

KANSAS

State SSA Director

Mr. David A. Dickinson, Director
Addiction and Prevention Services
Health Care Policy
Kansas Department of Social and Rehabilitation Services
Docking State Office Building
915 SW Harrison Street, 10th Floor
Topeka, KS 66612-1570
Phone: 785-368-6245
Fax: 785-296-3773
E-mail: ddickinson@srskansas.org
Web site: www.srskansas.org/hcp/AAPSHome.htm

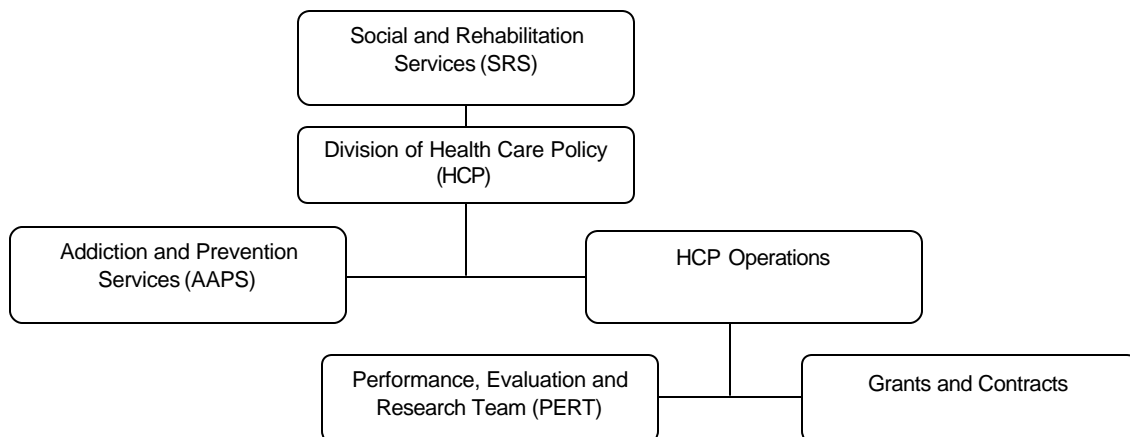
Structure and Function



The Department of Social and Rehabilitation Services (SRS) is the designated Single State Agency (SSA) that has statutory responsibility to provide substance abuse, addiction, and prevention services for Kansas. The Addiction and Prevention Services section (AAPS) within SRS provides administrative leadership by promoting effective public policy and developing and evaluating programmatic and human resources. The mission of SRS and AAPS is “ensuring a comprehensive system of quality services for the prevention and treatment of addictions in Kansas.” AAPS has adopted these guidelines to fulfill the mission: (1) invest in results, (2) ensure no wrong door to treatment, (3) maintain a commitment to quality, and (4) change attitudes and build partnerships.

The Governor and SRS Secretary receive advice and guidance from a number of key stakeholder groups in planning and delivering prevention and addiction services. These groups include the Kansas Citizens Committee on Alcohol and Other Drug Abuse, established by State statute and whose members include legislators and other system stakeholders such as child welfare, corrections, mental health, educators, program providers, grassroots groups, and consumers. This committee provides guidance on policies and program issues related to substance abuse prevention and treatment.

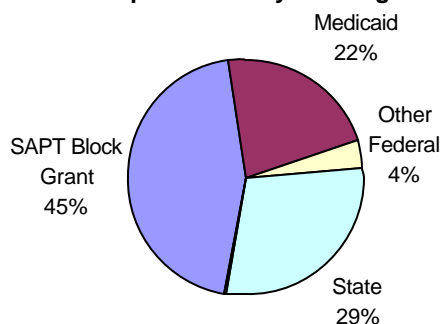
Single State Agency Structure



Single State Agency Funding Overview

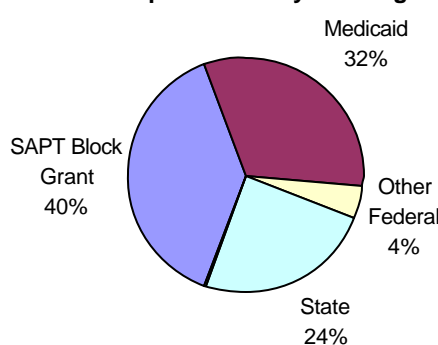
Approximately \$31.8 million was set spent on substance abuse treatment and prevention services in Kansas in FY 2003, an increase from \$24.5 million in FY 2000. The Block Grant accounted for 38 percent of the expenditures in FY 2003 (down from 45 percent in FY 2000), followed by Medicaid funding at 32 percent (up from 22 percent in FY 2000), State funding at 24 percent (down from 29 percent in FY 2000), and other Federal sources at 4 percent.

