

Kansas Department of

# Social and Rehabilitation Services

Gary Daniels, Secretary

**Joint Committee on Corrections  
and Juvenile  
Justice Oversight**  
November 2, 2006

Overview of Substance Abuse Treatment  
Services and Corrections

Health Care Policy

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**Overview of Substance Abuse Treatment Services and Corrections**

Chair Brungardt and Committee Members, I am Gary Daniels, Secretary of Social and Rehabilitation Services (SRS). Thank you for this opportunity to speak about the substance abuse treatment system.

Substance abuse services in Kansas are currently provided by more than 1,200 drug and alcohol counselors working in 245 licensed treatment agencies. Of the 245 licensed providers, 51 are currently contracted to provide Substance Abuse Prevention and Treatment (SAPT) Block Grant-funded services. There are approximately 96 licensed providers providing Medicaid (T-XIX) substance abuse treatment services. There are 56 programs that are providing services under the 4<sup>th</sup> time DUI treatment grants. Twenty-two providers currently provide residential services with approximately 726 beds available. Over 200 beds are dedicated to serving pregnant and parenting women and their children. Most substance abuse treatment services are reimbursed on a fee-for-service basis.

SRS collects data from the SRS funded programs: Block Grant, T-XIX funding and 4<sup>th</sup> time DUI program participants. This system provides substance abuse treatment services to approximately 15,000 people annually. Of those, 30 percent are women and 70 percent are men. The majority of people present with alcohol as their primary drug of choice (44 percent) followed by marijuana (25 percent), cocaine (15.5 percent), methamphetamine (12 percent), and other (3.5 percent). Slightly more than 60 percent enter outpatient or intensive outpatient services, 14 percent enter residential, and 26 percent enter social detoxification programs.

The following represents the number of clients admitted to SRS administered programs from corrections or law enforcement:

REFERRAL	NUMBER
· Community Corrections	1361
· Court	1603
· DUI/DWI	187
· Diversionary Programs	154
· Juvenile Justice Authority	478
· Parole	863
· Peace Officers	42
· Probation	1885
· Penal System	59
Total	<u>6632</u>

The total above represents 44% of all treatment admissions into SRS funded programs in FY 2006

### **SPECIFIC TREATMENT PROGRAMS FOR CORRECTIONS CLIENTS:**

The SRS Memorandum of Understanding (MOU) with the Kansas Department of Corrections (KDOC) states that SAPT Block Grant funds are available for substance abuse treatment of offenders on post-release status who meet the eligibility guidelines. It also stipulates that offenders who are assessed to be of high risk for public safety or those identified as sex offenders are *ineligible* for SAPT funds.

**4<sup>th</sup> Time Driving Under the Influence (DUI) Treatment program** — Under KSA 8-1567, persons that are convicted of a 4<sup>th</sup> DUI must spend a minimum of 90 days in jail up to a maximum of 1 yr. As part of sentencing, they must complete an inpatient or out-patient treatment program and follow all recommendations set for one year. SRS is responsible for the administration of the program and the Kansas Department of Corrections reimburses SRS for treatment costs. SRS also contracts with the Regional Alcohol and Drug Assessment Centers (RADACs) for assessment, care coordination and utilization management services.

#### **Referrals from Juvenile Justice Administration**

In FY 2006, 478 youth were treated in SRS funded alcohol and drug treatment programs. Marijuana abuse is the primary drug of choice for those entering treatment and 8% of youth entering treatment listed methamphetamine as their primary drug of choice

#### **Services for TAF recipients experiencing substance abuse problems:**

SRS contracts with RADACs to provide assessment, education and case management to TAF recipients within SRS offices across the state. SRS also contracts with two Regional Prevention Centers to provide case management services in their identified regions.

### **TREATMENT EFFECTIVENESS:**

While alcohol and drug addiction can be a chronic, relapsing disease, our data indicates that most of the individuals admitted to SRS funded programs were admitted only one time during the year (88%) and only 9% were admitted twice during that year. Research has demonstrated that positive treatment outcomes are contingent on adequate lengths of treatment. Generally, participation for less than 90 days is of limited or no effectiveness and for some, treatments lasting significantly longer are often indicated. The average length of stay in treatment services for block grant funded clients is 139 days. For those individuals participating in the 4<sup>th</sup> time DUI program, the average length of stay in treatment services is 315 days.

**CURRENT IMPACT ON THE TREATMENT SYSTEM:**

The level of funding for the Block Grant and 4<sup>th</sup> time DUI programs has not kept pace with the demand on those systems. In FY 2006, treatment providers were not reimbursed for 1.3 million dollars in services delivered to eligible individuals. SRS has included an enhancement request for FY 2008 to address this shortfall. In regard to the 4<sup>th</sup> time DUI program, KDOC introduced SB 214 which would have increased the amount of funds for the alcohol and drug abuse treatment fund from 2.01% to 7.6% for FY 2006 and 4.98% thereafter. SRS supported this bill which did not pass. We support the KDOC in its request for additional funds to support the continuing demand for services not only for this next fiscal year but beyond. In addition, SRS has included an enhancement request to increase the funds available to support the care coordination efforts that are occurring with this expanding 4<sup>th</sup> time DUI population.

**FUTURE MEDICAID STATE PLAN CHANGES:**

Starting in the Spring of 2004 the federal Centers for Medicare and Medicaid Services (CMS) notified SRS that substantial portions of the current Medicaid State Plan governing mental health/behavioral health/substance abuse services are now considered out of compliance with their practice standards. Left unaddressed, these now-identified deficits in Kansas' approved Medicaid State Plan services would render the state – and particularly the mental health/behavioral health and substance abuse service systems – vulnerable to negative funding decisions by CMS that would ultimately cripple our ability to provide these services to Kansans in the greatest need.

In order to comprehensively address the myriad issues about which CMS had expressed concern, throughout the first half of this year a collaborative and focused work group of staff from SRS and the Kansas Health Policy Authority (KHPA), assisted by consultants with CMS and state plan expertise, explored available responsive options. Guided by extensive prior stakeholder input, as well as the leadership guidance of state agencies and the legislature, a foundation for responding to CMS was developed.

In the context of addressing CMS' concerns, SRS purposed to develop a foundation of response that would be consistent with the values that have guided system partners in developing sturdy community-based services, and would support future transformation goals.

**Substance abuse services** will be provided utilizing a statewide substance abuse contractor.

- Through a single statewide contract, the Kansas Substance Abuse Prepaid Inpatient Health Plan provides for the cooperative administration of Medicaid substance abuse services with the administration of Kansas Department of Social and Rehabilitation Services state and federal block grant funded substance abuse treatment programs. The 4<sup>th</sup> time DUI program and prevention funds will not be

managed by the statewide substance abuse contractor and will remain under the direct management of SRS.

- A seamless system of care will be preserved in which block grant funded and Medicaid funded clients may move across and within the continuum.
- Building upon extensive System Redesign work that has already been done – including extensive stakeholder input – regarding the Utilization Management protocols, detox services, screening and assessment, and performance measures.

Extensive stakeholder input will be required over the next several months to successfully build implementation tools that will spell out exact service codes, practice guidelines, reimbursement rates, service authorization and operating limitations, such as:

- Provider manuals
- Contractual expectations
- Associate agreements
- Utilization management tools
- Practice guidelines and forms

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