

Approved: March 16, 2009

Date

MINUTES OF THE HOUSE SOCIAL SERVICES BUDGET COMMITTEE

The meeting was called to order by Chairman Peggy Mast at 3:30 p.m. on March 11, 2009, in Room 786 of the Docking State Office Building.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes  
Amy Deckard, Kansas Legislative Research Department  
Cyndie Rexer, Committee Assistant

Conferees appearing before the Committee:

Becky Topliff, District Court Administrator, Riley County  
Clancy Holeman, Riley County Counselor  
Bill Persinger, Executive Director, Mental Health Center of East Central Kansas, Emporia  
Sarah Riley-Hansen, Executive Director, Corner House, Inc.  
Shirley A. Faulkner, Licensed Clinical Marriage and Family Therapist

Others attending:

See attached list.

Hearing on **HB 2209 - Limitations on fees charged to counties and the state.**

Nobuko Folmsbee gave an overview of **HB 2209.**

Representative Tom Hawk gave testimony stating this bill is a different version of a bill from last year. Last year's bill was much broader whereas this version is more specific. (Attachment 1)

Becky Topliff, District Court Administrator, Riley County testified in support of **HB 2209.** It has been her experience that when the Court orders psychiatric and psychological evaluations, the County is charge the premium price for the services. This is an undue hardship on the county taxpayers. (Attachment 2) Discussion followed.

Clancy Holeman, Riley County Counselor gave testimony on behalf of the Riley County Commission in support of **HB 2209** stating there is a variation in cost when such evaluations are paid for by individuals versus when the same evaluations are court-ordered. (Attachment 3) Discussion followed.

Bill Persinger, Executive Director, Mental Health Center of East Central Kansas, Emporia testified in opposition to **HB 2209** stating that passage of this legislation will deter providers from performing a court ordered psychological evaluation. This law would create a reimbursement structure that is not a reflection of the true cost faced by providers and may make the rates so low that few, if any, providers will be willing to perform the evaluations. (Attachment 4) Discussion followed.

The fiscal note for **HB 2209** states the agency indicates this bill will have no fiscal effect on its operation. (Attachment 5)

The hearing was closed on **HB 2209.**

Chairman Mast welcomed Sarah Riley-Hanson to the committee who gave a history of Corner House, Inc. and spoke of the need for sustained funding. She explained the cost of substance abuse treatment in the US per person per year. Liquor tax funds is used to fund local social detox. She also spoke in regards to the FY 2010 budget implications. (Attachment 6) Discussion followed.

Chairman Mast welcomed Shirley Faulkner, a licensed clinical marriage and family therapist, who spoke on how a person's brain works causing them to be addicts and the level 1 treatment provided by Prairie View, Inc. She has been soliciting funds from city and county governments to fund the program due to cuts from the state. She spoke on current trends of rationed care and wait lists due to lack of adequate funding. The wait for services currently is approximately 4 months. (Attachment 7) Discussion followed.

CONTINUATION SHEET

Minutes of the House Social Services Budget Committee at 3:30 p.m. on March 11, 2009, in Room 786 of the Docking State Office Building.

The committee reviewed the committee report on SRS and made additional recommendations.

The next meeting is scheduled for March 16, 2009.

The meeting was adjourned at 05:30 p.m.



**TOM HAWK**  
 REPRESENTATIVE, 67TH DISTRICT  
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STATE OF KANSAS  
 TOPEKA  
 HOUSE OF  
 REPRESENTATIVES

COMMITTEE ASSIGNMENTS

MEMBER:

Tax (M-F, 9 AM, Capitol 535-N)  
 Social Services Budget (M-T, 3:30 PM, D786)  
 State Employee Pay Plan Oversight

RANKING MINORITY:

Vision 2020 (M,W; 1:30 PM, D711)

Testimony HB 2209—March 11, 2009

Thank you Chair Mast and Social Service Committee members for the opportunity to share the thinking of my County Commissioners on HB2209 and the charges that they feel are unfair to county government on court ordered psychological evaluations. Last year HB2773 was drafted quite broadly and it clearly raised some additional concerns beyond the primary issue of psychological evaluations. I do want to share the letter I received from Court Services that outlines the specific problem with mental health evaluations and the charges from the local mental health center. I have asked representatives from both my county and from the Community Mental Health Centers to present testimony today and to help us look for any common ground on this issue.

