

MINUTES OF THE SENATE FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Vice- Chairperson Nancey Harrington at 11:10 a.m. February 2 , 2000 in Room 245-N of the Capitol.

All members were present. Senator John Vratil, excused

Committee staff present: Mary Galligan, Legislative Research Department  
Russell Mills, Legislative Research Department  
Judy Glasgow, Committee Secretary

Conferees appearing before the committee:

Senator Rich Becker  
Representative Shari Weber  
Janet Schalansky, Secretary, Social and Rehabilitation Services  
Commissioner Albert Murray, Juvenile Justice Authority

Others attending: See Attached list

Vice-Chairman Harrington called for the introduction of bills. There were none.

Vice-Chairman Harrington opened the hearing on:

**SCR 1632– Urging the Governor and the Governor’s Substance Abuse Prevention Council to establish statewide standards to evaluate the success of substance abuse programs**

Vice Chairman Harrington recognized Senator Becker, who appeared as a proponent for **SCR 1632**. Senator Becker stated that some members of the Joint Committee on Corrections and Juvenile Justice had raised questions regarding whether or not the substance abuse treatment programs that receive 15 million dollars each year from the state of Kansas are effective. (Attachment 1) Senator Becker stated that one goal of the Joint Committee is to discover effective substance abuse treatment programs and fund them adequately. Senator Becker stated that the purpose of the resolution was to identify some “Kansas Standards” regarding treatment and prevention. Senator Becker stated that the Performance Audit Report, Reviewing Substance Abuse Programs in Kansas reported more than 18 million dollars were awarded for prevention and treatment programs by Social and Rehabilitation Services in FY 1997. A copy of this report can be obtained from Division of Legislative Services.

Senator Biggs inquired if a fiscal note had been requested and what the cost had been determined for performing this research. Senator Becker stated that **SCR 1632** would not require that research be performed but that the State set up standards for evaluating what results a successful program would contain.

Vice-Chairman Harrington recognized Representative Shari Weber, as a proponent to **SCR 1632**. Representative Weber stated that several years ago a group of senators and representatives were given the opportunity to take advantage of a program on substance abuse and treatment and found that currently there was no acceptable State standard for evaluating the success of the substance abuse and treatment programs. (Attachment 2). The Governor has appointed a Substance Abuse Prevention Council per the recommendation of the 1997 Performance Audit Report to work with all state agencies to establish statewide substance abuse standards to test and evaluate the performance, efficiencies and success of public and private prevention, education and treatment programs. In October, 1999 the Joint Committee on Corrections and Juvenile Justice Oversight Committee participated in the Governor’s Conference on Prevention held in Wichita, and worked with representatives from the field and other agencies. Representative Weber stated that it is important for the legislature to have a strong involvement in the formation of these standards. She ask for the committee’s favorable consideration of **SCR 1632**.

CONTINUATION SHEET

MINUTES OF THE SENATE FEDERAL AND STATE AFFAIRS, Room 245-N Statehouse, at 11:10 a.m. on February 2, 2000.

Vice-Chairman Harrington introduced Secretary Janet Schalansky, Social and Rehabilitation Services (SRS) and Commissioner Albert Murray, Juvenile Justice Authority, the Co-Chairs of the Governor's Substance Abuse Prevention Council. Secretary Schalansky presented background information about the development of the substance abuse service system. (Attachment 3) Secretary Schalansky stated that the primary responsibility for licensure and certification rests with SRS. She stated there are a total of 285 substance abuse treatment facilities licensed and 1650 state-credentialed counselors working in the state.

Commissioner Murray spoke on the Governor's Substance Prevention Council which was established in October 1998. The council has met monthly and developed the interagency "Kansas Planning Framework" which is being implemented. Commissioner Murray offered an amendment to the resolution for the committee's consideration which has three minor changes in wording to the resolution.

The hearing on **SCR 1632** was continued to next week to allow committee members time for questions of Secretary Schalansky and Commissioner Murray.

Senator Oleen introduced Jess McNeal, who was participating in the Job Corps Shadow Day. She is from the Flint Hills Job Corp Center which is located west of Manhattan.

The meeting adjourned at 12:00 a.m. The next meeting will be February 3, 2000 at 11:00 a.m.

