

Kansas Association of Addiction Professionals

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November 8, 2013

Testimony Regarding Juvenile Correctional Facility License Issues

Joint Committee on Corrections and Juvenile Justice Oversight

Chairman Rubin, and Members of the Committee,

I am Dulcinea Rakestraw, Vice President of Treatment Services for Preferred Family Healthcare and Chair of the Kansas Association of Addiction Professionals (KAAP), the state's largest trade association devoted solely to substance use disorder treatment providers and prevention programs from across Kansas. I am appearing today to provide comments on behalf of my company and KAAP regarding the issues related to substance abuse treatment license requirements.

As the state's only organization representing substance abuse treatment and prevention providers, we have reviewed the findings of the Legislative Post Audit: JJA Evaluating the Kansas Juvenile Correctional Complex Part 2, 12-011.

You have heard the findings of the audit:

- The Legislative Post Audit concluded that since 2009 juvenile correctional facilities are exempt from requirements that substance abuse treatment programs be licensed. However, the individual staff must be licenses addiction counselors by the Behavioral Sciences Regulatory Board (BSRB).
- The absence of a facility license means there is no review or oversight from KDADS, the State's treatment expert.
- Juvenile facilities have abandoned individualized treatment.
- Further, the audit concluded that the failure to have a facility license "may" have drawbacks at
 a treatment level and in terms of a hindrance to be eligible or to receive grant funds.
- There are additional recordkeeping and documentation shortcomings that contribute further to potentially unsuccessful substance abuse treatment.

What Does the Audit Mean?

The audit notes that between 60-90 percent of the juveniles in facilities need substance abuse services. Treatment helps reduce recidivism and divert later penetration into the adult correctional system. The juvenile agency (JJA and now KDOC) do not offer the range of treatment services current standards would anticipate. The focus on one contracted behavior modification program in a one-size-fits-all manner is contrary to accepted standards of the field.



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All other publically funded substance abuse and treatment providers operating and paid for the delivery of services in Kansas must adhere to BSRB individual licensing requirements and KDADS program requirements. It is clear from the LPA findings that: at the best Kansas does not know how we have served juveniles in facilities and at the worst we have failed to serve those juveniles. Neither option is acceptable.

The Legislature should review the current exemption and either eliminate the state institution exception or compel through contractual requirements compliance with the spirit of the corrective actions the Audit recommends.

Thank you for the opportunity to speak and I am happy to stand for questions at the appropriate time

Dulcinea Rakestraw, Chair