

Kansas Department of
Social and Rehabilitation Services
Don Jordan, Secretary



Select Committee on Corrections Reform & Oversight
March 18, 2008

HB 2879 – Fourth or Subsequent DUI

Disability & Behavioral Health Services

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Chairman Owens and members of the Committee, I am Ray Dalton, Deputy Secretary of Disability and Behavioral Health Services (DBHS) at SRS. The division of DBHS includes Addiction and Prevention Services (AAPS), which provides oversight and manages the substance abuse services funded by the federal block grant, Medicaid and the 4th time DUI program, known as SB 67. SRS and Addiction and Prevention Services is designated by the Substance Abuse Mental Health Administration (SAMHSA) as the single state agency on substance abuse.

The over arching principle that guides all of these functions is one of accountability. SRS is responsible for licensing of drug and alcohol treatment facilities in Kansas. Through licensing standards, Addiction and Prevention Services is able to assure that minimum standards of care are being utilized on behalf of consumers of alcohol and drug programs. These standards cover all aspects of program oversight including counselor competence, programming and curriculum requirements, documentation standards, consumer rights and confidentiality laws. These standards are the foundation by which all treatment facilities, regardless of funding streams, must follow in order to legally operate in Kansas. However, the standards for treatment licensure do not apply to those facilities only providing evaluation and education per KSA 8-1008, otherwise known as the Alcohol and Drug Safety Action Programs (for 1st, 2nd and 3rd time DUI offenders). By law, these programs are certified by the Chief Judge in each Judicial District.

For over 10 years, Addiction and Prevention Services has utilized an electronic system of record management that standardizes the assessment and documents every unit of service a consumer receives which is then tied to provider reimbursement on a fee for service basis. The data collected from this electronic system has afforded SRS the ability to monitor trends, evaluate outcomes and direct new funds to address gaps in services and target populations. This electronic assessment was also built on best practices to ensure that each consumer is evaluated on multiple life dimensions, which then recommends the appropriate level of care for that consumer.

SRS has contracted with Value Options Inc., a managed care company to oversee and manage the block grant and Medicaid funded services. Value Options is responsible to ensure that an adequate network of providers is available across the state and to help AAPS consumers receive the level of care they need.

Addiction and Prevention Services is also responsible for the administration of the 4th time DUI program as established through an Inter-Agency agreement between the Department of Corrections and SRS.

Since 2002, 2,396 offenders have been referred to the program and 69% of those have completed the program successfully. To enter the program, 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 services provided by the assigned RADAC ensures that this transfer can occur in a timely manner with information following the offender to the new treatment provider. Effective communication is also facilitated by the RADAC between the KDOC staff and the treatment provider (with the involvement of the offender), which ensures that expectations are clearly articulated and followed. Any 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 2396 offenders assessed and referred to treatment since 2002,

**69% have completed Treatment

**12% self discharged from treatment

**3% Treatment not completed, agency decision

979 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 2006

**38% treatment completed

**43% self discharged from treatment

**8% treatment not completed, agency decision

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

To ensure that available funds are 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. 82% of all offenders assessed are referred to outpatient treatment services which enables the offender to maintain gainful employment while addressing his alcohol dependency.

In closing, SRS is responsible for the oversight and management of the alcohol and drug programs identified in my testimony. Through SB 67 and SB 123 and other initiatives, we have had the opportunity to create and maintain collaborative partnerships with the DOC and the Sentencing Commission to ensure efficiency, effectiveness and accountability as we work to address the needs of this population.

This concludes my testimony and I would be glad to answer any questions from the Committee.