Drug and Alcohol Program: Consultation briefing on draft DAP Program Logic and KPIs

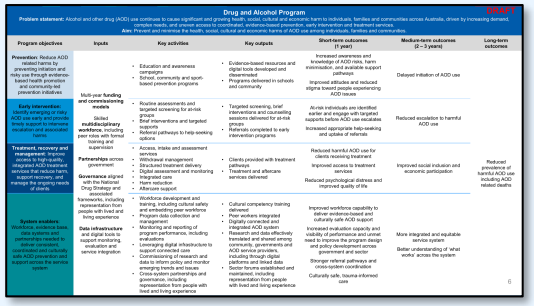
February 2026

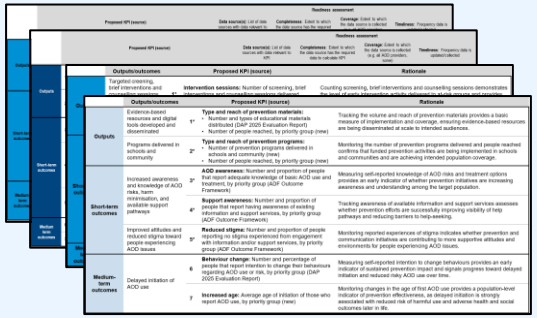
Purpose: The Department is seeking feedback on a draft Drug and Alcohol Program Program Logic and KPIs to inform the development of new GOGs

The Department has designed a draft **Drug and Alcohol Program (DAP) Program Logic** to outline how the program's activities **contribute to the long-term outcome of reducing prevalence of harmful alcohol and other drugs (AOD) use**

Draft KPIs have been developed to measure how the DAP and its service providers are **progressing towards the outcomes stated in the draft Program Logic**, with KPIs planned to be sourced from a variety of data sources

The draft Program Logic and KPIs will inform the development of the new **DAP grant opportunity guidelines (GOGs)**


Drug and Alcohol Program




Australian Government
Department of Health

Drug and Alcohol Program
Grant Opportunity Guidelines

For discussion today

The Department is now **seeking stakeholder input and feedback** on the draft Program Logic, and to understand the sector's readiness for the proposed set of KPIs.

Pillars: The DAP's activities have been grouped into four pillars across the full AOD continuum of care

Proposed grouping (pillars)	
Prevention: Focused on preventing initiation and risky use of AOD through evidence-based, whole-of-population health promotion and community-led prevention initiatives	*Special consideration has been given to Fetal Alcohol Spectrum Disorder (FASD) to ensure that their activities are reflected across all pillars.*
Early intervention: Targeted intervention programs for at-risk groups aimed to intervene or delay uptake of AOD use	
Treatment, recovery and management: Services that respond to AOD harm to stabilise health, address co-occurring needs and support sustained recovery and reintegration	
System enablers: Workforce, evidence base, data systems and partnerships needed to deliver consistent, coordinated and culturally safe AOD prevention and support across the service system	

This grouping:

- Captures all of the DAP's activities in at least one of the pillars
- Gives service providers a clear view of where their activities fit into the overall picture of the program

***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.*

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.

Approach: Draft outputs, outcomes and KPIs have primarily been sourced from existing sources where available, including the DAP Evaluation and NSW KPI pilot

	Outputs/short-term/medium-term/long-term outcomes	Proposed KPI
Prevention	…	…
	…	…
Early intervention	…	…
	…	…
Treatment, recovery and management	…	…
	…	…
System enablers	…	…
	…	…

Outputs/outcomes have been primarily sourced from:
- Draft prevention, treatment and FASD program logics
- DAP 2025 Evaluation Report[1]
- 2022 DAP Program Logic

KPIs have been primarily sourced from:
- DAP 2025 Evaluation Report[1]
- Evaluations and outcomes framework from service providers (e.g. ADF Outcome Framework)
- KPI specifications for NSW AOD NGOs[2] (NSW NGO AOD KPI)

