Title: Intergovernmental barriers and the development of state performance management systems: Results from the federal National Outcome Measures project

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Abstract

Federal and state agencies must cooperate to provide mental health services, which creates a complex implementation environment. This environment can cause significant challenges for measuring agency performance and accountability. Complex implementation chains are a functional component of federal programs. This requires states to perform a central role in the reporting and ensuring of accountability. Viewed from a state perspective, federal programs create a dilemma for reporting agencies. In particular, federal block grants have various levels of funding that are not always aligned with the reporting requirements. Misalignment between funding and reporting can cause a
disproportionate impact on agency resources. Federal programs that require significant reporting through administrative data sets are the most easily accessible input for the development of state-level performance management systems. There are limitations in the use of administrative data in estimating program impact although the data has been proven useful in identifying policy levers (Heinrich, 2002). This study examines the usefulness of federally collected data for the development of state performance management systems. Despite efforts to collect standardized national data at the federal level, states were found to not sufficiently report on evidence-based practice measures to provide useful, in-depth information for performance management systems. However, the results do provide information regarding the lack of monitoring of evidence-based practices. This information is useful to states in their decision to allocate resources when conflicting state and federal goals are present.

Introduction

SAMSHA began tracking ten National Outcomes Measures in FY 2004 with the goal of improving state performance management systems (Manderscheid, 2006). These measures were included in the state’s federal block grant reporting requirements. There are two federal block grants associated with the provision of behavioral health services. The Community Mental Health Block Grant (CMHBG) is administered through the Center for Mental Health Services (CMHS), under the Substance Abuse and Mental Health Services Administration (SAMSHA, 2011a). The second behavioral health related block grant is the Substance Abuse Prevention and Treatment (SAPT) grant which was administered by the
Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) (SAMSHA, 2011a). Beginning in FY 2012, the two grants will be combined into a uniform block grant application (SAMHSA, 2011). In 2009, the National Association of Mental Health Program Directors National Research Institute (NRI) redeployed the state level National Outcomes Measures data collection in nine states to increase the quality of captured data (National Association of State Mental Health Program Directors Research Institute, Inc., 2009). The National Outcome Measures were planned to be used in conjunction with a decision support system that was never fully implemented (Manderscheid, 2005). Evidence-based practices represent one domain in the National Outcome Measures; evidence-based practices have also been a policy consideration of the states (Rieckmann, et al., 2008). The State of Oregon began a titrated implementation of a state legislative mandate requiring a 25% increase in purchasing of evidence-based practices by biennium (Oregon Revised Statute 182.525). The state of Oregon had the similar goal of increasing the use of evidence-based practices as SAMSHA but chose a different implementation plan. This plan mandated the purchase of evidence-based practices while the federal agency did not use a mandate and selected ten evidence-based practices that were chosen through a national consensus process.

The results point to the need for further efforts to increase data quality in order to provide sufficient data for state and federal decision-making. This exploratory analysis focused on the quality of the national outcome data in providing useful performance information to the states. The results point to a larger issue in the sustainability of performance management systems such as increasing the usefulness of performance data across intergovernmental agencies.
Performance Management Systems: Definitions and Requirements

Bird et al. (2005) identify three functions of performance monitoring in the public sector: determining the policy impact, determining the level of agency performance, and stewardship of public funds. Pidd (2007) adds the support of central control and symbolic action as the reasoning for the pervasive use of performance monitoring in the public sector. Specific to health care, Commission on Behavioral and Social Sciences and Education (CBASSE) describes good performance measures as aimed at specific objectives and supported by adequate data. They should also be sufficiently valid, reliable, and responsive to changes in the environment (Perrin & Koshel, 1997). Third-party governance adds complexities into the use of performance measures to ensure accountability or performance (Posner, 2002). In third-party governance, performance occurs with a contracted entity and does not necessarily reflect the performance of the state agency monitoring the contract. In the practical world of system delivery in a third-party governance structure, completely valid and reliable data is not necessarily available. Therefore, performance management requires providing information for administrative decision-making from sufficiently accurate data sources from within and outside the agency.

