



Kansas Association of Addiction Professionals

**700 SW Jackson, Suite 1101
Topeka, KS 66603
785-235-2400**

Kansas Association of Addiction Professionals

February 14, 2012

Senate Committee on Judiciary
Senate Bill 368

Sarah M. Hansen, Executive Director
Kansas Association of Addiction Professionals

For Additional Information Contact: Stuart Little, Association Lobbyist, Little Government Relations, LLC, 800 SW Jackson St, Ste 914, Topeka KS 66612, (785) 845-7265 or Sarah Hansen, Association Executive Director, (620) 341-7956.



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Chairman Owens and members of the committee:

I thank you for the opportunity to provide testimony today related to SB 368. My name is Sarah Hansen, Executive Director of the Kansas Association of Addiction Professionals. Our association is comprised of nearly 500 addiction treatment and prevention professionals and treatment program providers from across the state of Kansas. I appear today to issue our concerns with the proposed bill.

First, it is important to note that our association shares the goals of the Kansas Sentencing Commission. We seek to work with the Commission, community corrections and the Department of Corrections to reduce offender recidivism, to reduce prison bed utilization and to keep our communities safe. Our providers work to provide quality, effective substance use disorder treatment services to those offenders deemed, by clinical assessment, in need of treatment services. Our network of providers wants to be good partners. Treatment providers offered the Commission input as the professionals who carry out and implement SB 123 services, but there was little opportunity to provide treatment provider expertise. We want to make sure this Committee and the Legislature is aware of some key issues from the treatment field on how providers can best treat those offenders in need of substance use disorder treatment services and help the state meet its goals.

This legislation proposes changes to who may be eligible for treatment services. Specifically, Section 3 (2)(c) states, that those offenders who rate as having a "high probability" of a substance use disorder based on the Substance Abuse Subtle Screening Inventory (SASSI) and a moderate or high risk status as determined by the LSIR are the **only** offenders who will be eligible for funded treatment under this bill. Those who rate as having a "high probability" of substance use disorder but low criminal risk status on the LSIR will no longer be eligible for funded treatment services. This change is problematic for several reasons.

1) This change produces a cost shift away from the Kansas Sentencing Commission to the Department of Social and Rehabilitation Services. Those offenders who would have received care and treatment through the Commission will now receive care and treatment through the Federal Block Grant. In our experience, these offenders do not have the means to pay for treatment and typically classified as indigent. These services then fall on a different department of the state. The Federal Block Grant currently is strained beyond its means. Our providers currently provide over \$1.5 million in uncompensated care due to the shortage of funds available to the indigent population.

2) Addiction causes chaos in our communities. Those offenders who have a substance use disorder are likely to cause disruption in our communities despite their level of "risk" on the LSIR. The Commission has experienced positive outcomes for many years under the current SB 123 program. Our association believes that by changing who is eligible for services, they are likely to experience unintended consequences, such as higher recidivism and poor program outcomes.

3) This decision removes the ability for trained clinicians to make a sound recommendation based on all assessment data. The SASSI instrument is only one tool utilized in the assessment of substance use disorders. Our providers conduct assessments based not only on the SASSI but typically, with three different assessment instruments including a bio psychosocial or clinical interview. At the conclusion of this extensive assessment, the clinician recommends either no treatment or treatment along with a specific recommendation for a level of care based on the intensity of the substance use disorder. Levels of care include a full continuum or range of treatment services including but not limited to outpatient care (maybe one to eight hours per week), intensive outpatient care (9 hours per week) and inpatient care (24 hour treatment for about 20 days). The recommendation for treatment is made based on the total clinical assessment not with the use of only one instrument. The association recommends an approach that allows clinicians to use all instruments available to them and to allow for flexibility and clinical insight to be valued and utilized. To state that all offenders who are “low risk” on the criminal risk assessment should not receive treatment, even though clinically indicated, is ill advised. Those who are deemed appropriate for substance use disorder services should receive treatment, at the level indicated by the clinician.

Finally, the association notes that Section 3 (2)(g), which defines a “mental health professional,” is out of date due to changes made within the 2010 and 2011 legislative sessions. The 2010 legislature passed HB 2577 (and amended within the 2011 session) authorizing the addiction counselor licensure practice act. This act eliminated the certification of addiction counselors and authorized the licensure of these individuals with the Behavioral Sciences Regulatory Board. We recommend the bill be revised to reflect this change in licensure and assure that all professionals licensed by the Behavioral Sciences Regulatory Board have the ability to render these services. We recommend language be inserted to define mental health professional as, *‘A professional licensed by the behavioral sciences regulatory board to diagnose and treat mental or substance use disorders at the independent level; or a professional licensed by the behavioral sciences regulatory board who is working in an alcohol and drug treatment facility licensed by the secretary of social and rehabilitation Services who have been certified by the secretary of corrections to treat offenders pursuant to K.S.A. 2011 Supp. 75-52,144, and amendments thereto.* This is the same language the Legislature used in Sub. for SB 6, the DUI bill, during the 2011 session.

Again, thank you for the opportunity to provide testimony on SB 368. I am happy to stand for questions at the appropriate time.