
CHAPTER 2

Overlapping leadership roles hinder development of stakeholder coordination

Chapter Summary

HB 59 assigned the leadership role to WDH.

Despite HB 59's direction suggesting WDH should lead implementation efforts, effective coordination and continued updating of the Act have not occurred. Instead of establishing a framework through which state agencies, boards, and community providers can collaborate to achieve the bill's purposes, system participants have maintained competing and potentially conflicting roles. HB 59 directed WDH to lead this effort "in consultation with" other agencies; in part because of this soft designation, WDH has not assumed a strong leadership position. WDH, the Governor's Board and community mental health and substance abuse centers have somewhat overlapping responsibilities, assigned by different sources.

First, WDH delegated HB 59-related responsibility to the Division, which in turn designated one position, reporting to a deputy administrator, to coordinate and monitor implementation. In addition to answering to WDH leadership, this position and others in the Division also serve as staff for the Governor's Board. As a result, the Division operates under dual and sometimes differing guidance from WDH and the Governor's Board. Second, the coordinator and Division staff, who are supposed to lead implementation efforts, do not have equal status with other Board participants who are generally department directors. Third, there is little consensus on what the comprehensive plan is.

Conflicting authorities and lack of agreement on a plan hinder effective HB 59 coordination.

Ultimately, these three issues inhibit the Division's ability to lead and coordinate the substance abuse system of care. The Legislature and the Governor should consider specifying a single entity to lead state-level planning and coordination of HB 59 activities. Assuming this coordination responsibility remains with WDH, the Department needs to elevate the function within its own organizational structure and use Division staff as professional support. Finally, the lead entity and partners need to agree on a single comprehensive plan so they can effectively coordinate implementation.

Legislature recognizes need for state-level coordination and planning

In 2001 the Legislature acknowledged the need for state-level planning and coordination of substance abuse services in HB 83. A year later, HB 59 assigned those planning and coordination functions to WDH. By acknowledging and addressing the need for a coordinated and effective system of care, these bills gave notice that the Legislature wanted a statewide system. The bills tied the entirety of substance abuse-related programs and funding together at the state level, and their proposed solutions cut across departmental responsibilities and authorities. HB 59 designated WDH to lead the planning and coordination, but “in consultation” with at least the four other designated departments.

The 2001 Blueprint recommended minimizing duplicative efforts.

The *Blueprint* also noted the important contributions of community-based service providers, corrections, law enforcement, education, and child welfare programs. It affirmed that system changes should minimize overlap and duplication of services and should maintain collaboration among stakeholders. Current and former Division staff shared the perception that the *Blueprint* is a “living document” that, like any plan, should be continually revisited and updated as the comprehensive system develops.

Three entities have planning and coordination responsibilities

The Governor’s Board and community providers also have system development authority.

Although HB 59 directed WDH to lead, other entities also have some measure of authority to plan and coordinate the substance abuse system of care. WDH devolved its responsibility to the Division, which in turn designated one position, the substance abuse control plan coordinator (plan coordinator) to meet this responsibility. The Governor’s Board also has a mandate to direct substance abuse efforts and monitor progress. Community-based mental health and substance abuse boards (community boards) have similar requirements, deriving both from past legislation (the 1961 Community Human Services Act and 1979 revisions) and from the more recent *Blueprint* and its Comprehensive Substance Abuse Communities (CSAC) initiative (see p. 14 for an explanation of CSACs).

WDH has devolved its responsibilities to a division-level coordinator.

The Division’s plan coordinator has a wide range of responsibilities

Guided by the plan coordinator, the Division has attempted to define and carry out HB 59 planning and coordinating functions. The job description for this position includes specific tasks and clerical duties required by HB 59, as well as higher-level and more complicated tasks such as conducting legislative, policy, and data analysis. The plan coordinator is to monitor the Division-defined 11 plan components, collaborate on legislative reporting, and develop and coordinate inter-agency meetings.

The Governor’s Board also facilitates planning and coordination of substance abuse services

Under the terms of three recent executive orders, the Governor’s Board, a separate entity that makes recommendations to the Governor, has closely-related responsibilities. Figure 2.1 shows four major duties of the Board that parallel or overlap the Legislature’s direction to WDH in HB 59. The Board’s duties with regard to reviewing and monitoring implementation of the comprehensive plan, facilitating partnerships, and making recommendations related to planning, are similar to those of the Division’s plan coordinator.