FY 2000 Expenditures by Funding Source

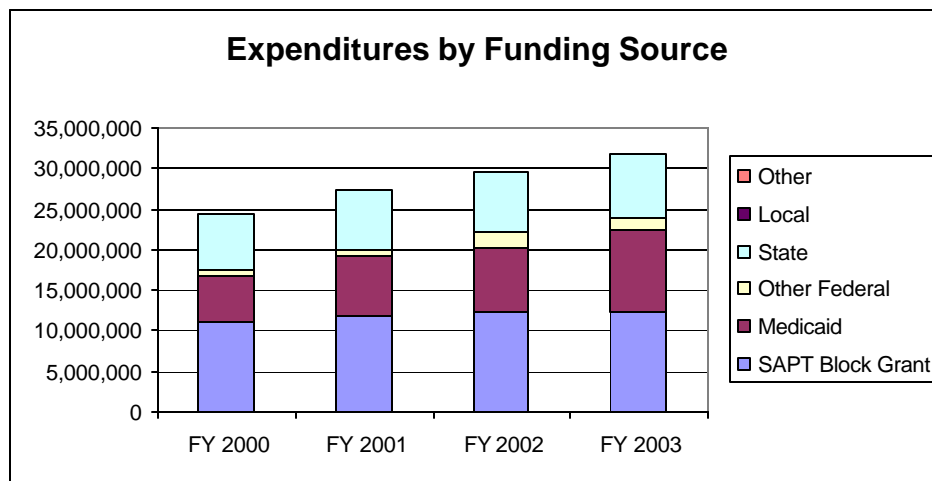


N=\$24,541,020

FY 2003 Expenditures by Funding Source



N=\$31,768,313



Single State Agency Expenditures From All Funding Sources

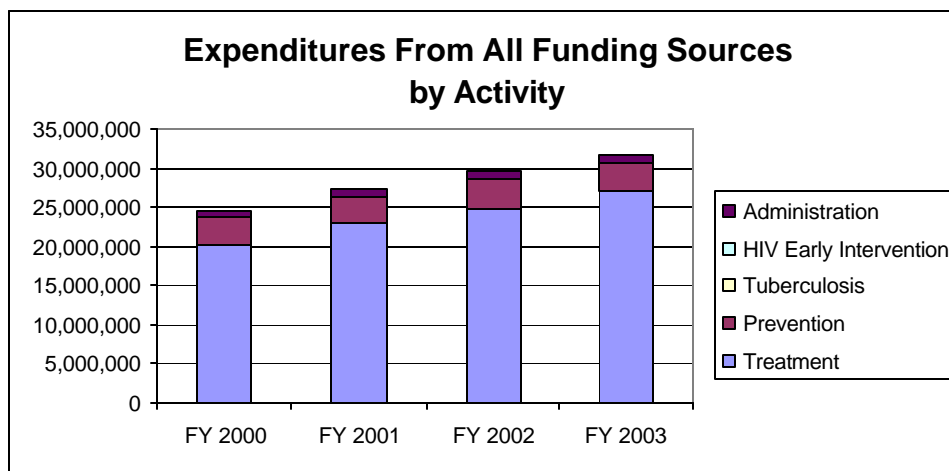
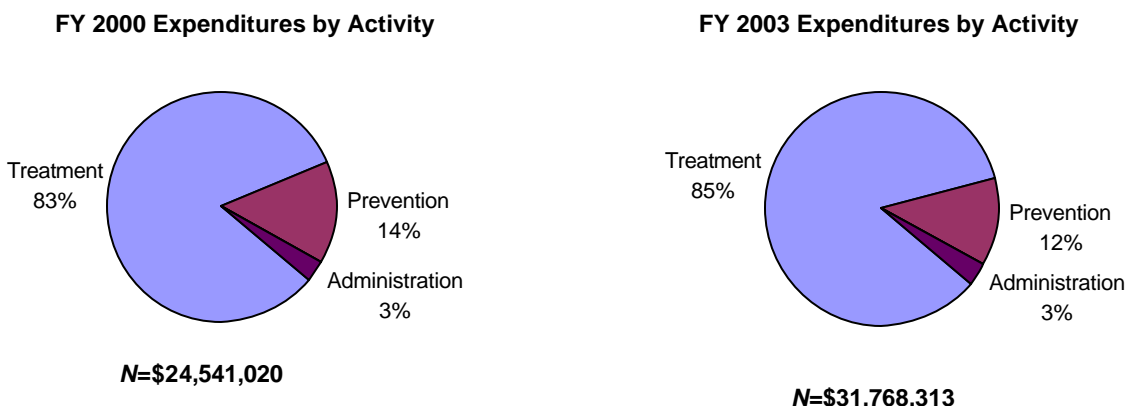
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	11,060,004	45	11,699,847	43	12,280,272	41	12,343,401	39
Medicaid	5,463,847	22	7,613,775	28	8,142,507	27	10,265,226	32
Other Federal	888,865	4	837,202	3	1,814,030	6	1,417,371	4
State	7,128,304	29	7,318,772	27	7,383,567	25	7,742,315	24
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	24,541,020	100	27,469,596	100	29,620,376	100	31,768,313	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the \$32.8 million SSA expenditures in FY 2003, 85 percent was spent on treatment, 12 percent on prevention, and 3 percent on administration. This distribution has remained relatively stable since FY 2000.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	5,463,847	22	23,118,190	84	24,918,271	84	27,020,852	85
Alcohol Treatment	7,762,509	32	0	0				
Drug Treatment	7,083,905	29	0	0				
Prevention	3,478,490	14	3,307,378	12	3,693,090	12	3,732,685	12
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	27,000	0	0	0
Administration	752,269	3	1,044,028	4	982,015	3	1,014,776	3
Total*	24,541,020	100	27,469,596	100	29,620,376	100	31,768,313	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

