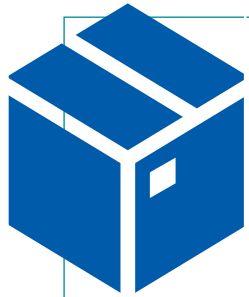


Drug and Alcohol Program (DAP): Program logic and key performance indicators (KPIs)

July 2026

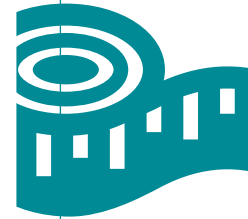


The icons below explain how to read each KPI, including how the department proposes to use it and who may report against it



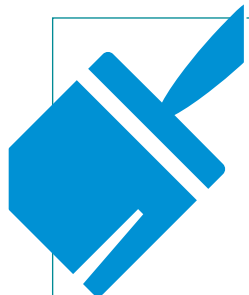
General grant reporting

- KPI to be submitted by grantees in grant reporting



Readiness-based now, aspirational over time

- KPI can be collected now if organisations are ready
- KPI data can be collected gradually, working towards full achievement over time (where applicable).



Department collection

- KPI data to be collected by the department from other data sources.



Requirement

- KPI now considered an eligibility requirement applied to organisations as general criteria (where relevant/appropriate)

Terminology

While some terms may vary across the literature, we have aligned them to the context of the DAP.

Integrated AOD treatment	Integrated alcohol and other drug treatment refers to a comprehensive approach that addresses co-occurring health, social and financial needs supported by linkages to other services that address broader determinants of substance use and help reduce barriers to treatment.
Risky AOD use ^a	Behaviours or patterns of substance use that increase the risk of future alcohol and other drug related diseases or harms, or are already causing harm to self or others. See page 7 for further information on the policy context and underlying assumptions.
Emerging AOD use	Early-stage or newly identified patterns of AOD use within individuals often characterised by experimentation or increasing frequency, before dependence or significant harm occurs.
Priority groups	For the purposes of the DAP, priority groups will be those identified in national AOD strategies and policies e.g. National Drug Strategy 2017-2026
Skilled multidisciplinary workforce	Diverse teams that possess a broad set of skills and can perform multiple roles and functions with the aim of providing care and support that meets individual patient/client needs. Individuals within a team may also possess dual-qualifications and associated diverse skills.
Lived experience (peer) workforce ^b	A lived experience (peer) role can be paid or unpaid (e.g., a volunteer) and exist across many settings. These roles may include providing peer-based support to individuals, families and communities, contributing to leadership, service design or system reform, delivering training, undertaking research, and developing programs.
Aftercare support ^c	Aftercare support or post treatment support services aim to support an individual's continued recovery, including support to maintain cessation or less harmful use. This may include pharmacotherapy (e.g., opioid agonist therapy), counselling, case management, contingency management, lived experience (peer) recovery coaching and refusal skills training.
Cultural safety ^d	Cultural safety is about overcoming the power imbalances of places, people and policies that occur between the majority non-Indigenous position and the minority Aboriginal and Torres Strait Islander person so that there is no assault, challenge or denial of the Aboriginal and Torres Strait Islander person's identity, of who they are and what they need. Cultural safety is met through actions from the majority position which recognise, respect, and nurture the unique cultural identity of Aboriginal and Torres Strait Islander people. Only the Aboriginal and Torres Strait Islander person who is recipient of a service or interaction can determine whether it is culturally safe.
Evidence informed ^e	An evidence-informed approach involves using research evidence alongside practitioner expertise and the lived experiences of stakeholders to guide decisions, program design, or service delivery. Unlike strictly evidence-based approaches, which rely on interventions validated through rigorous controlled studies, evidence-informed practices allow for innovation and adaptation while still grounding decisions in credible knowledge.

^a Adapted from National Health and Medical Research Council (2026). *Australian guidelines to reduce health risks from drinking alcohol*. <https://www.nhmrc.gov.au/health-advice/alcohol> and NSW Ministry of Health (2024) *Treatment approaches and integrated care for alcohol and drug use*. <https://www.health.nsw.gov.au/aod/summit/publications/treatment-approaches.pdf>

^b Adapted from Social Research Centre (2026). *National Mental Health and Suicide Prevention Lived Experience (Peer) Workforce Census*. <https://srcentre.com.au/project-lived-experience-peer-workforce-census/>

^c Adapted from KPMG (2025). *Drug and Alcohol Program Final Evaluation Report*. <https://www.health.gov.au/sites/default/files/2025-12/drug-and-alcohol-program-final-evaluation-report.pdf>