1. Australian Government Department of Health, Disability and Ageing. (2025). *Drug and alcohol program final evaluation report* [PDF]. https://www.health.gov.au/sites/default/files/2025-12/drug-and-alcohol-program-final-evaluation-report.pdf **2.** Network of Alcohol and Other Drug Agencies (NADA). (2024). *KPI specifications for NSW AOD NGOs: Full report* [PDF]. https://nada.org.au/wp-content/uploads/2024/01/KPI-specifications-for-NSW-AOD-NGOs-Full-report.pdf

Program logic: The draft DAP Program Logic outlines the program's inputs, activities, outputs and outcomes in total, reflecting its diverse service offering

The **DAP Program Logic reads left to right**. That is, inputs support key activities, activities drive key outputs and over time, outputs drive outcomes.

The DAP Program Logic is organised to **reflect DAP service types under the pillars of the care continuum**, such that there is a set of activities, outputs and outcomes **for each pillar.**

Drug and Alcohol Program DRAFT

Problem statement: Alcohol and other drug (AOD) use continues to cause significant and growing health, social, cultural and economic harm to individuals, families and communities across Australia, driven by increasing demand, 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.

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-based health promotion and community-led prevention initiatives	Multi-year **funding and commissioning models** Skilled **multidisciplinary workforce**, including peer roles with formal training and supervision **Partnerships** across government **Governance** aligned with the National Drug Strategy and associated frameworks, including representation from people with lived and living experience **Data infrastructure** and digital tools to support monitoring, evaluation and service integration	• Education and awareness campaigns • School, community and sport-based prevention programs	• Evidence-based resources and digital tools developed and disseminated • Programs delivered in schools and community	Increased awareness and knowledge of AOD risks, harm minimisation, and available support pathways Improved attitudes and reduced stigma toward people experiencing AOD issues	Delayed initiation of AOD use	Reduced prevalence of harmful AOD use including AOD related deaths
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Treatment, recovery and management: Improve access to high-quality, integrated AOD treatment services that reduce harm, support recovery, and manage the ongoing needs of clients		• Access, intake and assessment services • Withdrawal management • Structured treatment delivery • Digital assessment and monitoring • Integrated care • Harm reduction • Aftercare support	• Clients provided with treatment pathways • Treatment and aftercare services delivered	Reduced harmful AOD use for clients receiving treatment Improved access to treatment services Reduced psychological distress and improved quality of life	Improved social inclusion and economic participation	
System enablers: Workforce, evidence base, data systems and partnerships needed to deliver consistent, coordinated and culturally safe AOD prevention and support across the service system		• Workforce development and training, including cultural safety and embedding 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 and living experience	• Cultural competency training delivered • Peer workers 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	Improved workforce capability to deliver evidence-based and culturally safe AOD support Increased evaluation capacity and visibility of performance and unmet need to improve the program design and policy development across government and sector Stronger referral pathways and cross-system coordination Culturally safe, trauma-informed care	More integrated and equitable service system Better understanding of 'what works' across the system	

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Service provider level → *Broader community level*

Service providers may undertake activities in one or more of the pillars. **The combined impact of service providers' outputs help to achieve medium to longer term outcomes** and the overall aims of the DAP.

Service providers are not expected to deliver every **activity or output**. Instead, the draft Program Logic **shows the full range** of inputs, activities, outputs and outcomes across the **entire program** and its diverse service providers**.**

