongoing effort. The QIC Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Governance includes requirements related to quality management;
- Standard 2: Management systems includes requirements related to knowledge management; and
- Standard 5: Service delivery includes requirements related to service improvement and positive outcomes.

Health and Safety

Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements. The QIC Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Governance includes requirements around managing risk;
- Standard 2: Management systems includes requirements related to work health and safety.

RACGP Standards for General Practices (Fifth Edition, 2017) (Roche et al., 2018)

The RACGP Standard supports general practices to address and identify gaps in their systems and processes. The standards were created to protect patients from harm by improving the safety and quality of health services provided (The Royal Australian College of General Practitioners, 2017). The RACGP is an approved National Quality Framework standard.

Organisational Governance

A systemic approach to organisational governance is established. The RACGP Standards were consistent with this principle, with requirements including but not limited to:

- Core Standard 3: Practice governance and Management includes requirements to define the organisational structure / governance arrangements, planning, and setting and evaluating goals.

Clinical Governance

Establishment of accountability of individuals for the delivery of safe and effective quality care. The RACGP Standards were consistent with this principle, with requirements including but not limited to:

- Quality Improvement Standard 3: Clinical Risk Management includes requirements to implement a clinical governance framework by which clinicians and health service managers are jointly accountable for patient safety and quality care; and

- Core Standard 5: Clinical Management of Health Issues includes requirements that care is relevant to the patient and consistent with the best available evidence.

Planning and Engagement

Planning and engagement to meet and be adaptable to client (service user) and community needs. The RACGP Standards were consistent with this principle, with requirements including but not limited to:

- Core Standard 2: Rights and Needs of Patients includes requirements for respectful and culturally appropriate care by considering patients' rights, beliefs, religious and cultural backgrounds; and

- Core Standard 3: Practice Governance and Management includes requirements to evaluate the practice's progress against its strategic plan by reviewing the practice's patient population data and outcomes and seeking patient feedback.

Collaboration and Partnerships

Partnerships are established to improve and focus on client centred care. The RACGP Standards were consistent with this principle, with requirements including but not limited to:

- General Practice Standard 2: Comprehensive Care includes requirements for coordinating comprehensive care with other services and supporting inter-professional collaboration.

Workforce, Development and Clinical Practice

Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision. The RACGP Standards were consistent with this principle, with requirements including but not limited to:

- Core Standard 3: Practice Governance and Management includes requirements for workforce Planning; and

- General Practice Standard 3: Qualifications of our Clinical Team includes requirements for the qualifications and education and training of healthcare practitioners.

Information Systems

Secure and effective information systems to meet organisational objectives and inform decision making. The

RACGP Standards were consistent with this principle, with requirements including but not limited to:

- Core Standard 5: Clinical Management of Health Issues includes requirements to maintain current versions of clinical software databases about e.g., drug guides, medical dictionaries and coding classifications; and

- Core Standard 6: Information Management includes requirements for the management, storage and disposal of patients' health records and personal details.

Compliance

Protect clients by meeting legislative, regulatory and professional obligations. The RACGP Standards were consistent with this principle, with requirements including but not limited to:

- General Practice Standard 3: Qualifications of our Clinical Team including requirements for individual practitioners to have national registration and accreditation / certification with relevant professional associations; and

- Core Standard 3: Practice Governance and Management includes requirements for data storage, record keeping and compliance with privacy laws.

Continuous Improvement

Continuous improvement is a systematic ongoing effort. The RACGP Standards were consistent with this principle, with requirements including but not limited to:

- Quality Improvement Standard 1: Quality Improvement includes requirements to monitor, evaluate or improve the quality of care the service delivers;

- Quality Improvement Standard 2: Clinical indicators includes requirements to use clear and accurate patient health records to support quality improvement activities; and

- General Practice Standard 3: Qualifications of our clinical team includes requirements to conduct clinical audits of prescribing practices and monitor compliance with those policies.

Health and Safety

Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements. The RACGP Standards were consistent with this principle, with requirements including but not limited to:

- Core Standard 3: Practice Governance and Management includes requirements for meeting relevant workplace health and safety and occupational health and safety laws and supporting the safety, health and wellbeing of the practice team; and

- General Practice Standard 5: The Medical Practice includes requirements for providing a safe and effective environment for the practice team and patients.

WANADA: Alcohol and Other Drug Human Services Standard (Version 3, 2019) (Roche et al., 2018; Fischer and Lang, 2021)

The WANADA standard was specifically developed for the Western Australian AOD sector and other human service sector representatives (WANADA 2019). The first version of this standard was known as the Standard on Culturally Secure Practice (AOD Sector). The WANADA is an approved National Quality Framework standard.

Organisational Governance

A systemic approach to organisational governance is established. The WANADA Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Understanding and responding to community needs and expectations includes cultural safety;

- Standard 2: Rights and Responsibilities and Inclusive Practice, includes information about rights, responsibilities and non-discriminatory practice;

- Standard 3: Evidence informed practice includes requirements for considering how to reduce AOD-related harm;

- Standard 4: Workers feel respected, valued and culturally safe in the workplace;

- Standard 5: Internal Communication and Records includes requirements that organisations/ services have clear lines of authority and responsibility; and

- Standard 6: Organisational Governance includes information on effective governance including succession planning.