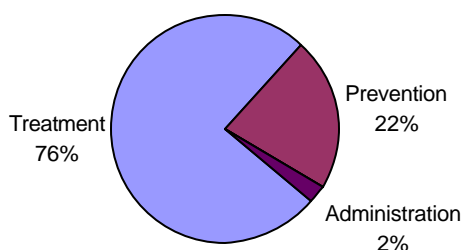
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

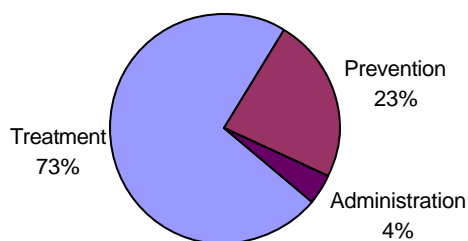
Block Grant expenditures totaled over \$12.3 million in FY 2003, up from \$11.1 million in FY 2000. About three-fourths of the Block Grant funds during that time period in FY 2005 went towards treatment activities, followed by 23 percent toward prevention.

FY 2000 Block Grant Expenditures by Activity

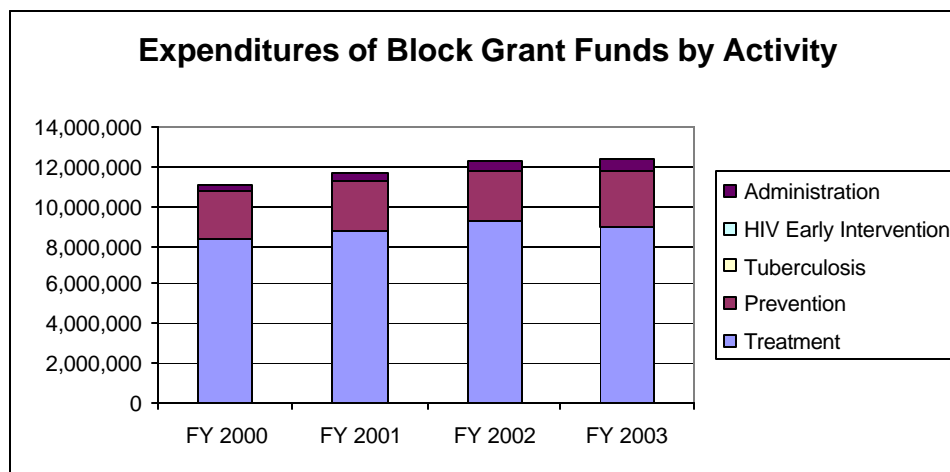


N=\$11,060,004

FY 2003 Block Grant Expenditures by Activity



N=\$12,343,401



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	8,739,614	75	9,308,015	76	8,973,931	73
Alcohol Treatment	4,392,664	40	0	0				
Drug Treatment	4,008,654	36	0	0				
Prevention	2,396,960	22	2,524,139	22	2,481,203	20	2,852,110	23
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	261,726	2	436,094	4	491,054	4	517,360	4
Total*	11,060,004	100	11,699,847	100	12,280,272	100	12,343,401	100

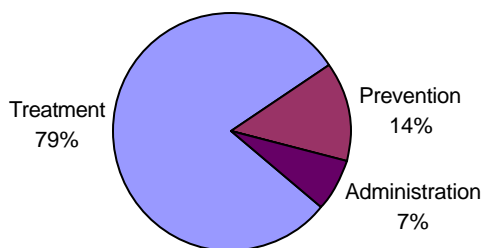
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

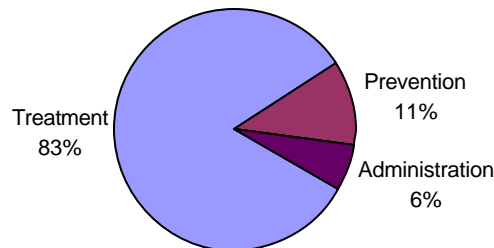
Between FYs 2000 and 2003, State expenditures on alcohol and drug abuse services remained relatively stable, increasing from \$7.1 million in FY 2000 to \$7.7 million in FY 2003. In FY 2003 most (83 percent) of the funds went toward treatment services, with 11 percent of the funds spent on prevention services and 6 percent on administration costs. This distribution of funds was similar in FYs 2000 through 2002.

