Puerto Rico Mental Health Policy Accountability: A Policy Design Evaluation

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This article evaluates Puerto Rico mental health system determining the accountability level in the public policies design. The analytical framework on this study addresses specific, binding, public, and autonomous aspects in the informative/justifying and evaluating/sanctioning dimensions of the policies. The evaluation of eight accountability indicators derived from the policies, shows more accountability level in the informative/justifying dimension (76%) than in the evaluating/sanctioning (42%). The analysis is limited to the design stage in the policy-making process, suggesting further research of the implementation stage and the level of compliance accountability in Puerto Rico mental health system.

INTRODUCTION

"A policy entails the broad statement of future goals and actions, and expresses the ways and means of attaining them" (Khan, 2016, p. 3). A public policy design is challenging if considered that it should integrate Khan's statement, leading to solve an issue affecting society or a specific group interest. Although in the policy design all stakeholders intervene (legislators, groups of interest, consultants, and citizens, among others), supporters and detractors, the final policy product not necessarily satisfy all of them. Irrespective of the type of policy, scholars suggest that the policymaking cycle integrate the agenda setting, policy decision or non-decision, implementation, and criticism from citizens or a formal program evaluation (Shafritz, Russell, Borick, & Hyde, 2016). Dye (2011) presents a variation of this process with five steps: problem identification, policy formulation, adoption, implementation, and evaluation. Regardless of the policymaking model, it needs accountability elements that will lead to transparency, evidencing its achievements, effectiveness, and areas to improve. According to De Marchi, Lucertini, and Tsoukiàs (2016), the policy cycle require legitimation, accountability, and deliberation as a whole, in order to support the accountability requirements of openness and transparency.

The European Union (2013) defines accountability as an "obligation, for the actors participating in the (…) implementation of a public intervention, to provide political authorities and the general public with information and explanations on the expected and actual results of an intervention" (p. 93). It derives from "the act of delegating authority from a principal to an agent" (Pérez-Durán, 2016, p. 785). The actors implementing a public policy needs guidelines and measurable indicators to respond responsibly to their accountability obligation (openness and transparency). The formalization of these guidelines and indicators in an Act or policy document, is a reference to stakeholders to determine if the policy implementation meets their expectations. It means that in order to evaluate the accountability of a public policy implementation, guidelines and measurable indicators should be taken in consideration in the design stage.

In recent years, there has been a growing demand for accountability to the government. Stakeholders, having the perception that social issues still increasing, want to know the impact of public policies that affect them. However, the responses do not necessarily address or fulfill stakeholders' demands. To determine if in fact accountability indicators are considered in the policy design, this article presents an analysis of the accountability elements in the Puerto Rico mental health system. The analysis uses Pérez-Durán (2016) analytical framework to evaluate the level of accountability in a public policy. The article has four main sections. The first one offer an analytical framework of public policy design, implementation, and accountability. Follows an overview of Puerto Rico mental health policies, the World Health Organization (WHO) policy and legislative framework components, and its application in the mental health system of Puerto Rico. The third section analyzes the level of accountability of the two policies framing the mental health system in Puerto Rico, using Pérez-Durán model. Finally are conclusions and final thoughts.

ANALYTICAL FRAMEWORK

Public Policy Design

Policy design has its roots in the rational tradition of policy studies, one aimed at improving policy outcomes through the application of policy-relevant knowledge to the crafting of alternative possible courses of action intended to address specific policy problems (Cahill & Overman as cited in Howlett & Lejano, 2013, p. 359). As Howlett and Lejano (2013) suggest, policy design involved the "ideal configurations of sets of policy elements that can reasonably be expected to deliver a specific outcome" (p. 360).

The policy design team participating in the construction of a new legislation starts from a genuine intention of dealing with a social need. Policy design theory postulates that its characteristics "emerge from a political and social process" (Schneider & Mara, 2009, p. 105). Elected officials maximize supporters or minimize oppositions in the policymaking process, receiving influences of target population/groups over the design policies (Boushey, 2016). This process also includes constructing directly or indirectly around the social problems affecting target groups. Boushey (2016) presents two directions in addressing the problem of HIV transmission among intravenous drug users that illustrate the direct and indirect construction of a policy. The direct option should be "extending a government benefit to drug users" such as "needle exchange programs and medically supervised injection facilities" and the indirect option increasing "the criminal penalties for possession of drug paraphernalia". Either way it addresses a social problem of HIV transmission among intravenous drug users, but in one case the target group have benefits and in the other penalties.