^d National Agreement on Closing the Gap (2020). *Chapter 12. Definitions*. <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/12-definitions>

^e Australian Institute of Family Studies (2021). *What is an evidence-informed approach to practice and why is it important?* <https://aifs.gov.au/resources/short-articles/what-evidence-informed-approach-practice-and-why-it-important>

Drug and Alcohol Program

Program logic policy context

For each **pillar** of the DAP, the program logic is designed to be **read across the page**. The intention is to connect program objectives to long term outcomes through a series of inputs, activities and outcomes. The draft DAP program logic and KPIs have been structured in this framework to recognise that all AOD services fit together, and all contribute to reducing the prevalence of harmful AOD use over time.



Assumptions

The department acknowledges that risky AOD use is influenced by a range of **structural** and **social factors**. This includes disadvantage, trauma, housing instability, involvement with the justice system and unemployment, and can disproportionately impact specific priority population groups. These factors can increase vulnerability and compound the impacts of risky AOD use. Effective AOD programs employ a person-centred, culturally appropriate, evidence-informed and harm minimisation approach. In practice, it is acknowledged reaching these goals often requires working outside the AOD sector. The care continuum provides opportunities to address AOD related harms in a range of settings, with strengths-based approaches tailored to the person’s unique needs, substance use, intervention, and context.

The department will use appropriate methods to understand how different activities **contribute** to results across the program logic. Findings will be interpreted in context. Any reported contribution should not be read as the sole cause of an outcome, as outcomes are often influenced by other programs, policies, services and broader social and economic factors.

Considering local needs and activities:

An organisation is not required to undertake all activities within a given stream. The program logic is not intended as an exhaustive list of every activity underpinning the DAP. The department will consider targeted and innovative approaches adopting place-based models tailored to the local context and population.



Priority populations:

When considering priority populations for the DAP, the department aligns with the National Drug Strategy, while remaining flexible and adapting to evolving strengths and needs within communities.



DAP Pillars

Prevention: Focused on preventing initiation and risky use of AOD through evidence-informed, whole-of-population health promotion and community-led prevention initiatives

Early intervention: Targeted intervention programs for at-risk groups aimed to identify emerging or risky AOD use early and mitigate AOD-related harms

Treatment, recovery and management: Services that respond to AOD harm to improve health outcomes, address co-occurring needs and support sustained recovery and strengthen connections to community

System enablers: Workforce, research, data systems and partnerships needed to deliver consistent, coordinated and culturally safe AOD prevention, treatment and support across the service system

**Service providers may deliver activities aligned to one or multiple pillars. Provider funding and reporting will align to the pillar(s) relevant to the activities delivered by that provider.*

***Special consideration has been given so that Fetal Alcohol Spectrum Disorder (FASD) can be more appropriately reflected across all pillars.*

Drug and Alcohol Program

Problem statement: Alcohol and other drug (AOD) related harms continue to cause significant and growing health, social, cultural and economic impacts to individuals, families and communities. This is driven by increasing demand for AOD supports, complex needs, and uneven access to coordinated, evidence-based prevention, early intervention and treatment services.

Aim: Prevent and minimise the health, social, cultural and economic harms of AOD use among individuals, families and communities.

All organisations funded under the Drug and Alcohol Program ensure they maintain relevant accreditation(s) and provide activities and operations which are culturally safe, accessible and trauma-informed.