The written comments below were presented last year on HB2773 from Becky Topliff, Riley County Court Administrator, and are in reference to my question about HB2893 that was passed three years ago that dealt with charges made for inmates at the County Jail and their medical charges.

After reading the existing statute, K.S.A. 22-4612, it does not address the problem I cited at all. This statute talks about "in custody" individuals. That certainly does not apply to the concern the Court has with providers charging us top dollar. We are talking about Child in Need of Care cases, domestic cases, some criminal cases, etc. where the Court is ordering psychological evaluations, parenting evaluations, etc. These individuals are not in jail or any type of custody. The Judge is trying to obtain information on these individuals to assist in sentencing, adjudication and custody of children. In order to do so, the Court routinely orders parenting evaluations, psychological evaluations, etc. on individuals through Pawnee Mental Health. The Court receives invoices for these services at top dollar prices. Last week one psych evaluation was billed to us for \$900.00. This \$900.00 bill is being paid for by the County, since the County is responsible for operating expenses of the District Court. They are billing at a rate of \$100.00 an hour. This is not an indigent rate. At the every least PMH should be servicing these individuals on a sliding scale, but they continue to bill us (District Court and ultimately Riley County) top fees. They bill the Court because the Court ordered the evaluation. I hope this addresses my concerns. Please let me know if you need anything else from me. Thanks

**Becky J. Topliff**  
 Court Administrator  
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 btopliff@rileycountyks.gov

*House Social Services Budget Committee*  
*March 11, 2009*  
*Attachment 1*

TESTIMONY

HB 2209

Social Services Budget Committee

By: Becky J. Topliff, District Court Administrator  
21<sup>st</sup> Judicial District

Chairperson Mast and Members of the Committee:

Good afternoon, my name is Becky Topliff. I serve as the District Court Administrator for the Twenty-First Judicial District, which consists of Riley and Clay counties. I would like to thank the committee for giving me the opportunity to appear and present testimony in support of HB 2209.

In certain court cases it is necessary for our Judges to order psychological and parenting evaluations on individuals to obtain information prior to the disposition of the case. This may happen more frequently in Child of Need of Care cases, where the case is complex and many parties are involved. Judges are dealing with abused and neglected children and are making decisions in the child's best interests. At times it may be necessary to assess the child's needs along with the parents to see if the parent can meet the child's needs. The parent may have a developmental disability or a mental illness that prevents the parent from meeting the child's needs now and in the future or this may be just a temporary situation. This requires orders for mental health evaluations. These evaluations that are conducted are usually on indigent individuals who have no means of paying for these services.

The two most recent evaluations that have been billed to our Court are good examples. One was of a single mother with two teen-aged children. Her own mental illness makes it difficult for her to maintain stable employment. Her daughter, age 15, is a bright, attractive child, but she was not attending school regularly, in fact only rarely. The Court needed to know if this parent was ever going to be able to provide this child with the guidance, stability, and the education she needs. The Court was charged \$1000.00 for this parenting evaluation.

Similarly, a 16-year old son of divorced parents committed low-level criminal offenses while he was living in each parent's home. He also defied authority at school. He was in trouble regularly even though his parents are working, tax paying citizens with other children who appear to be fine. The Court

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Attachment 2*

needed to know if this child had a psychiatric or psychological problem that was causing or contributing to his acting out, in order to know how to impose the correct penalty for his crimes. Mom probably earns enough to make the family ineligible for Medicaid, but not enough to pay the \$900.00 billed by our community mental health center to the court. In both these cases if the client had to pay, the mental health center would have billed them at a much lower rate on a sliding fee scale due to the clients' modest incomes.

It has been our experience that when the Court orders these evaluations we are being charged the premium price for these services. We believe that the Court should not be paying this premium price and but should be charged at a much lower rate for these services. This is an undue hardship on our county taxpayers during hard economic times, and I urge your support for this bill.

Thank you once again for this opportunity to appear before your committee. Your consideration and support of this bill is greatly appreciated. I will be glad to answer any questions you may have.



BOARD OF COMMISSIONERS

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March 5, 2009

The Honorable Peggy L. Mast, Chairman  
House Committee on Social Services Budget  
Docking Building, Rm. 786  
Topeka, KS 66612

Re: H.B. 2209

Dear Chairman Mast and Members of the Committee.

I appreciate the opportunity to offer written testimony on behalf of the Riley County Commission in support of our H.B. 2209.