Policy design also involves "the deliberate and conscious attempt to define policy goals and connect them to instruments or tools expected to realize those objectives" (Howlett, Mukherjee, & Woo, 2015, p. 291). The integration of normative and empirical analysis, such as the policy outcomes and its value, is a key element of policy design theory (Schneider & Mara, 2009). This theory focuses in the cause (need) and the effect (benefit of target groups), but not in the performance indicators required to ensure its effectiveness. It is not arguable that public policies emerge from or to address a social problem, but its design also requires performance measurement indicators leading implementer actors to the stakeholders' accountability expectations. Schneider and Mara (2009) summarizes the importance of policy design staying that it "need to be transparent rather than opaque, straightforward rather than deceptive, (…) contain implementation processes that grant equal access to information and subsequent points of contestation" (p. 111).

Public Policy Implementation

After designing a public policy, a government agency is responsible of its implementation. This stage, part of the public policymaking cycle, require translating into action and putting into effect the government program (Khan, 2016; Shahriar & Khan, 2016, Shafritz et al., 2016). Another view of implementation is "the set of actions that seek to reach the policy objectives, through the interaction of

various resources, responsible agents, and results" (Pérez-Durán, 2016, 790). It involves a collective and not an individual work. The implementation is evaluated in several ways. Hill & Hupe (2014) conceptualize the implementation of the object (process, outputs, outcomes, and casual connections) and the research act (description, explanation, theory building and testing, and analytical judgements). Khan (2016) categorized the performance of policy implementation in three dimensions: (1) output, outcome, and ultimate outcome of policy; (2) impact of policy; and (3) measurement. It means that an evaluation of each of these dimensions is necessary to determine its success or failure.

Policies have the potential of succeed or fail in the implementation stage. Stewart and Mackie (2011) define policy failure "as the production of significant unintended consequences" (p. 669). Designing and addressing the policy issue are the mainly reasons described by scholars, to explain the success or failure of a policy implementation. Designing include lack of proper direction or guidelines (Shahriar & Khan, 2016), poor design and/or poor implementation (Weimer as cited in Schneider & Mara, 2009), and the relationship between the policy actors or the structural factors (Železnik, 2016). Addressing the policy issue include the complex social activity between the power, resources, values, and interests of competent public policy actors (Lajh as cited in Železnik, 2016, p. 91) and weak or incorrect assumptions about the policy problem (Schneider & Mara, 2009). Others consider that economic interests determine the success or failure of a policy, but the reasons vary according to the observer perspective (Baggott, 2012). These and many other options determining the success or failure of a policy, turns the design and implementation stages in a more complex, varying among countries and policies.

As an example, in Pakistan, lack of proper policymaking processes, lack of visionary and committed leadership, lack of accountability, and weak governance structure are some of the causes of public policies failure (HAQ, 2015). In England, Baggott (2012) evaluated the success of public health policies developed over a two decades span using the three dimensions proposed by McConnell (2010). These dimensions included program success, process success, and political success. Program success refers to achieving objectives and outcomes, and political success to enhancing government and public leaders' image. In the other hand, process success preserves the legitimacy of the policy process and ensures successful implementation. In other words, an adequate implementation ensures that the objectives are properly integrated.

The "success or failure is rarely pure" (Baggott, 2012, p. 392) due to the many variables involved in the policy process. It is exemplified in the limited success in the program and process dimensions in the England public health policies, mainly because "public health issues are often intractable, complex, and difficult to resolve in the short term" (Baggott, 2012, p. 405). In the political dimension, England was able to manage the political agenda, to achieve compromise between different interests, and to convince public opinion and the media of its competence, contributing to obtain a limited success.

A successful policy implementation is relative, as these examples shows. Some stakeholders may be satisfied with the results while others not. It depends on the criteria and expectation of each stakeholder definition of success. Khan (2016) offers 15 strategies toward a success policy implementation derived from his research. These criteria are objective, focusing on specific elements and not necessarily on stakeholders interests. Some of Khan (2016) strategies are: (1) SMART goals and objectives (specific, measurable, attainable, reasonable, and time-bound); (2) organization design and mobilization; (3) defined roles and responsibilities; and (4) monitoring. These strategies are in line with the public policy making process; also with the policy design theory. It is fundamental to have policies with clear goals and objectives to ease the evaluation of the "outcome" of its implementation, otherwise, the implementation may be harder. The design and the assignment of roles and responsibilities frame the structure that allows to put it into action and to conduct future monitoring.