Program objectives	Inputs	Key activities	Key outputs	Short-term outcomes (1 year)	Medium-term outcomes (2 – 3 years)	Long-term outcomes
Prevention: Reduce AOD related harms by preventing initiation and risky use through evidence-informed initiatives.	Multi-year funding and commissioning models guided by need and equity Skilled multidisciplinary workforce , including but not limited to clinical, social, lived experience (peer), and First Nations roles supported by formal training and supervision	<ul style="list-style-type: none"> Education and awareness campaigns School/tertiary, community, outreach and sport-based prevention programs 	<ul style="list-style-type: none"> Evidence-informed resources and digital tools developed and disseminated Programs delivered in schools and community 	<p>Increased awareness and knowledge of AOD risks, harm reduction and available support pathways, and overall demand reduction</p> <p>Improved attitudes toward people experiencing AOD issues</p>	Delayed initiation of AOD use	
Early intervention: Identify emerging or risky AOD use early, provide timely support and raise awareness of available supports to reduce escalation and associated harms		<ul style="list-style-type: none"> Routine assessments, relationship-based engagement and targeted screening for at-risk groups Brief interventions, counselling and targeted supports Referral pathways or campaigns to promote awareness of support options Harm reduction support 	<ul style="list-style-type: none"> Targeted screening, brief interventions and counselling sessions delivered for at-risk groups Individuals accessing services through a diverse range of entry points 	<p>At-risk individuals are identified earlier and engage (or are supported to re-engage) with targeted supports before AOD use and/or harms escalate</p> <p>Increased (supported) help-seeking</p>	Reduced harmful AOD use	Contributing to reduced prevalence of harmful AOD use including AOD related deaths
Treatment, recovery and/or management: Improve access to evidence-informed, integrated AOD treatment services that reduce harm, support recovery, and manage the ongoing needs of clients	Partnerships across government agencies to deliver coordinated, integrated AOD program responses Governance aligned with the National Drug Strategy and associated frameworks, including representation from, lived experience (peer) workforce	<ul style="list-style-type: none"> Access, intake and assessment services Withdrawal management Structured treatment delivery Digital assessment and monitoring Integrated care, counselling, case management and care coordination Lived experience (peer) support Aftercare support Harm reduction support 	<ul style="list-style-type: none"> Clients provided with treatment pathways Treatment and aftercare services delivered 	<p>Reduced harmful AOD use for clients receiving treatment</p> <p>Improved access to treatment, recovery and management services</p> <p>Reduced psychological distress and improved quality of life</p>	Improved social inclusion and economic participation	Policy and practice is shaped by evidence and longitudinal data
System enablers: Workforce, research, data systems and partnerships needed to deliver consistent, coordinated, trauma-informed and culturally safe AOD prevention, treatment and support across the service system	Data infrastructure and digital tools to support monitoring, evaluation and service integration Research and evidence monitoring	<ul style="list-style-type: none"> Workforce development and training, including cultural safety and embedding lived experience (peer) workforce Program data collection and management Monitoring and reporting of program performance, including evaluations Leveraging digital infrastructure to support connected care Commissioning of research and data to inform policy and monitor emerging trends and issues Cross-system partnerships and governance, including representation from people with lived experience (peers) 	<ul style="list-style-type: none"> Lived experience (peer) workforce integrated Digitally connected and integrated AOD system Research and data effectively translated and shared among community, governments and AOD service providers, including through digital platforms and linked data Sector forums established and maintained, including representation from people with lived and living experience 	<p>Improved workforce capability to deliver evidence-informed and culturally safe AOD support</p> <p>Increased data and evaluation capacity and visibility of performance and unmet need to improve the program design and policy development across government and sector</p> <p>Clear referral pathways and cross-system coordination</p> <p>Culturally safe, trauma-informed care</p>	<p>More integrated and equitable service system</p> <p>Better understanding of 'what works' across the system</p>	

KPIs for prevention (1 of 2)



General grant reporting








Readiness-based now, aspirational over time




Department collection




Requirement

Outputs/outcomes		KPI (source)		Rationale
Outputs	Evidence-informed resources and digital tools developed and disseminated		1 Type and reach of prevention materials: <ul style="list-style-type: none"> Number and types of educational materials distributed, including digital and non-digital formats (DAP 2025 Evaluation Report) Number of people reached (including digital reach such as unique visits, downloads, impressions, etc.), where applicable by priority group (new) 	Measuring the volume and reach of prevention materials, using analytics-based metrics where appropriate (e.g. digital outreach), provides a basic measure of implementation and coverage, ensuring evidence-based resources are being disseminated at scale to intended audiences.
	Programs delivered in schools and community		2 Type and reach of prevention programs: <ul style="list-style-type: none"> Number of prevention programs delivered, by setting (primary school, secondary school, vocational/TAFE, university, outreach community groups, etc.) (new) Number of unique participants, where applicable by program delivery postcode and/or priority group (new) 	Monitoring the number of prevention programs delivered and people reached confirms that funded prevention activities are being implemented in schools and communities and are achieving intended population coverage.
Short-term outcomes	Increased awareness and knowledge of AOD risks, harm reduction and available support pathways, and overall demand reduction		3 AOD awareness: Number and proportion of prevention program participants that report increased knowledge of basic AOD use, risks and treatment, where applicable by priority group (ADF Outcome Framework)	Measuring self-reported knowledge of AOD risks and treatment options provides an early indicator of whether prevention initiatives are increasing awareness and understanding among the target population.
			4 Support awareness: Number and proportion of prevention program participants that report increased awareness of existing information, support services and treatment pathways, by priority group where applicable (ADF Outcome Framework)	Understanding awareness of available information and support services assesses whether prevention efforts are successfully improving visibility of help pathways and reducing barriers to help-seeking.
	Improved attitudes and reduced stigma toward people experiencing AOD issues		5 Reduced stigma and discrimination: Number and proportion of prevention program participants reporting: <ul style="list-style-type: none"> No stigma or discrimination experienced from engagement with information and/or support services, by priority group where applicable (ADF Outcome Framework) Feeling safe to access services and talk about their AOD use, by priority group where applicable (new) 	Monitoring reported experiences of stigma indicates whether prevention and communication initiatives are contributing to more supportive attitudes and environments for people experiencing AOD issues.



