Alabama Support Team for Evidence-Based Practices

Investing in Outcomes

There is growing recognition that policymakers and public managers can achieve substantially better results by using evidence to inform decisions; enabling a more strategic approach to selecting, funding, and delivering public services. Alabama is among those recognizing the need to build a more informed decision-making process that can be supported by evidence and data. By developing a more informed process, Alabama can transform its current culture to one that is data-driven, results oriented, and focused on the achievement of outcomes.

By focusing and investing in outcomes, agencies and service providers can re-direct efforts to long-term benefits rather than short-term outputs. Policymakers and public managers have been conditioned to talk about programmatic activities in terms of outputs, funding mechanisms, and global objectives rather than the achievement of outcomes. Cementing a change in culture that shifts the attention to outcomes will allow public managers to measure performance across time and jurisdiction while policymakers can invest in programs that work, incentivize better outcomes, and more appropriately align resources with results.

Alabama has taken the first steps to developing a process for evaluation and building capacity for evidenced-based policy making. To facilitate the process, the Legislative Services Agency assembled the ***Alabama Support Team for Evidence-Based Practices (ASTEP)***. ASTEP's mission is to partner with state agencies and provide the supports necessary to deliver services to the citizens of Alabama in the most effective and efficient manner; informing policymakers and public managers about how those services are administered and delivered with the aim of maximizing the value of state resources, expanding innovative programs, and strengthening accountability.

Growing Recognition at the Federal Level

The Social Impact Partnership to Pay for Results Act (SIPPRA) was signed into law on February 9, 2018 and is intended to improve the effectiveness of certain social services. The federal government will pay for a project only if predetermined project outcomes have been met and validated by an independent evaluator, a system called a "pay for results partnership." Congress appropriated $100 million for the SIPPRA program to implement "Social Impact Partnership Demonstration Projects" and feasibility studies to prepare for those projects.

KEY FINDINGS

Over the last nine months, ASTEP has worked with Human Resources, Public Health, Mental Health, Senior Services, and Medicaid to gather the available information to create a comprehensive inventory of services within each agency. The complete implementation of the ASTEP approach, including matching services to evidence, will continue to be phased-in. This phased-in approach will provide the time necessary for ASTEP and agencies to assess, improve, or develop the staff and technical resources essential to the initiative. ***Key findings from the last nine months of work include:***

Measuring performance and evidence-based practices (EBPs) are not new concepts to agencies. Many of the agencies are required to provide EBPs, measure performance, and report their activities to the federal government or provider of funds. Some performance measures and reporting requirements are directly linked to continued funding while others are a more informative collection of statistics.

> *Contracted service providers are required to deliver EBPs from an approved list that are designed to impact self-management, disease prevention and health promotion.*

There is an obvious disconnect between outputs and outcomes. Agencies demonstrated difficulty determining which outcomes a service is trying to impact. Outcomes and performance measures were often expressed in terms of programmatic activities (outputs).

> *Output expressed as an Outcome – In 2017, health screenings evaluated 202 persons suspected of having a defined condition, eventually ruling out the defined condition in 82 patients and confirming an active condition in 120 patients.*
>
> *Outcome to impact – Increase completed treatment rate of persons diagnosed with defined health condition.*

The agencies are largely dependent on outside providers to deliver services. Agencies generally serve as the administering agent for services directly delivered to participants; contracting with outside provider networks or direct service providers to deliver services to participants.

> *Provider Boards, Regional Care Providers, Contracted Direct Service Providers, and Mini-grant recipients comprise a significant number of service providers.*

There is little incentive for agencies to collect data that is not required to continue receiving funds. Data collected at the State level is often aggregated by the service providers and limited to global objectives. In some instances, it has been suggested that existing information systems are antiquated and unable to produce information upon demand.

> *Some providers are paid to provide services in total and allocate receipts internally to specific services. In return the administering agency receives statistical participation rates, but can only estimate the total cost to provide a particular service.*

There is confusion between evidence supporting a program's effectiveness and statistics gathered by a program. Evidence takes on many forms and is interpreted differently among agencies, providers, and practitioners.

> *Websites with census data were provided as basis for evidence in some prevention programs. Links to federal guidelines and recommended practices were provided for federally funded programs.*

Lack of coordination to deliver services among agencies and impact outcomes. Multiple agencies are providing similar services impacting the same outcomes; however, there is a noticeable lack of coordination between services and agencies.

> *16 tobacco cessation services are administered by at least 3 different agencies, with no services identified as working with a service delivered by another agency.*

Providers and practitioners need to be engaged in the process. Agency staff charged with coordinating the work with ASTEP had different areas of focus then personnel charged with selecting and monitoring the services delivered to participants.

CATALOG OF SERVICES

When fully implemented, the Catalog of Services (COS) will be a single source for policymakers and public managers to view, analyze, and compare services delivered in Alabama. Through its partnership with the Departments of Public Health, Mental Health, Senior Services, and Human Resources; ASTEP has cataloged over 600 combined services into a web-based visual database. The COS represents the programs being provided by these agencies during FY17, spanning multiple policy areas, and categorized based on ASTEP standards. Information related to service level participation, provider information, and financial information is provided for each service where applicable and when made available. The structure of the COS was designed to be a resource for stakeholders and a base line for future evaluation work. It was also designed to be built upon. As agencies update service information annually, services will be able to be compared over time. ASTEP is working to add location specific information and evidence of effectiveness to future iterations.