FY 2000 State Expenditures by Activity

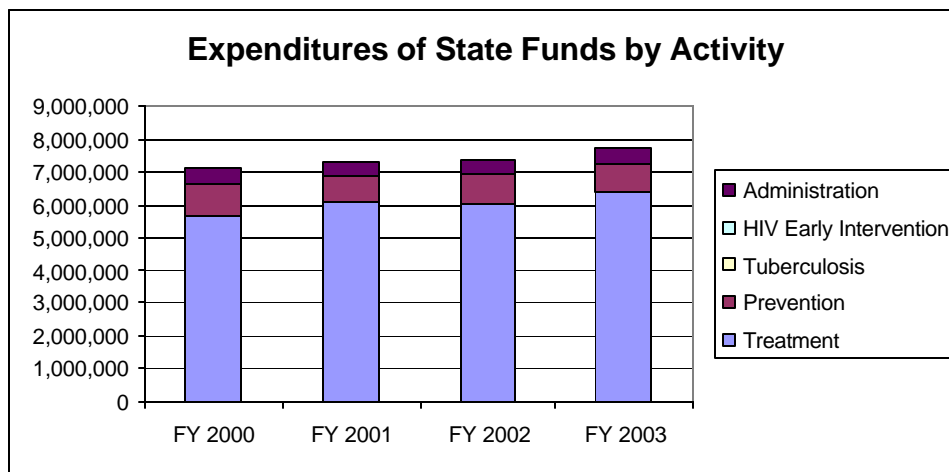


N=\$7,128,304

FY 2003 State Expenditures by Activity



N=\$7,742,315



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	6,075,885	83	6,059,749	82	6,408,370	83
Alcohol Treatment	2,967,202	41	0	0				
Drug Treatment	2,707,807	38	0	0				
Prevention	962,752	14	783,239	11	882,419	12	864,529	11
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	27,000	0	0	0
Administration	490,543	7	459,648	6	414,399	6	469,416	6
Total*	7,128,304	100	7,318,772	100	7,383,567	100	7,742,315	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

AAPS funds a comprehensive infrastructure based on prevention science. The infrastructure supports research-based practices, a data-driven process, and outcomes-based planning and evaluation. This prevention infrastructure comprises:

- 13 Regional Prevention Centers (RPCs) that cover all 105 counties and provide technical assistance and training
- The Kansas Family Partnership, which provides statewide advocacy and support for community coalitions, support for other initiatives, and prevention training
- YouthFriends of Kansas, which provides volunteers for school-based mentoring and training for school personnel
- The Communities That Care student drug use survey and the evaluation of community coalitions

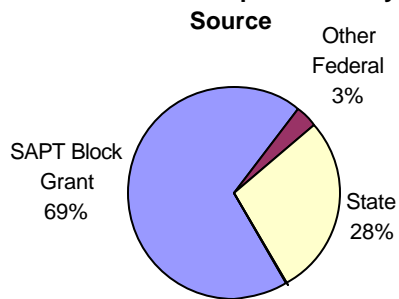
The Strategic Prevention Framework (SPF) is the overarching prevention approach that provides a collaborative framework and a course of action to support the healthy development of children. The framework builds on a solid foundation of research and evaluation and supports outcome-based planning and community capacity building

Prevention Funding and Expenditures

Prevention funding in Kansas remained relatively stable between FYs 2000 and 2003, ranging from \$3.5 to \$3.7 million. About three-fourths of the State’s prevention funding came from the Block Grant in FY 2003; the remainder from the State. This distribution has changed somewhat from FY 2000, when Block Grant funds accounted for 69 percent of prevention resources, the State accounted for 28 percent, and other Federal funds accounted for 3 percent.

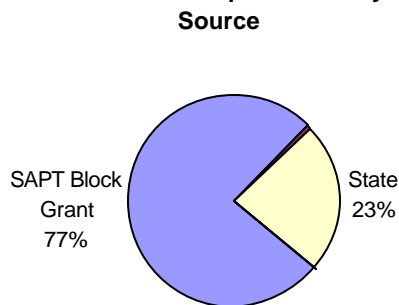
Block Grant funds for prevention services increased from \$0.89 per capita in FY 2000 to \$1.05 per capita in FY 2003.