Public Policy Accountability

Demonstrating the accountability of the government is not a new citizen's request or administrative and management responsibility. Since the 70's, the government was "placing a high priority in accountability" (Wise, 1976, p. 97). Some of the reasons of accountability established by Wise (1976) were to become more productive, efficient, and effective in many government areas, and to take

advantage of these improvements facing fiscal challenges. Measuring productivity to demonstrate policies' results is a responsibility, first of the program designers and then of the program managers. In other words, Wise suggested that there was a strong relation between public policy design and productivity.

Measuring is also necessary as evidence that policies or programs are productive, efficient, and effective. Baggott (2012) stated, almost 40 years after Wise work, that evaluation and the generation of evidence are crucial factors in shaping judgements about success and failure. This judgement, according to Baggott (2012), impacts the accountability issue. To reach accountability, evaluators refer to the measurement indicators in a public policy. Compliance accountability "focuses on compliance with the explicit standards of performance or operational procedures imposed and enforced by external stakeholders" (Greiling & Stötzer, 2015, p. 1695). Administrators in the government agencies implement the explicit standards, which should be in the policies and enforced by the legislators, one of the "external stakeholders".

Pérez-Durán (2016) analyzes two dimensions of policy accountability (informative/justifying and evaluating/sanctioning) in terms of the implementation phase elements: responsible actors, resources, and results. The informative dimension refers to the information available to the citizens and the government itself to evaluate the policy. The justifying dimension means the arguments that support or validate the information provided by the government to evaluate the policy. Evaluating and sanctioning dimensions denote cause and effect, results of an evaluation and the consequences of that evaluation. Pérez-Durán also address policy accountability in terms of the degree of formalization: specific (regulatory framework of accountability for the implementation results), binding (formal rules establishing the obligation and the contents to account for), public (the public nature of the information and evaluations that occur in the process of accountability), and autonomous (rules provide for autonomous bodies to monitor those process).

According to Pérez-Durán (2016), "accountability for policies is a mechanism to analyze, on a continual basis, whether public policies that governments implement are producing and/or have produced the expected results, or if they are efficient" (p. 787). The analytical framework developed by Pérez-Durán (2016) guided an analysis of the levels of accountability for health policies in 17 autonomous communities in Spain. The analysis allowed identifying the degree of formalization (high, medium, and low) of the four degree of formalization, revealing differences across them. The results of Pérez-Durán assessment shows that the accountability among the 17 autonomous communities fluctuated from 21 to 100 in a 0 to 100 scale.

Pérez-Durán (2016) and Greiling and Stötzer (2015) presents two different aspects in the accountability evaluation. The first one address the accountability components included in the policy design, needed to conduct compliance accountability. The second one addresses accountability in terms of the compliance with the standards and the responsibilities expressed in the policy. It evaluates the results of performance indicators identified in the policy. Evidently, if accountability components are not clearly included in the public policy design, makes it difficult to perform compliance accountability.

MENTAL HEALTH POLICY

Puerto Rico Mental Health System
Two legislations shaped the mental health system in Puerto Rico: Puerto Rico Mental Health and Anti-Addiction Services Administration Act (PRMHASAA) and Puerto Rico Mental Health Act (PRMHA).

PRMHASAA
PRMHASAA (1993), as amended, established the Puerto Rico Mental Health and Anti-Addiction Services Administration (ASSMCA by its initials in Spanish). ASSMCA is a government agency accountable of "programs for the prevention, care, mitigation, and solution of problems of mental health, addiction, or dependence on narcotic substances, stimulants, and depressants, including alcohol, for the

purpose of promoting, preserving, and restoring the biopsychosocial health of the people". Previously, the Puerto Rico Health Department addressed all physical and mental health issues. However, because addictions are specialized health issues, legislators understood that a fiscal and administrative autonomous agency as ASSMCA could address it better. In general, ASSMCA Act established: (1) the administration, secretary, and administrator roles, (2) involuntary treatment judicial procedure for persons with mental disorders and addicts, (3) compulsory treatment for convicts' drug and alcohol addicts procedure, (4) service costs, (5) disposition of services for under 18 year old, and (6) institutions licensing.