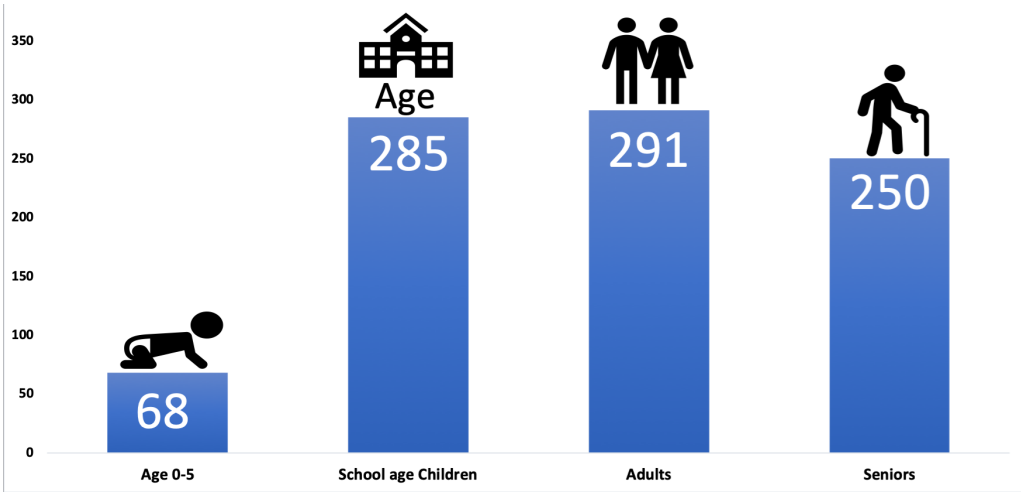
The categories of service are divided into three service types (direct, indirect, and other).

Direct - Services with outcomes where the recipient receives direct benefit from the service.

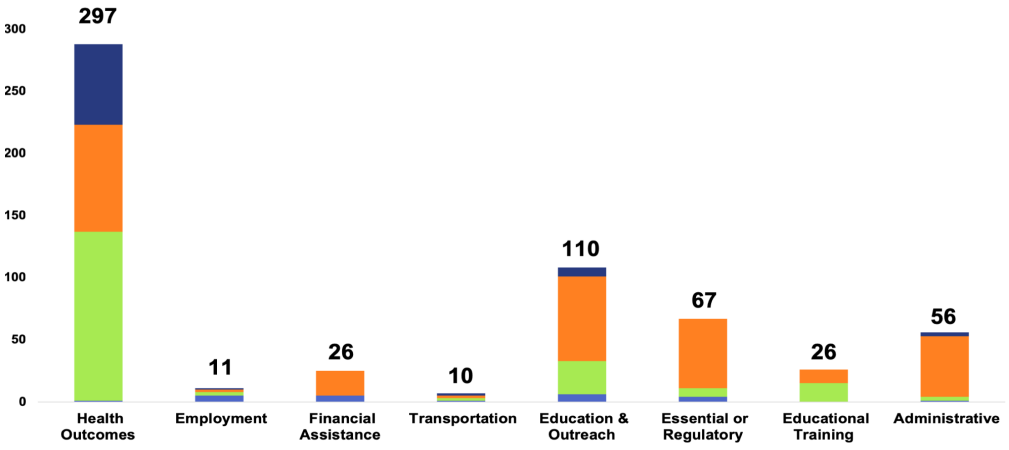
Indirect - Services delivered to participants indirectly benefiting a larger population.

Other - Administrative or regulatory services and services with incomplete information provided to date.

Services by Population Type



Services by Category and Agency



DSS

DPH

DMH

DHR

Investing in outcomes for Alabama comes with a price that extends beyond the services delivered. Those trusted with administering, providing, and monitoring service level activities will have to invest time, resources, and effort in order to inform and educate policymakers. These subject matter experts are a cornerstone for change; therefore, ensuring that their investments in time, resources, and effort have actionable results is fundamental to success.

- Agencies will need to commit more time to the process.
- Policymakers will need to allow more time for the process to be effectively implemented.

Moving towards a more adaptive and innovated way of delivering services in Alabama will take time.

The benefits received from these investments will result in improved services and better outcomes for Alabama.

- Enhance information systems.
- Engage contract providers and direct service providers for more detailed information.

Investing in the right resources will produce better data, improve outcome monitoring, and provide opportunities to calculate return on investment.

Quality data will be a driving factor in evaluation. The importance of improving and maximizing all available resources can not be understated.

- Cooperation does not equal effort.
- Agencies need to see value in the work.

Agencies and providers have little incentive to invest significant effort into a new process of gathering and utilizing information.

Incentivizing agencies and providers could help offset some of the costs incurred from the additional work the ASTEP process requires and result in better information to inform policymakers and public managers.