The District Court Administrator for our Judicial District advised our Commission that Riley County District Court is being sometimes charged a "premium" price for court-ordered psychiatric and psychological evaluations. That is, based upon the bills for those services as submitted to the District Court Administrator, there is a variation in cost when such evaluations are paid for by individuals and when the same evaluations are court-ordered. It appears the District Court is being charged by local mental health providers a higher price than what would be charged had the individual simply paid.

That is unfair to Riley County taxpayers, because those District Court operational costs are passed along for payment by Riley County. There is no good reason why county taxpayers should subsidize the cost of court-ordered psychiatric or psychological evaluations. There is every reason to give those taxpayers the benefit of the lowest cost the mental health provider makes available to any paying entity. That is what the terms of H.B. 2209 accomplishes.

Please act favorably upon H.B. 2209.

Thank you for your attention to this matter.

Sincerely,

  
Michael B. Kearns, Vice Chairman  
Board of Riley County Commissioners

cc: Riley County Commission:  
Alvan D. Johnson, Chairman  
Karen McCulloh, Member  
Becky Topliff, District Court Administrator

*House Social Services  
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Attachment 3*



***Association of Community Mental Health Centers of Kansas, Inc  
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## **House Social Services Budget Committee**

**Testimony on  
House Bill 2209**

March 11, 2009

Presented by  
Bill D. Persinger, Jr., MHA, Executive Director  
Mental Health Center of East Central Kansas

*House Social Services  
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Attachment 4*



Madame Chairman and members of the Committee, my name is Bill Persinger, I am the Executive Director of the Mental Health Center of East Central Kansas, a member of the Association of Community Mental Health Centers of Kansas, Inc. The Association represents the 27 licensed Community Mental Health Centers (CMHCs) in Kansas who provide home and community-based, as well as outpatient mental health services in all 105 counties in Kansas, 24-hours a day, seven days a week.

In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly-funded community-based mental health services. The CMHC system is state and county funded and locally administered. Consequently, service delivery decisions are made at the community level, closest to the residents that require mental health treatment. Each CMHC has a defined geographic service area. With a collective staff of over 4,500 professionals, the CMHCs provide services to Kansans of all ages with a diverse range of presenting problems.

Together, this system of 27 licensed CMHCs forms an integral part of the total mental health system in Kansas. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the "public safety net" for Kansans with mental health needs, collectively serving over 123,000 Kansans with mental illness.

It is important to note that one in four adults—approximately 57.7 million Americans— experience a mental health disorder in a given year.<sup>1</sup> Five of the top ten leading causes of disability worldwide are mental illnesses such as depression, schizophrenia, bipolar disorder, alcohol use, and obsessive compulsive disorders.<sup>2</sup>

I stand before you today to discuss House Bill 2209. The Association believes that passage of this legislation will deter providers from performing any court ordered psychological evaluations. This law would create a reimbursement structure that is not a reflection of the true cost faced by providers in performing these evaluations. If a provider is not able to cover the actual cost of providing a service, and there are no other subsidies to offset the cost, the logical progression is that they will discontinue providing this service, leaving courts in a precarious position related to timely processing of evaluations for those individuals waiting in jail or otherwise who may have a mental illness. There are a number of reasons we believe this to be the case.

CMHCs provide evaluations whenever it is feasible to do so, but they are not mandated by state law to provide court-ordered psychological evaluations on persons so-ordered without regard to a person's ability or willingness to pay. In addition, Medicaid, a major payor-source for CMHCs, does not have a dedicated billing code for court-ordered psychological testing and associated activities.

The activities involved in performing court-ordered evaluations include the testing time, time spent analyzing and scoring tests used, write-up and reporting time, to say nothing of time spent delivering testimony on the findings in court, waiting to deliver such testimony, and travel to and from the court hearing. Further, there is a great deal of time spent on associated administrative activities such as scheduling, typing, and so on.

Since there is no mandate for CMHCs to perform such evaluations, there is no subsidy for reimbursement for the evaluation itself, or for the complex tasks surrounding these evaluations. So, the cost to perform these evaluations (that is, for the time, the expertise, and the associated

activities as charged by the provider to the court) is the true cost and should be paid at the billed rate, not ratcheted down for county or state budgeting purposes. If the actual cost to provide this service is not reimbursed in some way, providers may not be willing to write off a portion of their cost to perform such evaluations.