Performance Measures

Performance Measures need to be able to meet the internal management needs across multiple purposes (Behn, 2003). Dubnick and Frederickson (2009) developed six categories of accountability used in the Department of Human Services. Dubnick and Fredrickson characterize federal performance measures as relating management
techniques to political processes (2009). Additionally, Dubnick and Fredrickson (2009) state that there is a lack of evidence that performance measures truly impact issues of equity in public law. Issues of equity and individual rights are a fundamental component in the provision of mental health services. There are definite limits to the expectations for performance measures and management. While performance measures and management provide information regarding certain aspects of performance, they do not provide all of the information regarding the activities of the agency. These limitations are especially pronounced in areas where there are long implementation chains, and the state agency is accountable to multiple stakeholders. Wright views the relationship of federal, state, and local governments through an overlapping authority model. In this model, each layer of government is interdependent, has overlapping relationships and exerts authority through bargaining with the other intergovernmental layers (Wright, 1988). There are some challenges in the interaction of intergovernmental layers. For example, federal grants provide the federal government with a voice in state decision-making; however, this role causes a diffusion of responsibility among federal and state representatives with their respective constituents (Derthick, 1970, p.214).

Third-Party Implications

Performance measures are directed to efficiencies and effectiveness, but they do not capture the total tasks of the agency or the interaction of agencies with third-party contractors. Mechanisms for addressing equity have similar challenges in capturing adequate data in order to make informed decisions. For example, a grievance process for state contracted services can be initiated at several different access points. For mental
health services, which provide services to a vulnerable population, there are several outlets for informal grievances. Included are: the provider, the managed care organization, advocacy council, the managed care ombudsman and various other agencies depending on the exact nature of the complaint. For Medicaid clients there is also an annual survey required for customer satisfaction. These multiple avenues for the grievance process provide for the opportunity of quick informal resolution of the grievance. However, multiple grievance referral sources create challenges for quantification and may not provide an accurate portrayal of the exact nature of the grievance. Customer surveys are amenable to performance measurement, but capture a sample of the population and are susceptible to response bias. The performance management aspect of the grievance procedure that is most relevant to the state agency is the presence of timely controls that can address issues that are addressed in grievances. For issues such as access to services, the grievance procedure is a symptom of a systemic problem which, when quantified, may not satisfactorily capture the nature of the grievance to suitably provide the necessary action to address the systemic flaw. Quantifying the number of grievances provides a data element for managerial decisions, but it is not solely adequate to make administrative decisions. The difficulty is determining the sufficient data elements at the system level required to make useful decisions.

Framework for Performance Measures

Performance measures have a vital role in quality assessment in behavioral health. Performance measures are included with activities such as audits and accreditation which provide external accountability and grievance systems. Performance measures accomplish
multiple goals measures focused on internal improvement and monitoring external and internal processes (Edmunds, M. et al., 1997, p.97). Each of the performance measures in this complex framework interaction to varying degrees with agencies in the intergovernmental system. Performance measures are tracked differently at these levels which can cause redundancies in reporting. While this complex framework provides sensitivity to the reporting needs of the various reporting agencies, the collectors or monitors of the information normally reside at the state agency. While survey information can be populated automatically if used from an external data source, performance data especially the tracking of innovative practices such as evidence-based practices requires data collection at the provider level. In this framework, the state agency is in the predominate role of verifying data quality. The ability of the state agency to assure the quality of the data is limited by the capacity of the state agency to track data. The ability of the state to track data quality is limited by the capacity of the providers to collect data.