Drug and Alcohol Program

DRAFT

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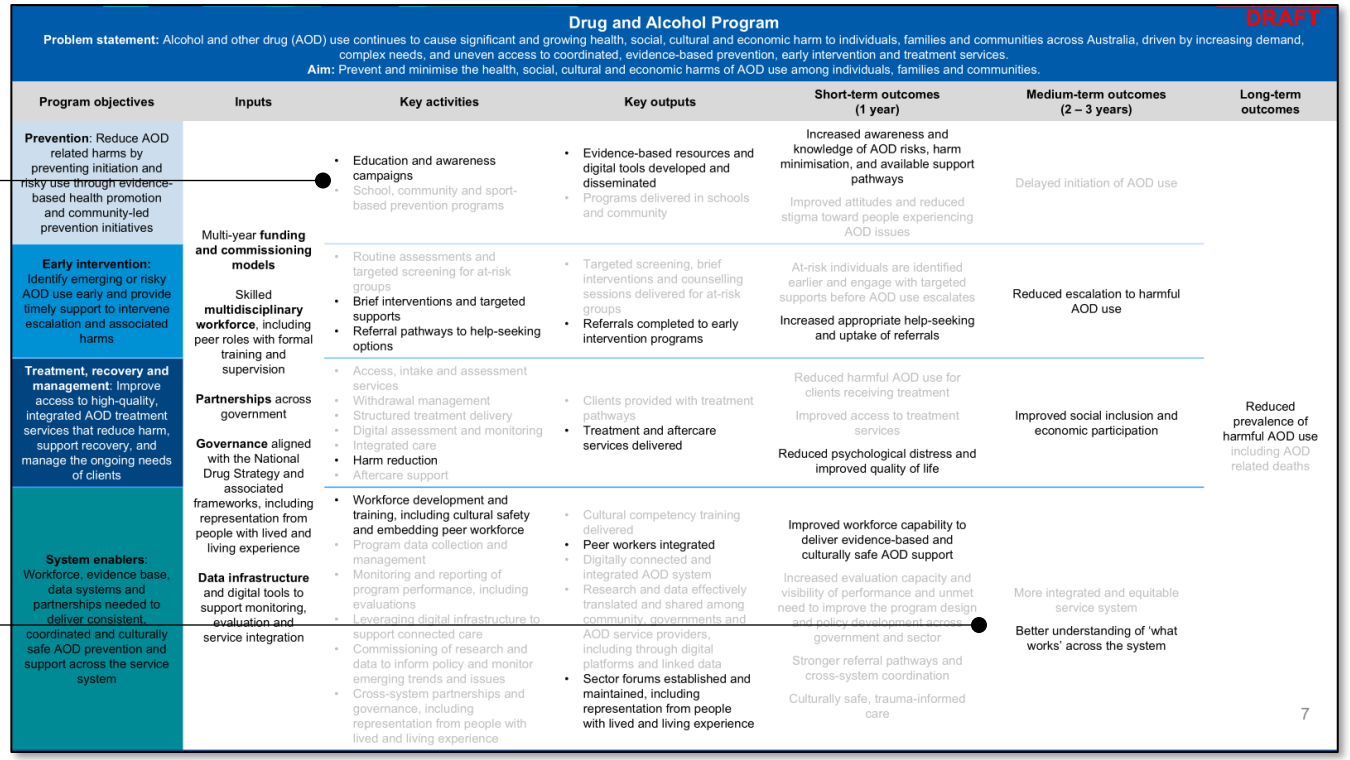
Program logic: Service providers may deliver activities across multiple program objectives, contributing to a broad range of outputs and outcomes

Service providers could fall across multiple program objectives, delivering a range of activities and contributing to a broad set of outputs and outcomes. For example, on the diagram below, activities, outputs and outcomes that may apply to FASD service providers have been highlighted to demonstrate how a service provider's activities may span across multiple of the draft DAP Program Logic's pillars.

A FASD service provider is likely to deliver a **subset of activities** from one or multiple pillars.

The activities delivered by a FASD service provider would **contribute to a subset of the Program Logic's outcomes**, according to the types of activities that they deliver.