SENATE FEDERAL AND STATE AFFAIRS COMMITTEE

GUEST LIST

DATE: FEB 2, 2000

| NAME             | REPRESENTING  |
|------------------|---------------|
| Albert Murray    | JJA           |
| Bob Hedberg      | JJA           |
| Janet Schalansky | SRS           |
| Karen Suddeth    | SRS           |
| Glenn Thompson   | —             |
| Lee Sigurd       |               |
| Sue Brunner      | KDJA          |
| Kope Fraueno     | KGC           |
| Rebecca K        | KBWA & KQ & A |
| Tony Campbell    | KBLDA         |
| Gene M. Scabell  | KS. ASAP.     |
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**TESTIMONY BEFORE: SENATE FEDERAL AND STATE AFFAIRS COMMITTEE  
BY SENATOR BECKER 02-02-2000**

Madam Chairman, Committee Members,

Ladies and Gentlemen

I'm here today to testify in favor of Senate Concurrent Resolution No. 1632, urging the Governor and the Governor's Substance Abuse Prevention Council (who deal with Substance Abuse Prevention Programs and Substance Abuse Treatment programs) to establish statewide standards to evaluate the success of substance abuse programs.

There are many programs that deal with substance abuse. My remarks will deal primarily about Substance Abuse Treatment Programs.

Let me start at ground zero. Some people have drug problems, some have alcohol problems, some have both. When talking about either or both of these problems, they are referred to as "substance" abuse problems. The majority of individuals who end up in State prisons (both youth and adults, both men and women) have substance abuse problems.

We recently heard that about 240 paroles are re-admitted to prison each month after serving their sentence because they violated the terms of their parole. In the majority of cases, these violations involved substance abuse. These people are taking up valuable expensive prison space.

Over the last couple of years as a member of the Joint Committee on Correction and Juvenile Justice, the question has been asked over and over - "Considering we spend almost 15 million dollars each year for Substance Abuse Treatment Programs, how do we judge the effectiveness of these programs?"

The committee has never received a satisfactory answer to this question. We've heard great comments and lots of hype about numerous programs, but when we ask for good data to back up the comments, it never seems to show up.

Our present goal is to discover effective substance abuse treatment programs from all who get the program funding now, and fund them adequately with the 15 million dollars we now spend. And, at the same time, eliminate those programs that simply are not effective in getting people off drugs and alcohol.

Every state has "standards" and these "standards" vary widely from state to state. Before we can judge these programs, we need "Kansas Standards" regarding treatment and prevention. That's the purpose of the resolution.

I'd be happy to stand for questions.

STATE OF KANSAS

*Rep. Shari Weber*  
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*HOUSE OF REPRESENTATIVES*  
*68<sup>TH</sup> DISTRICT*  
*Assistant Majority Leader*

**TESTIMONY ON SCR1632**  
**SENATE FEDERAL & STATE AFFAIRS**  
**February 2, 2000**

Thank you, Madame Chairman and members of the committee, for the opportunity to appear before you today in support of SCR 1632. This resolution addresses the establishment of statewide standards to evaluate the success of substance abuse programs that are funded through the state budget process. Per year we spend in excess of \$10 million on substance abuse prevention, assessment and treatment programs. It is high time that we had a statewide standard by which to measure the outcome of these programs.

Several years ago, the Secretary of Corrections gave senators and representatives and several others involved in state government and corrections, the opportunity to take advantage of a program on substance abuse and treatment. We worked as a team to formulate a mission's statement for our State with regard to substance abuse and treatment.

In the process, we concluded there was no acceptable State standard for evaluating the success of the substance abuse and treatment program. It is that standard that this resolution seeks to obtain. Our small focus group has continued to work on this issue and over the past year we feel progress has been made in that the Governor appointed a substance abuse prevention council to work with all state agencies to establish statewide substance abuse standards to test and evaluate the performance, efficiencies and success of public and private prevention, education and treatment programs.

In October, the Joint Committee on Corrections and Juvenile Justice Oversight Committee participated in the Governor's Conference on Prevention in Wichita. We worked with representatives from the field and other agencies. As a result of this conference, we are moving closer with each one of these steps. It is important that we have a strong involvement in the formation of these standards.

Thank you for your favorable consideration. I appreciate your time.

Sincerely,

  
Shari Weber

Sen. Federal & State Affairs Comm  
Date: 2-2-00  
Attachment: # 2

Testimony Presented to the  
Senate Committee on Federal and State Affairs  
February 2, 2000

Regarding HCR 1632  
Urging the Governor and Governor's Substance Abuse Prevention Council to  
Establish Statewide Standards for Substance Abuse Programs

Presented by Commissioner Albert Murray, JJA and  
Secretary Janet Schalansky, SRS;  
Co-Chairs, Governor's Substance Abuse Prevention Council

**Madam Chair and Members of the Committee:**

We appreciate the opportunity to appear before you here today to provide testimony regarding HCR 1632 on behalf of the Governor's Substance Abuse Prevention Council. The Council has reviewed the resolution, and supports it, with several minor changes as shown on the attached balloon. Before we discuss the resolution any further, however, I would like to put our comments in context by providing some background information about the development of the substance abuse service delivery system.