KPIs for prevention (2 of 2)

 General grant reporting

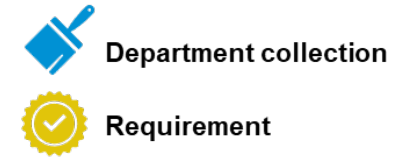
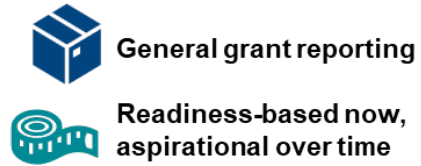
 Department collection






 Readiness-based now, aspirational over time

 Requirement

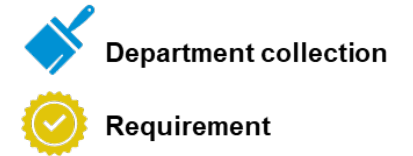
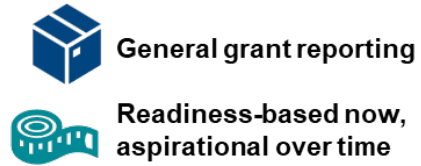
Outputs/outcomes		KPI (source)		Rationale
Medium-term outcomes	Delayed initiation of AOD use		6 Intent to change behaviour: Number and percentage of people that report intention to change their behaviours regarding AOD use or risk, where applicable by priority group (DAP 2025 Evaluation Report) Data source: ADF Information Services Survey	Measuring intent to change or avoid AOD use indicates individuals' susceptibility to trying substances, where greater intentions to change behaviour make individuals more likely to resist opportunities to experiment, thereby delaying initiation of AOD use.
			7 Increased age: Average age of initiation of those aged between 14-29 who report AOD use, where applicable by priority group (new) Data source: AIHW NDSHS	Monitoring changes in the age of first AOD use provides a population-level indicator of prevention effectiveness, as delayed initiation is strongly associated with reduced risk of harmful use and adverse health and social outcomes later in life.


KPIs for early intervention (1 of 2)



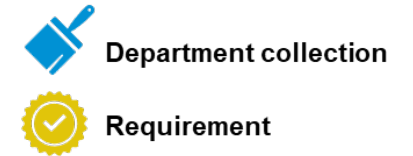
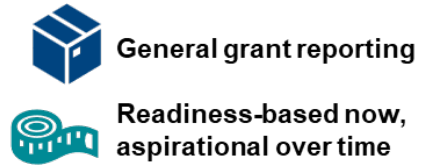
Outputs/outcomes		KPI (source)		Rationale
Outputs	Targeted screening, brief interventions and counselling sessions delivered for at-risk groups		1 Intervention sessions: Number of screening, brief interventions and counselling sessions delivered, including through harm reduction support services (DAP 2025 Evaluation Report)	Counting screening, brief interventions and counselling sessions demonstrates the level of early intervention activity delivered to at-risk groups and provides an indicator of service responsiveness and capacity.
	Individuals accessing services through a diverse range of entry points		2 Point of entry: Number and proportion of people accessing early intervention services, by point of entry (new)	Tracking point of entry to early intervention services measures how people successfully access support, helping to identify whether services are being reached through referral pathways, walk-in access or other pathways.
Short-term outcomes	At-risk individuals are identified earlier and engage (or are supported to re-engage) with targeted supports before AOD use and/or harms escalate		3 Number of at-risk individuals identified and engaged: <ul style="list-style-type: none"> Number and proportion of people identified as at-risk of harmful AOD use, where applicable by priority group (new) Number and proportion of identified at-risk individuals who commence an early intervention program, where applicable by priority group (new) 	Tracking the number and proportion of people identified as at risk provides an indicator of the system's ability to detect emerging AOD risk early and target supports appropriately. Measuring engagement among identified at-risk individuals demonstrates whether early intervention pathways are accessible and effective in connecting people to timely support.
	Increased (supported) help-seeking and uptake of referrals		4 Early help-seeking: <ul style="list-style-type: none"> Number and proportion of people who report previous help seeking behaviour where applicable (new) Reported reasons for seeking help (new) Number and proportion of people who report experience of delays or barriers when seeking help (new) 	Understanding reasons for help-seeking and prior attempts provides insight into whether early intervention initiatives are encouraging people to seek help sooner and reducing delays to support.
			5 Positive experience: Number and proportion of people in early intervention program reporting positive experiences with delivered services, where applicable by priority group (modified from the ADF Outcome Framework)	Tracking participant-reported experience assesses the quality and acceptability of early intervention services, which is critical for sustained engagement and effective outcomes. 8