FY 2000 Prevention Expenditures by Funding Source

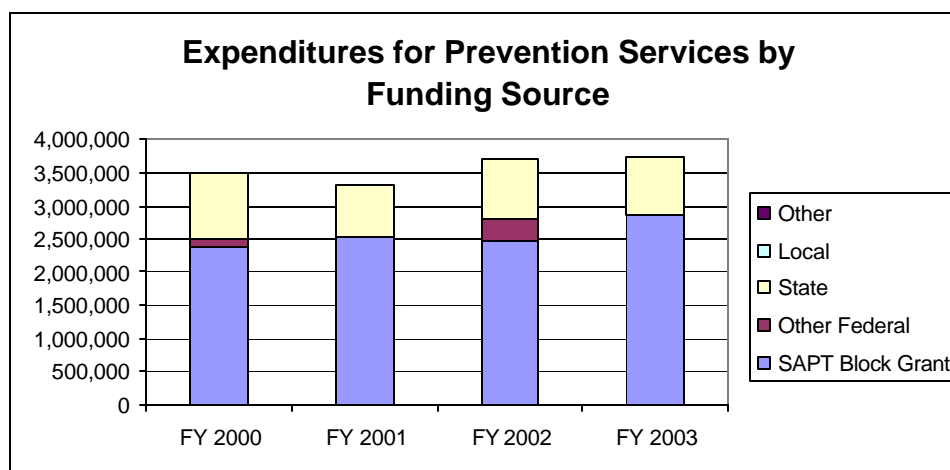


N=\$3,478,490

FY 2003 Prevention Expenditures by Funding Source



N=\$3,732,685



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,396,960	69	2,524,139	76	2,481,203	67	2,852,110	77
Other Federal	118,778	3	0	0	329,468	9	16,046	0
State	962,752	28	783,239	24	882,419	24	864,529	23
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	3,478,490	100	3,307,378	100	3,693,090	100	3,732,685	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

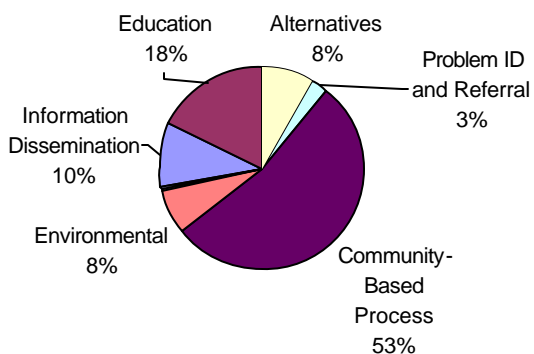
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Kansas Regional Alcohol and Drug Awareness Resources (RADAR) Distribution Center, part of a comprehensive network, disseminates research-based resources, including pamphlets, books, and videos.
Education	Education efforts include Red Ribbon Rallies, a methamphetamine conference, a mock alcohol and drug disaster drill, and an updated tobacco retailer training online.
Alternatives	RPCs assist community partnerships in outcomes-based planning, hold back-to-school events, and serve school districts through YouthFriends of Kansas, a school-based mentoring program.
Problem Identification and Referral	RPCs maintain resources to make treatment referrals and provide staff to develop workforce programming for social workers regarding prevention strategies for TANF populations.
Community-based Processes	RPCs assist coalitions and task forces and promote use of the Communities That Care model.
Environmental	The Kansas statute on endangering a child through the sale, distribution, or manufacture of methamphetamine was changed from a misdemeanor to a felon, tobacco retailer licenses were made part of the public record, and the number of smoke-free establishments was increased.

Expenditures of Block Grant Funds for Core Strategies

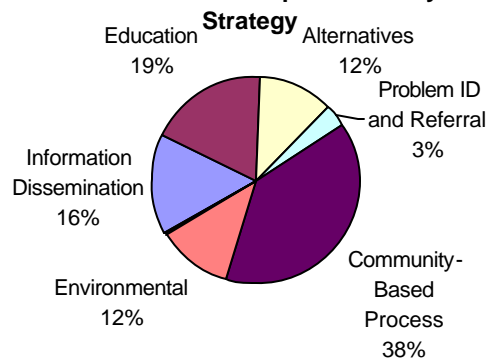
Between FYs 2000 and 2003 Block Grant funding for core prevention strategies in Kansas increased from \$2.4 to nearly \$2.9 million. During that time period, community-based processes received the largest proportion of funds, and the remainder was spent on a variety of strategies.