The Act 182 of 2008, which amend the 1993 PRMHASAA, endorse ASSMCA to conduct every 8 months monitoring to private (for profit or nonprofit) entities, "empowered to offer mental health and anti-addiction services to ensure the continued quality of services and to protect the best interests of affected patients". The purpose of the monitoring is to ensure that entities operate a health service entity accordingly with the law, rules, and regulations, as established in their mental licensing application.

PRMHA

In 2000 emerged the second policy shaping Puerto Rico mental health services, establishing the principles governing the mental health care system in the island. The Act provide tools to protect the mental disorders population, with appropriate services, such as prevention, treatment, recovery, and rehabilitation associated to mental health needs. Also, created the mental health adults and minors bills of rights, standardized the procedures related to these needs, and established the principles of basic levels of care in the provision of mental health services and the penalties for noncomplying with the provisions of the law. As well, designated responsibilities to ASSMCA related to licensing, regulations, complaints, and technical assistance, among others.

Because ASSMCA is responsible of implementing Puerto Rico mental health policy, in 2015, revised its 2002 Regulation for the implementation of the Mental Health Act, harmonizing it with the many amendments of the PRMHA and the PRMHASAA. This newest version updated and expanded many subsections, specifically the responsibilities of the service providers', procedures in the provision of services, mental health adults and minors' bills of rights, and guidelines for the mental health professionals. In addition, it established many requirements for service providers' entities in order to operate properly.

WHO Policy and Legislative Framework Components

WHO, a specialized agency of the United Nations concerned with international public health, released in 2015 an Assessment Instrument for Mental Health Systems (WHO-AIMS). It is the result of the recommendations included in their 2001 world health report. The purpose of this tool is "to assess key components of a mental health system and thereby generate essential information to strengthen mental health systems" (WHO, 2005). WHO-AIMS consist of six domains: (1) policy and legislative framework; (2) mental health services; (3) mental health in primary care; (4) human resources; (5) public information and links with other sectors; and (6) monitoring and research (WHO 2009). Among these domains, the policy and legislative framework provide the ideal mental health policy and legislative vision. It includes the mental health policy, mental health plan, and mental health legislation components, addressing issues related to public policy accountability, as described below.

Mental Health Policy

According to the WHO (2005 & 2009), the existence of a strategic policy and legislative framework and an effective oversight and accountability mechanisms are necessary to achieve mental health governance. The mental health policy is "an organized set of values, principles, and objectives to improve mental health and reduce the burden of mental disorders in a population" (WHO, 2005). The ideal mental health policy should measure eleven components: (1) organization of services (a) developing community mental health services, (b) downsizing large mental hospitals, and (c) developing a mental health component in primary health care, (2) human resources, (3) involvement of users and families, (4)

advocacy and promotion, (5) human rights protection of users, (6) equity of access to mental health services across different groups, (7) financing, (8) quality improvement, and (9) monitoring system. All these elements contribute to "define the vision or the future mental health of the population, specifying the framework which will be put in place to manage and prevent priority mental and neurological disorders" (WHO, n.d.). These guidelines are universal, applicable to any health policies around the world.

Mental Health Plan

The mental health plan "is a detailed scheme for action on mental health which usually includes setting priorities for strategies and establishing timelines and resource requirements" (WHO, 2005). Include specific goals and a timeframe with the purpose of "promoting mental health, preventing mental disorders, and treating people with mental illnesses" (WHO, 2005). The plan measures more specifics accountability components as the one described in the mental health policy. In addition, measure the organization of services reforming mental hospitals to provide a more comprehensive care. These measuring requirements are in line with the public policy design theory presented by Schneider and Mara (2009), which establishes the integration of outcomes and its values for a normative and empirical analysis.

Mental Health Legislation

The components of a valid and recent mental health legislation should address the following eight elements: (1) access to mental health care including access to the least restrictive care; (2) rights of mental health service consumers, family members, and other care givers; (3) competency, capacity, and guardianship issues for people with mental illness; (4) voluntary and involuntary treatment; (5) accreditation of professionals and facilities; (6) law enforcement and other judicial system issues for people with mental illness; (7) mechanisms to oversee involuntary admission and treatment practices; and (8) mechanisms to implement the provisions of mental health legislation. According to these components, mental health legislations should address patients' rights and access to mental health services, and service providers' requirements.

