

Final Report
Performance Measurement and Management
Reporting Requirements
And Associated Technical Assistance Needs

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The National Association of State Alcohol and Drug Abuse Directors, Inc., (NASADAD) with support from the Substance Abuse and Mental Health Services Administration's (SAMHSA) The Center for Substance Abuse Treatment (CSAT), under the SAMHSA/CSAT and NASADAD State Collaborative Activity Grant #5 H79 TI17116-02

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**PERFORMANCE MEASUREMENT AND MANAGEMENT
REPORTING REQUIREMENTS
AND ASSOCIATED TECHNICAL ASSISTANCE NEEDS**

TABLE OF CONTENTS

Executive Summary.....	1
Performance Measurement and Management Reporting Requirements and Associated Technical Assistance Needs.....	2
Tables	
Table 1 – States Responding to Inquiry	2
Table 2 – Originating Authority for Performance Measurement and/or Management Reporting Requirements	3
Table 3 – Categories of State TA Needs.....	4
Table 4 – Summary of State TA Needs Responses	5
Appendices	
Appendix A - Cover Letter	7
Appendix B - Inquiry Instrument.....	9
Appendix C - State-Originated Performance Measurement and Management Reporting Requirements, Listed by State	14
Appendix D - Categorized List of Associated Technical Assistance Needs	28
Appendix E - Associated Technical Assistance Needs, Listed by State.....	40

EXECUTIVE SUMMARY

In order to explore efforts initiated at the State level to collect information on performance measurement and management, NASADAD requested that its members identify any such State-initiated administrative actions or reporting requirements and provide documents setting forth those requirements. States were also asked to identify their top technical assistance needs associated with performance measurement reporting requirements and performance management practices.

Thirty-four States and the District of Columbia responded to the inquiry. All respondents identified State reporting performance measurement and management initiatives, indicating a significant level of activity on the part of the States in this area. Twenty-nine States reported that their reporting requirements originated with a Departmental Directive, twenty-three States with a Legislative Requirement, and eight with an Executive Order. NASADAD collected and compiled the documents on the reporting initiatives that States sent in response to the inquiry.

NASADAD analyzed the States' associated technical assistance needs and developed eight categories to better focus those needs. Below are the categories, followed by a number in parentheses indicating the number of State responses in that category.

Performance Measurement:

1. Collecting and Reporting Performance Measurement Data (12)
2. Data Analysis and Presentation of Performance Data (18)

Performance Management:

3. Implementing Performance Management Systems (47)
4. Current Data Management Information Systems (8)
5. Information Technology - Design and Development (7)
6. Information Technology - Implementation and Training (16)

General

7. NOMS/Outcome Measures Definitions (18)
8. Other (13)

Clearly, implementing performance management systems is a top priority for States. The greatest number of technical assistance needs was in this category.

State level performance measurement and management reporting initiatives are listed and associated technical assistance needs are listed and categorized in this report. Technical assistance to States can be targeted according to these identified needs.

PERFORMANCE MEASUREMENT AND MANAGEMENT REPORTING REQUIREMENTS AND ASSOCIATED TECHNICAL ASSISTANCE NEEDS

As SAMHSA continues to move its grant portfolio, including the SAPT Block Grant, toward a performance measurement and management orientation, it becomes increasingly important that NASADAD, its individual members, and our Federal partners become better informed about similar actions initiated at the State level.

As a first step toward acquiring more information on performance measurement and management at the State level, NASADAD requested that its members identify any State-initiated performance-oriented administrative actions or reporting requirements that apply to the State AOD Agency and provide a copy of any document setting forth those requirements.

NASADAD prepared a cover letter (Appendix A) and an inquiry instrument (Appendix B) requesting examples of State performance measurement/management initiatives that might include, but not be limited to, reports intended to quantify some aspect(s) of a State's AOD service delivery system's efficiency/effectiveness; administrative practices intended to encourage/require enhanced service quality, e.g., implementation of "best" or evidence-based practices; administrative practices intended to encourage/require performance-based contracting; provider "report cards"; performance reports on specified treatment subpopulations, such as youth; or on a specified type of treatment, such as methadone clinics. States were asked to categorize those documents by originating authority (Executive Order, Legislative Requirement, and/or Departmental Directive). States were also asked to identify their top three technical assistance (TA) needs associated with performance measurement and management.

The responses received from the States and the District of Columbia are summarized in Table 1 below.

**Table 1
States Responding to Inquiry**

Responding States (69% or N = 35)	Non-responding States (31% or N = 16)
AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, IN, IA, LA, ME, MD, MA, MI, MS, MO, MT, NV, NJ, NY, OH, OK, OR, PA, SC, SD, UT, VT, WI, WY	AZ, ID, KS, KY, MN, NE, NH, NM, NC, ND, RI, TN, TX, VA, WA, WV

All of the responding States reported that they had State-initiated performance measurement or management requirements and most States submitted supporting documentation.

Table 2 shows how States described the originating authority for their reporting requirements.

Table 2
Originating Authority for Performance Measurement and/or Performance
Management Reporting Requirements

State	Executive Order	Legislative Requirement	Departmental Directive
Alabama			X
Alaska		X	X
Arkansas		X	X
California		X	X
Colorado		X	X
Connecticut		X	X
Delaware			X
District of Columbia		X	
Florida	X	X	
Georgia			X
Hawaii		X	
Illinois			X
Indiana		X	X
Iowa		X	X
Louisiana		X	
Maine		X	X
Maryland	X	X	X
Massachusetts	X		X
Michigan			X
Mississippi	X	X	X
Missouri		X	X
Montana		X	X
Nevada		X	
New Jersey		X	X
New York		X	X
Ohio		X	X
Oklahoma			X
Oregon	X	X	
Pennsylvania			X
South Carolina			X
South Dakota	X		X
Utah			X
Vermont			X
Wisconsin	X	X	X
Wyoming	X	X	X
Total No. of States	8	23	29

Of the 35 States that responded, 29 reported a Departmental Directive, 23 reported a Legislative Requirement, and 8 reported an Executive Order. Appendix C provides a detailed list of these reporting initiatives, listed by State. The actual documents provided by the States were collected and compiled and plans were made to copy these documents onto a CD.

States were also asked to list their top three TA needs in meeting performance measurement reporting requirements and their top three TA needs in meeting or establishing performance management practices (some States reported more than three TA needs). NASADAD first reviewed all the TA needs identified by the States in their entirety, and then developed eight categories to place into better focus the areas of needed technical assistance. These categories are assigned to three broad areas: performance measurement; performance management, and general, as shown below.

Table 3
Categories of State TA Needs

Performance Measurement	1. Collecting and Reporting Performance Measurement Data 2. Data Analysis and Presentation of Performance Data
Performance Management	3. Implementing Performance Management Systems 4. Current Data Management Information Systems 5. Information Technology - Design and Development 6. Information Technology - Implementation and Training
General	7. NOMS/Outcome Measures Definitions 8. Other

The first two categories are related to performance measurement. Category 1 - Collecting and Reporting Performance Measurement Data includes such needs as ensuring data integrity and how data can best be collected. Category 2 - Data Analysis and Presentation of Performance Data refers to assistance in the interpretation of data when it is collected, data analysis techniques, and the design of useful reports.

The next four categories are associated with performance management. Category 3 - Implementing Performance Management Systems refers to performance-based contracts, performance incentives, provider report-cards and implementing evidence-based practices. Category 4 - Current Data Management Information Systems refers to improvements in existing management information systems. Category 5 - Information Technology – Design and Development refers to assessing the need for or designing new management information systems. Category 6 – Information Technology - Implementation and Training refers to efforts to put into place new management information systems and to train staff.

The last two categories contain general TA needs that did not fit into the previous categories. Category 7 - NOMS/Outcome Measures Definitions refers to requests for clarification on definitions of outcome measures. Category 8 - Other includes such needs as staffing and funding

shortages and consensus-building, and ranges from broad program planning needs to very specific needs, such as a survey on consumer satisfaction.

Table 4 organizes the State TA needs responses according to the eight categories. It should be noted that some of the States' responses were assigned to more than one category and some States had more than one response in a category. The number of the State's responses in a category is shown in parentheses next to the State abbreviation. A list of the States' actual responses grouped by category is shown in Appendix D. The States' TA needs listed by State are shown in Appendix E.

Table 4
Summary of State TA Needs Responses

TA Category	No. of States Reporting	States	No. of TA Needs
1. Collecting and Reporting Performance Measurement Data	9	DE, FL, LA (3), NJ (2), NY, OH, SD, UT, WI	12
2. Data Analysis and Presentation of Performance Data	15	AR, CA, CT, DC, IA (2), LA, MT, NV, NJ, NY (2), OK, SD, UT, VT (2), WI	18
3. Implementing Performance Management Systems	23	AR (3), CA (4), CO, CT, IL (2), IA (2), LA, MA, ME, MI (2), MS, MO, MT, NV (4), NJ (3), NY (2), OK (3), OR (3), PA (3), SC (3), UT (2), VT (2), WI	47
4. Current Data MIS	8	AR, CO, FL, IL, IN, MS, SC, VT	8
5. IT- Design and Development	5	AR, DC (2), MI, NY, PA (2)	7
6. IT- Implementation and Training	14	CA, CO, HI, IL (2), IN, LA, MS, NJ, NV, OK (2), PA, SD, UT, WI	16
7. NOMS/Outcome Measures Definitions	17	AK, CA, CO, MD, MA, OR, HI, IN, MA, MI (2), MO, NV, OK, OR, PA, SC, VT	18
8. Other	9	AK (2), IN (3), IA, HI, MA, NY (2), OH, UT, WI	13

The TA category with the highest number of State responses was Category 3 - Implementing Performance Management Systems (23 States and 47 needs). The States' other TA needs were distributed over the remaining seven categories (with 12-18 responses per category).