FY 2000 Block Grant Expenditures by Core Strategy

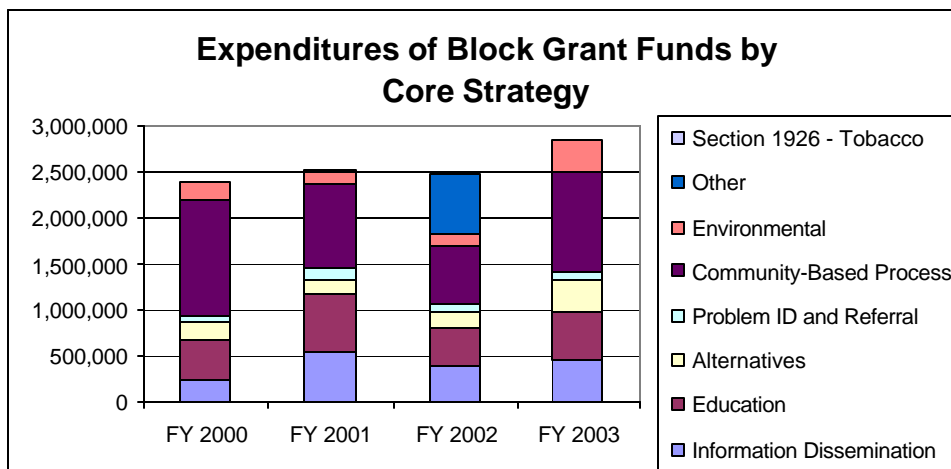


N=\$2,396,960

FY 2003 Block Grant Expenditures by Core Strategy



N=\$2,852,110



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	239,696	10	550,009	22	384,800	16	442,640	16
Education	431,453	18	625,010	25	403,123	16	533,658	19
Alternatives	191,757	8	150,002	6	183,238	7	331,148	12
Problem ID and Referral	71,909	3	125,002	5	91,619	4	97,916	3
Community-Based Process	1,270,389	53	925,014	37	641,333	26	1,107,676	39
Environmental	180,756	8	125,002	5	128,267	5	332,913	12
Other	0	0	0	0	648,823	26	0	0
Section 1926 - Tobacco	11,000	0	24,100	1	0	0	6,159	0
Total*	2,396,960	100	2,524,139	100	2,481,203	100	2,852,110	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 *Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

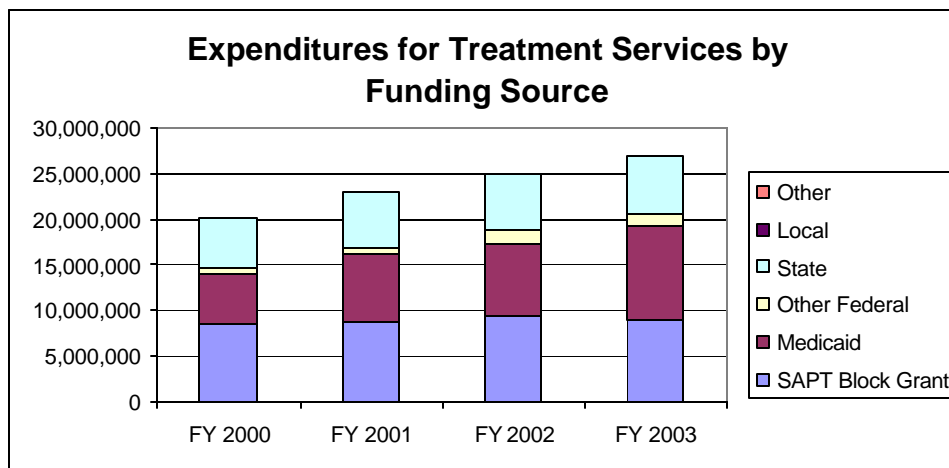
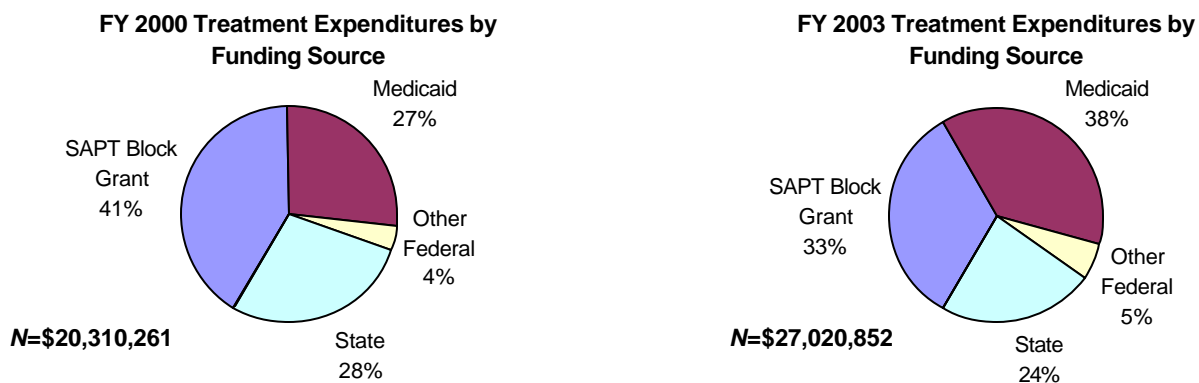
The Kansas SRS/AAPS-funded addiction treatment system offers a continuum of services: (1) intermediate treatment, (2) intensive outpatient treatment, (3) social detoxification treatment that provides 24-hour, non-hospital based residential treatment, (4) reintegration treatment, and (5) methadone treatment.