Clinical Governance

Establishment of accountability of individuals for the delivery of safe and effective quality care. The WANADA Standards were consistent with this principle, with requirements including but not limited to:

- Standard 2: Rights and Responsibilities and Inclusive Practice includes requirements about involving people who use the service;

- Standard 3: Treatment and/or Care includes requirements for treatment planning to be informed by screening, assessment and service matching;

- Standard 4: Human Resource Management Includes information regarding workforce skills and Knowledge;

- Standard 5: Service Management includes requirements related to compliance with legislation and regulatory requirements risk and incident management as well as risk and incident management; and

- Standard 6: Organisational Governance requires that the governing body develops and maintains a culture of continuous quality improvement.

Planning and Engagement

Planning and engagement to meet and be adaptable to client (service user) and community needs. The WANADA Standards were consistent with this principle, with requirements including but not limited to:

- Standard 1: Understanding and Responding to Community Needs and Expectations includes a requirement for services to be developed and structured in response to identified community needs;

- Standard 2: Rights and Responsibilities and Inclusive Practice includes requirements for consumers

to informed about their rights and responsibilities in accessible language and formats;

- Standard 3: Evidence-Informed Practice includes a requirement for consumers to be involved in the development of their treatment/care plan; and
- Standard 5: Service Management includes requirements related to assessment, treatment planning, case management and service planning.

Collaboration and Partnerships

Partnerships are established to improve and focus on client centred care. The WANADA Standards were consistent with this principle, with requirements including but not limited to:

- Standard 3: Evidence Informed Practice includes requirements related to working collaboratively with other organisations to enable case management and shared care; and
- Standard 6: Organisational Governance includes requirements to communicate with the organisation's members and key stakeholders.

Workforce, Development and Clinical Practice

Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and

supervision. The WANADA Standards were consistent with this principle, with requirements including but not limited to:

- Standard 4: Human Resource Management includes requirements related to worker recruitment, professional development, line management and practice supervision and that workers' skills and qualifications are appropriate to the work environment;
- Standard 5: Service Management includes requirements that workers have access to policies, procedures and supporting documents to guide their work practice; and
- Standard 6: Organisational Governance includes a requirement for staff / board member orientation and succession planning processes.

Information Systems

Secure and effective information systems to meet organisational objectives and inform decision making. The WANADA Standards were consistent with this principle, with requirements including but not limited to:

- Standard 5: Service Management includes requirements for internal communication, service user information, record keeping, data management and monitoring and evaluation.

Compliance

Protect clients by meeting legislative, regulatory and professional obligations. The WANADA Standards were consistent with this principle, with requirements including but not limited to:

- Standard 3: Evidence Informed Practice includes information on requirements for evidence informed practice;
- Standard 5: Service Management includes information on requirements related to compliance with legislation and regulatory requirements; and
- Standard 6: Organisational Governance includes requirements related to accountability and oversight.

Continuous Improvement

Continuous improvement is a systematic ongoing effort. The WANADA Standards were consistent with this principle, with requirements including but not limited to:

- Standard 5: Service Management includes requirements related to continuous quality Improvement; and

- Section 6: Organisational Governance includes a requirement for the governing body to provide leadership on developing and maintaining a culture of continuous quality improvement.

Health and Safety

Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements. The WANADA Standards were consistent with this principle, with requirements including but not limited to:

- Standard 4: Human Resource Development includes requirements related to worker wellbeing; and

- Standard 5: Service Management includes requirements related to risk and incident management and health and safety.

ATCA: Australasian Therapeutic Communities Association Standard for the Therapeutic Communities and Residential Rehabilitation Services (3rd Edition, June 2019) (Fischer and Lang, 2021)

ATCA Standards are certified with the Joint Accreditation System of Australia and New Zealand (JAS- ANZ). It provides a two-tiered approach to certification for residential rehabilitation services and therapeutic communities (Australasian Therapeutic Communities, 2019). The ATCA standard can be used in conjunction with an approved National Quality Framework standard.

Organisational Governance

A systemic approach to organisational governance is established. The ATCA Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Residential community includes requirements related to establishing organisational objectives, values and goals;
- Standard 2: Resident member participation includes requirements related to cultural inclusion;
- Standard 8: TC leadership and management principles includes requirements related to delineating roles and responsibilities; and
- Standard 14: Governance and management includes requirements related to identifying and managing risk.

Clinical Governance

Establishment of accountability of individuals for the delivery of safe and effective quality care. The ATCA Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Resident member participation includes requirements related to standards of care;
- Standard 3: Strategic human resource management includes requirements related to maintaining clinical safety;
- Standard 6: Harm reduction and risk management includes requirements related to providing individual responsive treatment;
- Standard 9: TC community resident member participation includes requirements for services to be respectful and responsive to clients; and
- Standard 12: Rules in the TC includes requirements related to clinical safety implementation and review processes.