Challenges to performance measurement

There are several challenges to the implementation of performance measures in the public sector. One of the fundamental challenges is that performance measures can be used for multiple purposes that may not be accurately reflected in the measure. Performance measures are used for accountability and performance, but their ability to meet both of these purposes is difficult. For example, efforts to use performance measures to increase performance through accountability can have deleterious effects on performance (Halachmi, 2002). Increases in accountability do not necessarily translate into
rises in agency performance. Dedicating resources to become more accountable takes resources away from performance tasks. Performance measures are used to provide information at several levels of government for accountability and performance purposes which is further complicated by their use as measures of accountability and performance. Several of these performance measures are mandated by the funding agencies. Mandated performance measures can cause greater challenges than recommended measures (Halachmi, 2002). Mandated performance measures provide information relevant to the recipient agency but are not sensitivity to implementation and factors and constraints at the state level. There are multiple roles for measures in the public sector.

Internal and External Focused Measures

One level of distinction between performance measures is internal focused measures and measures of external focus. In public health, external measures provide view of community health which relate to internal performance but involve contextual factors and areas that cross multiple agency agendas. Community level measures provide information regarding the contextual environment that state agencies operate. While external measures track the overall health of the community they are not necessarily factors of the agency performance or accountability. State agencies can make decisions on resource allocation based on information obtained from performance measures but if the performance measures track domains beyond the reach of the agency then there is a disincentive to incorporate decision-making based on performance management and instead focus on other administrative or political decision-making strategies. Objective information regarding broad community metrics does not provide the agency with a
distinct policy lever from which to improve performance or accountability. In fact broad based external measures may serve to disengage in the use of performance measures as an element for decision-making and instead serve as a political justification for more funding.

Performance measures are also functions of political and contextual variations present at each governance level. Federal performance measures provide information for the executive branch and congress while state level performance measures are directed toward state legislatures. State agencies and the providers that they monitor have to collect information to meet the reporting requirements for both federal and state legislative bodies. State administrative agencies have limited resources and bounded rationality regarding management decisions. In order to meet the demands from these multiple stakeholders and internal management decisions, choices have to be made on how to approach implementation monitoring. Political decisions at the state and federal level impact what a state agency can focus on. Even when there is agreement in the goals between the state and federal levels, there may be disagreement on what elements of performance to track. When there are distinctions between the federal and state measures, the state must make resource allocation decisions based on the relative importance of the performance measure.

Structural Barriers

There are several structural factors that impact public health performance. Mays et. al. (2006) found that public health performance had varying rates of impact based on the size, financial resources, and organizational resources of the local public health system. When using federal performance measures several contextual factors along multiple
governance layers can impact the performance measures. There is also uncertainty regarding the exact mechanism in which structural factors impact public health outcomes (Mays et al., 2009). One of the challenges is separating changes in program eligibility and programs that occur through legislative decisions and those related to agency discretion. Statutory barriers also impact the ability of an agency to impact performance measures or may spur the development of performance measures to track legislative compliance. There are many political and contextual reasons beyond management decision-making that influence performance measure selection. There are methods to address the contextual factors associated with agency performance. Adjusted performance measures which use contextual factors that impact agency performance (Rubenstein, 2003). While adjusted performance measures are sensitive to contextual factors they are unable to account for the political influences at each level of the complex implementation cycle

State and Federal goal alignment

One for the challenges presented to state mental health agencies is goal ambiguity at the federal level. Ho (2007) describes the differences in the definition of performance between the branches of government with regards to the Substance Abuse and Mental Health Agency. The executive branch viewed performance through the lens of cost-effectiveness whereas congress viewed performance as a measure of meeting stakeholder needs (Ho, 2008, p.329). A variety of definitions of performance is also present at the state level. There have been numerous efforts to monitor state and federal performance, and some of these efforts are not implemented with incentives. In a model without incentives, accountability professionals can serve as the instrument of performance monitoring. The
task of the accountability agency is to objectively determine if the implementation of the performance measure will impact performance or accountability. However, there are challenges in depending on external accountability professionals to determine agency performance. One of the challenges is the differences in values between accountability professionals and agency staff (Power, 1997). From a practical programmatic standpoint, without a performance linked incentive, there is little reason to assume that a performance report will result in program improvement. Given the number of mandated performance measures in which agencies must track, measures without incentives by definition become less of an agency concern. However, there are instances when the agency actions are aligned with the federal performance measures. Given the resources required at the state level to ensure that providers track data and the performance of data integrity on the collected data it is instances when incentives are used that the state and federal agency are the most likely to be aligned.