This SRS/AAPS-funded treatment system has one point of entry in the four Regional Alcohol and Drug Assessment Centers (RADACs). RADACs provide assessments, outreach, and clinical utilization reviews for persons and families needing substance abuse treatment services in their identified regions. RADACs also assess service delivery through reviews and clinical monitoring. With the exception of outpatient services, social detoxification services, and services for pregnant women and women with dependent children, services are pre-approved through the RADACs.

Treatment Funding and Expenditures

Funding for treatment and rehabilitation in Kansas increased steadily over the years, from \$20.3 million in FY 2000 to \$27 million in FY 2003. In FY 2003 Medicaid was the single largest funding source for treatment services at 38 percent of the total funding, followed by the Block Grant at 33 percent and the State at 24 percent. In contrast, in FY 2000 the Block Grant was the largest source of treatment funding (at 41 percent), followed by the State (at 28 percent) and then Medicaid (at 27 percent).

Block Grant funding for treatment services increased between FYs 2000 and 2002 from \$3.12 per capita to \$3.43 per capita. In FY 2003, those funds decreased slightly to \$3.29 per capita.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	8,401,318	41	8,739,614	38	9,308,015	37	8,973,931	33
Medicaid	5,463,847	27	7,613,775	33	8,142,507	33	10,265,226	38
Other Federal	770,087	4	688,916	3	1,408,000	6	1,373,325	5
State	5,675,009	28	6,075,885	26	6,059,749	24	6,408,370	24
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	20,310,261	100	23,118,190	100	24,918,271	100	27,020,852	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Admissions

Kansas's SAPT Block Grant application indicates that over 16,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment. The majority of these persons were admitted for outpatient, free-standing residential and short-term residential treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=16,389)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	1,357	1,382	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	1,117	1,837	0
Long-term residential	607	853	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	3,613	4,210	0
Intensive outpatient	571	853	0
Detoxification (outpatient)	0	0	0
Total	7,265	9,124	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate more than 14,000 admissions (where at least one substance was known), of which nearly 3,000 were for alcohol only. Calculations (with imputation) from TEDS data show that approximately 23 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate did not vary when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	2,726	22.2
Alcohol in combination with other drugs	11,716	23.1
Total	14,442	22.9

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 151,000 persons aged 12 and older (6.9 percent of Kansas's population) needed, but did not receive, treatment for alcohol use, and 48,000 persons (2.2 percent) needed, but did not receive, treatment for illicit drug use in Kansas.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	6.85	4.98	17.70	5.02
Needing but not receiving treatment for illicit drug use	2.20	3.88	6.29	1.16

SOURCE: National Survey on Drug Use and Health; data are combined for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Planning occurs at the regional and county levels. Treatment service regions comprise five geographic areas that cover all 105 Kansas counties. The 13 RPCs cover prevention services in all counties.

Planning and evaluation relies on several sources of data including Communities That Care (CTC), a student survey that collects 57 archival indicators. These data are now available through an online portal that has enhanced the use of the CTC data for school districts and communities across the State. Furthermore, in FY 2005, a community profile builder tool will be added to allow communities to integrate important trend data into needs assessment documents. Social indicator data reporting will be expanded to provide more direct access and ensure linkages with risk and protective factor trends.

Although Kansas has not conducted a statewide formal treatment needs assessment since 1995, it is planning to select a vendor to perform an updated assessment.

Evaluation

In FY 2004, think tanks were established to review indicators of effectiveness on a continual basis in order to create a single, statewide approach across State agencies. This approach has the potential to help determine the cost-benefit ratio of prevention and treatment services.

AAPS is revising its standards for treatment services, the counselor credentialing process, and its policies and procedures manual. Capacity, tuberculosis services, and women's treatment services are monitored through data collection. Contractual agreements with State-funded programs include requirements for priority services for pregnant women, women with children, injection drug users (IDUs), and HIV-diagnosed clients.

