

AUDIT PROPOSAL

Evaluating Mental Health and Substance Abuse Initiatives to Improve Outcomes

SOURCE

This audit proposal was requested by the Legislative Post Audit Committee.

BACKGROUND

State law requires the Kansas Department for Aging and Disability Services (KDADS) Behavioral Health Services Commission to coordinate and provide substance abuse and mental health services in Kansas. The commission manages community mental health centers and oversees addiction and prevention service programs.

Persons who commit a criminal offense and enter the criminal justice system may qualify for the services coordinated by KDADS. If individuals are incarcerated, they may be provided services by the local jail or state prison staff. The programs and services provided may vary by location and which agency is providing the services (i.e., state or local).

Legislators have expressed concern that spending on treatment programs to improve criminal offender outcomes could be more efficient if they had more information on which programs have been proven effective and why. Legislators are interested in examining programs to improve outcomes of persons with mental illness/substance abuse disorders both prior to and during their interaction with the criminal justice system.

AUDIT OBJECTIVES AND TENTATIVE METHODOLOGY

The audit objective listed below represents the question that we would answer through our audit work. The proposed steps for the objective are intended to convey the type of work we would do, but are subject to change as we learn more about the audit issues and are able to refine our methodology.

Objective 1: What practices or programs do state-funded mental health and substance providers report using and how well do they appear to be working?

Our tentative methodology would include the following:

- Work with KDADS, representatives from Community Mental Health Centers, Kansas Department of Corrections, the Office of Judicial Administration, and other licensed providers or relevant organizations to gather their opinions on mental health or substance abuse treatment programs or practices that seem to be most effective in improving outcomes for participants, including criminal offenders and those at risk of becoming criminal offenders.

- Survey state-funded mental health and substance abuse treatment providers to ask what practices and programs they currently use to improve outcomes for participants, including criminal offenders and those at risk of becoming criminal offenders, and what they do to measure success of their programs.
- Compare the practices and programs used by these providers to those identified as effective or recommended by the stakeholders and talk with provider officials to understand any differences we identify.
- For a sample of state-funded programs, obtain and analyze results data for a recent period for metrics such as recidivism, relapse, or program completion rate. Discuss results with program officials to collect their input and perspective.

Objective 2: How do the state-funded mental health and substance abuse treatment practices or programs in Kansas compare to those in other states?

- For a sample of other states, contact officials of Community Mental Health Centers, Department of Corrections, and Judicial Administrators for information about programs they use to improve outcomes for participants, including criminal offenders and those at risk of becoming criminal offenders.
- Obtain and review any readily available data on outcomes or results showing metrics such as recidivism, relapse, or program completion rate.
- From both Kansas and select other states obtain and compare the amount of state-funding in a recent period for mental health and substance abuse programs devoted to improve outcomes for participants, including criminal offenders and those at risk of becoming criminal offenders.
- Compare both the programs used, the outcomes attained, and level of state funding in these other states to Kansas.

ESTIMATED RESOURCES

We estimate this audit would require a team of **3 auditors** for a total of **5 months** (from the time the audit starts to our best estimate of when it would be ready for the committee).