KPIs for early intervention (2 of 2)



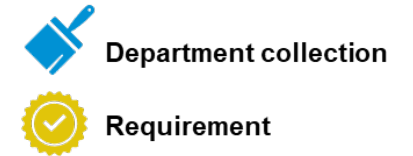
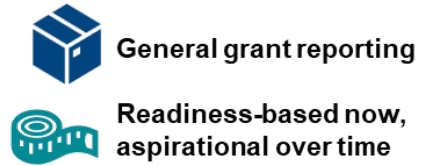
Outputs/outcomes		KPI (source)		Rationale
Medium-term outcomes	Reduced harmful AOD use	 6	<p>Progress to harmful use: Number and proportion of clients of intervention programs that do not progress to harmful AOD use, by where applicable priority group (new)</p> <p>Data source: AIHW NDSHS, AIHW National Non-admitted Patient Emergency Department (NAPED)</p>	Understanding the proportion of early intervention participants who do not progress to harmful AOD use measures the effectiveness of early supports in preventing escalation and reducing downstream harm.




KPIs for treatment, recovery and management (1 of 3)



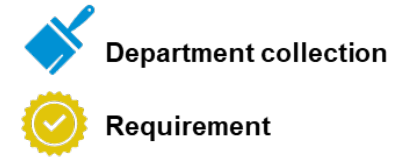
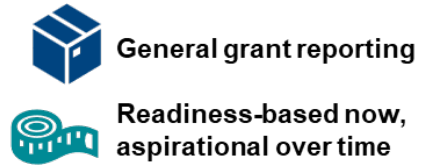
Outputs/outcomes		KPI (source)		Rationale	
Outputs	Clients provided with treatment pathways		1	<p>Number of clients, and proportion of clients on a treatment plan:</p> <ul style="list-style-type: none"> Number of clients, where applicable by priority group (new) Number and proportion of clients with a treatment plan for whom an episode of care was closed during the reporting period (NSW NGO AOD KPI #5) 	Monitoring the number of clients provides an indicator of access and informs supply and demand for treatment services within the system. Measuring the proportion of clients with a documented treatment plan demonstrates quality and continuity of care, ensuring treatment is planned, coordinated and person-centred.
	Number of treatment and aftercare episodes of care delivered		2	<p>Number of episodes (or service contacts) delivered:</p> <ul style="list-style-type: none"> Number of episodes of care initiated (new) Number of episodes of care completed (new) Number of aftercare episodes completed (new) 	The number of treatment services delivered reflects the volume of structured treatment activity provided and supports monitoring of service utilisation over time. Tracking aftercare services confirms that post-treatment supports are being provided, supporting continuity of care and reducing the risk of relapse following treatment completion.



KPIs for treatment, recovery and management (2 of 3)