Figure 2.1

Examples of the Governor’s Substance Abuse and Violent Crime Advisory Board responsibilities

- The Board shall support efforts pertaining to substance abuse and violent crime as identified by the Governor's Office, initiatives of the Legislature, and through the work of the Wyoming Departments of Health, Education, Family Services, Corrections, Workforce Services, and the Division of Criminal Investigation, and the Public Defender's Office.
- The Board shall review the State Substance Abuse Control Plan and monitor its implementation providing the Governor, the Legislature and the Substance Abuse Division advice on the objectives of the Plan to the Governor, the Legislature and the Department of Health, Substance Abuse Division.
- The Board shall facilitate partnerships between units of government and the private sector in meeting the objectives of the State Substance Abuse Control Plan.
- The Board shall review the progress and accomplishments of other state and local substance abuse enforcement, prevention and treatment initiatives and make recommendations relevant to their planning and implementation, including identification of gaps in service.

Source: Governor’s Executive Order 2005-5

Since 1961, community mental health and substance abuse boards have had coordinating, planning duties

At the local level of government, community human services boards are charged with service provision in designated local communities. For substance abuse and mental health services, these equate to the non-profit community mental health and substance abuse boards and their respective centers.

The Community Human Services Act of 1961 authorized the state to contract for services to provide “collaborative and cooperative services with public health and other groups for programs.” Amendments to the Act in 1979 added substance abuse service programs to their responsibilities. Figure 2.2 shows two statutory references to these boards, whose purpose is to “establish, maintain, and promote the development of a comprehensive range of services in communities of the state.”

Figure 2.2

**Statutory requirements for Community Human Services Boards
Planning and coordination of services**

35-1-612. Purpose.

The purpose and intent of this act is to *establish, maintain and promote the development of a comprehensive range of services in communities of the state* to provide prevention of, and treatment for individuals affected by, mental illness, substance abuse,...

35-1-619. Community boards; duties.

- (a) Subject to this act, a community board shall:
- (i) *Review and evaluate human services programs* operating within its jurisdiction;
 - (ii) *Submit* to the commissioners for the county of which it is an agency *a comprehensive plan for the establishment, development and promotion of human services programs*; (emphasis added)

Source: Wyoming Statutes.

Community boards’ responsibilities were further formalized in the Blueprint.

The duties assigned to community boards were restated and formalized in the *Blueprint’s* CSAC initiative. The Division began work on this initiative in 2002, funding contracts in six communities to develop strategic plans, service gaps analyses, and cost-of-service analyses. These six communities were to be the focus of a regional approach to developing a comprehensive continuum of services. They were designated as “Tier-1 communities” because they had both a continuum of services and a population base adequate to support those services. The remaining

counties were to be assigned a Tier 2 or 3 status, depending on how comprehensive a service array the local population could support. However, the Division is no longer funding development of the full three-tier structure and providers indicated this initiative has stalled.

Progress toward a comprehensive system is indeterminable

Different agency efforts remain uncoordinated.

With leadership and system recommendations coming from three sources (the Division, the Governor’s Board, and community boards), minimal system information has been shared among HB 59 agencies. The agencies cannot identify where their service populations may overlap, such as when a probationer or parolee who is under DOC supervision may also access community services. As a result, a comprehensive and integrated system of care and coordination among agencies remains more of a goal than a reality. To move HB 59 efforts toward this goal, the Division could take a more active role with stakeholders to incorporate essential services into the existing substance abuse service framework.

Closer collaboration with other agencies could help address critical system needs

The Division’s efforts alone do not reflect the entirety of the state’s capacity to deliver services to citizens.

One example of the need to improve data-sharing among agencies is the claimed shortage of adolescent residential treatment beds for substance abuse, which Division staff indicated is a critically-needed service. DFS manages the state’s residential treatment system for children in need of supervision, juvenile offenders, and abuse/neglect cases; many of these juveniles have substance abuse problems. A 2004 LSO program evaluation on *Court-Ordered Placements at Residential Treatment Centers* indicated a juvenile residential capacity of 478 in-state beds, not including the Wyoming Boys’ or Girls’ Schools; it also noted that many of the DFS-certified facilities were not at capacity. Yet the Division stated in its 2005 “Methamphetamine Planning Study” that a shortage of juvenile treatment beds exists, and that it only funds eight juvenile residential beds for substance abuse treatment.

Another example of the need to improve data-sharing has to do with DFS and DOC collection of clinical assessment information.

Other agencies collect data that could be helpful to system development.

If their information were coordinated with assessments already tracked by the Division through its provider network, the agencies could be alerted to service needs and capacity problems. DOC assesses the substance abuse problems and level of care needs of its inmates, probationers, and parolees. DFS rules require all abuse and neglect cases be assessed for substance abuse risk levels and that all children ordered into residential treatment receive a clinical substance abuse assessment; DFS has also recently begun to assess family members referred for abuse and neglect investigations. If shared, this information could provide a basis for designing cross-agency strategies aimed at preventing the need for higher-level, more expensive services.