Innovation and performance

One of the uses of performance measures is to track the implementation of a service innovation. Tracking an innovation has additional challenges due to the fact that innovation is also moderated by internal agency factors and interagency networks. In their analysis of factors contributing to the adoption of matrix management at organizations Burns and Wholey (1993) determined that task diversity, socio-metric location, dissemination of information, and the cumulative force of adoption influenced the adoption of innovative management practices. Federal performance measures are able to have a limited impact on the dissemination of information and the cumulative force of adoption. The limited
impact of performance measures on the organizational factors that influence change in combination with the lack of a performance incentive serves to mitigate the impact of the performance measure. Additional questions regarding the configuration of the performance management system are the number of measures and the alignment of measures at various governance levels. Public accountability takes many forms which require different administrative actions, one of which is performance monitoring and management. Dubnick & Frederickson, (2009) note that federal performance measures represent accountability to the executive branch and there but there is limited evidence on impact on issues of equity and justice.

Agency Motivation

State mental health agencies receive signals from national reporting systems such as the Uniform Reporting System regarding the value of the types of performance data. However, without incentives or administrative support, the measures tracked in the URS data are of limited use to the state and agency decision-making. In an area such as evidence-based practices which is an innovative practice, there are difficulties associated with its measurement. The tracking of the use of innovative measures requires changes to state administrative systems which maybe legacy systems. Similarly, providers may not have a method of tracking these new measures. Tracking these measures can require the agency to invest in supplemental datasets or other methods to obtain the performance information. These supplemental systems may have limited protections regarding the validity and reliability of the submitted data. The performance measures may be tracking
the ability of an administrative system to track the innovative measures rather than the
diffusion of innovative practices.

Data Quality

Data quality is a concept that is constructed of multiple components and lacks a
standardized definition (Pipino et al., 2002; Mitchell and Brown, 2002). The nature of
the challenges of finding valid data that meets the needs of the various stakeholders
representing multiple levels of governance. In addition to the federal state interface, federal
block grants also interact with local governments. While information may report up to the
superordinate agency, information does not always flow downward to the subordinate
agency. This lack of integration of data reduces the probability that the data will fulfill the
needs of the subordinate agency. In instances where the subordinate agency is unable to
receive adequate information regarding the measure, the opportunity to improve
performance is diminished. Sensitivity to agency discretion must therefore be applied
across numerous levels of governance which in turn dilutes the impact of the federal need
for information. Without appropriate incentives or resource assistance, the development of
reliable and valid data that meets the needs of all stakeholders represents a challenge.
Coffey et al. (2008) identify several challenges in the collection of mental health and
substance abuse data and identify practical policy solutions to improve data quality. The
most significant barrier identified was improving the interoperability of datasets
(Coffey, 2008). One of the most significant challenges specific to mental health and
substance abuse treatment is the issue of confidentiality and the use of Health Information
and Portability and Accountability Act (HIPAA) compliant client identifiers (Coffey et al., 2008). Another potential challenge to data is not having the technological ability to track innovations. Changes at the professional or federal level are difficult to track in the legacy systems used by state agencies.

Performance information regarding agency performance can be implemented with positive results even if the information is not ideal (Coffey, 1999). However, the information needs to be involved in a continuous improvement process with dual feedback loops. One of the influencing contextual factors is the influence of goal ambiguity on performance measurement. In Chun and Rainey's (2005) descriptive study of goal ambiguity at federal agencies, the author's highlighted the need for efforts to increase goal clarity to account for agency differences (p.24). Hall and Handley (2011) used a national survey of city government officials and found mixed results regarding the implementation of federal performance measures at the local level. Performance measures are likely to provide incomplete but sufficient information regarding the specified domain of use. The challenge resides in using the data for multiple purposes beyond the initially intended use. Given resource limitations, flexibility in the use of performance measures provides agencies with the ability to meet the needs of multiple stakeholders.