**How the Substance Abuse Service Delivery System Evolved**

The state alcohol program was established in Kansas by the 1972 Legislature (K.S.A. 65-4001) and the drug program in 1973 (K.S.A. 65-4001). Both functioned separately under five-member commissions until 1975 when they became part of SRS. K.S.A. 75-5375 was written when the newly combined program was in its infancy. At that time, it was apparently envisioned that SRS would maintain strong centralized control of all substance abuse services in the state. However, as the system has evolved, additional funding sources and agencies have become involved.

In 1979, a Governor's Task Force implemented Executive Order No. 17. Section 18 of that Order established the Commission on Alcohol and Drug Abuse Services/SRS. SRS served as the primary state agency for substance abuse prevention and treatment until 1987, when the "Toward a Drug-Free Kansas" campaign was established with new, federal "War on Drugs" funding. (Previously, the total state budget for prevention and treatment services was an estimated \$3-5 million; after 1987 it increased to \$24 million). Although funding did increase, most of that funding at the state level has been through a federal block grant, which places specific requirements and restrictions on how those monies are used.

Over the years, several attempts have been made to increase the system's coordination. The Kansas Citizen's Committee on Alcohol and Other Drug Abuse was established in July 1981 by K.S.A. 75-5381 et seq. to "confer, advise, and consult with the Commissioner of Alcohol and Drug Abuse on behalf of the Secretary of SRS" with respect to the Secretary's statutory responsibilities for substance abuse services. The Citizen's Committee remains in place as an active advisory body.

A Governor's Office on Drug Abuse was established in 1987 to provide coordination across agencies and continued until 1993 when it was eliminated.

A 1999 Legislative Post Audit Performance Audit Report, "Identifying State Agencies That Receive Substance Abuse Funding, and Reviewing Program Coordination Options" reached the following conclusion:

"Kansas' substance abuse programs are administered by several different agencies. Although we didn't find much real duplication or many cost effective options for consolidation, given the State's decentralized approach there's a need to ensure adequate coordination between groups." The report identified three possible options for more systematically coordinating the state's substance abuse programs: 1) Establish a cabinet-level substance abuse agency; 2) Appoint a state "drug czar," or 3) Establish a statewide substance abuse policy council.

On October 14, 1998, Governor Graves signed Executive Order No. 98-9 establishing the Governor's Substance Abuse Prevention Council to be co-chaired by the Secretary of the Kansas Department of Social and Rehabilitation Services and the Commissioner of the Juvenile Justice Authority. The mission is to "promote the development, implementation, maintenance, and evaluation of a coordinated interagency system in order to maximize resources and encourage partnerships, both public and private, for the purpose of eliminating the abuse of alcohol, tobacco and other drugs." The Council consists of agency heads of the Departments of Social and Rehabilitation services, Juvenile Justice, Corrections, Health and Environment, Transportation, and other agencies as requested by the co-chairs. The Commissioner of Education and the Attorney General are also requested to serve on the committee. State officers or agency heads may appoint an individual to serve on the committee.

The 1999 House Appropriations Committee directed SRS to prepare a funding report for substance abuse prevention and treatment services and send copies to the State Budget Director and Legislative Post Audit by mid-September 1999.

### **Current Treatment System Operations**

Over the years, services and programs have been added both at the state and local level, to serve other target populations and needs, until we arrived at the network of services, providers, and relationships we have today.



An example of how the current system operates can be provided by examining the service delivery alternatives that are in place for adult and juvenile offenders:

- Youth and adults in the community may be referred to state-funded programs and served at SRS or Medicaid expense through programs that contract with SRS/Mental Health, Substance Abuse Treatment and Recovery if they meet the standard screening protocols. Those programs must also meet SRS licensing and counselor credentialing requirements and report client data to SRS.
- Youth in Juvenile Correctional Facilities may receive services on-site, provided by state staff that are funded through a budget transfer from SRS.
- Individuals on parole from the Department of Corrections may also receive outpatient services in a number of locations statewide at programs under contract with DOC. Again in this case, it is SRS' responsibility to license the programs and credential their staff.
- Service provision mechanisms for individuals on probation, being evaluated, in Community Corrections programs, or receiving diversion add even more complexity.

Although the current system is complex, it is not without standards.