The state has started to coordinate data, although Division data is not included

Through the Governor's Office, the state is developing the means to track individuals who use state-funded services. DOC, DFS, the state employees' health insurance program, and many WDH programs already submit information to the Wyoming Health Information Network (WHIN). Security controls are built into this system to protect individual client identities while providing the state with valuable information.

At present, the Division is not fully participating in an important information system.

Use of this system might allow the state to determine other costs it incurs related to substance abuse, such as law enforcement, incarceration and court costs, and eventually enable agencies to identify program successes and failures. However, the Division is not able to participate in or benefit from this network because it collects WHIN-required data only on Medicaid reimbursed clients. Thus both the Division and the state lose access to important information on who does or does not have access to the state's substance abuse service continuum.

The Division operates under unclear and duplicative direction

WDH and Division staff, as well as providers, said there is sense of tension at best between the Division and the Governor's Board: sometimes competing interests materialize between what WDH and the Governor's Board want the Division to emphasize. One staff member stated, "We are bound to fail someone's agenda." In

The Division cannot both lead and follow other departments or the Governor's Board.

In addition department directors, who are to coordinate with the Department on HB 59, also serve as Governor's Board members. Further, the Division manages contracts with the very providers (mental health and substance abuse centers) that also plan and coordinate services. This puts the Division under an awkward expectation that it both lead those partners and answer to them.

Recent legislation exacerbates the Division's ambiguous role

Contributing to confusion about the Division's role, the Legislature passed HB 308 (2005 Laws, Ch. 245) which appropriated \$3 million to supplement substance abuse services: \$1 million for prevention and \$2 million for treatment. Although the Division manages the contract process for already-funded services, HB 308 authorized the Governor's Board to distribute the \$3 million to prevention and treatment service providers through a competitive RFP process. The Division managed this process, but the Governor's Board made the funding decisions.

Both WDH and the Governor's Board have been empowered to make HB 59 decisions.

According to Division staff, the new funding addressed some immediate needs, but it is unclear how these services will continue once the current contracts expire. Should additional funding be appropriated, the Legislature may wish to reconsider the method or process for awarding these funds, as it has been unusual since reorganization of state government (1989 – 1991) to designate an advisory board to make program funding decisions. With both the Governor's Board and WDH empowered to make decisions, it is also unclear which entity has the full confidence of the Legislature, or of the Governor, to lead and carry out state substance abuse efforts.

Recommendation: The Legislature and the Governor should agree on a single designated entity to lead state-level substance abuse planning and coordination.

In the three years during which HB 59 has been in effect, WDH has not taken a strong leadership role in spearheading its implementation. The Department responsibility has been delegated

implementation. The Department responsibility has been delegated to a mid-level position in one of its divisions. By executive order, the Governor's Board also has some authority with regard to the oversight of substance abuse, and the Legislature's enactment of HB 308 assigned it more.

“System”: A group of interacting, interrelated elements forming a complex whole in an organized and coordinated method.

The Legislature's "soft" designation of WDH as the leader among departments has not been effective in producing the desired result: an integrated, coordinated substance abuse system of care. Thus, it should consult with the Governor and together, they should agree to assign a single entity to lead state-level planning and coordination of a comprehensive plan for substance abuse prevention and treatment services. Under the current arrangement, which has multiple players acting on separate authorities, neither WDH nor the Division can completely fulfill HB 59 responsibilities. With clear leadership, the cooperating departments can make a fresh start at implementing a comprehensive plan.

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SACP coordinator is not at an appropriate administrative level to fulfill responsibilities

Mid-level managers cannot direct department heads to allocate resources.

Staff in the Division has attempted to lead implementation of a comprehensive plan, but the Division is not at a sufficiently high organizational level to fulfill these coordinating and planning duties on behalf of the Department. The responsibilities assigned by HB 59 are not appropriate to the administrative level and authority of a mid-level coordinator, who, organizationally, is below a Division deputy administrator and must work through and with numerous high-ranking officials from other departments.

