Approved: 5-2-2005
Date

MINUTES OF THE HOUSE CORRECTIONS & JUVENILE JUSTICE COMMITTEE

The meeting was called to order by Chairman Ward Loyd at 1:30 P.M. on March 10, 2005 in Room 241-N of the Capitol.

All members were present except:
Mike Peterson- excused

Committee staff present:
Diana Lee, Revisor of Statutes Office
Jerry Ann Donaldson, Kansas Legislative Research
Becky Krahl, Kansas Legislative Research
Connie Burns, Committee Secretary

Conferees appearing before the committee:
Dr. John Calbeck, Director, SW KS Regional Prevention Center
Dr. Dennis Embry, PAXIS Institute

Others attending:
See attached list.

The Chairman welcomed Chairman Bill Light, House Public Safety and Budget Committee.

Dr. John Calbeck, Director, Southwest Kansas Regional Prevention Center, provided the committee with a PowerPoint presentation on Prevention in Kansas. (Attachment 1) A brief history of prevention, the Public Health Model was started in the early 1900 was based on the disease model and was started by Dr. Samuel Crumbine from Dodge City. The 1960's started with scare tactics, was school based usually one shot dose not accepted as factual by youth because it was often distasteful, exaggerated and overblown. The 1970's was still one time exposure, school/community based more balanced but not more effective and stimulated youth curiosity toward drugs so usage rate increased. The early 1980's tried to relieve boredom and build self-esteem there was little evidence of effectiveness by itself so in the late 1980's tried to attempt to influence values and self esteem, focused on the individual exclusive of parents, siblings and the community, systematic studies failed to show effectiveness. A comprehensive approach in mid 1980's and into the 1990's was an ongoing combination of multiple techniques that addressed multiple "impactors", multiple risks, and multiple domains and was community based, it was promising, but complex and hard to evaluate. The modern iterations and approaches:

- Comprehensive strategies retained
- Community-based/community-powered
- Evidence/research-based
- Tested effective programs
- Prevention as a practice, not just a program
- Model approaches
- Broader collaboration (JJA, KSU, KDHE)
- Aligned with treatment in Kansas (marijuana)

Prevention in Kansas the early years 1975 – 1985 was based on Public Health Model, the War on Drugs, the Office of National Drug Control Policy, Governors' Hayden and Finney, Kansas received NIDA/NIAAA funds, and model Community Prevention Programs funded ($30,000, 13 grants, 26 counties) The visionary period (1985 -1987) Kansas SRS plans system of regional centers (average $166,000) to cover all counties, programs, training, technical assistance to focus on six CSAP Principles:

1. information dissemination
2. prevention education
3. alternatives

4. community-based process
5. problem identification
6. referral, environmental strategies

The era of regional expansion (1987 -1991) there were five centers funded in 1987 under Toward a Drug Free Kansas, plan to complete system in 10 years, 12 centers established by 1990 (13 today), and statewide risk-focused strategy developed. Community based Prevention (1991 -):

- Theoretical framework and logic model
- Risk protective model of Hawkins and Catalano (Communities That Care)
- Prevention Centers began a move from program and information to community development
- Kansas Communities That Care School Survey
- Kansas Family Partnership
- The Community Tool Box (KU Work Group)
- Inter-agency collaboration explored
- Connect Kansas
- The Governors' Cabinet
- Cultivate inter-agency partnerships

Prevention Principles:

- Focus on reducing known risk factors
- Focus on increasing protective factors
- Address risk factors at an appropriate developmental stage
- Intervene early – before the behavior stabilizes
- Include those at high risk
- Target high-risk community areas
- Target high-risk individuals
- Address multiple risks with multiple strategies

Dr. Dennis Embry, Paxis Institute, provided a PowerPoint presentation on "Saving Kansas Kids and Families, implications for Social and Fiscal Policy". (Attachment 2)

The effect of family genetic and behavioral history for alcoholism/alcohol addiction on brain responses in adult children and other issues of brain chemistry are documented and will continue to be documented (other examples listed below):

- Serotonin levels, serotonin precursors or enzymes, serotonin receptors and transporters (different for people growing up in highly chaotic circumstances versus predatory killers like the BTK serial murder).
- Different levels of dopamine, dopamine precursors or enzymes, dopamine receptors, and transporters (different for people growing up in highly circumstances versus middle class or upper class folks).
- Different levels of stress hormones and stress hormone receptors (which may be changed by environmental and social events).

Juveniles like the example Billie think and behave differently and these cognitive and behavioral issues show up as:

- High Levels of impulsivity
- Problems of sustained attention
- Low reward delay
- High "gambling" response
- Poor reasoning about adverse consequences
- Many distortions in cognition such as "automatic negative thoughts"
- Over focus on irrelevant or distracting stimuli
- Perceive neutral events as negative
- Magnify negative events as extreme threats
- More frequent sexual thought (a result of change in brain chemistry)
- Difficulty decoding non-verbal cues accurately
- Over-reactivity (chemically, cognitively, and behaviorally) to perceived stressors

Social Marketing makes use of the “Five P’s of Marketing”. The modern approach to marketing revolves around five P’s:

1. Product – commercial marketers make sure that their product is appealing to consumers and has a catchy name that is easy to remember. (The PeaceBuilder)
2. Performance – Commercial marketers make clear what the customer must do to achieve the advertised result and what the benefits are from the product. Awareness is not performance, which must be measurable and reportable. Performance promise benefits such as “learn more, have less stress, saves time, or feel better”.
3. Place – The product, activity or benefit can be easily accessible to virtually all potential consumers or targets, unlike most awareness or negative campaigns. To gain the “benefit” is visit a local school, merchant, ask your doctor, or perhaps call a toll-free number.
4. Price – is how much it costs in time, effort, energy, money, etc. Price can be expressed in clear ways, such as takes only a few minutes a day.
5. Promotion – Commercial marketers use promotion and advertising to familiarize consumers with the product and persuade them to but it or try it. Testimonials are typically among the most effective promotion.

Dr. Embry provided a list of Recommendation for Prevention, intervention and treatment. (Attachment 3)

The meeting was adjourned at 3:20 pm. The next scheduled meeting is March 14, 2005.