Kansas Department of

Social and Rehabilitation Services

Gary Daniels, Secretary

Joint Committee on Corrections and Juvenile Justice Oversight

August 31, 2006

DUI Program

Health Care Policy

Ray Dalton, Deputy Secretary

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Chair Brungardt and Committee Members, I am Ray Dalton, Deputy Secretary of Social and Rehabilitation Services for the Division of Health Care Policy. Thank you for this opportunity to speak about the program administrated by SRS also known as the 4th time DUI program. I am here to report the overall success of the program as well as discuss the fiscal implications of that success.

Background:
As outlined in the Inter-Agency agreement established between the Department of Corrections and the Department of Social and Rehabilitation Services, the responsibilities of SRS include the administration of funds to purchase assessment, treatment and care coordination services on behalf of those individuals convicted under the 4th time DUI law.

Since 2002, 1,672 offenders have been referred to the program. The vast majority of these offenders are male (91%), of European descent (80%), and between the ages of 35 and 55 (67%).

Scope of 4th time DUI program:
Upon adjudication, each offender is given a neutral and objective alcohol and drug assessment by the assigned Regional Alcohol and Drug Assessment Center (RADAC) which determines the appropriate level of services needed for that individual. The RADAC is then responsible to ensure that ongoing care coordination and communication occurs with the treatment provider and the Kansas Department of Corrections staff. This care coordination model effectively supervises a population that tends to be resistant to change, highly transient and often needing more than one service by more than one provider. For example, as an offender begins the recovery process, it may become necessary to transfer that individual to a different treatment provider depending on the services needed at that particular time. The care coordination efforts of the RADAC ensures that this transfer can occur in a timely manner with information following the offender to the new treatment provider. Communication efforts that are coordinated by the RADAC between the KDOC staff and the treatment provider (with the involvement of the offender), helps to ensure that expectations are clearly articulated and followed. Unforseen problems that may arise are resolved more quickly, again with the offender understanding that all the parties are acting on behalf of and in the best interest of the offender. As a result of these

efforts, this model has been highly effective in retaining offenders in treatment services, a best practice cited by the National Institute of Drug Abuse as one that predicts successful treatment outcomes.

Treatment Completion Rates
The effectiveness of this program and particularly the addition of the care coordination efforts of the RADAC, is apparent by the following discharge rate comparisons of the 4th time DUI program with the block grant funded program:

4th Time DUI Program discharge rates:

Of the 1672 offenders assessed and referred to treatment since 2002,

* * 65% have completed Treatment
* * 13% self discharged from treatment
* * 3% Treatment not completed, agency decision

To illustrate the chronic nature of the population being served, 10 offenders have died since being assessed and referred to treatment services.

994 offenders assessed under this program are still receiving treatment services.

The average length of stay in treatment services for these offenders is 315 days.

Substance Abuse Prevention and Treatment Block Grant discharge rates for SFY 2005

* * 34% treatment completed
* * 45% self discharged from treatment
* * 7% treatment not completed, agency decision

The average length of stay in treatment services for block grant funded clients is 139 days.

Cost-Effectiveness:
To ensure that the available funds were expended in the most cost effective manner possible, a $3,000 cap was set per offender. This reimbursement methodology, coupled with utilization review by the RADAC ensures that each offender is receiving the services he needs in the least restrictive, least expensive treatment service possible. 86% of all offenders assessed are referred to outpatient treatment services which facilitates the offender being able to maintain gainful employment while addressing his alcohol dependency.

Funding Shortfall:
The data clearly indicates that this program is successful for many of the reasons I've outlined here. Unfortunately, the demand for this program has exceeded the available funds. Last session, KDOC introduced SB 214 which would have increased the amount of funds for the Department of Corrections alcohol and drug abuse treatment fund from 2.01% to 7.6% for the SFY 2006 and 4.98% thereafter. SRS supported this bill which did not pass. As a result, in an effort to resolve the immediate shortfall for 2006, a Governor's Budget Amendment was requested and granted. These funds enabled SRS to pay treatment providers for services *already rendered* during that fiscal year. We support the KDOC in it's request for additional funds to support the continuing demand for services not only for this next fiscal year but beyond. In addition, SRS will also be requesting an increase in available funds to support the care coordination efforts of the RADAC. Case loads for RADAC staff have increased as successful retention in treatment services has become the norm. In order to ensure that these outcomes continue and that public safety remains a high priority, we must ensure that adequate funding is available to serve this high risk population.

This concludes my testimony. I will be glad to stand for questions from the committee.