Network evolution and performance under public contracting for mental health services

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Abstract

Introduction Since the early 1990s, a major movement has been underway in the US and elsewhere (Jones and Kettl 2003) to ‘reinvent’ government (Osborne and Gaebler 1992), reducing its role from one of service provider, to service contractor. In the US, this movement has occurred at both the federal level, where states have assumed greater responsibility for services in such areas as welfare and health and human services, and the state level, where state government has increasingly turned to both the non-profit and private sectors to provide services that were previously considered to be in the public domain. This process of contracting out public services, referred to ominously as the ‘hollow state’ by Milward and Provan (1993), has both advantages and problems, as Smith and Lipsky (1993) point out. Despite some concerns, however, most notably in the costs of monitoring, state government contracting of services, especially in health and human services, has become widespread, becoming a key component of a worldwide movement that has been referred to as the New Public Management (Hood 1995; Kettl 1997). In health care, one major area which has been contracted out in the US has been the provision of mental health services (Milward and Provan 1993). This trend actually started in the 1960s with the deinstitutionalization movement. Services to people with serious mental illness (SMI) had traditionally been provided in state-run mental hospitals, where patients were often kept for many years.
Public Service Performance - edited by George A. Boyne November 2006. In health care, one major area which has been contracted out in the US has been the provision of mental health services (Milward and Provan 1993). This trend actually started in the 1960s with the deinstitutionalization movement. Services to people with serious mental illness (SMI) had traditionally been provided in state-run mental hospitals, where patients were often kept for many years. Recommend this book. Email your librarian or administrator to recommend adding this book to your organisation's collection. Public Service Performance. Edited by George A. Boyne, Kenneth J. Meier, Laure Performance-Based Contracting for Health Services in Developing Countries. A Toolkit. Performance-Based Contracting for Health Services in Developing Countries. A Toolkit. Health, Nutrition, and Population Series. Performance-Based Contracting for Health Services in Developing Countries. A Toolkit. Benjamin Loevinsohn. Performance-based contracting for health services in developing countries : a toolkit /. Benjamin Loevinsohn. p. ; cm. Selection of Contractors under World Bank Guidelines. There are two distinct methodologies for selecting contractors. When the output is an easily measured physical result (for example, maintenance of equipment or cleaning), the contractor should be selected using a. Contracting for Pharmacy Services. Hospital Pharmacy Services - Whare Rongoā te Pūtake. Primary Care Support Pharmacist Services. Primary Health Organisations and General Practice. Public Health News and Updates. Performance and Outcomes: The KPI (Key Performance Indicator) Project and the PRIMHD (Programme for the Integration of Mental Health Data) Project. Government Inquiry into Mental Health and Addiction. A joint submission was presented in 2018 to the New Zealand Government Inquiry into Mental Health and Addiction. Additional support was provided by Sam and Zac who started the networking connections with local organisations in Palmerston North and the regions. Document Format. Most documents are available in Acrobat (PDF) format.