Current Standards for Substance Abuse Treatment Programs. The primary responsibility for licensure and certification rests with SRS.

- Licensure of all substance abuse treatment facilities  
A total of 285 substance abuse treatment facilities are licensed by SATR. Areas covered in the licensure standards include clients' rights, personnel practices, program evaluation reporting, confidentiality, client record management, referrals, HIV/AIDS education, medication control, and additional requirements for specific treatment environments.
- Credentialing of all substance abuse treatment professionals  
Since January 1, 1993, substance abuse counselors have been required to be approved as a credentialed counselor through grandparenting or completion of academic course work. Completion of continuing education units is also required of state credentialed counselors. There are currently 1,650 state-credentialed counselors working in the state.

Additional requirements for state-funded treatment providers. State agencies that contract for specific substance abuse services generally set additional requirements for the delivery of those services, over and above the standards specified for licensure or credentialing. For example, SRS places the following specific additional requirements on the facilities it contracts with to provide for substance abuse treatment services for low-income Kansans:

- Use of standard assessment protocols

Contractual requirements for the state-funded providers include use of the Kansas Client Placement Criteria and the Addiction Severity Index. These are standardized assessment tools that are professionally administered and reviewed by regional assessment center staff to determine the most appropriate treatment setting and services for each client. Contracted treatment providers are also expected to treat those falling below 100 percent of the Federal Poverty level without additional charge to the client. Individuals with incomes from 101 percent of 200 percent of the Federal Poverty level are assessed fees through a sliding fee structure.

- **Clinical and financial monitoring**  
SATR monitors the clinical operations of the state-funded facilities annually. The SATR program development staff monitor at least 20 percent of the state-funded facilities annually. In addition, the Regional Alcohol and Drug Assessment Centers conduct quarterly client utilization reviews of each facility within the respective regions. Financial monitoring of state-funded facilities occurs through monthly billing reviews by SATR staff.
- **Performance evaluation through statewide outcome measures**  
Outcome measures are identified through the course of each individual's treatment episode. Treatment goals typically address alcohol and other drug use physical and emotional health, job/school performance, social relationships, legal issues and other important characteristics of the client's life. Additionally, SATR uses a nationally accepted assessment/treatment planning tool for valid, standardized data collection for treatment outcome reviews, and this process of data collection is mandated for states to receive Federal Block Grant funding.

Since 1994, SRS/SATR has contracted with Kansas State University to gather outcome information for clients who have receive substance abuse treatment from the State of Kansas-funded treatment facilities. Information gathered by K-State is provided through pre-post treatment questionnaires, and is reported annually in SATR's business plan. When client numbers are sufficient, this data is also used to evaluate the performance of specific programs.

This process of measuring outcomes and data collection is in accordance with best practices outlined in the Center for Substance Abuse Treatment's publication, Treatment Improvement Protocol (TIP#14). In fact, the sort of measures that Kansas has been using to evaluate treatment outcomes for several years have been included for other states' use on a voluntary basis for the first time in the FFY 2000 Substance Abuse Block Grant application.

### **Current Prevention System Operation**

The Governor's Substance Abuse Prevention Council has met monthly since the Executive Order and developed the interagency "Kansas Planning Framework" which is being implemented.

There are three goals and a wide range of strategies and action steps. The goals are to:

1. Provide leadership in achieving the outcomes to reduce the risks for problem behaviors through strengthening protective factors in important areas in the lives of children and youth: community, family, peers, schools and workplaces.
2. Use a risk and protective factor framework to plan, coordinate, and leverage state and federal resources that are directed toward reducing alcohol, tobacco, and other drug abuse and related problems for children and youth.
3. Promote environments that support children and youth in becoming healthy and contributing members of Kansas communities.

One section of the framework is directed toward the state's prevention needs assessment system, the data that is being collected, and Kansas prevention trends and target outcomes for FY 2000. The prevention needs assessment and evaluation system was developed through SRS and is seen nationally as a model for other states. The following substance abuse outcomes are consistent with national standards through the federal Center for Substance Abuse Prevention:

1. Reduce alcohol, tobacco, and other drug abuse by children and youth.
2. Delay the first use of alcohol, tobacco, and other drug use by youth.
3. Increase attitudes opposed to alcohol, tobacco and other drug abuse by children and youth.

These measures are reported annually in SRS' business planning documents for the Substance Abuse Treatment and Recovery unit.

