Testimony to the Join Together Policy Panel on State Systems

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Useful frames of reference for the discussion of leadership in state substance abuse agencies can be found in the National Association of State Alcohol and Drug Abuse Director's (NASADAD) policy priorities, the President's New Freedom Commission on Mental Health (NFC) report and in the Institute of Medicine (IOM) Crossing the Quality Chasm report. NASADAD's policy priorities are:

1. Strengthen State substance abuse systems and the office of the Single State Agency (SSA)
2. Expand access to prevention and treatment services
3. Ensure clinically appropriate care
4. Implement outcome and performance management data systems
5. Promote effective policies related to co-occurring populations

The NFC report lists three barriers to individuals getting needed services. They are:

1. Stigma
2. Unfair limitations and financial barriers placed on benefits
3. Fragmented service systems exacerbated by the constant reorganization and realignment of healthcare systems

The four issues central to improving the quality of substance abuse services are those identified by the IOM report:

1. Expanding the use of evidence based practices
2. Purchasing practices that improve the quality of services
3. The use of information technology
4. Developing the workforce

These issues are important because they speak to the tasks that leaders in state substance abuse agencies must address if they are to be successful and form the basis of one of the recommendations I will make to the panel; that they define these critical tasks in terms of a model job description for state directors. In any field, leaders must possess a vision of how the mission of the organization is realized and a practical vision for success. I'm going to speak to two issues today, both of which hopefully inform the debate about the issue of strong leadership and organizational placement of single state agencies (SSAs). One is the relevance of state substance abuse systems adopting a population based- public health model. The other issue is the importance of leaders seeing their role in terms of fostering the next generation of leaders. It has been estimated that more than 30% of the current leadership in the behavioral health field will turn over in the next decade as a function of baby boomer retirements. In a field that already sees a greater than average turnover due to the frequent changes in state administrations (a disadvantage of direct governor appointment), we are facing a shortage of qualified individuals to move into the state leadership roles. This suggests that one impediment to effective state policies is overestimating the importance of structural proximity to elected officials and

underestimating the importance of continuity of leadership sufficient to effect deep system change.
Much of the discussion on leadership in state substance abuse systems has focused on the issue of organizational placement. While the constant reorganization of state health and human service agencies strain the continuity critical to sustaining improvements and implementing needed changes, ultimately change can be for the better **if** done with attention to improving policy alignment and ensuring equal footing for substance abuse with other agency missions. This is a fundamental issue.

Texas experienced one of the most ambitious reorganizations of state health and human service agencies to date. In that reorganization, begun less than 3 years ago, the state substance abuse agency was merged with mental health and health. While accomplishing this in a year was extremely taxing on all involved, and anticipated savings were not realized, there has been a bright side. This new organizational placement has allowed us to begin to bridge bias and historical silos by characterizing substance abuse as a public health problem. Placement alone did not make this possible in Texas, as structures and placement don't accomplish much independent of the right mix of trust, shared values and a willingness to move outside the familiar and safe. All too often SSA appointment processes create disincentives for moving outside the comfort zone to seek new partnerships and take the risks associated with new approaches.

In Texas we have come to realize that addressing substance abuse issues in our new department is a responsibility of all our programs, not just the funded substance abuse providers. As a result, we are looking at how to bring the expertise of the substance abuse prevention and treatment subject matter experts to all of our health programs from community health clinics to mental health programs to WIC clinics. Clinical and business practices, such as the substance abuse agency's electronic health record and integrated contract management system have become the standard for the legacy mental health and health programs. When we look at the influence of SSAs after agency reorganizations and mergers, it's fair to say that those that emerge with the highest levels of influence have something to bring to the table.

I believe that we must move past the characterization of our work as part of a war on drugs and into the framework of health. By understanding substance abuse prevention and treatment in a public health framework it is possible to extend the reach of state abuse systems into the broader (and less stigmatized) mission of health and engage with an expanded group of public and private partners. To accomplish this requires a reconceptualization of the notion of a state substance abuse authority at the federal and state level. I believe federal statutes should articulate a state substance abuse authority as is done for state mental health authorities. In addition, if state directors view their role as an authority in the context of the funding streams they oversee, partnerships and influence will be limited. Realistically, there will never be sufficient funding to realize the sort of widespread improvements in treatment and prevention outcomes we all dream of. Making an impact requires all those systems that see the consequences of drug use and abuse to rethink their approaches and benefit from the expertise imbedded in state substance abuse authorities.

The Adverse Childhood Experience study (www.acestudy.org) makes a compelling case that all systems, but especially child welfare, justice systems, primary care and education need to accept that we have the ability to intervene early to reduce adverse outcomes, but we simply don't. There is no one reason for this, but an encompassing framework with incentives to intervene is where we need to move the system and leaders of state systems need to appreciate that a framework such as this compels a different approach to cross agency efforts. Collaboration as we have known it is no longer sufficient. Current structures, whether the ever-popular "drug czar", cabinet appointment or free standing agency don't necessarily lend themselves to the kind of approaches that will make meaningful inroads since they rarely move outside the trinity of prevention, treatment and enforcement. Arguably, the more critical variables are the skill set the state director and key staff bring to the table.

The realization that the costs of substance abuse to states, counties and cities far exceed the direct costs of prevention and treatment should be incentive enough to state policy makers to insist that the role of the state substance abuse authority be far-reaching. This is almost never the case and appears to be independent of state agency structure issues. It represents a fundamental failure of policy at all levels and an indictment of public safety orientations that emphasize solutions that are limited in effectiveness. These orientations also lend credibility to policies that restrict access to medical care, housing, education and employment, thereby perpetuating a flawed understanding of substance use conditions. That said, there are organizational structures that offer the potential for better outcomes but do not necessarily ensure them.

Requirements for leaders will increasingly demand a skill set that goes beyond the norm of direct program experience. While the view from the front lines is extraordinarily important, there are other skills that are now prerequisites for leadership of state substance abuse systems. An ability to frame important policy questions and the effectively act to see them realized is something that one generally doesn't experience in direct service settings. A familiarity with the future of healthcare technology and a commitment to moving state systems in a direction that prepares the workforce for that reality before it arrives is critical. Outcome management is increasingly going to be the currency of funding, and state director performance. The realization that managing outcomes in treatment will require in-treatment measurement changes everything in the way states purchase services, manage data, establish standards of care and ensure that that care is individualized to a degree we have not generally seen. Finally, the needed focus of state authorities is on the organization and financing of systems of care and central to that focus will be the necessity of making a compelling and data driven business case for the return on investment of our expenditures for prevention and treatment.

So where do we find these leaders of the future? It may not be the current practice, but we need to look to individuals with the capacity to understand the research to practice cycle, how data is turned into information and how a feedback loop with policy serves as the building blocks for the successful systems of the future. Those of us currently in

leadership roles have an obligation to seek out individuals with these perspectives and skills now and foster their development. The public health framework coupled with public/private partnerships expands the talent pool for SSAs considerably. Ultimately, this suggests that associating the stature of the SSA with political appointment may be counterproductive.

Recommendations:

1. The panel should develop the model job description for state directors as this will be more likely to gain traction than recommendations about agency placement.
2. The panel should advocate for federal statutory language compelling the designation of state substance abuse authorities.