



Preferred Family Healthcare

February 14, 2012

Thank you for the opportunity to provide testimony today related to SB 368, a revision to SB 123. My name is Dulcinea Rakestraw, Program Director for Preferred Family Healthcare. In Kansas our agency provides outpatient substance use disorder treatment at facilities located in Wichita, Iola and Chanute. We provide these services to an array of funding and referral sources including the SB 123 population. I am here today due to our concerns regarding the revisions proposed in SB 368.

Our agency supports the intentions of the original SB 123 program, and its aim to reduce recidivism and prison bed use in this high risk population, by providing the individuals with appropriate levels of treatment. Over the history of the SB 123 program the Kansas Sentencing Commission has consistently released data showing the positive outcomes of the program and the overall success of the program in meeting those goals. My concern today is that if the proposed changes are implemented that we are at risk of negatively impacting those outcomes.

The specific change that I am concerned about is regarding which individuals will have mandatory and funded treatment. The licensed and trained clinicians at my agency utilize a number of tools in order to determine the appropriate level of treatment, if any, to recommend for an individual client. The information gained from the LSI-R and the SASSI are a part of that information gathering process, but administered alone they do not constitute a complete assessment. Instead while both the LSI-R and the SASSI are valid and reliable tools, they utilize a standard set of questions and limited answers that are uniformly scored and do not allow for further information gathering or questioning. Best practice indicates that a bio-psycho-social assessment should also be completed. This type of assessment allows the clinician to complete a personal interview with an individual that takes in to account his/her answers on such a tool, along with his/her current and past substance use, criminal history, mental health history, medical history, and family history. Clinicians then make recommendations for level of treatment based off a combination of all of the information provided.

We believe that any changes to SB 123 need to leave open some flexibility for the clinical judgment of licensed and trained clinicians to determine if treatment is needed. The changes proposed by SB 368 do not allow for that flexibility. By limiting mandatory and funded treatment to only individuals demonstrating high risk on the LSI-R and SASSI, we run the risk of failing to provide treatment services for individuals that have a need for treatment. Failing to provide services to those individuals could lead to negative outcomes for the SB 123 program and increased recidivism.

As a Kansan I certainly appreciate the intentions of these modifications in order to provide these successful services to a broader range of individuals while lowering our prison population. However, I believe that we can meet those goals by continuing to ensure that a full scope of an individual's needs are reviewed prior to a decision being made regarding mandated and/or funded treatment services.

Again, thank you for the opportunity to testify regarding this issue. I am happy to stand for questions.