Outputs/outcomes	KPI (source)	Rationale
Reduced harmful AOD use for clients receiving treatment  3	AOD use and severity: <ul style="list-style-type: none"> Number and proportion of clients who report a decrease in AOD use over the course of treatment, where applicable by priority group (NSW NGO AOD KPI #3) Number and proportion of people that report a reduction in severity of dependence over the course of treatment, where applicable by priority group (NSW NGO AOD KPI #2) 	Measuring changes in self-reported AOD use provides a direct indicator of short-term treatment effectiveness in reducing harmful substance use. Tracking reductions in severity of dependence reflects early improvements in clinical outcomes and client functioning following treatment.
Short-term outcomes Improved access to treatment, recovery and management services  4	Treatment service capacity and timely access: <ul style="list-style-type: none"> Number of clients on waiting lists (new) Average wait times (days) per treatment type for clients on waiting lists (DAP 2025 Evaluation Report) Bed occupancy rate where applicable (NSW NGO AOD KPI #10) Number and proportion of people that report they were linked-up with other services when they leave the program (NSW NGO AOD KPI #7) 	Monitoring unmet demand due to capacity constraints and bed occupancy rates provides insight into system pressures and access barriers affecting treatment availability. Measuring average wait times by treatment type assesses timeliness of access and helps identify bottlenecks that may delay care for eligible clients. Tracking service linkages at program exit assesses continuity of care and integration across services, supporting sustained recovery and reduced relapse risk.
Reduced psychological distress and improved quality of life  5	Improved mental health and quality of life: <ul style="list-style-type: none"> Number and proportion of clients who report any improvement in mental health, where applicable by priority group (NSW NGO AOD KPI #4) Number and proportion of clients that report an improvement in overall quality of life, where applicable by priority group (NSW NGO AOD KPI #1) 	Measuring improvements in self-reported mental health reflects broader treatment impacts beyond substance use, recognising the strong link between AOD outcomes and psychological wellbeing. Tracking changes in quality of life captures holistic recovery outcomes, including functioning, wellbeing and social participation, which are key indicators of sustained recovery.

KPIs for treatment, recovery and management (3 of 3)



Outputs/outcomes		KPI (source)		Rationale
Medium-term outcome	Improved social inclusion and economic participation		6 Workforce participation: Number and proportion of clients that report an improvement in employment outcomes, where applicable by priority group (new) Data source: ABS Person Level Integrated Data Asset (PLIDA), ATO administrative data	Understanding participation in the workforce captures progress towards economic stability and social inclusion, reflecting improved functioning and recovery-related capability. Understanding changes in interactions with the justice system and housing stability captures reductions in AOD-related harms and improvements in safety, stability and social inclusion.
			7 Social inclusion: <ul style="list-style-type: none"> Number and proportion of clients in places of detention, by priority group (new) Number and proportion of clients with an improvement in housing stability, where applicable by priority group (new) Data source: ABS PLIDA, Criminal Justice Data Asset, Specialist Homelessness Services Collection	

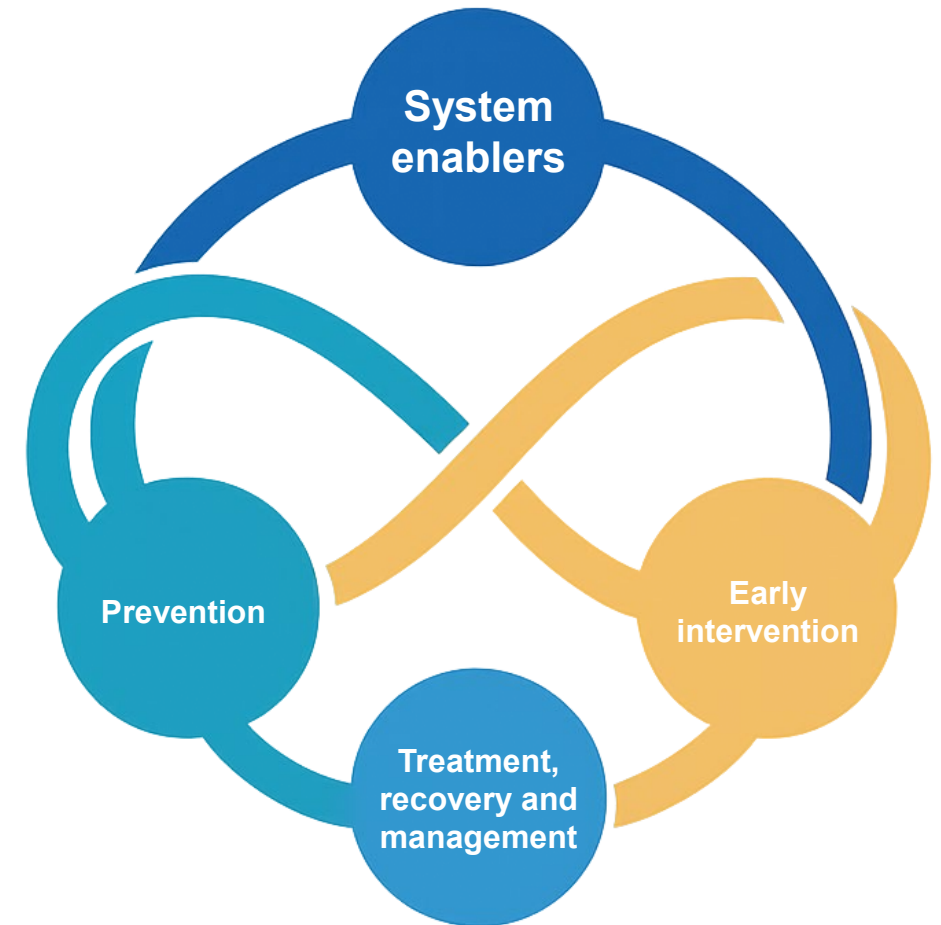
The system enabler KPIs cut across all pillars

The KPIs that apply will depend on the services a provider delivers.