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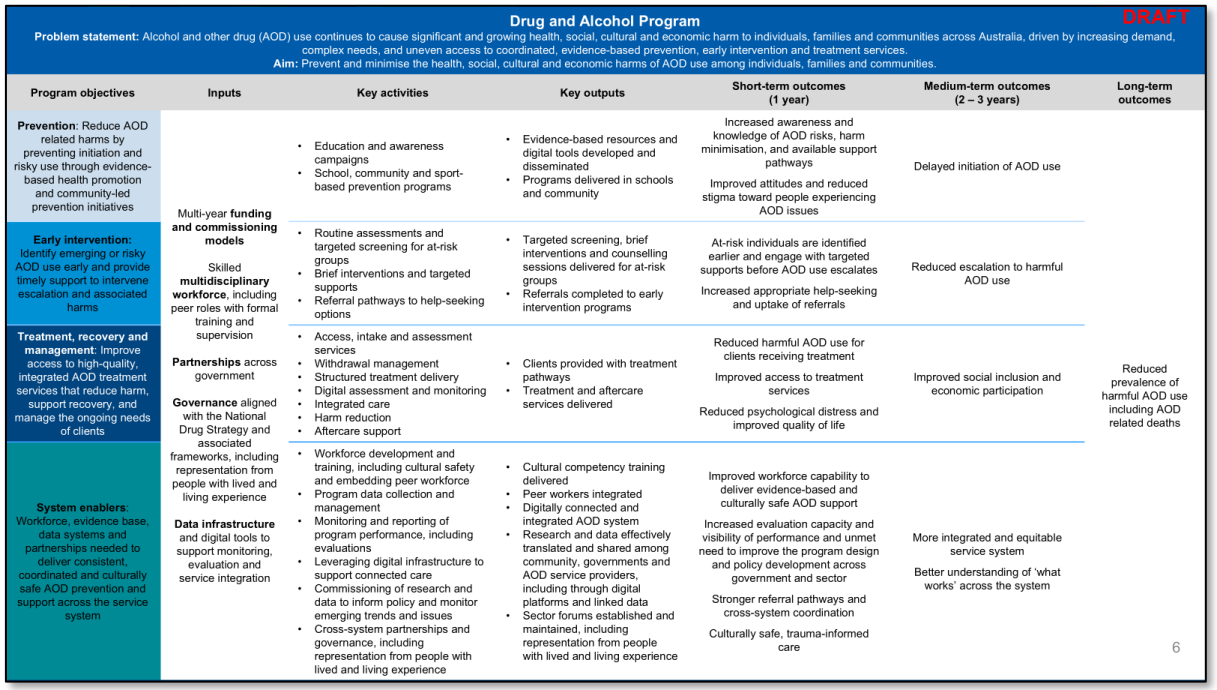
An example of how a service provider's individual activities can map to the **treatment, recovery and management** pillar is provided on the next page…

KPIs: A set of draft KPIs is intended to measure how the DAP and its service providers are progressing towards the outcomes stated in the DAP Program Logic

KPIs submitted by providers will play an important role in helping the Department **understand program outputs and short-term outcomes**.

Noting that the KPIs are draft and subject to this consultation process, the Department expects that organisations funded through the new process will be required to **report against the KPIs that best align with the activity/activities being delivered**.

Where provider activities span multiple draft Program Logic pillars, KPIs to be reported against will be agreed as part of the grant negotiation process.



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A key purpose of consulting on the KPIs is to understand sector readiness to report against them. This includes seeking **feedback on the feasibility and practicality** of collecting the required information and delivering the associated activities.

The Department is planning to **supplement its understanding of the DAP's impact** gained from provider-collected KPIs by collecting and calculating **additional KPIs from a range of external sources**, such as:

- The National Drug Strategy Household Survey (NDSHS)
- The Alcohol and Other Drug Treatment Services National Minimum Dataset (AODTS NMDS)
- Linked administrative data (e.g., ATO records to understand employment rates)

Please note that successful service providers will **receive detailed guidance** on KPI collection, calculation, and transfer to the Department.

Proposed KPIs for **prevention** (1 of 2)

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes		Proposed KPIs for prevention (source)	Rationale
Outputs	Evidence-based resources and digital tools developed and disseminated	**1***	**Type and reach of prevention materials:** • 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.), 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:** • Number of prevention programs delivered, by setting (primary school, secondary school, vocational/TAFE, university, community groups, etc.) (new) • Number of people reached, by 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 minimisation, and available support pathways	**3***	**AOD awareness:** Number and proportion of people that report adequate knowledge of basic AOD use and treatment, 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 people that report having awareness of existing information and support services, by priority group (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:** Number and proportion of people reporting no stigma experienced from engagement with information and/or support services, by priority group (ADF Outcome Framework)	Monitoring reported experiences of stigma indicates whether prevention and communication initiatives are contributing to more supportive attitudes and environments for people experiencing AOD issues.

