

*Instructions for*  
**Senate Bill 123**  
**Integration Plan Format**

## **SECTION I – Identifying Information**

- 1. Please identify the name of the agency licensed by Social Rehabilitation Services. Likewise, include the mailing address, telephone number(s), **name, and e-mail address of your certified Thinking for a Change® counselor.***
- 2. Please identify which treatment modality is offered for the treatment of Senate Bill 123 clients. It is important that the length and intensity of the treatment modality be described here. In SECTION II you will need to indicate how the Cognitive curriculum will be integrated into each treatment modality.*

## **SECTION II – Integration Plan Description**

- 1. Identify the cognitive curriculum. Please remember that the curriculum identified must contain the following three elements; cognitive restructuring, cognitive social skills, and cognitive problem solving. Further it is expected that the curriculum identified make full use of tools such as thinking reports and social skills modeling. Agencies may submit integration plans that include curriculums and plans for the use a modified version of Thinking for a Change© but must depict the changes made and why. Furthermore, if an agency wishes to use a curriculum other than Thinking for a Change©, the integration plan should include a copy of the chosen curriculum in its entirety.*
- 2. Please identify when the agency will begin using the cognitive based curriculum. This item should be answered with a date. Also note any plans to utilize this curriculum with clients other than Senate Bill 123 clients. It should be clear whether or not these two populations will be in an integrated treatment group.*
- 3. Please discuss how the agency intends to ensure that cognitive based treatment is addressed in each Senate Bill 123 treatment plan. Recall that treatment plans are created by both the treatment provider and the Community Corrections officer assigned to supervise the Senate Bill 123 client.*
- 4. Please indicate the length and intensity of the cognitive treatment for each modality offering treatment for Senate Bill 123 clients. Identify how long the cognitive treatment will last. Also indicate the frequency and length of group sessions. It is permitted to have fluctuation in this component; however, that fluctuation will need to be identified. Please note that detoxification, assessments nor substance abuse education require a cognitive element.*
- 5. For each treatment modality offered to Senate Bill 123 clients, please provide a detailed plan on how the agency intends to incorporate the cognitive based treatment element. Give a detailed description of how the cognitive curriculum will look in addition to the existing treatment offered by the named agency. Be as specific as possible.*

**Please remember that any changes made to the submitted integration plan must be staffed with the Kansas Department of Corrections prior to being implemented.**

**For any questions regarding integration plans please contact one of the program consultants listed below:**

**Gert Cozadd  
SB 123 Program Manager  
Phone: 785-296-3998  
E-Mail: [Gert.Cozadd@ks.gov](mailto:Gert.Cozadd@ks.gov)**

**Mail all integration plans to:**

**Kansas Department of Corrections  
c/o Gert Cozadd  
SB 123 Program Manager  
Kansas Department of Corrections  
714 S.W. Jackson, Suite 300  
Topeka, Kansas 66603**

**Plans may be submitted via fax to 785-296-1412 or email attachments to [Gert.Cozadd@ks.gov](mailto:Gert.Cozadd@ks.gov)**

***Please indicate the training location and dates your counselor (s) attended Thinking for a Change© training.***

# Senate Bill 123

## Integration Plan Format

### SECTION I – Identifying Information

1. In the space provided enter the agency name, mailing address, telephone number:

Name and Email address of certified Thinking for a Change Counselor (s)

2. Using the “Treatment Modalities and Cost Caps” document attached, please identify each treatment modality offered for Senate Bill 123 clients by the above named agency. Please include the current length and intensity of treatment offered within each modality identified. *(It is not necessary to utilize the entire space)*



3. Please discuss how the agency intends to ensure that cognitive based treatment is addressed in each Senate Bill 123 treatment plan. At issue is how you will ensure your counselor who has received Thinking for a Change training will have input to each SB 123 client's treatment plan.

4. Please indicate the length and intensity of the cognitive treatment for each modality offering treatment for Senate Bill 123 clients. *Please note that neither detoxification nor assessments require a cognitive element.* For each treatment modality offered to Senate Bill 123 clients, please provide a detailed plan on how the agency intends to incorporate the Cognitive based treatment element. Be as specific as possible, and use as much space as necessary.

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).***

**(Attachment)**

## Approved Treatment Modalities and Cost Caps

<b>Modality</b>	<b>Cost</b>	<b>Components</b>
<b>Assessment DAAP</b>	\$175/ assessment	<ul style="list-style-type: none"> <li>• SASSI</li> <li>• Social History</li> <li>• SB123 Mental Health Screen</li> <li>• Team meeting</li> </ul>
<b>Social Detox</b>	\$150 per day	<ul style="list-style-type: none"> <li>• 24 hours/day</li> <li>• 7 days/week – average stay 3 days</li> <li>• Medical staff on sight monitors vital stats</li> </ul>
<b>Therapeutic Community</b>	\$150 per day	<ul style="list-style-type: none"> <li>• Cognitive Based</li> <li>• 24 hours/day</li> <li>• 7 days/week</li> <li>• Residential</li> <li>• ASI, Initial and follow-ups</li> </ul>
<b>Intermediate/ Residential</b>	\$180 per day	<ul style="list-style-type: none"> <li>• 24 hours/day</li> <li>• 7 days/week</li> <li>• treatment can range from 7-40 days in length</li> <li>• Structured clinical program meeting ASAM specifications</li> <li>• Includes Group and individual counseling up to 10 hours per day</li> <li>• ASI – Initial and Follow-ups</li> </ul>
<b>Day Treatment</b>	\$120 per day	<ul style="list-style-type: none"> <li>• 14-30 days</li> <li>• 8 hours per day of direct clinical services</li> <li>• ASI – Initial and follow-ups</li> </ul>
<b>Intensive outpatient</b>	\$120 per day	<ul style="list-style-type: none"> <li>• 14-84 days</li> <li>• 10-15 hours of direct clinical services per week</li> <li>• ASI – Initial and follow-ups</li> </ul>
<b>Outpatient Individual</b>	\$80 / hour	<ul style="list-style-type: none"> <li>• 1-3 hours per week with counselor</li> <li>• Up to 18 months in length</li> </ul> <ul style="list-style-type: none"> <li>• 1-8 hours per week</li> <li>• 8-12 weeks in length</li> </ul> <ul style="list-style-type: none"> <li>• 1 hour per week</li> <li>• 8-12 weeks in length</li> </ul> <p>Note: All outpatient modalities include initial ASI and ASI follow-ups</p>
<b>Group</b>	\$25.00 per hour	
<b>Family</b>	\$75.00 per hour	
<b>Re-integration/ halfway house (extended stay)</b>	\$70 per day	<ul style="list-style-type: none"> <li>• minimum of 10 hours of structured clinical activity per week</li> <li>• ASI – Initial and follow-ups</li> </ul>
<b>Relapse Prevention /Aftercare</b>	\$25/session for either group or individual	<ul style="list-style-type: none"> <li>• 20 sessions over a 6-12 month period</li> <li>• ASI – Initial and Follow-ups</li> </ul>
<b>Drug Abuse Education</b>	\$100 – offender pay	<ul style="list-style-type: none"> <li>• Set standard for an 8 hour curriculum</li> <li>• Certification of providers not needed, due to short duration of this treatment modality</li> </ul>