In summary, 34 States and the District of Columbia responded to NASADAD's inquiry regarding performance measurement and management reporting requirements and associated TA needs. Most States indicated that the originating authority for performance measurement and/or performance management came from Departmental Directives (29) and/or Legislative Requirements (23). When asked to identify TA needs, States responded with TA needs that were grouped by performance measurement, performance management, and general areas, across eight categories. The category with the greatest number of needs identified was implementing performance management systems. The results of this study can help focus and target technical assistance activities that are related to TA needs identified by the States.

Appendix A
Cover Letter

July 15, 2005

Dear NASADAD Member,

As SAMHSA continues to move its grant portfolio, including the SAPT Block Grant, towards a performance measurement and management orientation, it becomes increasingly important that NASADAD, its individual members, and our Federal partners become better informed about similar actions initiated at the State level.

As a first step towards meeting that need, NASADAD is requesting that its members identify any State-initiated performance-oriented administrative actions or reporting requirements that apply to the State AOD agency and provide a copy of any document setting forth those requirements, e.g., Legislation, Executive Orders or departmental directives. It would be most appreciated if you or your designee would complete the attached checklist and return it to NASADAD along with the requested documentation by **August 5, 2005**.

Examples of State performance measurement/management initiatives might include, but not be limited to:

- Reports intended to quantify some aspect(s) of a State's AOD service delivery system's efficiency/effectiveness
- Administrative practices intended to encourage/require enhanced service quality, e.g., implementation of "best" or evidence-based practices.
- Administrative practices intended to encourage/require performance-based contracting
- Provider "report cards"
- Performance reports on specified treatment subpopulations, such as youth
- Performance reports on a specified type of treatment, such as methadone clinics.

Your attention to this matter is truly appreciated. For your convenience, a pre-paid FedEx shipping envelope is enclosed. Please feel free to contact Bob Anderson at (202) 293-0090 ext. 104 or Marcia Trick at (202) 293-0090 ext. 116 at any time if you should have questions.

Sincerely,

Lewis E. Gallant, Ph.D.
Executive Director

Appendix B
Inquiry Instrument

Please respond no later than August 5, 2005.

_____ Page 1 of 4
State

State Performance Measurement and Management Initiative
Checklist

State: _____ Contact Person: _____

Phone: _____ E-mail: _____

Fax No.: _____

Section A
Inquiry Intent and Response Guidance

It is critical that NASADAD, its individual members, and our SAMHSA/CSAT partners be mutually informed about performance measurement and management initiatives arising at both the Federal and State levels. The intent of this membership inquiry is to capture basic information on such activities originating at the State level which apply to the State AOD Agency.

SSAs are asked to respond to the questions in Section B by categorizing performance measurement or management requirements by originating authority (Executive Order, Legislation, or Departmental Directive) and attaching a copy of the document establishing those requirements. Examples of State performance measurement/management initiatives might include, but not be limited to:

- Reports intended to quantify some aspect(s) of a State's AOD service delivery system's efficiency/effectiveness
- Administrative practices intended to encourage/require enhanced service quality, e.g., implementation of "best" or evidence-based practices.
- Administrative practices intended to encourage/require performance-based contracting
- Provider "report cards"
- Performance reports on specified treatment subpopulations, such as youth
- Performance reports on a specified type of treatment, such as methadone clinics.

Section C will provide an opportunity to articulate your technical assistance needs as they relate to performance measurement or performance management.

Section B
State Originated Performance Measurement and
Performance Management Requirements

1. The SSA for _____ (State) does _____ does not _____ have State-initiated performance measurement or management requirements. (If the State SSA does not have such requirements, skip to Section C.)
2. If the SSA does have State level performance measurement or management requirements, please identify below and attach documentation.

Executive Order(s)

Brief Descriptor

A. _____ Attached ☐

B. _____ Attached ☐

C. _____ Attached ☐

Comments: _____

Legislative Requirement(s)

Brief Descriptor

A. _____ Attached ☐

B. _____ Attached ☐

C. _____ Attached ☐

Comments: _____

Brief Descriptor	Departmental Directive(s)
A. _____	Attached <input type="checkbox"/>
B. _____	Attached <input type="checkbox"/>
C. _____	Attached <input type="checkbox"/>
Comments: _____	

Section C
Performance Measurement or Management Technical Assistance Needs

1. Please describe your SSA's top three technical assistance needs in meeting **performance measurement reporting requirements** (including NOMS) e.g., data analysis techniques for performance reports designed to meet specific state/local needs.

A.	_____

B.	_____

C.	_____

2. Please describe your SSA's top three technical assistance needs in meeting or establishing **performance management practices**, e.g., grant/contract provisions designed to provide incentives to providers.

A. _____

B. _____

C. _____

Thank you for your participation in this membership consultation. Please contact Bob Anderson at banderson@nasadad.org or Marcia Trick at mtrick@nasadad.org in the event that you have any questions. Both Bob and Marcia may also be reached at (202) 293-0090.

Appendix C

State-Originated Performance Measurement and Management Reporting Requirements

STATE-ORIGINATED PERFORMANCE MEASUREMENT AND MANAGEMENT REQUIREMENTS

States were first asked if they did or did not have State-initiated performance measurement or management requirements. All of the 35 responding States answered that they did have such requirements. They were then asked to identify those requirements under the 3 possible originating authorities: Executive Order(s), Legislation, and Departmental Directive(s). States were provided space to list up to 3 (A, B and C) items under each of the 3 originating authorities, along with space for comments. It should be noted that some States described their requirements but did not provide accompanying documents. For those States, the term *Requirements Described* is provided after the name of the State, instead of *Documents Provided*. These results are presented by State below.

Alabama

Documents Provided:

Departmental Directives:

- A. SMART (Specific Measurable Accountable Responsive Transparent) BUDGETING: Planning with a Purpose--a description of planning process and training workbook.

Alaska

Documents Provided:

Legislative Requirements:

- A. Sec. 75 of HB0318 from 5/12/03 is representative of the typical legislative reporting expectations from the Alaska Division of Behavioral Health.

Departmental Directives:

- A. Departmental Directives are under development and are attached: "Outcomes Identification and System Performance."

Arkansas

Documents Provided:

Legislative Requirements:

Comment: Although much mention has been made by legislators, there are no legislative requirements for Arkansas.

Departmental Directives:

- A. Performance Based Contracting Performance Indicators (an example).

Comment: As part of a Departmental Directive, the AR Department of Health and Human Services, Division of Behavioral Health Services, Office of Drug Abuse Prevention (ADAP) requires all contract providers to adhere to performance-based contracting Performance Indicators.

California

Requirements Described:

Legislative Requirements:

- A. The Wright Bill (HSC, Section 11756.7) mandates ADP to test automated outcome measurement systems and make recommendations for statewide implementation.

Documents Provided:

Legislative Requirements:

- A. The California Health and Safety Code (HSC), Section 11755 *et seq*, authorizes the California Department of Alcohol and Drug Programs (ADP) to collect data from counties and providers.
- B. HSC Section 11999.9 mandates an annual study to evaluate the effectiveness and financial impact of the Substance Abuse and Crime Prevention Act (SACPA). HSC Section 11999.10 requires that funding be set aside each year to conduct a long-term study to evaluate the effectiveness and financial impact of programs funded by SACPA.
- C. HSC Section 11970.45 requires ADP to design a data collection instrument to determine State prison cost saving and avoidance that result from the Drug Court Partnership Adult Courts program.
- D. HSC Section 11970.2 requires ADP to adopt appropriate data collection and reporting requirements to measure California Drug Court Implementation outcomes and cost-effectiveness.

Departmental Directives:

- A. The California Outcomes Monitoring System (CalOMS) is a Statewide, client-based data collection and outcomes measurement system that will begin operation January 1, 2006. CalOMS will allow ADP to effectively manage and improve the provision of alcohol and other drug services at the State, county and provider levels. The CalOMS Data Set will provide data to address ADP's business needs and capture required State and Federal information including the proposed Federal outcome performance measures (NOMS). The Negotiated Net Amount Contract between the State and each county requires each county to participate in CalOMS.
- B. The ADP Strategic Plan, Goal 8, was developed based on Federal trends and proposals and State business needs to implement a State-wide treatment and prevention outcomes measurement system that provides information for administering and improving prevention and treatment programs.
- C. In early 2005, the Department of Alcohol and Drug Programs finalized its performance measurement system. The ADP executive staff identified core programs and outcomes for those programs, and then selected a set of performance measures as indicators of the degree to which the department is meeting its stated desired outcomes.

