

# **Senate Bill 123 Integration Plan Format**

**DEFINITIONS:**

**Treatment Modalities:** Defined by the “*Treatment Modalities and Cost Caps*” table (Senate Bill 123 Operations Manual Pg. 76)

**Cognitive-Behavioral Approach:** References the broad overall picture of the use of Cognitive-behavioral components (Cognitive Restructuring, Cognitive Social Skill Training, Cognitive Problem-Solving) when targeting behavior change.

**Cognitive-Behavioral Components:** Refers to Cognitive Restructuring, Cognitive Social Skill Training, Cognitive Problem-Solving, as defined by KDOC. (Appendix II)

**Cognitive-Behavioral Tools:** Tools used to demonstrate participant understanding of Cognitive-Behavioral Components. May include Thinking Reports and skills use handouts or homework assignments.

**Methodological Assessment:** Assessment for determining skills deficit pre-treatment and identifying post-treatment improvement specific to social skills e.g. assertiveness, empathy, expression of empathy. (*Thinking for a Change*© Lesson 22: “What Else Do I Need” worksheet is one example of a methodological assessment.)

**Reflective Communication:** Approach to client change process, interaction approach, use of Trans-Theoretical Model/Stages of Change theory.

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**For any questions regarding integration plans please contact one of the Skills Development Specialists listed below:**

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**Mail all integration plans to:**

**Kansas Department of Corrections  
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Topeka, Kansas 66612**

**Plans may be submitted via fax to 785-296-0304 or email attachments to [KevinS@doc.ks.gov](mailto:KevinS@doc.ks.gov)**

**Upon receipt of Implementation Plan it is understood that any changes made to the submitted integration plan will be staffed with the Kansas Department of Corrections prior to being implemented.**

# Senate Bill 123

## Integration Plan Format

### SECTION I – Identifying Information

1. In the space provided enter the agency name as licensed by SRS, mailing address, telephone number:
2. Please identify the primary contact for your agency and their title.
3. Name and Email address(es) of Cognitive-behavioral Tool certified counselor(s)  
*(Include your counselor(s) Cognitive-behavioral Tool Certification training certificate)*
4. Using the “Treatment Modalities and Cost Caps” in Appendix I, please identify each treatment modality requested for approval under Senate Bill 123 by the above named agency. Please include the length and intensity of treatment offered within each modality requested.

**NOTE:** Agencies performing Assessments, Social Detoxification or Drug Education services only do NOT need to complete Section II.

## SECTION II – Integration Plan Description

1. Please indicate date when and with whom the agency will begin using the Cognitive-Behavioral approaches; be as specific as possible.
  
2. Please discuss how the agency intends to ensure that cognitive-behavioral approaches are addressed in each Senate Bill 123 treatment plan.
  
3. For each treatment modality submitted for approval under Senate Bill 123, please illustrate how the agency intends to incorporate Cognitive-behavioral components into treatment programming. *Agencies may submit integration plans that include curriculums utilizing all named components in a licensed program package. Agencies choosing to do so should include a copy of the chosen curriculum in its entirety. Please refer to the Appendix II for an outline of general expectations.*
  - a. *Cognitive Restructuring*
  
  - b. *Interpersonal Communication Skills*
    - i. *Methodological Assessment*
  
    - ii. *Interpersonal Skills Taught*
  
    - iii. *Skills Training Process*
  
  - c. *Cognitive Problem Solving*
  
4. Please illustrate how the agency intends to use Reflective Communication in overall treatment approach.
  
5. Please provide copies of cognitive tools your agency intends to use for each cognitive approach.

### **Section III: Agency License and Counselor Certifications**

- 1. Please identify any other name your agency may be known as (parent agencies, community mental health centers, etc), not previously listed.**
  
- 2. Please include a copy of your agency's current SRS license (if applying for multiple locations, include licenses for each location).**
  
- 3. Does your agency also provide mental health services? If yes, please list.**
  
- 4. Is your agency publicly funded?**
  
- 5. Please list, by name (s), who will be conducting the SASSI III (if you are doing assessments) and include a copy of the counselor's SASSI training certificate (s).**
  
- 6. Please list, by name (s), who will be conducting the ASI psych screen (if you are doing assessments) and include a copy of the counselor's ASI training certificate (s).**
  
- 7. Please list, by name (s) who will be conducting the ASI and include copy of ASI training certificate (s).**

# Appendix I

## Approved Treatment Modalities and Cost Caps

<b>Modality</b>	<b>Cost</b>	<b>Minimum Service Components</b>
<b>Assessment</b>	\$200/ assessment	SASSI Social History SB123 Mental Health Screen Team meeting
<b>Social Detox</b>	\$200/day	24 hours/day 7 days/week – average stay 3 days Medical staff on sight monitors vital stats
<b>Therapeutic Community</b>	TBD	Cognitive Based 24 hours/day 7 days/week Residential ASI, Initial and follow-ups
<b>Intermediate/ Residential</b>	\$180/day	24 hours/day 7 days/week Treatment can range from 7-40 days in length Structured clinical program meeting ASAM specifications Includes Group and individual counseling up to 10 hours per day ASI – Initial and Follow-ups
<b>Intensive outpatient</b>	\$120/day	14-84 days 10-15 hours of direct clinical services per week ASI – Initial and follow-ups
<b>Outpatient Individual</b>	\$80 / hour	1-3 hours per week with counselor Up to 18 months in length
<b>Group</b>	\$25.00 per hour	1-8 hours per week 8-12 weeks in length
<b>Family</b>	\$75.00 per hour	1 hour per week 8-12 weeks in length
		Note: All outpatient modalities include initial ASI and ASI follow-ups
<b>Re-integration/ halfway house (extended stay)</b>	\$37 / day plus offender co-pay	Minimum of 10 hours of structured clinical activity per week ASI – Initial and follow-ups
<b>Relapse Prevention /Aftercare</b>	\$25/session for either group or individual	20 sessions over a 6-12 month period ASI – Initial and Follow-ups
<b>Drug Abuse Education</b>	\$100 – offender pay	Set standard for an 8 hour curriculum Certification of providers not needed, due to short duration of this treatment modality