Medicaid rules include limitations on psychological evaluations, including the type of information that it will pay for. If a court wants more information than Medicaid is willing to pay for, then there should be allowances for reimbursing evaluators for actual time spent rendering, writing, reporting on the evaluation, and the other associated activities noted above.

There are other problems with this proposed statute, such as the fact that psychological, psychiatric, and mental health evaluations are all different types of evaluations. They are done by different professionals, and have varying rates of reimbursement for each. This bill does not take these matters into account.

Also, this act may be confused with the evaluations completed on individuals to determine their competency to stand trial. However, court-ordered psychological evaluations and competency evaluations are two very different services, with very different reimbursement structures.

To ensure consistency, special arrangements or contracts could be set up between counties and providers, to include reimbursement rates, and other parameters for such evaluations. We do, however, recognize the budget challenges faced by our counties and court systems.

In truth, the outcome of passage of this law may have the unintended consequence of making reimbursement rates so low that few if any providers are willing to perform the evaluations. This would leave the district courts in the position of looking at higher costs to locate and reimburse providers that are willing to perform the evaluations.

Please consider these issues as you deliberate on this bill. We caution against attempts to legislatively regulate the fees charged by providers to perform non-mandatory court-ordered evaluations--especially when those may be required to be completed at less than market rates. Thank you for your time. I appreciate it, and am glad to stand for questions.

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<sup>1</sup> U.S. Department of Health and Human Services. *Mental Health: A Report of the Surge on General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp. 408, 409, 411.

<sup>2</sup> *Regional Strategy for Mental Health*, World Health Organization Western Pacific Region, 7 August 2001; Read at <http://www.wpro.who.int/NR/rdonlyres/02421D66-3336-4C76-8D59-6ADA8B53D208/0/RC5214.pdf> on 2-2-09.



Kathleen Sebelius, Governor  
Duane A. Goossen, Director

<http://budget.ks.gov>

March 10, 2009

The Honorable Peggy Mast, Chairperson  
House Committee on Social Services Budget  
DSOB, 7th Floor  
Topeka, Kansas 66612

Dear Representative Mast:

SUBJECT: Fiscal Note for HB 2209 by House Committee on Social Services Budget

In accordance with KSA 75-3715a, the following fiscal note concerning HB 2209 is respectfully submitted to your committee.

HB 2209 would require that when a psychiatric or psychological evaluation is ordered by a district court, a county or the State of Kansas would be required to pay the lesser amount from among the following: (1) the actual amount billed; (2) the Medicaid reimbursement rate for the service; or (3) the least amount the provider charges anyone for the service.

The Department of Social and Rehabilitation Services (SRS) states that it expects to pay approximately \$75,000 for about 238 evaluations for competency to stand trial in each of FY 2009 and FY 2010. SRS indicates that evaluations for competency to stand trial are not covered by Medicaid and since very few private citizens would request such a service, it would be difficult to find out what the least amount charged to a private citizen would be. Therefore, the agency indicates that the passage of HB 2209 would have no fiscal effect on its operations.

Sincerely,

Duane A. Goossen  
Director of the Budget

cc: Jackie Aubert, SRS  
Jeremy Barclay, KDOC

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*House Social Services  
Budget Committee  
March 11, 2009  
Attachment 5*



Raymond Rogers, Board President  
Sarah M. Riley-Hansen, Executive Director

To: Social Services Budget Committee  
From: Sarah M. Riley-Hansen, Executive Director, Corner House, Inc.  
Date: March 11, 2009  
Re: Substance Abuse Treatment- Committee testimony

On behalf of the Corner House Board of Directors, staff and clients, I wish to thank Chairperson Mast and the committee for this opportunity to provide testimony today. Corner House, located in Emporia Kansas, has been a provider of substance abuse treatment and wellness services for over 35 years. We serve, on average, 300-400 individuals in need of outpatient or inpatient care per year.

Below you will find a short list of factors which will dramatically impact our ability to provide quality care and treatment to those afflicted by addiction. I will try to speak generally as these issues are not unique to Corner House but rather impact the entire substance abuse treatment infrastructure in Kansas.