Colorado

Documents Provided:

Legislative Requirements:

- A. Footnote Report on Offender Treatment Program named STIRRT (Short-term Intensive Residential Remediation and Treatment) – report provided to legislature for multiple years.
- B. DUI/DWAI Evaluation
- C. Prevention Legislation

- D. One-page document describing Annual Report to Legislature (47-page document available on our web-page)

Departmental Directive:

- A. Departmental Strategic Plan

Connecticut

Documents Provided:

Legislative Requirements:

- A. Connecticut General Statutes, Sec. 17-451, paragraphs (n) and (o), establish the requirement that all licensed substance abuse treatment facilities must report data to the Department of Mental Health and Addiction Services (DMHAS). The data reported included the TEDS data elements collected at both admissions and discharge.

Departmental Directives:

- A. In addition to the legislation noted above, data reporting is an explicit requirement in the Human Services Contracts by which DMHAS purchases direct-care services from private non-profit providers.

Comments: DMHAS has established performance measures based on the data reported to the Department under the legislation and contract provisions noted above. These (and sometimes additional measures) are written directly into contracts as performance requirements. Results on the measures are generated by DMHAS from a central database, and providers can see their respective programs' scores on line (as can DMHAS staff).

Delaware

Requirements Described:

Departmental Directives:

- A. Performance-based contracts for outpatient and intensive outpatient.
- B. Contract language requiring use of evidence-based practices.
- C. MIS Provider report card on data submission.

District of Columbia

Documents Provided:

Legislative Requirements:

- A. Addiction Prevention and Recovery Administration (APRA) Performance Measures (Measures for negative urine toxicology for outpatient treatment clients and percentage of addicted youth receiving treatment).

Departmental Directives:

Comments: Monthly reporting procedures are being developed so that a central store can be built for measuring the numbers and demographic breakdowns of clients served.

Florida

Documents Provided:

Executive Orders:

- A. Florida Drug Control Strategy.

Legislative Requirements:

- A. General Appropriations Act Performance Requirements (In Measure portion of Dashboard document).
- B. Florida Prevention System Plan.

Georgia

Requirements Described:

Departmental Directives:

- A. Performance Measurement Reports. Georgia's Division of Mental Health, Developmental Disabilities, and Addictive Diseases (DMHDDAD) regularly prepares quantitative reports on various measures of system performance. Quarterly management reports detail system- and provider-level performance on outcomes such as consumer improvement in treatment. DMHDDAD management sets targets each year, and these quarterly reports are used to monitor success at meeting such targets. Additionally, annual reports contain Statewide results on similar consumer improvement measures, as well as results for Statewide consumer satisfaction surveys.
- B. Performance-Based Contracting. For the past two years, DMHDDAD has implemented a performance-based contracting system. In provider contracts, specific dollar amounts have been tied to outcomes related to consumer improvement while in services, as well as to the submission of performance-related data. In order to support this contracting process, monthly reports have been produced to aid in monitoring provider performance. In the provider contracts for the current year, DMHDDAD has expanded the number of performance-related expectations. Rather than tying specific dollar amounts to these expectations, performance results are intended to inform quality improvement initiatives, as well as future contracting processes.
- C. Provider Report Cards. DMHDDAD is currently undertaking the development of a provider report card system. Within the next year, DMHDDAD expects to produce report cards for use by internal and provider management, including measures taken from the provider contracts and the reports detailed above.

Documents Provided:

- A. Request for Application for "Core Services", which includes both mental health and addictive diseases.
- B. An Annex to our current contract which outlines deliverables for our core providers of these services.
- C. Annual Report of Georgia's Performance Measurement and Evaluation System (PERMES).
- D. PERMES Reporting Forms.

Hawaii

Documents Provided:

Legislative Requirements:

- A. Act 40-Part III Substance Abuse Treatment Monitoring Program.
- B. Act 40-Part IV Annual Report to the Legislature.

Illinois

Requirements Described:

Departmental Directives:

- A. The Division of Alcoholism and Substance Abuse (DASA) collects Admission and Discharge Data from the Division Automated Reporting Tracking (DARTS) system, the DASA client reporting system. This information is used for other performance reporting such as: performance outcomes to the Governor's Office, DHS Performance Management Systems (PERMS), a Department of Human Services Requirement: To increase agency efficiency and capacity related to monitoring and reporting activities, specifically automating agency reporting processes and performance measurement. The comprehensive electronic reporting and measurement system will provide near real-time information to all stakeholders (DHS Executives, the Governor's Office, Advocates, and Program Funders. The system will be used to determine budget priorities and evaluate actual performance versus target outcomes.
- B. Evidence-based Practice: Adolescent Infrastructure Grant (SAMHSA funded). This grant, funded August 1, 2005, will train 13 youth provider organizations on the GAIN assessment tool. The grant is a three-year planning grant for development of the adolescent work force and design of the adolescent treatment system in Illinois.

Indiana

Documents Provided:

Legislative Requirements:

- A. Biennial Report.
- B. Consumer Satisfaction Survey Report Cards (Adult & Children Mental Health Only)

Departmental Directives:

- A. System Manual for Outcomes (Living Arrangement, Homelessness, Employment, Functioning) for Adults with SMI, SA and Children with SMI, SA.

Iowa

Requirements Described:

Legislative Requirements:

- A. Evaluation and outcome requirements on several prevention programs.

Departmental Directives:

- A. Contracts with managed care require them to do report cards for programs.
- B. Department has a contract with the University to perform follow-up 6 months after discharge and develop an outcome monitoring report.
- C. Contracts with prevention programs require them to do pre and post evaluation on curriculum programs. University will assist in analysis of this.
- D. Completed a lot of training these past two years on best practices. This training includes motivational interviewing, methamphetamine treatment, and prevention program best practices.

Louisiana

Requirements Described:

Legislative Requirements:

- A. House Bill 2476 introduced in the 1997 legislative session became ACT 1465 which established the Louisiana Government Performance and Accountability Act. A copy of the HB is attached along with information from the Louisiana Division of Administration web site which provides an outline of the Statutory Requirements for Performance Accountability which has been incorporated into R.S. 39:87.1-4. The LA Government Performance and Accountability Act mandated strategic planning for each agency as part of the budget process. Agencies are required to develop a Strategic plan with goals and objectives and an Operational Plan with performance indicators to put those goals and objectives into operation. Performance Indicators are reported on a quarterly basis through an electronic data system called LAPAS (Louisiana Performance Accountability System). When indicators are finalized and agreed upon by all levels of government that are involved, quarterly and yearly performance targets are established and the agency reports on a quarterly basis progress made toward meeting the targets. The electronic program has a built-in formula which calculates the variance over or under the target. Explanatory notes must be provided on targets that are 5% above or below the target. Agencies can adjust quarterly targets but are still expected to meet the year-end target. Year-end targets are compared with the previous year's performance also. The audit division of the Legislative Auditors office audits agency performance, including audit of performance indicators for validity, reliability and accuracy. The Joint Legislative Committee on the Budget reviews semi-annual reports on agency performance. Agencies that exceed expected performance may receive awards, which can include monetary rewards. All agencies being considered for awards must pass an audit by the Legislative Auditor to verify the data that the award is based upon. Agencies that do not meet expected performance can receive punishment. House Bill No.42, which became Act 82 from the 2000 legislative session, established the Exceptional Performance and Efficiency Incentive Program. This was incorporated into R.S. 39:87.5. Following review by the Legislative Auditor, the Louisiana Office for Addictive Disorders received a monetary award due to exceptional performance of our social detoxification programs.

Documents Provided:

Legislative Requirements:

- A. Statutory Requirements for Performance Accountability HB 2476.
- B. Statutory Requirements for Strategic Planning, Office for Addictive Disorders Strategic Plan.
- C. Information on Louisiana Performance and Accountability System (LAPAS).
- D. Information on Incentive Fund and copy of HB42.

Maine

Documents Provided:

Legislative Requirements:

- A. Statute from legislature requiring performance-based contracting (2 pp.).

Departmental Directives:

- A. Contract (40 pp.).

Maryland

Documents Provided:

Executive Orders:

- A. Executive Order creating the Maryland State Drug and Alcohol Abuse Council, identifying specific membership, duties and responsibilities.

Legislative Requirements:

- A. Annotated Code of Maryland, Health General Article Title 8.

Departmental Directives:

- A. Annual Grant Review Protocol Forms, Pg. 10.
- B. Conditions of Grant Awards.
- C. Outlook and Outcomes- 2003 Annual Report.

Comments: All three attachments identify performance measurement and management requirements originating from the State Alcohol and Drug Abuse Administration.

- D. Key Goals, Objectives and Performance Measures (MFRs).

Massachusetts

Documents Provided:

Executive Orders:

- A. On May 16, 2005, Governor Romney issued an Executive Order creating the Massachusetts Interagency Council on Substance Abuse (see enclosed). One of the central functions of the group is to implement cross-agency performance measures.