Planning and Engagement

Planning and engagement to meet and be adaptable to client (service user) and community needs. The ATCA Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Resident member participation includes requirements related to client focused Services;
- Standard 6: Harm reduction and risk management includes requirements related to appropriate client case management; and
- Standard 7: Community as method includes requirements related to services delivered in alignment with client preferences, needs and values.

Collaboration and Partnerships

Partnerships are established to improve and focus on client centred care. The ATCA Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Resident member participation includes requirements related to collaboration to enhance client care; and

- Standard 6: Harm reduction and risk management includes requirements related to partnerships to provide the best care to individual clients.

Workforce, Development and Clinical Practice

Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision. The ATCA Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 3: Strategic human resource management includes requirements related to merit based recruitment; appropriate practice/clinical supervision is provided; and

- Standard 10: TC strategic human resource management includes requirements related to Organisation provides access to resources for effective staff performance.

Information Systems

Secure and effective information systems to meet organisational objectives and inform decision making. The ATCA Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 4: Information management and appropriate use/evaluation of data includes requirements related to maintaining secure and effective information systems;
- Standard 11: Use of data from the TC includes requirements related to information systems; and
- Standard 14: Governance and management includes requirements related to complying with legislative responsibilities.

Compliance

Protect clients by meeting legislative, regulatory and professional obligations. The ATCA Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 4: Information management and appropriate use/evaluation of data includes requirements related to monitoring compliance; and

- Standard 14: Governance and management includes requirements related to proactive practices to comply with relevant laws, regulations, etc.

Continuous Improvement

Continuous improvement is a systematic ongoing effort. The ATCA Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 8: TC leadership and management principles includes requirements related to accepting and understanding importance of continuous improvement by management and staff; and
- Standard 13: Continuous improvement includes requirements regarding having established policies and procedures for internal review, client file reviews and feedback from stakeholders.

Health and Safety

Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements. The ATCA Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 5: Workplace health and safety includes requirements to demonstrate commitment to health and safety; and
- Standard 6: Harm reduction and risk management includes requirements to provide a culturally secure, private and supportive environment.

DMHS: National Safety and Quality Digital Mental Health Standards (2020) (Fischer and Lang, 2021)

Published in 2020, the NSQDMHS focuses upon the delivery of digital specialist mental health, suicide prevention and alcohol and other drug services. It includes the provision of information, digital counselling services, treatment services and peer-to-peer services delivered by telephone, videoconferencing, web-based, SMS or mobile health applications (Australian Commission on Safety and Quality in Health Care,2020). The NSQDMH is currently not an approved National Quality Framework standard, or one in which that may be used with an approved standard.

Organisational governance

A systemic approach to organisational governance is established. The MHDS Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Clinical and Technical Governance includes requirements related to clearly defined roles and responsibilities; and

- Standard 3. Model of care includes requirements related to Organisational goals and how these will be achieved defined and cultural safety.

Clinical governance

Establishment of accountability of individuals for the delivery of safe and effective quality care. The MHDS Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Clinical and Technical Governance includes requirements related to mechanisms in place to ensure clinical safety; and

- Standard 3: Model of Care includes requirements related to Governance in accordance with the Australian Commission on Safety and Quality in Health Care; and timely access to appropriate treatment.

Planning and Engagement

Planning and engagement to meet and be adaptable to client (service user) and community needs. The MHDS Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Clinical and Technical Governance includes requirements related to treatment undertaken in collaboration with the clients and other consumers;
- Standard 2: Partners and consumers includes requirements related to services delivered to individual clients are based on identified need; and

- Standard 3: Model of Care includes requirements related to evidence informed treatment delivered in partnership with clients.

Collaboration and Partnership

Partnerships are established to improve and focus on client centred care. The MHDS Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 2: Partners and consumers includes requirements related to Systems in place for collaborative care to meet the needs of clients; and
- Standard 3: Model of Care includes requirements related to communicating with others to address client needs.

Workforce Development

Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision. The MHDS Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Clinical and Technical Governance includes requirements related to employing appropriately qualified and skilled staff and processes in place for staff to effectively perform their roles.

Information Systems

Secure and effective information systems to meet organisational objectives and inform decision making. The MHDS Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Clinical and Technical Governance includes requirements related to Information stewardship and maintenance of secure systems; and
- Standard 3: Model of Care includes requirements related to accessible policies and procedures to meet client needs.

Compliance

Protect clients by meeting legislative, regulatory and professional obligations. The MHDS Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Clinical and Technical Governance includes requirements related to ensuring legal and associated compliance mechanisms are in place; and
- Standard 3: Model of Care includes requirements related to risk is engaged with in a considered manner.

Continuous Improvement

Continuous improvement is a systematic ongoing effort. The MHDS Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Clinical and Technical Governance includes requirements related to procedures are in place for monitoring treatment quality; and to improve service delivery; and
- Standard 2: Partners and consumers includes requirements related to incorporating client feedback and complaints into improvement activities.

Health and Safety

Provide a safe and comfortable environment consistent with client and staff needs and regulatory requirements. The MHDS Standards were consistent with this principle, with requirements including, but not limited to:

- Standard 1: Clinical and Technical Governance includes requirements related to a demonstrated commitment to health and safety.