Proposed KPIs for **prevention** (2 of 2)

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes		Proposed KPIs for prevention (source)	Rationale
Medium-term outcomes	Delayed initiation of AOD use	**6**	**Behaviour change:** Number and percentage of people that report intention to change their behaviours regarding AOD use or risk, by priority group (DAP 2025 Evaluation Report) *Data source: AIHW National Drug Strategy Household Survey (NDSHS)*	Measuring self-reported intention to change behaviours provides an early indicator of sustained prevention impact and signals progress toward delayed initiation and reduced risky AOD use over time.
		7	**Increased age:** Average age of initiation of those who report AOD use, 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.

Proposed KPIs for **early intervention** (1 of 2)

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes		Proposed KPI (source)	Rationale
Outputs	Targeted creening, brief interventions and counselling sessions delivered for at-risk groups	**1***	**Intervention sessions:** Number of screening, brief interventions and counselling sessions delivered (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.
	Referrals completed to early intervention programs	**2***	**Referrals completed:** Number of referrals completed to early intervention programs (new)	Tracking completed referrals (rather than referrals made) measures effective service navigation and engagement, ensuring at-risk individuals successfully connect with early intervention supports.
Short-term outcomes	At-risk individuals are identified earlier and engage with targeted supports before AOD use escalates	**3***	**Number of at-risk individuals identified and engaged:** • Number and proportion of people identified as at-risk of harmful AOD use, by priority group (new) • Number and proportion of identified at-risk individuals who commence an early intervention program, 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 appropriate help-seeking and uptake of referrals	**4***	**Early help-seeking:** Number of people reporting reasons for help seeking and understanding previous attempts at help seeking and whether they waited for help, by priority group (ADF Outcome Framework)	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, 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.

Proposed KPIs for **early intervention** (2 of 2)

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	Outputs/outcomes		Proposed KPI (source)	Rationale
Medium-term outcomes	Reduced escalation to harmful AOD use	**6**	**Progress to harmful use:** Number and proportion of clients of intervention programs that do not progress to harmful AOD use, by priority group (new) *Data source: AIHW NDSHS, AIHW National Non-admitted Patient Emergency Department (NAPED)*	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.

1. Data readiness indicates the current state of data availability and usability: H = available and fit-for-purpose, M = partially available or requiring refinement, and L = not currently available and requires exploration

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

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	Outputs/outcomes		Proposed KPI (source)	Rationale
Outputs	Clients provided with treatment pathways	**1***	**Number of clients, and proportion of clients on a treatment plan:** • Number of clients, 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 services delivered	**2***	**Number of services delivered:** • Number of treatment services delivered (new) • Number of aftercare services delivered (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.

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

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	Outputs/outcomes		Proposed KPI (source)	Rationale
Short-term outcomes	Reduced harmful AOD use for clients receiving treatment	**3***	**AOD use and severity:** • Number and proportion of clients who report a decrease in AOD use, by priority group (NSW NGO AOD KPI #3) • Number and proportion of people that report a reduction in severity of dependence, 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.
	Improved access to treatment services	**4***	**Treatment service capacity and timely access:** • Number of people that were eligible and suitable that couldn't be accepted for treatment due to capacity issues, by priority group (DAP 2025 Evaluation Report) • Average wait times (days) per treatment type for eligible and suitable people (DAP 2025 Evaluation Report) • Bed occupancy rate (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:** • Number and proportion of clients who report any improvement in mental health, by priority group (NSW NGO AOD KPI #4) • Number and proportion of clients that report an improvement in overall quality of life, 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.

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

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	Outputs/outcomes		Proposed KPI (source)	Rationale
Medium-term outcome	Improved social inclusion and economic participation	**6**	**Workforce participation:** Number and proportion of clients that are gainfully employed, 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.
		7	**Social inclusion:** Number and proportion of clients in places of detention, by priority group (new) *Data source: ABS PLIDA, criminal justice data asset*	Understanding changes in interactions with the justice system captures reductions in AOD related harms and system contact, reflecting improved stability and inclusion in society.