Departmental Directives:

- A. The Massachusetts Department of Public Health, Bureau of Substance Abuse Services has developed and maintained a number of data sets and performance measurement and management requirements that report program and client level outcomes, some of which are consistent or closely aligned with SAMHSA's NOMS. Beyond the Substance Abuse Management Information System (SAMIS) that all of our treatment programs report to and larger surveillance efforts happening on the nationwide and Statewide levels (NHSDUH, Behavioral Risk Factor Surveillance Survey, Youth Health Survey), BSAS also maintains the following performance measurement initiatives:
 - 1. Methadone Treatment Quality Assurance System – measures client changes on a quarterly basis. Measures of interest include: client's drug use, client's utilization of hospital and emergency room services, employment status, and arrest status. Reports generated compare provider-specific measures against state and regional averages.
 - 2. Performance Review Instrument (PRI) – examines a broad range of both process and outcome measures (program completion rates, length of stay in treatment, housing status) and compares provider-specific measures against State and regional averages.
 - 3. Residential Outcomes Management Team (ROMT) – provides information on client's use of residential services on measures of biomedical and behavioral stabilization, and relapse potential including measures describing a client's recovery environment. Reports generated compare provider-specific measures against State and regional averages.

Michigan

Requirements Described:

Departmental Directives:

- A. Outcome Data Collection.
- B. Performance Indicators (quarterly).
- C. Sentinel Events (semi-annually).

Comments: All three are part of CMS Waiver Agreement. Outcome data is for NOMS.

Documents Provided:

Legislative Requirements:

- A. Legislative Financial Services Report

Mississippi

Documents Provided:

Executive Orders:

- A. Letter of transferred authority from Governor.

Comments: Governor Haley Barbour transferred authority to the Department of Mental Health, Alcohol and Drug Division.

Legislative Requirements:

- A. Maintain 15 Regional Mental Health Centers.
- B. Regulate/License/Certify all Alcohol and Drug Centers.

Departmental Directives:

- A. Data Frequency Table.
- B. Resource Booklet and Minimum Standards.
- C. MS Substance Abuse Management Information System.

Missouri

Documents Provided:

Legislative Requirements:

- A. RSMO 33.210 Performance Based Budget.
- B. RSMO 33.220 Prescribed Budget Forms.
- C. Example of SSA Budget (Program Description).

Departmental Directives:

- D. Treatment Provider Contract Language.
- E. Prevention Provider Contract Language.
- F. 9CSR 10-7.010 Outline of SSA Best Practices for Treatment.
- G. 9CSR 30-3.300 Requirement for Prevention Programs to be research-based.

Montana

Documents Provided:

Legislative Requirements:

- A. MCA – 54-24-101. Legislative Purpose.
- B. MCA – 54-24-208. Facility Standards.

Departmental Directives:

- A. Department Performance Objectives.
- B. SSA Contract Monitoring.

Nevada

Documents Provided:

Legislative Requirements:

- A. Budget Performance Indicators.

New Jersey

Documents Provided:

Legislative Requirements:

- A. Chapter 51 (P.L. 1989).

Departmental Directives:

- A. Division of Addiction Services Contract Requirements.
- B. DYFS NOMS Evaluation.

New York

Requirements Described:

Legislative Requirements:

- A. New York State Mental Hygiene Law.
- B. New York State Finance Law.

State laws are available on the web at: <http://public.leginfo.state.ny.us>. New York's planning process is described in our annual SAPT Block Grant application (2005 attached) is set forth as a requirement under the Mental Hygiene Law.

Comments: In New York, a separate, cabinet level State agency is authorized under the Mental Hygiene Law (19.01): "The state of New York and its local governments have a responsibility in coordinating the delivery of alcoholism and substance abuse services, through the entire network of service providers. To accomplish these objectives, the legislature declares that the establishment of a single, unified office of alcoholism and substance abuse services will provide an integrated framework to plan, oversee and regulate the state's prevention and treatment network. In recognition of the growing trends and incidence of chemical dependency, this consolidation allows the state to respond to the changing profile of chemical dependency, this consolidation allows the state to respond to the changing profile of chemical dependency. The legislature recognizes that some distinctions exist between the alcoholism and substance abuse field and where appropriate, those distinctions may be preserved. Accordingly, it is the intent of the state to establish one office of alcoholism and substance abuse services in furtherance of a comprehensive service delivery system." Under this law, OASAS is authorized to certify and license services delivered by State, local public and private entities; contract for funding; and receive Federal grants. To accomplish its mission, OASAS has developed an extensive quality assurance system to survey and audit program compliance and also credentials and issue licenses to prevention and treatment professionals. OASAS itself operates 13 inpatient treatment facilities. As a State agency, OASAS is also subject to financial reporting and administrative requirements (e.g., prompt contracting with nonprofit providers) under the State Finance Law; and all appropriations that OASAS receives and administers must be appropriated by the State legislature, as approved by the Governor.

Documents Provided:

Departmental Directives:

- A. Performance measurement systems.
- B. Report card (program performance review).
- C. Six-month report.
- D. Results-Focused Prevention Workplan Guide.
- E. IPMES/Workscope Objective Attainment System (10th Edition)
- F. OASAS Evaluation Systems' Report: "Behaviors of Clients Remaining in Treatment at Least Six Months," published in May 2004
- G. OASAS' "Results Focused Prevention Workplan Guide," as revised in July 2003.

Ohio

Documents Provided:

Legislative Requirements:

- A. H.B. 484.
- B. Community plan guidelines.
- C. ABC/Family and Children First.

Comments: Alternatives to Better Care (ABC) is an initiative that falls under Family and Children First. There is no legislative requirement, but some Departments have voluntary measures that support the initiative reflected in Performance Ohio (Department Directive).

Departmental Directives:

- A. Grant-funded program requirements.
- B. Outcome Framework Initiative.
- C. Performance Ohio.
- D. Interagency Prevention Partnership.

Oklahoma

Documents Provided:

Departmental Directives:

- A. Board of Directors' Strategic Plan.

Oregon

Requirements Described:

Executive Orders:

- A. Engagement in services.
- B. Retention in services.
- C. Completion and treatment.

Documents Provided:

Legislative Requirements:

- A. Budget note requiring performance based contracting.

Comments: We have developed treatment outcome improvement reports in light of this requirement.

Pennsylvania

Documents Provided:

Departmental Directives:

- A. Bureau Program Outcome Measures for Deputy Secretary.
- B. 2005-2010 Grant Agreement Requirement: Requires contractors to have a minimum of 30% of prevention programs by 2007. We have included excerpts from the 2005-2010 Grant Agreement (Performance-Based Prevention System Framework Requirements)
- C. State-wide Treatment Needs Assessment Fall 2005.

South Carolina

Documents Provided:

Departmental Directives:

- A. Applicable sections of the FY06 DAODAS Block Grant. Includes highlighted references to performance requirements. Last page (Special Conditions) spells out compliance with established goals and objectives.
- B. QA Standards—Statewide quality assurance standards. Includes highlighted references to performance standards.
- C. FY04 Accountability Report—Annual report that details performance standards and achievements for South Carolina providers during FY04.
- D. FY06 Coordinated County Review Process— Includes highlighted references to performance issues that are reviewed during this process.
- E. SC Performance Management Reports—A list of existing client outcome and provider performance reports as well as those that are under review/development.
- F. Performance Measures for SC County Alcohol and Drug Abuse Authorities—A draft document that includes the definitions for domains 1 and 3 of South Carolina's performance measures.

Comments: The State has not required any such performance measures. However, it has asked that the state office (DAODAS) benchmark its own performance and use these benchmarks as the level for measurement. In this regard, the department requires certain performance measures, to include "Goals of Effectiveness", which are efficiency objectives designed to enhance client engagement and retention and to improve timely access to care and to engage clients in the continuation of care. In addition, the department has instituted several benchmarks, in cooperation with the Governor's Office, known as the Governor's Goals, which include reducing client alcohol and other drug usage; reducing client unemployment; reducing client emergency room use; reducing the five-year detoxification recidivism rate; reducing homelessness among the client among the client population, reducing youth access to tobacco; holding providers accountable through its contractual processes; increasing evidence-based prevention strategies; and increasing alternative funding strategies for alcohol and other drug abuse services.

In regard to Administrative Practices that encourage/require enhanced service quality and the implementation of best practices and those practices to encourage/require performance-based contracts, the state requires national accreditation through CARF, the Accreditation Commission for Rehabilitation Facilities, state licensure through the South Carolina Department of Health and Environmental Control, implements separate quality assurance standards, and enforces these through annual Coordinate County Review (provide visits) that looks at financial, administrative

and programmatic standards. The attached FY04 Accountability Report details these benchmarks.

South Dakota

Documents Provided:

Executive Orders:

- A. Administrative Rules.

Departmental Directives:

- A. Treatment Outcome Study by Dr. Gary E. Leonardson, Mountains Plains Research, 12/03/04, includes 6 Reports (Intro, Report on Basic Demographic Information and Results of Twelve Month Follow-up Procedure for Adults Completing Community-Based Treatment Programs, Adolescent Chemical Dependency Programs-2004, Twelve-Month Follow-up for Adolescents Completing Community-Based Treatment Programs, Twelve-Month Follow-up for Adults Completing Prison Treatment Programs, ...for Adults Completing Gambling Treatment Programs).
- B. Facility Level Performance Data, Completing Program, Forms, Abstinence Rates and Client Ratings.
- C. Facility Level Performance Data for Gambling Programs.