Some examples of which KPIs may apply to different organisations are below.

KPIs		Primary audience
2	Lived experience (peer) workers	Service-delivery providers
3	Digital capability and system integrations	Service-delivery providers
10	Culturally safe and trauma-informed services	Service-delivery providers
4	Research and data dissemination	Research institutes
5	Sector forums	Peak bodies
6	LLE representation	Peak bodies
12	Supporting data capability and improving reporting	Peak bodies

The department will outline the KPIs in the relevant Grant Opportunity Guidelines and/or agree them with providers in the Activity Work Plans during grant negotiation.



KPIs for system enablers (2 of 4)



General grant reporting



Readiness-based now, aspirational over time



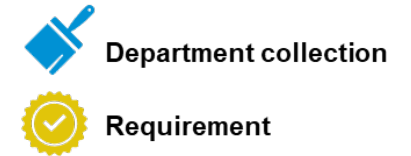
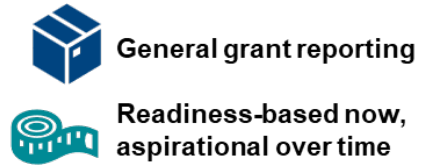
Department collection






Requirement

Outputs/outcomes	KPI (source)	Rationale
<p>Research and data effectively translated and shared among community, governments and AOD service providers, including through digital platforms and linked data</p>	<p> 4</p> <p>Research and data dissemination:</p> <ul style="list-style-type: none"> • Number and type of research and data materials translated and disseminated with evidence of reach (e.g. downloads, views, attendances), where applicable by priority group • Research activities align with the intent of the National Drug Strategy (NDS) and DAP, and informed by best-practice evidence (Australian and international) (new) • Research activities that pertain to First Nations people or communities that establish mechanisms to give effect to Indigenous Data Sovereignty (new) 	<p>Sharing research and data across the community, government and AOD service providers supports a consistent, evidence-based understanding of emerging trends, community needs and effective interventions. Ongoing dissemination of new insights supports informed decision-making and continuous improvement.</p>
<p>Outputs</p> <p>Sector forums established and maintained, including representation from people with lived and living experience</p>	<p> 5</p> <p>Sector forums:</p> <ul style="list-style-type: none"> • Number of sector forums established and meeting at least four times per year (new) • Forums demonstrate diverse representation (for example regional services and ACCHSs) (Y/N) (new) <p> 6</p> <p>LLE representation:</p> <ul style="list-style-type: none"> • Proportion of sector forums that include regular, supported participation from people with LLE, where applicable by priority group (new) 	<p>Tracking the establishment and regular operation of sector forums demonstrates system-level coordination, collaboration and structured engagement across stakeholders.</p> <p>Measuring lived and living experience participation ensures that system governance and improvement processes are informed by consumer and community perspectives, supporting meaningful co-design and accountability.</p>

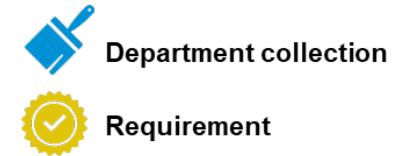
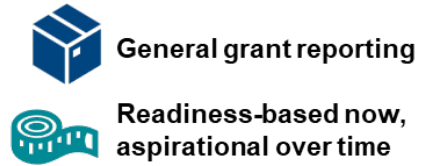
KPIs for system enablers (3 of 4)