### **Need for Sustained Funding**

It is critical that state funding for substance abuse treatment and prevention services be maintained. Problems of substance dependence produce dramatic costs to all societies in terms of lost productivity, transmission of infectious diseases, family and social disorder, crime and, of course, excessive utilization of health care. These alcohol and drug related problems not only reduce the safety and quality of daily life, they are also a source of substantial expense. The cost of untreated addiction to our state cannot be overlooked nor should valuable resources to treat individuals be lost. When those in active addiction are not afforded the opportunity for treatment, their addiction forges on. As with any individual under the influence of mood altering chemicals, decision making and sense of reality become impaired. These individuals begin to experience the natural consequences of their behavior. Unfortunately, those consequences are not experienced in a vacuum. Untreated addiction materializes in more costly interventions; legal charges such as DUI's and traffic accidents, emergency rooms in which the individual becomes injured or experiences a medical emergency, subsequent jail stints, and domestic violence incidents in which family members are emotionally and physically harmed. The aftermath is far reaching.

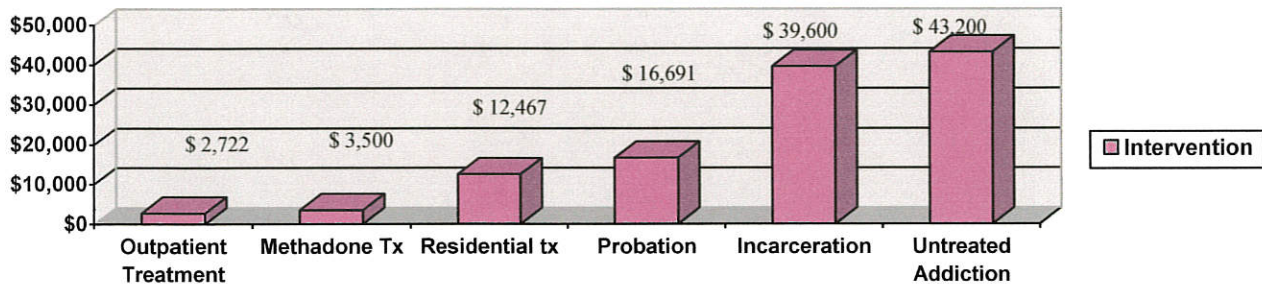
Current statistics in the United States indicate that as many as 60% of federal prisoners meet diagnostic criteria for a substance dependence disorder. The statistics on street crime suggest that as many as 50% of all property crimes are committed under the influence of alcohol and/or drugs or with the intent to obtain alcohol and/or drugs with

*Sarah M. Riley-Hansen  
March 11, 2009  
Attachment 6*

the crime proceeds. As Figure 1 reveals, it is far less expensive to provide substance abuse treatment.

**Figure 1: Cost of substance abuse treatment in the USA, per person, per year**

\*Source: Institute of Medicine, *Pathways of Addiction: Opportunities in Drug Abuse Research* (Washington D.C., National Academy Press, 1996)



A study conducted by the State of Kentucky (The Kentucky Treatment Outcome Study Follow-up Report for FY 2006) examines the cost of state funded treatment in light of estimated reductions in costs to the public resulting from crime and unemployment. The reductions in arrests translate into savings of over \$10 million and, when adding in the tax revenues from increased employment, there is an estimated benefit to cost ratio of 4.98 to 1. That is, for every \$1.00 spent on treatment, there is a \$4.98 cost offset in crime, incarceration, and unemployment. The Department of Health and Human Services confirms these statistics stating that every \$1 invested in treatment reduces the costs of drug-related crime, criminal justice costs and theft by \$4-\$7. When health-care savings are added in, total estimated savings can exceed costs by a ratio of 12 to 1. By helping people reduce or stop injecting drugs, substance abuse treatment reduces the transmission of blood-borne diseases, such as HIV, hepatitis B and hepatitis C. Treatment can also improve the stability of family and community life and improve a person's prospects for employment. This finding suggests that the public investment in treatment results in positive gains for society as well as for the clients in treatment.

### Liquor Tax Funds

At current, communities through their local city government have access to Liquor tax funds. One-third of these funds are dedicated for award to programs who offer the prevention or treatment of substance abuse. Although those funds are minimal in some areas, suburban areas such as Wichita, Topeka, and Kansas City see high numbers in those funds. Across the state the Liquor Tax funds equal \$27 million. These monies supplement programs in which high cost services do not see adequate reimbursement rates, such as social detox. These costly services will be all but impossible to continue without the subsidization through the Liquor tax funds.

### 2010 Budget Implications

The proposed 2010 SRS budget requests shifts of funding from fee funds to the Problem Gambling and Addictions Fund. The impact on the substance abuse treatment system

would be dramatic and would involve a long term loss of funding. At current, there is approximately \$13 million (federal block grant and state general fund) in total dollars available for substance abuse treatment in the state. This proposal would slash \$600,000 from those available dollars as the Problem Gaming Fund has no funding to replace the loss from state funds.