Assessment of the Puerto Rico Mental Health Systems (WHO-AIMS)

In 2015, the Puerto Rico Institute of Statistics implemented the WHO guidelines to assess the mental health system in the island; the analysis used data from 2012. The assessment determined that Puerto Rico did not have a mental health policy and mental health plan as recommended by the WHO. Some of the components required in the mental health policy and mental health plan, such as the human rights protection of users, equity of access to mental health services across different groups, and having a monitoring system are included in the legislation that created ASSMCA and the Mental Health Act. However, do not comply by not having the specific document with all the requirements and maybe the deepness recommended by WHO. In relation to the mental health legislation, the PRMHA comply with all eight components mentioned above.

The analytical framework and mental health policy sections presented above, shows the significant connection between public policy design, its implementation, and the integration of accountability in the policy-making process. Also, describe Puerto Rico mental health policies and the ideal mental health policy and legislative components developed by an expert entity as the WHO. This background allows analyzing the accountability level in Puerto Rico mental health policies, presented in the next section, using Pérez-Durán (2016) framework.

ACCOUNTABILITY ANALYSIS OF PUERTO RICO MENTAL HEALTH SYSTEM

Methodology

The analysis of the Puerto Rico Mental Health System (PRMHS) required the identification of accountability factors in the PRMHA and the PRMHASAA. Because in both legislations ASSMCA is

responsible of its implementation, the evaluation also explored ASSMCA's 2015 Regulation for the implementation of the Mental Health Act and 2012 Regulation for certification and licensing. These regulations established guidelines and processes of the standards in the provision of services and in the certification and licensing for entities providing mental health services.

To analyze the accountability factors, it was necessary to define each formalization criteria (specific, binding, public, or autonomous) using as a guideline Pérez-Durán (2016) analytical framework of public policy accountability. Each accountability factor was placed in the corresponding criterion to evaluate its content according to the established definition. As well, the evaluation includes valuating the degree of formalization (high, medium, and low) for the informative/justifying and evaluating/sanctioning dimensions. The valuation scale, also developed for this study, was as follows: 3 points for high-level, 2 points for medium-level, and 1 point for low-level.

For several reasons the valuation do not included responsible actors (in charge of implementing the policy), resources (budget to implement), and results (the production of the implementation) in the implementation phase, as in Perez-Durán study. First, according to the policies, ASSMCA is the one and only responsible of implementing Puerto Rico mental health policy and supervising the implementation by private service providers. Second, this agency is also responsible of producing results, either with data generated by them or by service providers. For both of these areas, there is no degree of comparison to valuate this indicator. Finally, the agency receives resources to implement through the normal annual budget allocation process. Although, determining if they have enough resources for the implementation is out of the scope of this study. The results of the evaluation conducted to the PRMHS follows in the next section.

Results

The analysis of the Puerto Rico mental health legislations included the evaluation of eight accountability factors, seven in both dimensions and one in just the evaluating/sanctioning dimension. The factors were identified in the following documents: three in the PRMHA, two in the PRMHASAA, one in the Regulation for the implementation of the Mental Health Act, and two in both legislations. Following is the analysis of each accountability factor according to the criterion allocation and the valuation of the PRMHS.

Specific (Regulatory Framework of Accountability for the Implementation Results)

TABLE 1
SPECIFIC FORMALIZATION CRITERIA

Dimensions	High formalization	Medium formalization	Low formalization and /or no formalization
Informative/ justifying	PRMHSL has a specific law on rights of access to mental health information, which includes information on policy results.	PRMHSL incorporates rules on the right of access to mental health information.	PRMHSL makes scant reference to informing on the policy results.
Evaluative/ sanctioning	PRMHSL has a regulatory framework on the evaluation/ sanction of the policy results.	PRMHSL includes the evaluation/sanction on the policy results only in terms of their health plans.	PRMHSL makes scant reference to the evaluation/sanctioning of the results.

Table 1 summarizes the degree of formalization criteria used to evaluate the accountability specificity aspect. Having a specific law on rights of access to mental health information, which includes information on policy results, was the high formalization criteria in the informative/justifying dimension. One factor identified in the PRMHSL responds to the specific requirement by setting rules related to the right of

access to mental health information. Chapters III and VII in the PRMHA details the bills of rights for mental health adults and minors, which incorporate access to mental health information. However, because not specific law addresses this issue, the evaluation resulted in a medium formalization.