Proposed KPIs for **system enablers** (1 of 4)

System enabler activities cut across all pillars, and relevant KPIs will **apply to service providers depending on the services they deliver**. For example, KPIs 1-3 could apply to service-delivery providers. KPI 4 could apply to research-focused organisations. KPIs 5 and 6 are most relevant to peak bodies and other sector coordination services.

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes		Proposed KPI (source)	Rationale
Outputs	Cultural competency training delivered	**1***	**Staff trained in Aboriginal Cultural Competence:** Number and proportion of staff trained in Aboriginal and Torres Strait Islander cultural competence (NSW NGO AOD KPI #9)	Monitoring cultural competence training supports accountability for building a culturally safe workforce and strengthens the system's ability to deliver accessible and appropriate services for Aboriginal and Strait Islander people.
	Peer workers integrated	**2***	**Peer workers:** Proportion of services that have at least one peer worker integrated into direct service delivery (new)	Measuring the proportion of services with peer workers embedded in service delivery demonstrates system-level adoption of lived experience roles and supports recovery-oriented, person-centred practice.
	Digitally connected and integrated AOD system	**3***	**Digital capability and system integration:** • Services have been listed in a recognised service directory or demonstrating a clear pathway to national discoverability (new) • Services use nationally recognised client or organisational identifiers (new) • Services use existing national or jurisdictionally endorsed digital tools, platforms or infrastructure (new) • Services have provided an electronic extract of the AODTS-NMDS (NSW NGO AOD KPI #13)	Encouraging reuse of existing national infrastructure and avoiding fragmented, bespoke solutions to enhance digital capability across the AOD sector. This will support service integration and continuity of care, while enabling reliable monitoring, analysis, and reporting of treatment activity and outcomes.

Proposed KPIs for **system enablers** (2 of 4)

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes		Proposed KPI (source)	Rationale
Outputs	Research and data effectively translated and shared among community, governments and AOD service providers, including through digital platforms and linked data	**4**	**Research and data dissemination:** • Research and data materials are translated and disseminated effectively (new) • Research activities align with the intent of the National Drug Strategy (NDS) and DAP (new) *Data source: Not currently available*	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.
	Sector forums established and maintained, including representation from people with lived and living experience	**5**	**Sector forums:** Number of sector forums established and meeting at least 4 times per year (new) *Data source: Not currently available*	Tracking the establishment and regular operation of sector forums demonstrates system-level coordination, collaboration and structured engagement across stakeholders.
		6	**Lived and living experience representation:** Proportion of sector forums that include regular, supported participation from people with lived and living experience (new) *Data source: Not currently available*	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.

1. Data readiness indicates the current state of data availability and usability: H = available and fit-for-purpose, M = partially available or requiring refinement, and L = not currently available and requires exploration

Proposed KPIs for **system enablers** (3 of 4)

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes		Proposed KPI (source)	Rationale
Short-term outcomes	Improved workforce capability to deliver evidence-based and culturally safe AOD support	**7**	**Skilled workforce:** Number and proportion of respondents reporting that AOD sector workers are better skilled and/or more confident in their roles (National AOD Peaks CB Evaluation) *Data source: National AOD Peaks CB Evaluation*	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.
	Increased evaluation capacity and visibility of performance and unmet need to improve the program design and policy development across government and sector	**8***	**Evaluations planned:** • 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)	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.
	Stronger referral pathways and cross-system coordination	**9**	**Collaborations:** Number and proportion of respondents reporting collaborations/consortiums built and/or strengthened (National AOD Peaks CB Evaluation) *Data source: Not currently available*	Measuring strengthened collaborations reflects improved coordination across services and sectors, supporting integrated pathways and improved client outcomes.
	Culturally safe, trauma-informed care	**10***	**Culturally safe and inclusive services:** Number and proportion of people that report the service was culturally safe and inclusive (NSW NGO AOD KPI #8)	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)	

Proposed KPIs for **system enablers** (4 of 4)

