

MEMORANDUM

DATE: January 18, 2006

MEMO TO: Representative Randall Luthi, Chairman
Management Audit Committee

FROM: Brent D. Sherard, M.D., M.P.H., Director and State Health Officer
Wyoming Department of Health

SUBJECT: Management Audit Committee Audit on HB 59: Substance Abuse Planning and
Accountability

REF: S-2006-133

I received your January 13, 2006 letter on the report draft on HB 59: Substance Abuse Planning and Accountability.

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

The Division agrees with the comments made by the Program Evaluation Team.

The necessary stability to coordinate the substance abuse system of care is located within WDH at the deputy director level. The separate authorities acting on behalf of HB 59 should act as contributors to planning and coordination but the WDH, at the department level, should act as the single designated entity to lead state-level substance abuse planning and coordination.

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

The Division agrees with the comments made by the Program Evaluation Team.

In the three years during which HB 59 has been in effect, the Division has seen three different Administrators. Housing HB 59 oversight and responsibilities within the Department at the deputy director level would provide the leadership necessary for state-level planning and coordination of the comprehensive plan for substance abuse prevention and treatment services. This level of authority is needed to work with numerous high ranking officials from other departments.

3. The Legislature's and Governor's designated lead entity and collaborating partners need to adopt one comprehensive plan.

The Division agrees with the comments made by the Program Evaluation Team.

It is essential that the development of a clear picture of the comprehensive plan occur. The planning of the direction and destination of this comprehensive plan should occur between the WDH at the Department level, the Division level, the Governor's Board and the collaborating partner agencies named in HB 59.

4. The Division should define necessary client-level data and outcomes, and structure contract provisions so that data will be reported uniformly.

The Division agrees with the comments made by the Program Evaluation Team.

The definition and utilization of necessary client-level data and outcomes within the Division is an ongoing process and priority. The Division has not availed itself of WHIN to assist with essential data gathering. The Division would benefit from the in-depth research data WHIN could provide upon request. At this time, the MMIS Medicaid claims adjuster system has provided an overview of Medicaid clients. Contract provisions would greatly benefit from the client information WHIN, WCIS and MMIS could provide to the Division upon completion (WCIS) and request (WHIN, MMIS).

5. The Division should follow its contracting rules by requiring complete applications and linking them to contract terms.

The Division agrees with the comments made by the Program Evaluation Team.

More firm guidelines for contract development and oversight have been implemented at the Division and Department levels. Accountability in provider contracts has been a Department-wide mandate since July 2005 through the present (January 2006). Different avenues to assure outcomes measures are built into each contract are now part of the contract development process. Closer scrutiny at the Division level while building, accepting, signing and overseeing contracts are the components of the contract process throughout the Division and the Department. The acceptance and implementation of deliverable-based, outcome-based contracts, with complete documentation are Division goals requiring closer contract review at the Division and Department level.

BDS/GM/jme