The PRMHSL address the evaluating/sanctioning dimension in terms of the entities licenses to offer mental health services. As well, according to the PRMHASAA, in the Regulation for the implementation of the Mental Health Act and in the Regulation for certification and licensing, ASSMCA evaluates and sanction entities not complying with the licensing requirements. However, although ASSMCA is responsible of conducting monitoring, there is no clarity about the evaluation and sanctions if not obey with the adult and minors mental health services access as establishes in the bill of rights. The evaluation of this criteria resulted in a low formalization considering that licensing is one of many roles of ASSMCA subject to evaluation and sanction. As well, neither of the two legislations specifies evaluations and sanctions to ASSMCA, as the entity in charge of leading and implementing the mental health policy.

Binding (Formal Rules Establishing the Obligation and the Contents to Account for)

The informative/justifying dimension evaluated five formal rules identified among the mental health policies. In accordance with the binding formalization criteria in Table 2, two out of five formal rules have a high formalization. Those have the obligation to inform on the policy results and specify its content. The first rule request semiannual and annual reports of the interagency collaborative system addressing, in an integrated and comprehensive way, the populations with mental disorders. The content, in Chapter XII of the PRMHA, is limited to formative and summative evaluations. The Office of Management and Budget and the Legislature receive these reports.

TABLE 2
BINDING FORMALIZATION CRITERIA

Dimensions	High formalization	Medium formalization	Low formalization and /or no formalization
Informative/ justifying	PRMHSL establishes the obligation to inform on the policy results and sets out the content that such information should include.	PRMHSL establishes the obligation to inform on the policy results, but does not set out the contents.	PRMHSL regulatory framework does not make explicit such obligation.
Evaluative/ sanctioning	PRMHSL regulatory framework establishes the obligation to evaluate and sanction the results, and sets out the content that such evaluations should include.	PRMHSL regulatory framework establishes the obligation to evaluate and sanction the policy results, but does not set out the content that such evaluations should include.	PRMHSL regulatory framework does not make explicit either the obligation or the content.

The second rule requires mental health service providers to submit to the ASSMCA quarterly statistical reports on quality indexes, characteristics of the population served, and services rendered. According to the Regulation for the implementation of the Mental Health Act, the report is due 10 days following the closing report period.

Rules three and four have medium formalization. According to the PRMHASAA, ASSMCA is responsible of rendering to the Legislature and to the Governor of Puerto Rico, on each January, an annual report. This report is about the efforts to reduce drug use, its prevention, treatment, rehabilitation, and education against the use and abuse of drugs and other addictive substances. However, does not specify the penalties if the report is not submitted. As well, the PRMHA stated that the Medical Director of mental health facilities providing adults and minors restraining orders, isolations, and electroconvulsive therapies should keep records and render an annual report to ASSMCA. The Regulation for the

implementation of the Mental Health Act specifies the frequency of the report twice a year, due 5 days following the closing report period. However, there is a discrepancy about the frequency of the report in the PRMHA and the Regulation. In addition, neither of these two rules specifies the content of the report.

The fifth rule has low formalization. Section 8 of the PRMHASAA stated that AMMSCA should require at least one annual report to each organization receiving economic, technical, or professional assistance by ASSMCA. Although determines that the report, which will be public, shall contain a breakdown of the assigned resources uses, there is no obligation for the entities to submit the report, unless ASSMCA request it. This diminishes the legal authority delegated to the agency.

In terms of the evaluative/sanctioning dimension, these five binding rules have low formalization. Neither of them establishes an obligation to ASSMCA, the Office of Management and Budget, and/or the Legislature to evaluate and sanction the results of each of the mentioned reports. As well, not one set out the content that such evaluations should include. The reporting obligation weakens by not having a direct obligation to evaluate and sanction if not comply with the law requirements.

Public (the Public Nature of the Information and Evaluations that Occur in the Accountability Process)

As shown in Table 3, having a regulatory framework establishing the public criteria of health policy outcomes and specifying the public standards are the parameters for a high formalization of the public aspect in a policy. PRMHSL has two areas that demand providing public information in different frequencies: (1) annual reports by each organization receiving economic, technical, or professional assistance and (2) institution to which a license or certification has been suspended, revoked, canceled, or denied to operate.