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

	Outputs/outcomes		Proposed KPI (source)	Rationale
Medium-term outcomes	More integrated and equitable service system	**12**	**System improvement:** Number and proportion of respondents reporting improved AOD system changes (National AOD Peaks CB Evaluation) *Data source: National AOD Peaks CB Evaluation*	Measuring stakeholder-reported system improvements provides insight into whether investments in workforce, data and partnerships are resulting in a more integrated, responsive and equitable AOD service system.
		13	**Positive outcomes:** Number and proportion of respondents reporting service user outcomes (National AOD Peaks CB Evaluation) *Data source: National AOD Peaks CB Evaluation*	Tracking perceptions of improved service user outcomes reflects whether system-level changes are translating into meaningful benefits for people accessing AOD services.
	Better understanding of 'what works' across the system	**14**	**Evaluations completed:** Number of evaluations completed (new) *Data source: Not currently available*	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.

Proposed KPIs **across all pillars**

* KPIs marked by an asterisk (*) and highlight are intended to be **provider-submitted**. Non-highlighted KPIs can be acquired from other data sources.

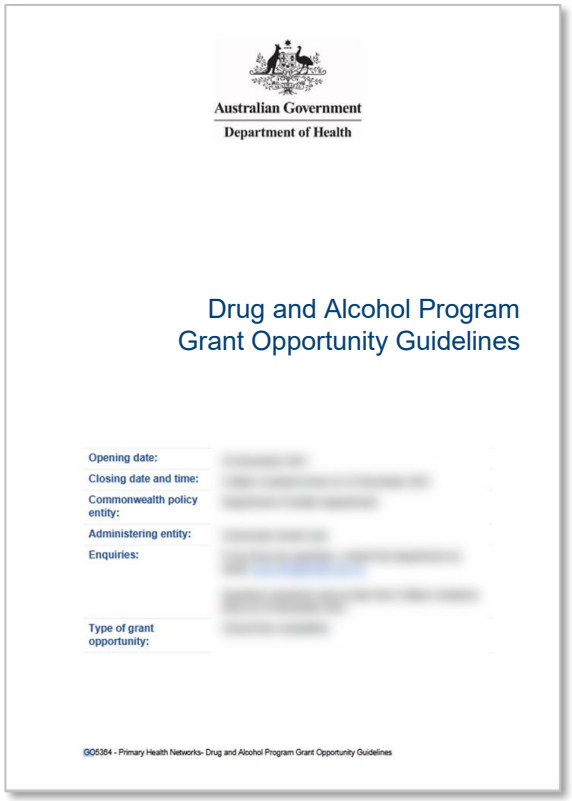
	Outputs/outcomes		Proposed KPI (source)	Rationale
Long-term outcomes	Reduced prevalence of harmful AOD use including AOD related deaths	1	**Prevalence:** Proportion of the population reporting harmful or high-risk AOD use	This KPI provides a population-level measure of the prevalence of harmful AOD use, 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.

GOG: A new set of GOGs is being developed to capture all DAP activities, informed by the draft DAP Program Logic, KPIs, and this consultation process

The draft DAP Program Logic and KPIs are being designed to inform the DAP GOGs…

The draft DAP **Program Logic** defines the objective of the GOGs, ensuring that funded activities, outputs and outcomes are aligned to the program's intended impact.

Once refined based on this consultation process, the draft **KPIs discussed in this presentation will be outlined in the GOGs.** To reduce reporting burden, service providers will only be required to report against a maximum of **five KPIs per sub-program**.


Australian Government
Department of Health

Drug and Alcohol Program
Grant Opportunity Guidelines

Opening date:
Closing date and time:
Commonwealth policy entity:
Administering entity:
Enquiries:
Type of grant opportunity:

GO5384 - Primary Health Networks- Drug and Alcohol Program Grant Opportunity Guidelines

…which will enable greater consistency and service integration while reducing administrative burden and duplication

Greater clarity and consistency across all DAP activities, with consistent processes and clear decision-making pathways that make expectations easier to navigate

Improved service integration across the continuum of care, acknowledging that service providers often deliver across pillars and enable a seamless transition across care

Reduced administrative burden for service providers by streamlining applications, activities and reporting into a single framework

Reduced duplication and improved oversight through a single source of truth for monitoring performance, accountability, and service delivery across the program