Figure 2.3**Substance abuse control plan coordinator planning and coordinating functions**

- Analyzes and documents substance abuse trends
- Provides policy advice and information to the Substance Abuse Division Administrator
- Collaborates with other state, federal, and national agencies/entities to improve comprehensive substance abuse treatment, prevention, and early intervention
- Analyzes and presents substance abuse data from multiple sources in support of substance abuse planning and policy development
- Develops and coordinates the Interagency Substance Abuse Control Plan monthly meetings
- Demonstrates proficiency in analysis of primary and secondary substance abuse delivery systems
- Coordinates and monitors the eleven components of the Wyoming Substance Abuse Control Plan
- Acts as legislative liaison to the Governor's Advisory Board on Substance Abuse and Violent Crime
- Conducts bill analysis

Source: LSO analysis of Substance Abuse Division information

Staff indicated that despite the job description, in reality the individual in this position has no authority to direct funding or make program decisions within the Division, let alone guide or lead other departments. Figure 2.3 shows the duties of the plan coordinator, some of which are beyond the political power of the position to achieve. At most, staff indicated the position can only “try to motivate other agencies to think about funding and budgeting” for substance abuse-related issues.

Recommendation: If leadership responsibility for HB 59 remains with WDH, the Department should elevate duties to at least the deputy director level.

Planning and decision-making occur among equals.

HB 59 required cooperation among departments to move toward a comprehensive and integrated system. However, the Division and its coordinator are not at a high enough administrative level to lead other departments and their directors in making funding and program decisions. The Department needs to elevate HB 59-related leadership and planning duties to a level commensurate with other participants, so the position has more authority to direct resources toward implementing a comprehensive plan.

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The *Blueprint* no longer appears to be the state's comprehensive plan

Further complicating system leadership is a lack of consensus as to what constitutes the guiding document or comprehensive plan. HB 83 from 2001 was titled the "Substance Abuse Control Plan," but the resulting document, the *Blueprint*, also seems to have been understood at the time as the plan. Stakeholders we interviewed do not agree on what comprises "the plan" at present.

"Plan": A method of carrying out a design. A detailed program of action.

WDH and Division staff either did not understand the *Blueprint* to be the plan, or questioned whether HB 59 might be the actual plan. Under the latter reasoning, one staff member stated that there were items in the *Blueprint*, such as the CSACs, which were not in HB 59. Several staff said the *Blueprint* was not written as a plan, but to coalesce statewide opinions and emotions about substance abuse problems in the state. Provider consensus appeared to be that even if the *Blueprint* began as the plan, it no longer guides efforts of the Division or WDH.

The Division and providers have recently developed two new guiding documents

Two new documents were issued in 2005, both labeled as plans, further suggesting that neither the *Blueprint* nor HB 59 is generally recognized as the state's comprehensive plan. First, the Legislature directed the Department in HB 275 (2005 Laws, Ch. 135) to conduct a Methamphetamine Planning Study (HB 275 planning study). The resulting report, referred to as the "Meth Plan," highlights meth problems and covers overall substance abuse issues, making both administrative and service recommendations.

System participants do not agree on what the plan is or how it will be implemented.

Second, in coordination with the Department's Mental Health Division, WAMHSAC authored a 2005 "System of Care Plan for Wyoming's Public Mental Health System" to provide the Select Committee with legislative options regarding system improvement and service expansion. This plan represents only the mental health component of the system even though many of WAMHSAC providers' clientele are substance abusers as well.

Each new “plan” has a different focus.

The HB 275 planning study suggests the Division may be comfortable bypassing the *Blueprint* as the state’s comprehensive plan. However, these new documents represent two distinct guides for system development, each having a different focus, different methodologies (nine judicial districts described in the HB 275 planning study vs. WAMHSAC’s six comprehensive care regions), and different recommendations on how to modify the system.

State-level efforts to provide substance abuse services do not follow a comprehensive plan.

Ultimately, substance abuse planning and coordination may become even more fragmented if each department adopts a different plan (the *Blueprint* or the HB 275 planning study) or if other stakeholders adopt a plan that is not all-inclusive (WAMHSAC plan). In any case, at present the Legislature’s goal of supporting all entities to pursue the same plan with the same goals remains elusive (see Appendix G for selected comparisons of plans, studies, and planning studies).

Recommendation: The designated lead entity and HB 59 collaborating partners need to adopt one comprehensive plan.

Without agreement as to the plan, there is no connection between leadership and action.

It is difficult to discern where system development currently stands and what needs to be done to meet the Legislature’s goal of a comprehensive and integrated system. Since the Division and providers appear ready to move past the *Blueprint*, in effect, there is no single comprehensive plan currently guiding substance abuse system and service development, and thus no shared understanding among the many agencies that are affected by substance abuse problems. Without a clear picture of where the effort is headed and how the state is going to get there, the problem of conflicting authority and agendas is exacerbated.

The Legislature’s and Governor’s designated lead entity should work in concert with the departments named in HB 59 to define what the comprehensive plan is and acknowledge it as such. With a common purpose and with effective coordination, the state can begin to gather meaningful information on the status of the current system of care, and implement measurable progress toward the goal set in HB 59.

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