Outputs/outcomes	KPI (source)	Rationale
<p>Improved workforce capability to deliver evidence-informed based and culturally safe AOD support</p>	<p> 7</p> <p>Skilled workforce:</p> <ul style="list-style-type: none"> • Number and proportion of workforce reporting they are better skilled and/or more confident in their roles (new) • Number and proportion of workforce reporting adequate access to support structures (supervision, training, professional development) (new) 	<p>Measuring perceived improvements in workforce skill and confidence assesses whether system investments are strengthening the capability required to deliver high-quality, evidence-based and culturally safe AOD services.</p>
<p>Short-term outcomes</p> <p>Increased data and evaluation capacity and visibility of performance and unmet need to improve the program design and policy development across government and sector</p> <p>Better understanding of 'what works' across the system*</p>	<p> 8</p> <p>Evaluations planned and completed:</p> <ul style="list-style-type: none"> • Number and proportion of funded sector support organisations that deliver structured evaluation capability-building support to services, including training, tools, guidance, mentoring, or community of practice (new) • Number and proportion of funded services that undertake at least one service-level evaluation activity, including outcomes monitoring, client feedback analysis or review of service effectiveness (new) • Number of evaluations completed (new)* 	<p>Monitoring evaluation support and service-level evaluation activity strengthens evaluation capability and readiness by ensuring services have the tools and capacity to monitor outcomes, generate evidence, and support continuous improvement.</p> <p>Tracking the number of evaluations completed provides an indicator of the system's capacity to generate evidence on program effectiveness and performance, supporting a stronger understanding of what works and informing continuous improvement and investment decisions.</p>
<p>Clear referral pathways and cross-system coordination</p>	<p> 9</p> <p>Collaborations: Number and proportion of survey respondents reporting collaborations/consortiums built and/or strengthened</p>	<p>Measuring strengthened collaborations reflects improved coordination across services and sectors, supporting integrated pathways and improved client outcomes.</p>

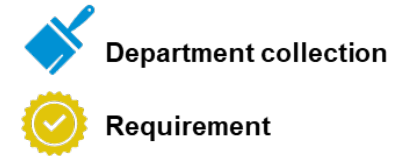
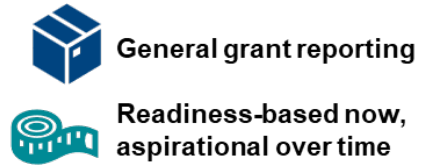
*Note: Depending on the specific activity and the organisation's capacity, evaluations may be completed within a short term (1 year) or medium term (2-3 years). Additional information will be provided during the grants process. For this reason, it is presently included under medium-term in the program logic but is also highlighted within the short-term evaluation KPI.



KPIs for system enablers (4 of 4)



Outputs/outcomes		KPI (source)		Rationale
Short-term outcomes	Culturally safe, trauma-informed care		10 Culturally safe and trauma-informed services: <ul style="list-style-type: none"> Number and proportion of people that report the service was culturally safe and inclusive (NSW NGO AOD KPI #8) Number and proportion of people that report the service was safe, respectful and trauma-informed (new) 	Client-reported experiences of cultural safety and inclusion, alongside accreditation status, provide indicators of service quality and adherence to culturally safe, trauma-informed standards.
			11 Accreditation: The organisation holds current and valid accreditation relevant to the AOD treatment types / services being provided (NSW NGO AOD KPI #11) Data source: National Quality Framework for Drug and Alcohol Treatment Services	
Medium-term outcomes	More integrated and equitable service system		12 Supporting data capability and improving reporting: Extent to which organisations are supported to strengthen data capability, reporting readiness and quality, including through implementation support, issue escalation and other activities that help the sector build confidence and capability over time. <ul style="list-style-type: none"> Percentage of applicable member organisations reporting Peak is effective at supporting data and/or reporting activities. Number and type of data and/or reporting capability-building activities delivered (training, resources and tailored support). Demonstrated engagement with Commonwealth and State/Territory levels to harmonise KPIs and streamline reporting requirements for funded AOD services over the life of the Grant Agreement. 	AOD peak organisations are well placed to support sector-wide change, strengthen data capability and improve the quality of outcomes reporting. This will help ensure data better reflects the outputs of a responsive and integrated service system. A consistent national approach remains important, but implementation should be adaptable to jurisdictional context, organisational readiness, and the size, remit and capability of individual peaks.

KPIs across all pillars



Outputs/outcomes		KPI (source)		Rationale
Long-term outcomes	Reduced prevalence of harmful AOD use including AOD related deaths		1 Prevalence: Proportion of the population reporting harmful or high-risk AOD use	This KPI provides a population-level measure of the prevalence of harmful AOD use, enabling monitoring of long-term trends and assessment of the overall impact of prevention, early intervention and treatment strategies.
			2 Deaths: Number of AOD related deaths	Tracking the number of AOD related deaths captures the most severe and preventable consequences of harmful substance use and provides a critical indicator of system effectiveness in reducing harm and protecting population health.