

Kansas Department of

Social and Rehabilitation Services

Don Jordan, Secretary

House Social Services Budget Committee

March 20, 2007

Senate Bill 354 - Alcohol and Drug Statute Revision

**Division of Health Care Policy
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Chairman Bethell and members of the Committee, I am Ray Dalton, Deputy Secretary of Health Care Policy with SRS. I appreciate the opportunity to appear before you today in support of SB 354.

This is a technical bill which will clean up and merge Chapter 65 Public Health, Article 40 (Alcoholism and Intoxication Treatment, introduced in 1972) and Article 46 (Drug Abuse Treatment Facilities, introduced in 1976) to accurately reflect the current language utilized by the alcohol and drug field.

Before 1981, there were two sections within SRS , one that addressed alcohol and one that dealt with drug abuse. The primary reason for this separation was due to different federal funding streams. In 1981, the two sections within SRS were integrated. Funding streams also became integrated. Since that time, alcohol and drug abuse has been treated as one issue.

The primary changes contained in the bill are as follows:

- the separate drug and alcohol statutes were merged,
- language pertaining to alcoholics and intoxicated persons was replaced with persons with alcohol or other drug addiction,
- the reinstatement of definitions previously repealed

A subsequent amendment to this bill found in Section 16, raises the percentage that is to be credited to the community alcoholism and intoxication programs fund from 2.01% to 3.01%. This fund supports the care coordination efforts by the Regional Alcohol and Drug Assessment Centers to successfully administer the fourth time DUI treatment program. Since this program began in 2002, of the 1,968 offenders that have been assessed for treatment services, 68% have successfully completed all treatment services and 756 are still receiving services. Due to the success of retaining these offenders in the program and ongoing referrals into the program, the costs of administration and treatment services are exceeding the amount of fees forwarded to both SRS, and the Kansas Department of Corrections (KDOC). Increased caseloads for both the KDOC, and the SRS care coordinators requires additional funding to continue to provide the type and duration of services currently provided.

We support the bill and ask that it be acted on favorably by the Committee.
I would be happy to answer any questions from the Committee.