TABLE 3
PUBLIC FORMALIZATION CRITERIA

Dimensions	High formalization	Medium formalization	Low formalization and /or no formalization
Informative/ justifying	PRMHSL regulatory framework establishes the public criteria of health policy outcomes and specifies how these should be made public.	PRMHSL regulatory framework establishes the public criteria of the policy results, but does not specify how these should be made public.	The public nature of this information is not made explicit.
Evaluative/ sanctioning	PRMHSL regulatory framework establishes that mental health plans, including evaluation mechanisms of the policy, are public, and specifies how these should be made public.	PRMHSL regulatory framework establishes that mental health plans are public, but does not specify how these should be made public.	These evaluations/ sanctions do not have a public nature.

Chapter XIV in the PRMHA delegates to ASSMCA the establishment of the necessary regulations for the purpose of licensing, supervising, and maintaining a public registry of all institutions and facilities, licensed to provide mental health and anti-addiction services. This delegation is complied with the 2012 Regulation for Certification and Licensing, which specifies in the 10th Article the public registry requirement in ASSMCA web page (www.assmca.pr.gov). Although this requirement is limited to a registry with the entities licenses to offer mental health services, it has high formalization in the informative/justifying dimension. However, other data that allow establishing clinical or sociodemographic profiles can strengthen the information provided to the public.

PRMHASAA established the evaluation/sanction mechanisms for entities that do not comply or violate licensing requirements, resulting in a high formalization. ASSMCA is required to conduct a minimum of one non-schedule monitoring every 8 months to private (for profit or nonprofit) entities

licensed to offer mental health and anti-addiction services. If an entity shows deficiencies in the non-schedule inspection or do not provides a statistical report of people served monthly, among other criteria, are subject to sanctions (including suspend, revoke, cancel or deny the license and/or a possible fine). Article 11 of the Regulation for certification and licensing specified that the Institution to which a license or certification has been suspended, revoked, canceled or denied to operate, will be subject to the public scrutiny. The scrutiny mechanism is the publication of the licensing decision in a major circulation newspaper.

Autonomous (Rules to Monitor Processes by Autonomous Bodies)

High formalization in the autonomous category requires political, administrative, financial, and personnel autonomy of the institutions evaluating/sanctioning the results (See Table 4). In this case, ASSMCA, the institution accountable to the Puerto Rico mental health system, evaluate and sanction the services offered by public, private, or nonprofit entities and has administrative and financial autonomy. However, the policies do not establish how or who is responsible to monitor ASSMCA functions and processes.

TABLE 4
AUTONOMOUS FORMALIZATION CRITERIA

Dimensions	High formalization	Medium formalization	Low formalization and /or no formalization
Evaluative/ sanctioning	The institutions that evaluate/sanction the results have four characteristics of autonomy: political, administrative, financial, and personnel.	The institutions that evaluate and sanction the results have at least one of the four autonomy characteristics.	The institutions that evaluate are not autonomous.

Indeed, ASSMCA have to submit many reports to the Office and Management and Budget (OMB), the Legislature and the Governor, but there no other provisions related to the consequences (positives or negatives) after evaluating the reports. As well, audits by the Office of the Comptroller of Puerto Rico, as established in the Constitution, are limited to revenues, accounts, and expenditures. Based on these reasons and considering that there is no formal monitoring to the agency leading the mental health processes, the autonomous criteria obtained low formalization.

Accountability Valuation

Each factor in the informative/justifying and evaluating/sanctioning received a value according to the result: high (3), medium (2), and low (1). As previously shown, the informative/justifying dimension evaluated seven accountability factors within the specific, binding, and public aspects. It means that the maximum accountability valuation was 21 points (three points maximum per factor). The results show three factors with high formalization (9 points), three factors with medium formalization (6 points), and one factor with low formalization (1 point). The total valuation was 16 out of 21 (76%). Public aspect obtained the highest percent (100%), followed by binding (73%), and specific (67%).