Utah

Documents Provided:

Departmental Directives:

- A. Program Description, Form 360- FY 2007.
- B. Site Visit Monitoring Outline.
- C. Adult MH Monitoring Tool.
- D. Child MH Monitoring Tool:
 - 1. Chart Review Checklist.
 - 2. Parent Involvement and Perception of Services Interview Form.
- E. DSA/MH Prevention Monitoring Tool FY2005.
- F. Justice Services Treatment File Review.
- G. Treatment Case File Review FY'05.
- H. FY 05 Oversight Monitoring Report.
- I. FY 06 Area Plan Timeline.
- J. Drug Court Service Report.

Vermont

Requirements Described:

Departmental Directives:

- A. Substance Abuse Treatment Program Rules (34-page document).
www.healthyvermonters.info/rules/sabuserules1.pdf

Wisconsin

Requirements Described:

Executive Orders:

- A. Department Secretary Verbal Directive to Division Administrator.

Documents Provided:

Legislative Requirements:

- A. HFS 75.03 (20) Community Substance Abuse Service Standards.
- B. Substance Abuse Services in Wisconsin: 2003 Annual Report to the Governor

Departmental Directives:

- A. Human Services Reporting System (HSRS) Alcohol and Other Drug Abuse Module.
- B. 2005 State/County Contract Covering Social Services and Community Programs.
- C. Peer Reviews.

Wyoming

Documents Provided:

Executive Orders:

- A. Governor 's Substance Abuse and Violent Crime Advisory Board.
- B. Wyoming Alliance for Drug Endangered Children.
- C. Governor's Domestic Violence Elimination Council.
- D. Governor's Council on Impaired Driving.

Legislative Requirements:

- A. HB82 Drug Courts 2001.
- B. HB59 Substance Abuse Control Plan 2003.
- C. HB46 Health Care Commission 2003.
- D. HB205 Drug Courts 2003.
- E. HB33 Children and Families Initiative 2004.
- F. HB275 Methamphetamine Planning Study 2004.
- G. HB308 Methamphetamine Initiative 2004.
- H. HB340 Select Committee on Mental Health and Substance Abuse 2004.

Departmental Directives:

- A. Division- Level Strategic Plan.

Appendix D

**Categorized List of Associated
Technical Assistance Needs**

CATEGORIZED LIST OF ASSOCIATED TECHNICAL ASSISTANCE NEEDS

Performance Measurement:

1. Collecting and Reporting Performance Measurement Data

DE	TA needed to assist in identifying best way to collect and report data on prevention measures for NOMS
FL	Achieving alignment between State-required measures and the NOMS
LA	Alignment of State performance indicators with National Outcome Measures
LA	Reporting of performance management data (NOMS)
LA	To develop QA protocol and procedures to insure data integrity
NJ	New Jersey needs a better administrative procedure for tracking and reporting the cost of treatment
NJ	Improved quality assurance for data collection, that is, ways to validate items reported and to increase accuracy, especially for NOMS measures
NY	While prevention providers are required to complete various documents that capture data and demonstrate performance against agreed-upon program goals, there is currently no single mechanism to aggregate this information for use in reviewing system-wide performance. There is also some question as to whether or not statewide survey instruments will be required to address NOMS requirements and, if so, whether or not New York would have to modify existing performance work plans and reporting.
OH	Development of a program level data collection tool for prevention NOMS
SD	Definite list of what is to be collected
UT	Develop an effective and accurate method of collecting arrest data
WI	Local Data Collection System – While Federal and State agencies may define performance measurement requirements, it is usually local providers and agencies that must collect the data. How performance measurement data is collected is critical to the reliability and validity of the data. In many cases, however, Federal and State agencies do not provide guidance or assistance to local agencies on how best to collect data so that the data is collected consistently across local agencies. Local agencies need assistance in determining how best to collect data from a methodological and an efficiency perspective. Should data be

	collected from an existing MIS, a self-administered survey, a personal interview, etc.? Should the data be collected from clients or from providers? How can the data collection be integrated into the agencies existing processes to make the effort efficient – at the time of intake, assessment, discharge?
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2. Data Analysis and Presentation of Performance Data

AR	TA in interpreting data in an effort to accurately assess and predict trends and to propose effective alternative treatment modalities
CA	How to analyze data and use performance outcomes at the program level for program improvement and management
CT	Assistance regarding best methods of data dissemination (especially to providers) and ongoing improvement in data quality. For example, learning from other States that have superior results in these areas might be very beneficial.
DC	Advice on algorithms to use in calculating performance indicators
IA	Internal data analysis capability
IA	Assisting program in understanding the need for accurate data and how the performance programs will be utilized
LA	Alignment of State performance indicators with National Outcome Measures.
MT	Developing reports that are meaningful to providers to assure their investment in providing clean and accurate data
NV	Development and use of the new data system ability to provide information to individual providers to help them manage their programs.
NJ	Analytic methods to assess need for treatment at the county and local level and for special populations, e.g., adolescents, women, disabled
NY	While prevention providers are required to complete various documents that capture data and demonstrate performance against agreed-upon program goals, there is currently no single mechanism to aggregate this information for use in reviewing system-wide performance. There is also some question as to whether or not statewide survey instruments will be required to address NOMS requirements and, if so, whether or not New York would have to modify existing performance work plans and reporting.
NY	The use of case mix adjustment techniques to differentiate among particular treatment population groups and the development or adaptation of outcome

	measurement linked to such groups for substance abuse treatment
OK	Using the data for true performance improvement at all levels, including disseminating the results and training stakeholder to use the information
SD	Assistance in the interpretation of the data when it is collected
UT	Develop protocols for completing data audits
VT	Data analysis techniques for performance reports re NOMS
VT	Design of useful reports and feedback mechanisms for providers
WI	Data Analysis and Presentation Techniques – Assistance would be helpful on various techniques for analyzing certain types of data to most directly answer analysis questions. The measurement and development of benchmarks, for example, would be helpful to review. Assistance would also be helpful on methods of presenting data analyses to different audiences to communicate results most effectively.

Performance Management:

3. Implementing Performance Management Systems

AR	TA in creating uniform performance measurement instruments according to the substance abuse treatment services that ADAP funds
AR	TA in producing Requests for Applications and Requests for Proposals that will yield the selection of performance based grantees and contractors that may receive incentives for adequate performance
AR	To see examples of other States' successful efforts in establishing performance management practices for grantees and contractors
CA	How to develop performance-based contracts with sub-State entities
CA	How to analyze data and use performance outcomes at the program level for program improvement and management
CA	How to develop performance-based contracts and how to effectively monitor performance-based contracts.
CA	How to implement and monitor evidence-based practices
CO	Funding/training in NIATx treatment skills to increase engagement and retention

	(NOMS). Eight frontier States have this same interest.
CT	The second area of TA would be in regard to application of incentives. Jack Kemp, SSA Director for Delaware, gave a presentation at Brandeis (DE is one of the Washington Circle-Public Sector Committee State members) on what his State is doing in this area. While not a “true” pay for performance model, it has had the effect of 1) providers paying better attention to data quality, and 2) having them focus on continuous quality improvement. Perhaps, TA from some States that are beginning to implement such quality improvement practices would help efforts here at DMHSAS.
IL	Identify and define evidence-based practice, model programs and promising programs for substance abuse treatment system
IL	Further analysis needs to be undertaken in order to determine benchmarks at the provider level. Incentives at the provider level may need to include system upgrades for both prevention and treatment providers. Provider staff may need additional training and equipment to provide the increasing outcome information required at the State and Federal levels.
IA	Assistance in developing and monitoring performance incentives
IA	How best to use current data to monitor performance measures
LA	Establishing baselines for incentives with new performance measures based upon national averages
MA	Model performance contracting standards – existing examples of relevant models for performance based contracts
ME	Incentives/disincentives and how to ensure you are not creating worse new problems with your incentive program
MI	Performance contracting incentives, withholds, etc.
MI	Establishment of measures that are valid and measure organizational performance and not other factors
MS	Training on evidence-based practices to enhance present modalities
MO	Development of web-based provider “report cards”
MT	Developing processes and procedures for internal management and use of data that allow for contract monitoring based on performance measures, including outcome and process indicators
NV	Implementation of a new Nevada Treatment Data System and determination of

	how data from the system can be used to report on NOMS and improve outcome data from funded providers
NV	Performance-based contracting and what methods are effective to improve program performance
NV	Workforce training on evidence-based practices, i.e., Clinical Contingency Management, Motivational Interviewing and outcome reporting
NV	How to use incentives to improve program performance, should disincentives be used and what incentives can be used to move services where a need is not being met, such as services to rural and frontier areas or services for adolescents?
NJ	Model programs and practices to implement evidence-based treatment in New Jersey programs
NJ	Effective means to monitor agency compliance with contract requirements beyond on-site visits.
NJ	Support for improving assessment and placement of patients and provider training in these processes
NY	New York anticipates funding support to establish a Statewide Epidemiological Workgroup (SEW) and would benefit from technical assistance to maximize opportunities through the SEW to improve information sharing and management practices across State and local systems, leading to improved services.
NY	Assistance in designing payment systems that are linked to performance, including the ability to target funding for the service needs of populations (e.g., pregnant women and women with dependent children) and to maximize use of all available resources
OK	Using the data for true performance improvement at all levels, including disseminating the results and training stakeholders to use the information
OK	Contract provisions designed to provide incentives to providers
OK	Effectively measuring evidence-based practices
OR	How to differentiate quality indicators between providers in the system
OR	Developing incentives for providers to adapt and implement evidence-based practices
OR	Developing incentives for submission of accurate and timely data
PA	Training for the field on evidence-based programs for treatment

