

## Provider Alert: 9/16/10

September 16, 2010

Dear 4<sup>th</sup> time DUI Network Providers:

The success of the 4<sup>th</sup> time DUI program, coupled with effective advocacy by providers and KAAP, resulted in Legislative action to restore treatment funding for persons convicted of 4 or more DUIs beginning in July of 2010. House Bill 2413 amended K.S.A. 8-2118 and increased the fines for all traffic offenses by \$10.00, and amended K.S.A. 74-7336 to adjust the percentage that is received by agency recipients to allow the KDOC to have full funding restored for 4<sup>th</sup> time DUI recovery services reimbursement, and for the other fee fund recipients to maintain current levels of funding.

I would like to thank all the providers in the 4<sup>th</sup> time DUI network for your tremendous support as we made needed changes last year to accommodate the significant reduction in funding. Through your efforts, we were able to maintain the integrity of the treatment model of a person centered, multi-disciplinary approach to services, while assuring continued positive outcomes for offenders across the system. It truly speaks to the quality and dedication of the AAPS providers in Kansas.

As with any large scale change, there also comes an opportunity for new innovations, learning, and system improvement. I compliment all of the 4<sup>th</sup> time DUI stakeholders, in that the changes resulting from the adaption of services under the reduction in funding produced some very positive findings. We saw improvements in offender participation and the building of a closer working relationship between the treatment system, KDOC, and recovery supports in the community.

The changes that occurred in the 2010 system were designed to move the treatment of the offenders from an acute model of care, to that of addressing addiction as a chronic illness. The focus of services changed from engagement and retention in treatment, to that of a full engagement in recovery and retention in recovery activities, with the overarching goal of abstinence from addictive substance usage across a lifetime.

With the restored funding, we have the opportunity to strategically design and implement a Recovery Oriented System of Care (ROSC) for this population that will serve as a pilot for all of our funded populations in need of recovery. This will also support the movement of the entire system towards the recommendations of the federal objectives through SAMHSA and the Center for Substance Abuse Treatment (CSAT) as well as the Center for Substance Abuse Prevention Center (CSAP) for a ROSC model of service delivery as well as prepare Kansas for the changes that will occur under the Affordable Care Act. It will also lay the foundation for the implementation of the new law, effective July 2011, which will move the targeted population from conviction of a 4<sup>th</sup> DUI to those convicted of a 3<sup>rd</sup> DUI.

It is the goal of AAPS and the KDOC to have the new 4<sup>th</sup> time program operational by October 1, 2010. That is a very aggressive time line but a necessary one to provide the needed services for this population as soon as possible to capitalize on the new recovery opportunities and funding now available.

The guiding principles for this new system of care are as follows:

- Maintain the multi-disciplinary approach to services with the Regional Alcohol and Drug Assessment Centers (RADAC) Care Coordinator, the Parole officer, the Recovery Service provider, and the offender as team members.

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- Maintain the strength based approach in case management of the offender with assessment, wellness planning, goal setting, the formal provider treatment plan, and the parole plan as a seamless complimentary process of expectations of the offender to best support recovery.
- Maintain the contracting for Recovery Service Management through a Value Option's network with a seamless usage of available funding streams with the exception of SAPT block grant funding.
- Provide a full continuum of the modalities of services for the offender under the new funding.
- Promote the usage of Peer Mentoring and Case Management in the provider network by maintaining the services of peer mentoring and case management after the acute phase of treatment throughout the post release process and incorporating that mentor or case manager as a part of the multi-disciplinary team. This will allow the service provider to maintain billable services for the offender after completion of the acute phase of substance use disorders treatment until the year of post release is completed, as well as promote early intervention if needed.
- Establish a recovery support voucher system for the offender linked to the wellness plan that would allow for needed services such as transportation, family services, and mental health, Medication Assisted Treatment (MAT) and other areas of barrier reduction. This voucher would be managed by the care coordinator/recovery supports manger in consultation with the multi-disciplinary team.
- The Recovery Service provider network would be expanded under this model for accessibility to and capacity for recovery services.
- Fee adjustments for provider's services will be adjusted for the reimbursement of services through a fee for service model that is competitive with other funding streams.

Currently SRS and KDOC are in the process of completing a Memorandum of Understanding (MOU) that will outline each agency's responsibilities, expectations in services, and funding. Very soon, we will provide a forum for providers and parole to review the recovery model and increase the network of providers to enhance accessibility to services in each region when possible.

AAPS is very excited with the opportunities that are now available to serve the 4<sup>th</sup> time DUI offenders and look forward to working with the providers in Kansas who serve this population.

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If you have any immediate questions or concerns, please contact Charles Bartlett at [Charles.bartlett@srs.ks.gov](mailto:Charles.bartlett@srs.ks.gov) or 785-368-6391.

Sincerely,

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