The evaluating/sanctioning dimension evaluated eight accountability factors, with a maximum valuation of 24 points. The results show one factor with high formalization in (3 points), no factor with medium formalization, and seven factors (7 points) with low formalization. The total valuation was 10 out of 24 (42%). Public aspect obtained the highest percent (100%), followed by binding, specific, and autonomous with 33% each. This dimension is the weakest area needing awareness.
In a 0 to 100 scale, the percentage equivalence of the formalization levels could be as follow: 0% - 33.33% low-formalization; 33.34% - 66.66% medium formalization; and 66.67% - 100% high

formalization. Applying this scale, the informative/justifying dimension has high formalization (76%) and the evaluating/sanctioning dimension medium formalization (42%).

CONCLUSIONS

The analytical framework on this study revealed that Puerto Rico mental health policies has a high level of accountability in the informative/justifying dimension (76%) and a medium level of accountability in the evaluating/sanctioning dimension (42%). The percentages show that the policies prioritizes more in compiling information than evaluating it, or at least make the evaluation public. There may be different interpretations of these results. This study analyzed eight measurement indicators included in the policies. However, did not considered whether they were adequate or if embrace all the elements that mental health policies accountability should have. Defining these elements should be an exercise by policy makers, ASSMCA managers, and other stakeholders.

As an example, Pérez-Durán (2016) assessed rules to inform/justify on health policy results, among the 17 autonomous communities, resulting in 35% with high formalization, 24% with medium formalization, and 41% with low formalization. PRMHS has some formalization in relation to reporting. Five of the accountability indicators request specific reports, establishing the responsible actor, the frequency, and the monitoring body (See Table 5). However, the mandatory annual report by each organization receiving economic, technical, or professional assistance is the only one required to be public. The other area that enforce public information is not a report, but the (1) registry of all institutions and facilities licensed to provide mental health and anti-addiction services and (2) the names of the institutions to which a license or certification has been suspended, revoked, canceled or denied to operate.

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TABLE 5
REPORTING IN THE PRMHS

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Reports	Author	Public	Monitoring body	
			ASSMCA	Legislature, OMB or the Governor
Semi-annual and annual interagency collaborative system report	ASSMCA	No		X
Annual report on the efforts made related to mechanisms for reducing drug use	ASSMCA	No		X
Annual report by each organization receiving economic, technical, or professional assistance	Service providers	Yes	X	
Quarterly or semi-annual statistical reports	Service providers	No	X	
Restraining orders, isolations, and electroconvulsive annual report	Service providers	No	X	

Public information promotes transparency, satisfying some of the stakeholders. These are some empirical indicators that Schneider and Mara (2009) pointed as key elements in the policy design that contribute to ease accountability. Making the information public is ASSMCA responsibility, but more concrete a manager responsibility. The government must be proactive by providing public information before receiving stakeholders' requests, if transparency and openness is part of their governance strategies.

Another element addressed in Pérez-Durán (2016) study is the assessment of the autonomous communities with compulsory evaluations of their health systems. Results shows 35% high formalization, 53% medium formalization, and 12% low formalization. PRMHS does not require an evaluation of the

mental health system. The closest requirement is ASSMCA annual report on the efforts related to mechanisms for reducing drug use. Pérez-Durán rules to inform/justify on health policy results and to conduct compulsory health system assessments, and maybe other ones, should be included in future amendments of the PRMHASAA. If it happened, the policy designers should identify the ideal indicators that Howlett and Lejano (2013) suggest, to deliver specific outcomes and establish reporting to be public. This allows stakeholders reach their own conclusions as identifying its strengths, weaknesses, successes, and areas to improve.

The presented study addressed the integration of accountability indicators in the Puerto Rico mental health policy design. Having high informative/justified and medium evaluated/sanctioned policies is the result of the policy design process. High formalization in both categories is the ideal. To reach this level, policy evaluators, legislators, managers, and other stakeholders must work together to identify the accountability strengths to preserve them, and its weakness to improve them with collective recommendations. This analysis is applicable and recommended to any public policy, especially those impacting a large and more vulnerable population. It is essential to identify the level of implementation and compliance of the policies and validate that information required to be public is indeed public. Answering to these interrogations requires an advance study to determine not just the policy design as shown in this work, but the level of implementation of the accountability indicators in a policy.

The Puerto Rico mental health policy creating ASSMCA date back to 1993 and the Puerto Rico mental health Act to year 2000. Definitely, the implementation analysis after so many years is extremely necessary as well as challenging in these policies and many others created years ago. Therefore, as a starting point, further study is indispensable to explore the policy implementation stage, to assess compliance accountability, and to evaluate the accountability implementation of Puerto Rico mental health policies.

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