PA	Identifying Pre-Post tests for Prevention services that will show effectiveness of Prevention Programs
PA	How to implement the development of Provider Report Cards
SC	How to get providers to retain the priority and enforcement of standards within their local office, beyond the SSA requirements.
SC	Grant/contract provisions designed to provide incentives to providers/How to develop graduated sanctions and corrective actions for non-compliance with Single State Authority standards, i.e., decreasing funding and eliminating funding to provider.
SC	Clarify SSA's authority to enforce consequences for local provider non-compliance with Federal fiscal and program standards
UT	Develop simplistic, effective way to monitor for preferred practices
UT	Evaluate possible protocols for "rewarding" timely and accurate data submissions
VT	Transitioning to performance-based contracting systems
VT	Help for providers in use of data to address quality improvement
WI	Design and Structure of Proven Performance Incentive Systems Within the Human Services Field – How incentive systems work without funding for incentives? Types of non-monetary incentives appropriate for human service providers? How incentives are built into contracts? How to best design, incentivize, and accurately measure specific types of performance measures that are imprecisely defined.

4. Current Data Management Information Systems

AR	TA in establishing a data management system to capture the domains identified in the NOMS
CO	Funds for a contractor to assist us in making required changes to our data management systems and client admission/discharge form (\$100,000)
FL	Data structure requirements for upload of data to SAMHSA/CSAT/CSAP
IL	System changes to the Prevention data collection system for collection of NOMS needs to occur. DATA collection fields do not line up to the Optional Outcomes "P" forms in the SAPT Block Grant Application. The DARTS system does not collect information that is post treatment.

IN	Support to add true discharge data to the web-based data collection system
MS	Assistance is needed on how to adjust present data collection system to meet the new performance requirements.
SC	Once we learn more about expectations for the Unique Client ID, we may need assistance with implementation, especially with legal issues concerning client confidentiality, if cross-provider verification is needed.
VT	Linking state and local data systems–record sharing.

5. Information Technology - Design and Development

AR	To see examples of other States that have implemented performance measurement reporting systems, especially in regards to their ability to have a corresponding automated data collection system
DC	Advice on integrating SAMHSA NOMS and ATR reporting requirements into the case management portion of our treatment data collection system (database design issues)
DC	Advice on designing a data warehouse to centralize storage of statistical data from multiple sources. The goal is to facilitate quick performance outcome reporting.
MI	We want to pursue web-based (real time) record collection, so we can free up more time to do analysis.
NY	Readiness assessment for the collection of treatment data required under NOMS, including any information technology needs of nonprofit and/or public agencies receiving OASAS funding, and OASAS information technology needs and systems changes required for NOMS
PA	One of the most critical needs is actual infrastructure dollars for developing or purchasing a data system that will allow us to report performance measurements as required by the Federal Block Grant
PA	How to implement a data-driven management system to be proactive in identifying community needs and allocating resources to meet emerging needs.

6. Information Technology - Implementation and Training

CA	Training documents that list all Federal performance measurement requirements, such as NOMS, GPRA, etc. and how to apply the information
CO	Funds to support staff travel, room and board/per diem, and conference room setup to train providers statewide (2 data staff making 2 complete circuits of the State, 12 non-metro sites, 6 metro sites, 10 overnights stays and conference room, equipment rental = \$10,000)
HI	Educating providers regarding NOMS
IL	Implementation of a client-centered data collection system for the treatment system. Training of the providers in the system by moving from a paper reporting client system to a web-based system has tremendous training implications. Although the current system can collect information required for the outcomes in the SAPT Block Grant "T" forms admissions and discharge data sets, the information is collected at the service level. Further analysis of the information collection needs to be performed in order to set performance requirements at the provider level.
IL	Implementation of a client-centered data collection system for the treatment system. Training of the providers in the system by moving from a paper reporting client system to a web-based system has tremendous training implications. Although the current system can collect information required for the outcomes in the SAPT Block Grant "T" forms admissions and discharge data sets, the information is collected at the service level. Further analysis of the information collection needs to be performed in order to set performance requirements at the provider level.
IN	Skilled, trained, experienced data/policy analyst staff
LA	Training on data collection requirements and definitions for State office and TA for State staff to provide training for field staff and providers Statewide
MS	The Dept. needs training on systems development to collect required data.
NJ	Support for improving assessment and placement of patients and provider training in these processes
NV	Implementation of a new Nevada Treatment Data System and determination of how data from the system can be used to report on NOMS and improve outcome data from funded providers
OK	Using the data for true performance improvement at all levels, including disseminating the results and training stakeholders to use the information

OK	Training treatment providers to report valid and complete data
PA	How to implement a data-driven management system to be proactive in identifying community needs and allocating resources to meet emerging needs
SD	Training for providers on data collection
UT	Develop implementation plan for testing
WI	Local quality improvement systems – Demonstrated variety of quality improvement systems. Once performance measurement data is reported, it is not always clear what the next action step is to effect change based on the results. Some local providers need assistance on how to set up the quality improvement cycle to use data to effect organizational change, such as the Plan-Do-Check-Act cycle.

General:

7. NOMS/Outcome Measures Definitions

AK	Clear direction and timely dissemination of NOMS, etc.
CA	As prevention NOMS and their data sources are further defined, ADP would like to have a timely means of being informed about these issues by CSAP, as well as how other States are acquiring and applying prevention NOMS data.
CO	TA for #2 NOMS-change in employment. Our providers have focused some efforts in these areas, but not the majority of programs. Comment: Colorado would highly recommend that there be ongoing dialogue and partnership among the States and SAMHSA in the implementation, interpretation, and common understanding of the outcomes reported, particularly necessary for the prevention outcomes.
MD	A clear description on some of the Prevention Performance Measures would be helpful.
MA	Establishing clear, precise definitions of outcome measures
OR	We are revising performance measures for outpatient and residential treatment
HI	Identifying performance measures that Hawaii can use to meet NOMS reporting requirements
IN	Support to develop NOMS (school enrollment, increased social support, client perception of care, increased use of EBPs); need definitions

	(numerators/denominators)
MA	Modality: population-specific outcome measures development, i.e., adolescent treatment, family treatment
MI	We lack programming staff who can update or change the IS in a timely fashion. This is a staffing and funding shortage.
MI	Controllability of measures
MO	Increased Access to Services (by age, gender, race and ethnicity). This NOMS involves calculating the penetration rate, which requires knowing the number in need of treatment. We will have to use the most recent 2003 prevalence estimates, which will get older each year, unless we have assistance in updating the study that produced those estimates.
NV	Determination of Unit Costs for each level of service and identify differences for Urban and Frontier areas
OK	Determining outcomes, such as abstinence, after treatment has concluded
OR	We would welcome input related to our measures around methadone treatment.
PA	Identifying sound outcome measures for State and local needs
SC	Benchmarks for NOMS
VT	Functional requirements analysis for NOMS response

8. Other

AK	Better understanding at the Federal level that States experience difficulty in changing data capture methods which affect block grant submissions
AK	Better dissemination and communication around technical assistance and TA funding
IN	High level vision, mission, objectives and goals
IN	Support to develop two substance abuse consumer satisfaction surveys (one for adults and one for children)
IN	Skilled, trained, experienced data/policy analyst staff
IA	Having an opportunity to see what other States are doing in order to improve

	States' performance measures
HI	Capacity Planning
MA	Consensus-building among stakeholder groups (provider association, legislature)
NY	Assistance in assuring a competent, culturally and ethnically diverse workforce to prevent use and, where required, provide treatment
NY	Technical assistance from SAMHSA's three centers to inform and frame strategic plans for the prevention and treatment of substance use and dependence while advancing practice improvements. With SAMHSA's help, OASAS seeks to fully inform our managers, county administrators, and community- and faith-based prevention and treatment providers of the NOMS initiative and its impact on OASAS and all funded providers.
OH	TA to assess progress in implementation of ODADAS' outcome framework to determine next steps to facilitate its continued evolution of system-wide outcome thinking and practices in relationship with the SAPT Block Grant, ODADAS' strategic plan and Board Community plans.
UT	Determine infrastructure needs for pre and post-testing for prevention training
WI	Access to Recovery (ATR) – Transformation of voucher system from urban to rural settings

Appendix E

Associated Technical Assistance Needs Listed Alphabetically by State

PERFORMANCE MEASUREMENT OR MANAGEMENT TECHNICAL ASSISTANCE NEEDS

States were asked to list their top three technical assistance needs (A,B,C) in meeting performance measurement reporting requirements and their top three technical assistance needs in meeting or establishing performance management practices. Results are presented below by question and by State. It should be noted that some States provided more than three technical assistance needs in response to the first question. Additional State comments are also listed.