Impact on State

Challenge of Multiple Levels Performance Measures
The performance data collected for multiple agencies creates difficulty in making management decisions at the state level. While there are tertiary benefits in stakeholder accountability, it serves to provide a complex message to agencies trying to initiate change especially when the agency has multiple stakeholders at the federal, state, and local levels. In the case where there are related policies it becomes difficult for an agency to prioritize and measurement decisions may be the result of responding to the agent that is most actively engaging the agency. There are other reporting mechanics that may influence the reporting of the agency such as the presence of an incentive, the frequency of reporting, and intensity of reporting serve to impact the quality of the performance measure. Courty and Marschke (2007) use the federal job training program to explain the necessary feedback loop between performance measure development and agency reporting. The process requires a continual process improvement for performance measures which incorporates the responses to the performance measures. In addition to these measurements of reporting intensity there are also factors related to the type of report. One possible sustainable solution to the multiple levels of performance measures is the use of performance information capture to meet the accountability requirements of one level of the intergovernmental system at separate intergovernmental level.

Challenge of Missing Data in Performance Measures

The results of this study highlight missing data as one of the major barriers to the states using federal performance measures to benchmark performance with other states. Federal performance measures serve as a measure on the use of federal expenditures. However, performance measures serve as an important resource for the development of
performance management systems and benchmarking at the state level. In order to be useful to the states, performance measures need to provide accurate and reliable data from which states can use the data for national comparisons. For most of the population served, the state agency is removed from the process of service provision and while it has access to the Medicaid billing data, information regarding key management decisions resides at the level of program management. There is a delicate balance between the amounts of data and the state authority requires meeting contract requirements and the amount of extra information regarding performance. Performance measures can be integrated into the contract but the inclusion of measures requires additional dedication of resources and political negotiation.

Data

The Substance Abuse and Mental Health Services Administration developed the National Outcome Measures and developed a national collection of outcome measures developed along ten domains. The ten domains are associated with related outcomes and measures that represent mental health, substance abuse. Substance abuse measures are separated into treatment and prevention categories. The broad coverage of the domains across the behavioral health spectrum creates a situation where the measures are not applicable across all practice domains. Using information from this national database for FY 2007 and FY 2009, the impact of national efforts on evidence-based practices will be analyzed. The goal is to identify the interaction between Oregon’s efforts to monitor and increase the amount of evidence-based practices at the state and county-level with the reporting on national level outcome measures.
Reviewing the performance of 50 states using 2007 and 2009 national outcome measures for adult and children’s evidence-based practice implementation provides information on the reporting levels of various state mental health systems. The results of this analysis identify areas that highlight incongruences in information uptake at the state and federal level. There is a demonstrated lack of reporting of practices at the state-level. There are ten evidence-based practice measures contained in the National Outcome Measures (NOMs). Seven of these measures are for the adult population, and three are for the children’s population. The evidence-based practices were identified through a professional research consensus panel convened by Robert Woods Johnson Foundation in 1998 (SAMSHA, 2008). The practices identified by the panel included six practices: Illness Management and Recovery, Supported Employment, Family Psycho-education, Assertive Community Treatment, Integrated Treatment for Co-Occurring Disorders, and Medication Management are represented in the NOM measures (SAMSHA, 2008). In addition to tracking these measures, SAMSHA provides free implementation information for each of the practices. These practices have been shown to be impacted by contextual factors that limit their implementation such as the financing and regulation of individual practices as well as leadership and training and quality issues (Isett et al., 2007). There are also variations in the implementations of individual evidence-based practices. Given the level of variability in the system, it is difficult to standardize implementation across state agencies. This variation is reflected in the reported URS data. The results of the analysis is the level of variability in the use of innovative practices and serves as a signal to states that results based on the implementation of all tracked evidence-based practices might be muted at best. The lack of reliable reporting across states provides states with general information
regarding the tracking of evidence-based practices for a state performance management system. The information is based on the level of report and not the levels reported in the data. Stated differently, the states gain information on the capacity of other states to report and the level in which this innovation needs to be a priority. Lacking federal incentive, the states learn the baseline for report and can make administrative decisions based on this information. In the case of Oregon, the state mandate provided a mechanism in which to focus on evidence-based practices from a more general approach and not focus on the six evidence-based practices required for the Uniform Reporting System.