# Appendix II

# Check-list for the Integration of the Cognitive-Behavioral Tools

## I. Concepts of the Social Cognitive Theory

### **Program emphasizes the principles of social cognition theory;**

Program operates from the notion that human behavior is explained in terms of continuous reciprocal interaction between cognitive, behavioral and environmental influences.

- Program exhibits the belief that the most intense observable learning occurs early in life but people have the ability to continue to learn and change as a lifelong trait.
- Program exhibits the belief that individuals are more likely to adopt a modeled behavior if it is modeled by those with whom they identify, is congruent with beliefs/values they hold, and results in outcomes they value
- Program participants learn from observation and modeling of behaviors, attitudes and emotional responses from other people.
- Program participants experience facilitated and reinforced behavior change through response consequences (i.e., rewards/punishments).

## II. Cognitive Restructuring

### A) Exposure to the principle;

- Program participants receive instructional training regarding the relationship between their thoughts, feelings, attitudes, beliefs and behavior.
- Program participants understand the relationship of the above stated cognitions to substance using behavior.
- Program participants identify risk in the cognitions supportive of substance using behavior.
- Program participants develop alternative cognitions and predict future behavior outcomes.

### B) Demonstration of the Skill Set

#### **Evidence that there is transference and application of the skills;**

- Program participants engage in exercises applying Cognitive Restructuring outside of the group process.

#### **Identification of a cognitive tool(s);**

- Program participants utilize a specific instrument/form for the documentation of Cognitive Restructuring.

#### **Demonstration of the skill set**

- Program participants are able to demonstrate the skills acquired in Cognitive Restructuring component as relevant to their substance using behavior.

### III. Interpersonal Communication Skill Training

**Program emphasizes the principles of Structured Learning Theory;**

Program participants experience interpersonal communication skill development based upon the principles of structured learning theory.

#### A) Methodological Assessment Design

- Program participants are assessed/evaluated regarding interpersonal communication skill deficiencies and/or skill sets supportive of substance using behavior.
- Program participants receive skill development pertinent to the identified need of the individual/group.

#### Modeling

- Program participants receive explanation of the skill being taught
- Program participants observe a planned model of the skill being taught.
- Program participants are provided opportunity for discussion of the model.

#### C) Role-Play

- Program participants brainstorm a real life situation in which they could utilize the skill being taught
- Program participants make the situation as close to reality as possible (e.g., choosing persons that most resemble those in the situation, setting up the physical scene to match that of the situation described, etc.)
- Program participants are coached through the role-play to ensure successful completion of the skill application

#### D) Feedback

- Program participants receive constructive feedback from co-actor specific to the impact of the skill upon the situation from their role's perspective
- Program participants receive constructive feedback from all other group participants specific to skill acquisition
- Program participants are provided opportunity to provide feedback to the group regarding the utilization of the skill in their situation

#### E) Skill Transference

- Program participants receive "homework" requiring use of skill outside group
- Program participants report back on the use of the skill via the homework assignment

### IV. Cognitive Problem Solving

**Program provides problem solving skills training;**

Program participants are provided a general strategy for dealing with problems arising from daily life, emphasizing the context of relapse prevention.

**A) Defining the problem**

- Program participants receive specific instructions on identifying the problem enabling the generation of a variety of solutions
- Program participants receive prompting and shaping from both the group and the facilitator

**B) Goal Setting**

- Program participants set goals specific to the problem identified
- Program participants generate goal statements that are reaction focused (i.e., goals that are aimed at changing one's emotional, cognitive and overt behavioral reactions to the problem situation)

**C) Choices and Consequences**

- Program participants identify a variety of solutions for the given problem as well as identify any possible consequences for oneself and for others involved
- Program participants identify choices and consequences via a brainstorm (a process in which any possible solution is entertained)

**D) Choose, Implement and Evaluate the Solution**

- Program participants identify a solution from the list generated via the brainstorm (the participants must choose their own solution, others may provide opinion but the choice rests solely with the participant)
- Program participants develop a detailed plan for implementing the chosen solution
- Program participants evaluate the chosen solution with respect to the goal identified (should the chosen solution not achieve the identified goal participants are instructed to return to list of solutions and repeat this phase)

**V. Reflective Communication**

**Programs adhere to a trans-theoretical model and are characterized by reflective communication skills (e.g., motivational interviewing)**

Program staff interact with program participants in a manner which promotes internal motivation for behavior change.

**A) Trans-theoretical Model**

- Program emphasizes multiple mechanisms for change (i.e., consciousness raising, social liberation, emotional arousal, self-reevaluation, countering, environmental control, reward, and helping relationships).

**B) Reflective Communication**

- Program staff acknowledges resistance to behavior change is a shared problem between program staff and program participants.
- Program utilizes respectful, objective communication with program participants
- Program staff refrain from imposing personal value system; i.e., communicating solely with the desire and intent to understand.