### **Other Issues**

The current treatment system is dramatically under funded. This is evident by the current waiting lists for inpatient treatment. Many of the providers have “used up” their allocation to serve indigent clients due to the high number of persons presenting for treatment. This, in turn, creates rationed care in which one must wait on a “slot” to open for that type of funding. This lack of engagement or delayed engagement usually means the individual, who is untreated and continuing to use, continues to create chaos in our communities.

Additionally, managed care in the state has affected the manner in which services are delivered to clients. The data presented by the states’ managed care company, Value Options, shows dramatic decreases in the average length of stay for program participants.

- Reintegration services participants average length of stay is 23.32 days
- Social detox service participants’ average length of stay is 3.21 days
- Intermediate service participants’ average length of stay is 18.61 days

The implications of this change in care delivery are unknown. Research indicates greater success the longer the participant is engaged in treatment. Continued monitoring for effectiveness is necessary to assure quality care and successful outcomes.

Social Services Budget Committee Testimony  
March 11, 2009

Chairwoman Mast and Honorable Members of the Social Services Budget Committee,

Thank you for the opportunity to provide testimony today in support of mental health and substance abuse services needs in the state of Kansas and for allowing us to provide you with much research based information for you to use in the informed decision making processes regarding budgetary constraints and needs for FY10 and even to FY11. I am here today presenting on behalf of Prairie View Community Mental Health Centers and also as co-chair of the Public Policy Committee of the Kansas Association of Addiction Professionals. I am a master's level Clinical Marriage and Family therapist and a state and nationally certified addictions counselor. I serve as a clinician and as the Director of Substance Abuse and Employee Assistance Programs for Prairie View, Inc.

According to the recent SRS budget proposals regarding mental health and substance abuse treatment for Kansas citizens and their families, we have been advised we will be forced to treat and provide services and care only to "the most vulnerable of the most vulnerable." This would include the defined high priority clients only and is a requirement of provider contracts with SRS/AAPS and its managed care organization Value Options. High priority clients are defined as \_\_\_\_

Many providers we are already in that position. Numbers of people suffering from addictive disorders continue to rise and are expected to continue to do so in these times of economic and other loss. Substance abuse and mental health services may experience disproportionate funding cuts to an already limited funding stream if there is not significant change in the direction of these current budget proposals.

Our areas of concern are highlighted briefly in the following captions. Further information is provided to each of you with a packet of information that bears the research behind the numbers we will refer to.

CURRENT TRENDS AND WAIT LISTS DUE TO LACK OF ADEQUATE  
FUNDING

Out of 27 Community Mental Health Centers in Kansas, less than one half are currently providing substance abuse treatment. As SAMHSA reports indicate that between 50 to 70% of all persons with substance use disorders have co-occurring mental health diagnosis, there is a need for qualified mental health practitioners to be able to treat dual diagnosed clients. The remaining one half of CMHC providers are reducing services and may not continue to provide services in FY10 due to the funding cuts.

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Attachment 7*

In addition, even Level 1 outpatient providers are now placing non-high priority clients on extensive wait lists that can be up to four or five months prior to having an opening. Rationed care is becoming an undesired reality even for non-profit organizations. Substance Abuse providers are now forced to lay off staff and non-violent offender persons who need and meet the criteria for inpatient services are now serving time in jails until beds open in late April and June across the state.

**WE ASK YOUR SUPPORT AND EFFORTS FOR THE FOLLOWING:**

**COMMUNITY BASED SERVICES**

SB 278 to allow for formation of a Commission charged with moving the recommendations of the Substance Abuse Policy forward to implementation. This will ensure consistent collection of data, a central depository for reporting of DUI offenses if the technology needed to effectuate this is adequately funded, and increased public safety with a 3<sup>rd</sup> time DUI offense being addressed in the same legally accountable model of the highly successful SB 67 for 4<sup>th</sup> time DUI offenders what provides cost effective treatment of approximately \$3,500.00 with outcomes of 72% efficacy of successful completion vs. incarceration. Of the 3,279 persons who successfully completed this up to 12 month treatment completed supervision and 71% obtained employment.

SB 278 along with other community based programs such as the SB 123 program that also provides treatment and court supervision for up to 12 months with proven outcomes validate the NIDA Principal 5 (please refer to informational packets) "Remaining in treatment for an adequate period of time is critical for treatment effectiveness."