A November 1999 *Kansas Profile* study, funded through the Kansas Health Foundation, concluded:

"Innovative prevention efforts appear to be having a real impact on rates of alcohol, tobacco, and other drug use among Kansas youth...While rates of use among young people continue to rise nationwide, rates of use in Kansas have leveled off for most drugs...The Kansas Communities That Care system is the first of its kind in the nation to coordinate statewide prevention efforts. The declining rates of use in Kansas show the effectiveness of Kansas' innovative prevention efforts, especially for young people."

### **Considerations Regarding SCR 1632**

The delivery systems and quality of Kansas' substance abuse prevention and treatment efforts both compare favorably with those in other states. However, the coordination of prevention efforts has received additional emphasis during recent years. In addition, the effectiveness of prevention efforts can be evaluated through broad-based survey methodology, while evaluating the outcomes of treatment requires individual data that is labor-intensive to collect and may be difficult to obtain in follow-up. Improvements can certainly be made, but in evaluating those

alternatives, it will be important to recognize the complexity of current delivery systems and the varying needs of the clientele and agencies they serve.

The Prevention Council's charge is to develop a statewide prevention *system*. SCR 1632 asks the Council to broaden its charter to address standards for treatment as well as prevention. In response to the passage of the resolution, the council would plan to survey the national research literature on prevention and treatment standards for a broad variety of populations. The Council would work with its member agencies—and with other agencies identified as having prevention, education and treatment responsibilities—to identify standards in place and to begin the process of developing standards for those domains of the alcohol, tobacco and other drug field for which there are none. As the Council's primary charge is prevention of substance abuse and other related problems among children and youth, the Council will rely heavily on the expertise of professionals in the treatment field.

The means and mechanisms of prevention and treatment are highly complex. Types of programs which work for some populations or individuals will not work for others. For most people addicted to substances, recovery is a lifelong process resulting in relapse and struggle to overcome their disease. Prevention efforts are often measured by community or system change that are rarely attributable to specific single programs.

For these reasons, at the time of the December meeting of the Joint Corrections and Juvenile Justice Oversight Committee the co-chairs of the Governor's Prevention Council will submit a progress report on the identification and development of standards for prevention, education and treatment of alcohol, tobacco and other drug abuse and addiction.

The Council would like to recommend three minor changes in wording. They are on the attached balloon copy of the resolution.

Thank you for the opportunity to testify regarding this resolution.

# Senate Concurrent Resolution No. 1632

By Joint Committee on Corrections and Juvenile Justice Oversight

1-26

9 A CONCURRENT RESOLUTION urging the Governor and the Gov-  
10 ernor's Substance Abuse Prevention Council to establish statewide  
11 standards to evaluate the success of substance abuse programs.

12  
13 WHEREAS, Alcohol and drug abuse has a substantial impact on the  
14 State of Kansas and its citizens; and

15 WHEREAS, The loss of human resource potential and increased fam-  
16 ily violence, increased health care costs, truancy and accidents on Kansas  
17 roads and in the work place due to alcohol and drug abuse is devastating;  
18 and

19 WHEREAS, The overwhelming and crucial role that alcohol and drug  
20 abuse plays in both juvenile and adult criminal behavior is extraordinary;  
21 and

22 WHEREAS, As much as 70% of those incarcerated have alcohol and  
23 drug abuse problems; and

24 WHEREAS, A system of coordinated and comprehensive programs  
25 would be effective in reducing or preventing the losses and costs resulting  
26 from alcohol and drug abuse; and

27 WHEREAS, The current failure of many programs to successfully ad-  
28 dress alcohol and drug abuse problems is the central cause for high re-  
29 cidivism rates among adults and juveniles; and

30 WHEREAS, Effective alcohol and drug abuse programs must be iden-  
31 tified and fully utilized in the effort to successfully deal with these critical  
32 problems: Now, therefore,

33 *Be it resolved by the Senate of the State of Kansas, the House of Rep-*  
34 *resentatives concurring therein:* That the Legislature urges the Gover-  
35 nor and the Governor's Substance Abuse Prevention Council to work with  
36 all state agencies to establish statewide substance abuse standards to test  
37 and evaluate the performance, efficiencies and success of public and pri-  
38 vate prevention, education and treatment programs; and

measure

publicly funded

39 *Be it further resolved:* That the Governor's Substance Abuse Preven-  
40 tion Council prepare and submit a report to the Joint Committee on  
41 Corrections and Juvenile Justice Oversight on the development of such  
42 standards prior to January 1, 2001; and

the progress toward

43 *Be it further resolved:* That the Secretary of State is hereby directed

1 to send enrolled copies of this resolution to the Governor, the Secretary  
2 of Social and Rehabilitation Services and the Commissioner of the Ju-  
3 venile Justice Authority.