The amount of data missing in the Uniform Reporting System across states for the ten identified evidence-based practices is significant and limits the analysis available to state decision-making systems. In 2007 and 2009 the State of Oregon reported on half of the ten reported evidence-based practices. While the challenges of missing data preclude any complicated analysis they do provide information to state performance management systems regarding the level of tracking and implementation of selected evidence-based practices across state mental health agencies. The agency can make administrative decisions regarding the amount of investment in the implementation of national evidence-based practices and instead invest resources into the state mandate to track the amount of funding on evidence-based practices. Given that state mental health agencies operate in a resource limited environment and are subject to goals from different levels of the intergovernmental system, this information may be important in making decisions on resource allocation.

Frequency Distributions
The frequency distributions for the reported evidence-based practices for the years 2007 and 2009 were analyzed using STATA 11.0. Supported Employment and Assertive Community Treatment had 27 instances of missing data; Supported Housing displayed 32 instances out of 102 observations of missing data for the years 2007 and 2009. Family psycho-education and medication management had 75 instances of missing data; Illness management had 69 instances of missing data. Dual Diagnosis treatment experienced 56 instances and Therapeutic Foster Care experienced 52 instances of missing data. Multi-Systemic Therapy experienced 69 instances of missing data. Functional Family care experienced 79 instances of missing data.

The goal of these measures was to increase the use of these evidence-based practices so it is assumed that the practices would have low initial representation that rises over time. The challenge encountered was the extent of missing data across all measures and states for 2007 and 2009. Louisiana, Tennessee, and Washington were the only states to report on all of the evidence-based practice measures which occurred in 2009. The state of Wyoming did not report on any of the performance measures for 2007 and 2009. Alaska, California, Louisiana, and Mississippi did not report on any of the evidence-based practice measures in 2007. The level of missing data reflects a general lack of reporting, tracking, and implementation of evidence-based practices across states over the 2007 to 2009 time period.

SAMSHA has addressed issue in data quality experienced in the URS data. In 2007, SAMHSA provided up to $142,200 per year in total costs to states for the purpose of improving data quality (SAMSHA, 2007). One of the possible improvement opportunities
identified was the use of web based mechanisms to increase reporting (SAMSHA, 2007).

There are many challenges to the use of the Uniform Reporting System database as a function of performance management. One of the biggest challenges is the issue of non-report on measures. Given that non-response is more highly attributed to a lack of report missing values can be categorized as Non-Ignorable (NI) error. Non-ignorable missing data can be modeled but require significant information regarding the parameters of the missing data (Luke, et al., 2002). Lacking information on the data parameters, the database is of limited use. The importance of the National Outcome Measures is the ability to track progress on particular program aspect with other states. The inability to track across states limits the use of the national outcome measure system.

Oregon Specific Implementation

Descriptive data for the adoption of evidence-based practices for the years 2007 and 2009 for the state of Oregon reveal trends in reporting of evidence-based practices. Medications Management is the only practice with a reported value over 1%. Medications Management grew from 27.94% in 2007 to 34.3% in 2009. Several of the practices had no report for any of the three years. There was a considerable amount of indication of a lack of report of evidence-based practices. Of total 1,530 observations over a three year period, 825 (54%) of the reports had no reported data. The highest level of report was for Functional Family Therapy with 118 out of 153 observations. The second most non-reported evidence-based practice was Illness Self-Management with 111.
Discussion

While the National Outcome Measures provided information regarding state progress in the tracking of the six national evidence-based practices, they do not capture state efforts to increase the use of evidence-based practices. The six national evidence-based practices were derived through an expert consensus practice in 1998, and they are not sensitive to improvements in determining evidence-based practices over time. There are some inconsistencies at the federal agency level. SAMSHA maintains the National Registry of Evidence-Based Programs and Practices (NREPP) which rates the effectiveness of evidence-based practices along multiple domains. The NREPP effort is similar to the State of Oregon process in which evidence-based practices are submitted by providers and assessed based on the available research. Lacking a consensus on the specific practices employed at the state levels there is the need to seek additional information. This process allows the agency to gain information on the current practices and monitor the influx of new practices.