Alabama

1. Performance Measurement Reporting Requirements TA Needs:
 - A. None at the present, currently working with the Robert Wood Johnson Foundation – Resources for Recovery.
2. Performance Management Practices TA Needs:
 - A. None at the present, currently working with the Robert Wood Johnson Foundation – Resources for Recovery.

Alaska

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Clear direction and timely dissemination of NOMS, etc.
 - B. Better understanding at the Federal level that States experience difficulty in changing data capture methods which affect block grant submissions.
 - C. Better dissemination and communication around technical assistance and TA funding.
2. Performance Management Practices TA Needs:

Same as above.

Arkansas

1. Performance Measurement Reporting Requirements TA Needs:
 - A. TA in establishing a data management system to capture the domains identified in the NOMS.
 - B. To see examples of other States that have implemented performance measurement reporting systems, especially in regards to their ability to have a corresponding automated data collection system.
 - C. TA in interpreting data in an effort to accurately assess and predict trends and to propose effective alternative treatment modalities.
2. Performance Management Practices TA Needs:
 - A. TA in creating uniform performance measurement instruments according to the substance abuse treatment services that ADAP funds.
 - B. TA in producing Requests for Applications and Requests for Proposals that will yield the selection of performance based grantees and contractors that may receive incentives for adequate performance.
 - C. To see examples of other States' successful efforts in establishing performance management practices for grantees and contractors.

California

1. Performance Measurement Reporting Requirements TA Needs:
 - A. How to analyze data and use performance outcomes at the program level for program improvement and management.
 - B. Training documents that list all Federal performance measurement requirements, such as NOMS, GPRA, etc., and how to apply the information.
 - C. As prevention NOMS and their data sources are further defined, ADP would like to have a timely means of being informed about these issues by CSAP, as well as how other States are acquiring and applying prevention NOMS data.
2. Performance Management Practices TA Needs:
 - A. How to develop performance-based contracts with sub-State entities.
 - B. How to develop performance-based contracts and how to effectively monitor performance-based contracts.
 - C. How to implement and monitor evidence-based practices.

Colorado

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Funds for a contractor to assist us in making required changes to our data management systems and client admission/discharge form (\$100,000).
 - B. Funds to support staff travel, room and board/per diem, and conference room setup to train providers statewide (2 data staff making 2 complete circuits of the State, 12 non-metro sites, 6 metro sites, 10 overnights stays and conference room, equipment rental = \$10,000).
2. Performance Management Practices TA Needs:
 - A. Funding/training in NIA treatment skills to increase engagement and retention (NOMS). Eight frontier States have this same interest.
 - B. TA for #2 NOMS-change in employment. Our providers have focused some efforts in these areas, but not the majority of programs.

Comment: Colorado would highly recommend that there be ongoing dialogue and partnership among the States and SAMHSA in the implementation, interpretation, and common understanding of the outcomes reported, particularly necessary for the prevention outcomes.

Connecticut

1. Performance Measurement Reporting Requirements TA Needs:

None listed.
2. Performance Management Practices TA Needs:
 - A. Assistance regarding best methods of data dissemination (especially to providers) and ongoing improvement in data quality. For example, learning from other States that have superior results in these areas might be very beneficial.
 - B. The second area of TA would be in regard to application of incentives. Jack Kemp, SSA Director for Delaware, gave a presentation at Brandeis (DE is one of the Washington Circle-Public Sector Committee State members) on what his State is doing in this area. While not a “true” pay for performance model, it has had the effect of 1) providers paying better attention to data quality, and 2) having them focus on continuous quality improvement. Perhaps, TA from some States that are

beginning to implement such quality improvement practices would help efforts here at DMHSAS.

Delaware

1. Performance Measurement Reporting Requirements TA Needs:
 - A. TA needed to gain a better understanding of the NOMS prevention measures.
 - B. TA needed to assist in identifying best way to collect and report data on prevention measures for NOMS.
2. Performance Management Practices TA Needs:

None listed.

District of Columbia

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Advice on integrating SAMHSA NOMS and ATR reporting requirements into the case management portion of our treatment data collection system (database design issues).
 - B. Advice on algorithms to use in calculating performance indicators.
2. Performance Management Practices TA Needs:
 - A. Advice on designing a data warehouse to centralize storage of statistical data from multiple sources. The goal is to facilitate quick performance outcome reporting.
 - B. Advice on appropriate measures to implement.

Florida

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Achieving alignment between State required measures and the NOMS.
 - B. Data structure requirements for upload of data to SAMHSA/CSAT/CSAP.
2. Performance Management Practices TA Needs:
 - A. We're in good shape here and have used performance-based contracting for a number of years. We've had technical assistance on incentives and may wish to revisit this later on.

Georgia

Comment: No technical assistance needs at this time.

Hawaii

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Educating providers regarding NOMS.
 - B. Identifying performance measures that Hawaii can use to meet NOMS reporting requirements.
2. Performance Management Practices TA Needs:
 - A. Capacity Planning.
 - B. Transition from fee-for-service to performance-based contracting.

Illinois

1. Performance Measurement Reporting Requirements TA Needs
 - A. Identify and define evidence-based practice, model programs and promising programs for substance abuse treatment system.
 - B. Implementation of a client-centered data collection system for the treatment system. Training of the providers in the system by moving from a paper reporting client system to a web-based system has tremendous training implications. Although the current system can collect information required for the outcomes in the SAPT Block Grant “T” forms admissions and discharge data sets, the information is collected at the service level. Further analysis of the information collection needs to be performed in order to set performance requirements at the provider level.
 - C. System changes to the Prevention data collection system for collection of NOMS needs to occur. DATA collection fields do not line up to the Optional Outcomes “P” forms in the SAPT Block Grant Application. The DARTS system does not collect information that is post treatment.
2. Performance Management Practices TA Needs:
 - A. See above: Further analysis needs to be undertaken in order to determine benchmarks at the provider level. Incentives at the provider level may need to include system upgrades for both prevention and treatment providers. Provider staff may need additional training and equipment to provide the increasing outcome information required at the State and Federal levels.

Indiana

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Support to add true discharge data to the web-based data collection system.
 - B. Support to develop NOMS (school enrollment, increased social support, client perception of care, increased use of EPBs); need definitions (numerators/denominators).
 - C. Support to develop two substance abuse consumer satisfaction surveys (one for adults and one for children).
2. Performance Management Practices TA Needs:
 - A. Skilled, trained, experienced data/policy analyst staff.
 - B. High level vision, mission, objectives and goals.
 - C. Skilled, trained, experienced database developer and database administrator staff – State (non-contract) positions.

Iowa

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Internal data analysis capability.
 - B. Assisting program in understanding the need for accurate data and how the performance programs will be utilized.
 - C. Having an opportunity to see what other States are doing in order to improve States’ performance measures.
2. Performance Management Practices TA Needs:
 - A. Assistance in developing and monitoring performance incentives.
 - B. How best to use current data to monitor performance measures.

Louisiana

1. Performance Measurement Reporting Requirements TA Needs:
 - A. To develop QA protocol and procedures to insure data integrity.
 - B. Training on data collection requirements and definitions for State office and technical assistance for State staff to provide training for field staff and providers Statewide.
 - C. Reporting of performance management data (NOMS).
2. Performance Management Practices TA Needs:
 - A. Establishing baselines for incentives with new performance measures based upon national averages.
 - B. Alignment of State performance indicators with National Outcome Measures.

Maine

1. Performance Management Practices TA Needs:
 - A. Incentives/disincentives and how to ensure you are not creating worse new problems with your incentive program.
2. Performance Management Practices TA Needs:

None listed.

Maryland

Comment: No urgent TA needs have been identified.

A clear description on some of the Prevention Performance Measures would be helpful.

Massachusetts

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Establishing clear, precise definitions of outcome measures.
 - B. Modality: population-specific outcome measures development, i.e., adolescent treatment, family treatment.
2. Performance Management Practices TA Needs:
 - A. Model performance contracting standards – existing examples of relevant models for performance based contracts.
 - B. Consensus-building among stakeholder groups (provider association, legislature).

Michigan

1. Performance Measurement Reporting Requirements TA Needs:
 - A. We lack programming staff who can update or change the IS in a timely fashion. This is a staffing and funding shortage.
 - B. We want to pursue web-based (real time) record collection, so we can free up more time to do analysis.
2. Performance Management Practices TA Needs:
 - A. Performance contracting incentives, withholds, etc.
 - B. Establishment of measures that are valid and measure organizational performance and not other factors.
 - C. Controllability of measures.

Mississippi

1. Performance Measurement Reporting Requirements TA Needs:
 - A. The Department needs training on systems development to collect required data.
 - B. Training on evidence-based practices to enhance present modalities.
 - C. Assistance is needed on how to adjust present data collection system to meet the new performance requirements.
2. Performance Management Practices TA Needs:

None listed.