Training and Assistance

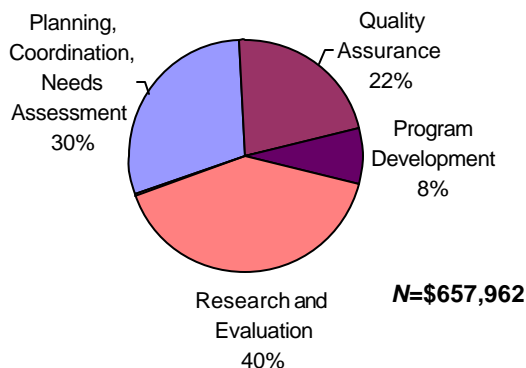
Kansas provides a variety of training and assistance activities to treatment and prevention personnel and providers. For treatment, a survey is administered to understand the needs of the Kansas addiction workforce. NIDA principles are disseminated and newsletters feature articles on and links to best practices. The Kansas Connecting Research to Services group also identifies evidence-based practices to disseminate to the field. Specialized training covers topics such as brain-related research and cognitive behavior approaches. AAPS continues to partner with other agencies, such as the Department of Corrections and Department of Health and Environment, to leverage training opportunities.

For prevention, a Prevention Workforce Survey was administered to determine the most effective professional development approach to recruit, train, and retain a competent prevention workforce. A long-range training schedule and strategies are under development. SRS/AAPS is developing online resources and updating training in the Communities That Care operating system that moves community coalitions toward science-based prevention processes. SRS/AAPS contracted with the Kansas Family Partnership to coordinate training opportunities and in FY 2005, the Kansas Family Partnership will also assume responsibility for management of the State's prevention professional credentialing system.

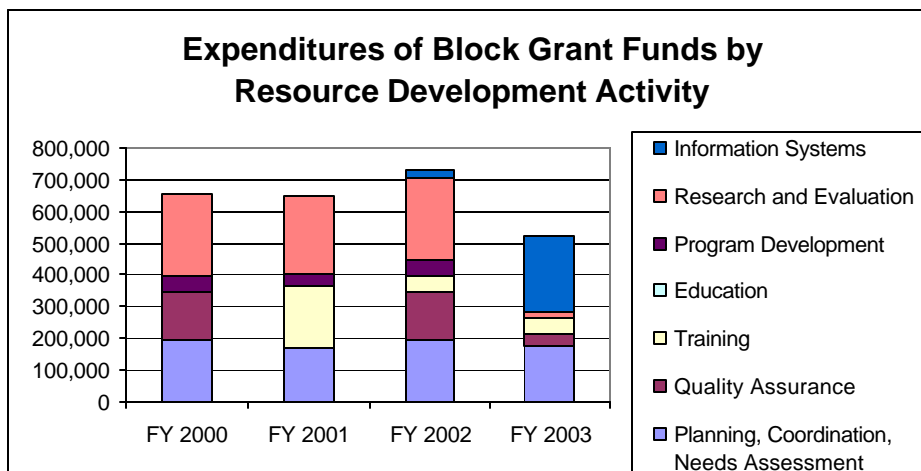
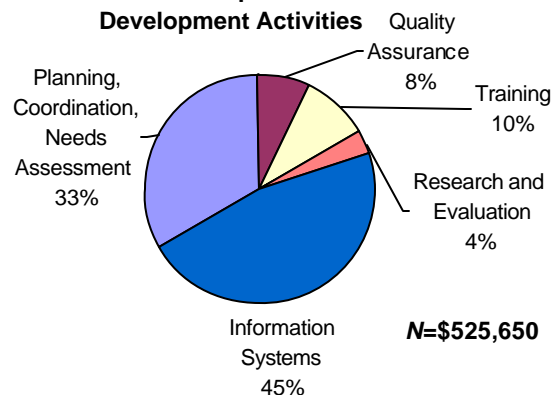
Expenditures of Block Grant Funds for Resource Development Activities

In FY 2003, Block Grant expenditures for resource development activities in Kansas totaled \$526,000, a decrease from earlier years. The largest proportion (45 percent) of these funds was earmarked for information systems, whereas in FY 2000 the largest proportion of funds (40 percent) was earmarked for research and evaluation projects.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	195,000	30	170,000	26	195,000	27	173,678	33
Quality Assurance	147,000	22	0	0	147,000	20	39,827	8
Training	0	0	195,000	30	50,296	7	50,376	10
Education	0	0	0	0	0	0	0	0
Program Development	50,000	8	35,000	5	50,000	7	0	0
Research and Evaluation	265,962	40	250,000	38	265,962	36	18,586	4
Information Systems	0	0	0	0	21,937	3	243,183	46
Total*	657,962	100	650,000	100	730,195	100	525,650	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

*Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded 15 prevention grants to Kansas in FY 2004 totaling nearly \$1.2 million.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Awards	Number of Awards	Total \$ Amount
Drug Free Communities	15	1,153,759
Total	15	1,153,759

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) did not award any discretionary grants to Kansas during FY 2004.