NIDA Notes Volume20, Number 6 reported....."The findings from a NIDA and Department of Veterans Affairs (VA) Health Services Research and Development support the analysis of data on treatment outcomes that have shown similar therapeutic outcomes for voluntary and legally mandated clients."..... (Informational Packet)

**COST SAVINGS OF COMMUNITY BASED SERVICES TO KANSAS**

Since 2005, Kansas has averaged over 15,648 admissions to treatment funded by the federal block grant (SAPT) and matching dollars from the State General Fund. Should our leaders and decision makers discover a method to maintain present level of treatment vs. incarceration the cost would be \$59,462.00 vs. \$391,200.00 for those same persons being incarcerated? This does not include increased tax base from treated persons who obtain and maintain employment.

In 2006 SRS paid nearly \$350,000.00 for an external study called "The Comprehensive Needs Assessment Study". This work indicated 150,000 adults and 15,000 adolescents in Kansas needed treatment yet could not access care and the



cost to the Kansas state budget was over \$583,000.00 per year. (Please refer to Informational Packet – “Substance Abuse: Impact of Unmet Need In Kansas”.

**COMMUNITY BASED TREATMENT SERVICES PROTECT CHILDREN**

The average crime rate for Kansas in 2006 was 9.2% higher than the national average. Current average cost of \$25,000.00 per inmate per year. Research indicates one child in foster care for 11 years ( average length of time parents charged with Level IV drug convictions are currently sentenced) costs \$75,900.00 and further indications are that children who have incarcerated parents are likely to become incarcerated themselves. In 2006 6,190 children were in foster care. Kansas had 110,508 poor children in our state ranking 12<sup>th</sup> among all states.

The current data of 15% of all children removed from the home are related to a primary reason of parental substance abuse however, that information is deceiving in that many children removed for “neglect” are due to parents leaving small children unattended for hours and/or days. (Refer to Informational Packet)

SB 49 for Kansas Specific Parity that includes the language of 1. “or alcoholism, drug abuse or other substance use disorder.....to ensure that substance abuse issues are equitable with mental illness” and to include language 2. “to require coverage for substance use disorders treated in outpatient, residential, or social detoxification settings” as these are valuable modalities in the continuum of care and treatment.” (See Informational Packet) Further, we join with the Coalition and agree all diagnosis of the DSM IV need to be included vs. the twelve that are listed in the current proposed bill.

**WE REQUEST YOU DO NOT SUPPORT OR PROVISO THE FOLLOWING:**

- 1) SB 23 (79-41a04 Chapter 79) – 888 Liquor Tax Funds placement in Governor’s proposed budget. 27.2 million dollars is sent to municipalities and of those dollars 1/3 is spent for prevention and treatment of substance abuse.

It is important to note the average age of beginning use is now 11-13 years of age. Kansas continues to lose children and under age drinkers to substance use and will risk the loss of more young lives and their productivity without dollars for prevention services. In addition community based services will also decrease and one major alarming factor is all Social Detox beds will be forced to close immediately creating additional public safety risks and increased burdens to hospital ER facilities and law enforcement with no where to go with impaired persons other than the now overcrowded jails.

**WE DO ASK YOUR SUPPORT TO:**

- 2) Allocate a portion of the expected \$81,000.00 from the \$483,000.00 flexible funding through the American Recovery And Reinvestment Act of 2009 to save needed short and long term dollars that will be spent immediately on the consequences of not adequately funding treatment and mental health services.
- 3) Help Kansas citizens and their families by recognizing the disproportionate amount of funding cuts of 2.9 million in SGF for substance use which accounts for over 20% of funding for clients who experience poverty and inability to obtain and maintain insurance.
- 4) We ask you to disallow the recommended \$1,500,000 (plus) recommended cuts to SRS/AAPS funding.

**IMMEDIATE CONSEQUENCES OF INADEQUATE FUNDING FOR  
TREATMENT AND SERVICES**

- Increased Crime as reported by the KDOC
- Increased prison, jail and emergency room utilization for non-violent offenders
- Increased Child Abuse and Neglect
- Increased Domestic Violence
- Increased Unemployment
- Decreased Tax Base

We realize this is a most difficult year for our leaders and decision makers. We extend our offer of assistance in any way useful and again, thank you for this incredible opportunity.

Respectfully

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