Missouri

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Development of web-based provider “report cards”.
 - B. Increased Access to Services (by age, gender, race and ethnicity). This NOMS involves calculating the penetration rate, which requires knowing the number in need of treatment. We will have to use the most recent 2003 prevalence estimates, which will get older each year, unless we have assistance in updating the study that produced those estimates.

Montana

1. Performance Measurement Reporting Requirements TA Needs
 - A. Developing reports that are meaningful to providers to assure their investment in providing clean and accurate data.
 - B. Developing reports that are meaningful to policy makers to build support for provision of quality services.
 - C. Developing processes and procedures for internal management and use of data that allow for contract monitoring based on performance measures, including outcome and process indicators.
2. Performance Management Practices TA Needs:

None listed.

Nevada

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Implementation of a new Nevada Treatment Data System and determination of how data from the system can be used to report on NOMS and improve outcome data from funded providers.
 - B. Development and use of the new data system ability to provide information to individual providers to help them manage their programs.
 - C. Determination of Unit Costs for each level of service and identify differences for Urban and Frontier areas.
2. Performance Management Practices TA Needs:
 - A. Workforce training on evidence-based practices, i.e., Clinical Contingency Management, Motivational Interviewing and outcome reporting.
 - B. Performance-based contracting and what methods are effective to improve program performance.

- C. How to use incentives to improve program performance, should disincentives be used and what incentives can be used to move services where a need is not being met, such as services to rural and frontier areas or services for adolescents?

New Jersey

1. Performance Measurement Reporting Requirements TA Needs:
 - A. New Jersey needs a better administrative procedure for tracking and reporting the cost of treatment.
 - B. Improved quality assurance for data collection, that is, ways to validate items reported and to increase accuracy, especially for NOMS measures.
 - C. Analytic methods to assess need for treatment at the county and local level and for special populations, e.g., adolescents, women, disabled.
2. Performance Management Practices TA Needs:
 - A. Effective means to monitor agency compliance with contract requirements beyond on-site visits.
 - B. Model programs and practices to implement evidence-based treatment in New Jersey programs.
 - C. Support for improving assessment and placement of patients and provider training in these processes.

New York

1. Performance Measurement Reporting Requirement TA Needs:
 - A. Readiness assessment for the collection of treatment data required under NOMS, including any information technology needs of nonprofit and/or public agencies receiving OASAS funding, and OASAS information technology needs and systems changes required for NOMS.
 - B. Technical assistance from SAMHSA's three centers to inform and frame strategic plans for the prevention and treatment of substance use and dependence while advancing practice improvements. With SAMHSA's help, OASAS seeks to fully inform our managers, county administrators, and community- and faith-based prevention and treatment providers of the NOMS initiative and its impact on OASAS and all funded providers.
 - C. While prevention providers are required to complete various documents that capture data and demonstrate performance against agreed-upon program goals, there is currently no single mechanism to aggregate this information for use in reviewing system-wide performance. There is also some question as to whether or not statewide survey instruments will be required to address NOMS requirements and, if so, whether or not New York would have to modify existing performance workplans and reporting.
 - D. The use of case mix adjustment techniques to differentiate among particular treatment population groups and the development or adaptation of outcome measurement linked to such groups for substance abuse treatment.

2. Performance Management Practices TA Needs:
 - A. New York anticipates funding support to establish a Statewide Epidemiological Workgroup (SEW) and would benefit from technical assistance to maximize opportunities through the SEW to improve information sharing and management practices across State and local systems, leading to improved services.
 - B. Assistance in designing payment systems that are linked to performance, including the ability to target funding for the service needs of populations (e.g., pregnant women and women with dependent children) and to maximize use of all available resources.
 - C. Assistance in assuring a competent, culturally and ethnically diverse workforce to prevent use and, where required, provide treatment.

Ohio

1. Performance Measurement Reporting Requirements TA Needs:
 - A. TA to assess progress in implementation of ODADAS' outcome framework to determine next steps to facilitate its continued evolution of system-wide outcome thinking and practices in relationship with the SAPT Block Grant, ODADAS' strategic plan and Board Community plans.
 - B. Development of a program level data collection tool for prevention NOMS.
2. Performance Management Practices TA Needs:

See 1.A. above.

Oklahoma

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Using the data for true performance improvement at all levels, including disseminating the results and training stakeholders to use the information.
 - B. Training treatment providers to report valid and complete data.
2. Performance Management Practices TA Needs:
 - A. Contract provisions designed to provide incentives to providers.
 - B. Determining outcomes, such as abstinence, after treatment has concluded.
 - C. Effectively measuring evidence-based practices.

Oregon

1. Performance Measurement Reporting Requirements TA Needs:
 - A. We are revising performance measures for outpatient and residential treatment.
 - B. We would welcome input related to our measures around methadone treatment.
 - C. How to differentiate quality indicators between providers in the system.
2. Performance Management Practices TA Needs:
 - A. Developing incentives for providers to adapt and implement evidence-based practices.
 - B. Developing incentives for submission of accurate and timely data.

Pennsylvania

1. Performance Measurement Reporting Requirements TA Needs:
 - A. One of the most critical needs is actual infrastructure dollars for developing or purchasing a data system that will allow us to report performance measurements as required by the Federal Block Grant.
 - B. Identifying sound outcome measures for State and local needs.
 - C. How to implement a data-driven management system to be proactive in identifying community needs and allocating resources to meet emerging needs.
2. Performance Management Practices TA Needs:
 - A. Training for the field on evidence-based programs for treatment.
 - B. Identifying Pre-Post tests for Prevention services that will show effectiveness of Prevention Programs.
 - C. How to implement the development of Provider Report Cards.

South Carolina

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Once we learn more about expectations for the Unique Client ID, we may need assistance with implementation, especially with legal issues concerning client confidentiality, if cross-provider verification is needed.
 - B. Benchmarks for NOMS.
2. Performance Management Practices TA Needs:
 - A. Grant/contract provisions designed to provide incentives to providers/How to develop graduated sanctions and corrective actions for non-compliance with Single State Authority standards, i.e., decreasing funding and eliminating funding to provider.
 - B. How to get providers to retain the priority and enforcement of standards within their local office, beyond the SSA requirements.
 - C. Clarify SSA's authority to enforce consequences for local provider non-compliance with Federal fiscal and program standards.

South Dakota

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Training for providers on data collection.
 - B. Assistance in the interpretation of the data when it is collected.
 - C. Definite list of what is to be collected.
2. Performance Management Practices TA Needs:

None listed.

Utah

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Develop an effective and accurate method of collecting arrest data.
 - B. Determine infrastructure needs for pre and post-testing for prevention training.
 - C. Develop implementation plan for testing.
 - D. Develop simplistic, effective way to monitor for preferred practices.
2. Performance Management Practices TA Needs:

- A. Evaluate possible protocols for “rewarding” timely and accurate data submissions.
- B. Develop protocols for completing data audits.

Vermont

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Functional requirements analysis for NOMS response.
 - B. Data analysis techniques for performance reports re NOMS.
 - C. Help for providers in use of data to address quality improvement.
 - D. Linking state and local data systems – record sharing.
2. Performance Management Practices TA Needs:
 - A. Assistance to program staff in how to use data for quality improvement.
 - B. Transitioning to performance-based contracting systems.
 - C. Design of useful reports and feedback mechanisms for providers.

Wisconsin

1. Performance Measurement Reporting Requirements TA Needs:
 - A. Local Data Collection System – While Federal and State agencies may define performance measurement requirements, it is usually local providers and agencies that must collect the data. How performance measurement data is collected is critical to the reliability and validity of the data. In many cases, however, Federal and State agencies do not provide guidance or assistance to local agencies on how best to collect data so that the data is collected consistently across local agencies. Local agencies need assistance in determining how best to collect data from a methodological and an efficiency perspective. Should data be collected from an existing MIS, a self-administered survey, a personal interview, etc.? Should the data be collected from clients or from providers? How can the data collection be integrated into the agencies existing processes to make the effort efficient – at the time of intake, assessment, discharge?
 - B. Data Analysis and Presentation Techniques – Assistance would be helpful on various techniques for analyzing certain types of data to most directly answer analysis questions. The measurement and development of benchmarks, for example, would be helpful to review. Assistance would also be helpful on methods of presenting data analyses to different audiences to communicate results most effectively.
2. Performance Management Practices TA Needs:
 - A. Access to Recovery (ATR) – Transformation of voucher system from urban to rural settings.
 - B. Design and Structure of Proven Performance Incentive Systems Within the Human Services Field – How incentive systems work without funding for incentives? Types of non-monetary incentives appropriate for human service providers? How incentives are built into contracts? How to best design, incentivize, and accurately measure specific types of performance measures that are imprecisely defined.
 - C. Local quality improvement systems – Demonstrated variety of quality improvement systems. Once performance measurement data is reported, it is not always clear what the next action step is to effect change based on the results. Some

local providers need assistance on how to set up the quality improvement cycle to use data to effect organizational change, such as the Plan-Do-Check-Act cycle.

Wyoming

1. Performance Measurement Reporting Requirements TA Needs:
None at this time.
2. Performance Management Practices TA Needs:
None at this time.