As of July 27, 2011, the NREPP has tracked over 200 practices (SAMSHA, 2011). Where the National Outcome Measures provide a specific focus on particular practices, they are not sensitive to the overall proliferation of evidence-based practices. A state may increase performance on the narrowly defined evidence-based practice measures but have limited impact overall on the mental health service delivery process. The greatest challenge to the tracking of evidence-based practices at the national level is the lack of data capacity related to tracking the use of the particular evidence-based practice.
Variations in Implementation

The differences in the reporting at the federal and state level provide different pictures of the same policy implementation. The federal performance monitoring focuses on the amount of the population receiving a particular service, the Oregon evidence-based practice implementation tracked the agency level of adoption. There are advantages and disadvantages to both approaches. The Oregon implementation model highlights local contextual factors that impact the interpretation of criteria in performance monitoring. At the local level, evidence-based practices were interpreted widely and developed through a consensus process. At the national level, a narrowly defined standardized criterion was adopted. The goal of the SAMHSA URS is to provide accountability to congress on mental health spending. The impetus for the Oregon implementation was the state-legislature which focused its concern on the amount of state funds purchasing evidence-based practices. In both cases, the respective legislature guided the performance measurement system. One of the possible advantages available to the state agency is to use both sets of information to develop a performance management system that monitors both state and federal requirements.

Potential Improvements

One promising development is the use of electronic health records which can increase the transmission of data from the provider to the monitoring agency automatically. Additional protections such as incentives for performance on measures are an alternative to increase data reliability and report. While at the federal level it is
advantageous to have information on performance on a wide variety of measures, at the agency level there is limited incentive to provide reliable data when there are competing demands for data report.

While the state of Oregon did not track all of the evidence-based practices for the URS, the state developed a separate process for tracking the implementation of all evidence-based practices. In 2005, Oregon had identified 80 evidence-based practices. In 2008, Oregon tracked 110 evidence-based practices. In 2005, the most reported evidence-based practice was Motivational Interviewing with a 75 counties identifying that the practice was purchased. The Oregon survey used a different unit of analysis compared to the SAMSHA URS report. The Oregon survey focused on county purchasing of an evidence-based practice where the SAMSHA URS database tracks the percent of individuals that received a particular service.

National Performance Management Guidelines

The National Performance Management Advisory Commission provides a performance management framework for state and local government. The focus of this framework is to provide general guidelines for the development of public performance management systems. The framework focuses on a continual cycle of development which involves stakeholders and standard principles in the development of performance management systems that address accountability and the capacity for learning and improvement (National Performance Management Advisory Commission, p.1). This framework involves the normative performance management theories. These management theories focus on the use of information in decision-making but remain unclear on the
practicality of monitoring and tracking data with reduced resources and third-party
governance structures. In instances where federal performance measures do not overlap
with state measures, states may make the rational decision and invest resources with the
stakeholder of greatest influence. Performance measures that are not a core element of the
mission have less chance of completion. Accountability professionals play an important
role in assisting agencies in developing performance measure systems that interact with
federal systems and provide useful baseline information that improves the functioning of
the agency. The decision to delegate resources to collection of performance measures is a
management decision which accounts for the transaction cost of the monitoring effort.
Accountability professionals can provide guidance in developing performance management
systems at the state agency level that allow state agencies to utilize existing data collection
systems and integrate these mechanisms to increase the information available for
managerial decisions. Performance data that serves the function of reporting to the
congress is not necessarily effective to the state agency. The most important level of
information in which program decisions can be made rests at the interface between the
provider and the state agency. State comparisons are effective for the state agency to make
decisions about provider practices but require sufficiently valid and reliable data.
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