

Provider Press

- Kansas Department for Aging and Disability Services
- Community Services and Programs
- Behavioral Health Services
- Substance Abuse Quality Team

- Issue 2
- September
- 2014

Designated Women's Programs in Kansas

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Women residing in Kansas who find themselves in need of treatment for substance abuse have the opportunity to attend a specialized program that is designed to meet the needs that are unique to them. Kansas has nine **Designated Women's Programs** that receive Substance Abuse Prevention and Treatment (SAPT) Block Grant funding. The SAPT funding is a combination of Federal and State dollars. In order for the programs to receive this funding, they must demonstrate the ability to provide specialized services to women and their children.

Additionally, these programs must also give priority in admission to pregnant women using substances intravenously (IV), pregnant women, women using substances intravenously (IV), and women with children. If a woman is pregnant she must be admitted within 48 hours and if she meets one of the other "priority" descriptions, she will be admitted into a program within two weeks or less.

So, what specialized services set a Designated Women's Program apart from other programs?

First, providers must have the ability to admit both women and their children or include children in outside placement in their treatment. Additionally, childcare must be provided or arranged for the children outside the facility so the women may participate in the treatment regimen. Another significant service the women benefit from is getting connected to primary health care and prenatal care if needed. These connections may continue on even after the woman completes treatment so she can maintain a lifelong wellness program.

One aspect of women's treatment which clients report they find particularly helpful is the focus on issues that have been deemed significant in their lives. In a supportive, therapeutic environment, they feel safe to discuss relationship issues which often times include a history of physical and sexual trauma and abuse. This is often difficult in a co-ed treatment setting.

Lastly, case management is available to assist women in becoming self-sufficient through obtaining employment or education and finding stable housing. Children often benefit from women specific treatment in that their mothers receive parenting guidance and instruction while in treatment. Children may also receive assessment of their developmental needs and referrals made if needed.

Cost is not a barrier for those wanting treatment services in a Designated Women's Program. For a woman having little to no income, the SAPT Block Grant funding can be accessed to pay for services if she qualifies. Other forms of payment can be obtained from insurance coverage or private pay fees based on a fee scale, where applicable. To discuss treatment fees at each location, please contact one of the programs listed on Page 2.

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Many indicators show that drug use during pregnancy is trending upward. According to the most recent Treatment Episode Data Set (TEDS), the percentage of pregnant treatment admissions reporting drug abuse but not alcohol abuse [increased from 51.1% in 2000 to 63.8% in 2010.](#)

Source: iretablog.org/2014/01/07

Name/Location	Modalities				
	Social Detox	Intermediate	Reintegration	Intensive Outpatient	Outpatient
<u>Miracles Inc.</u> <i>Wichita</i> <i>1250 N Market 316-264-5900</i>		X	X		
<i>1015 E 2nd St 316-303-9520</i>				X	X
<u>DCCCA Women's Recovery Center Wichita</u> <i>316-262-0505</i>	X	X	X	X	X
<u>DCCCA First Step Lakeview</u> <i>Lawrence 785-843-9262</i>	X	X	X	X	X
<u>Ashby House</u> <i>Salina 785-826-4935</i>			X	X	X
<u>Community Mental Health Center of Crawford Co</u> <i>Pittsburg 620-235-7180</i>			X	X	X
<u>Mirror</u> <i>Newton 316-283-7829</i>		X	X	X	
<u>City on a Hill</u> <i>Marienthal 620-379-4478</i> <i>Garden City 620-276-0840</i>		X			X

October Provider Meetings

*Please plan to join us for one of the following statewide provider meetings in October:

Topeka Learning Center 2600 SW East Circle Drive South Topeka, KS 66606 (785) 296-4327	Wednesday 10/22/2014	9am-12pm
Wichita DCCCA Women's Recovery Center 1319 West May Street Wichita, KS 67213 316-262-0505	Friday 10/24/2014	9am-12pm
Hays Dept. of Transportation 1811 Frontier Rd Hays, KS 67601 785-625-9718	Friday 10/31/14	9am-12pm

If you have any topics or discussion items for the agenda please email Stacy at: Stacy.Chamberlain@KDADS.KS.GOV

Using Irrevocable Releases

Licensed SUD programs in the State of Kansas are required to meet the requirements of HIPAA and 42 CFR, Part 2. Thus, all patient identifying information transmitted or maintained by the program in any medium (oral, written or electronic) is prohibited from disclosure except under the specific conditions defined in 42CFR 2.12, 2/13(a) & 45 CFR 164.502(a). In general, these exceptions are:

- Written consent
- Internal communications
- No patient-identifying information
- Medical emergency
- Court order
- Crime at program/against program personnel
- Research
- Audit and evaluation
- Child abuse (applies only to initial reports of child abuse or neglect and to a written confirmation of that report)
- Qualified Service Organization/Business Associate Agreement

These restrictions on disclosure apply whether or not the person seeking information:

- Already has the information
- Has other means of obtaining it
- Enjoys official status
- Has a subpoena or warrant
- Is authorized by state law

In Kansas:

A person may revoke their written consent at any time.

But, what about using an irrevocable release with Criminal Justice System (CJS) referrals?

While 42CFR Part 2 CJS rules allow consent to be made irrevocable until a specified date or certain conditions occur, HIPAA requires that consents be revocable and does not have an exception when someone is mandated into treatment through the CJS.

Is there a way to reconcile these two laws?

Yes: Once someone is mandated into treatment by the CJS, a court or administrative tribunal may issue an order which requires the program to provide information on the person's progress in treatment.

This order would allow the use of an irrevocable release. Irrevocable releases must be for a specified period of time not to exceed the final disposition of the criminal proceeding.

Keep in mind this irrevocable release cannot be used:

- ◆ In any other criminal proceeding or purpose
- ◆ When the person voluntarily enters treatment
- ◆ When treatment is mandated by juvenile justice courts or family courts

Best Practice: Court obtains written CJS consent before referring to the treatment program, or program obtains written consent at the very 1st meeting

Q and A:

Q: If the person referred by CJS never applies for or receives services from the treatment program, can the program let the CJS know without written consent?

A: Yes

Q: If the person referred by CJS calls and makes an appointment with the treatment program but never shows up, can the program let the CJS know without written consent?

A: No. Because applicants for, as well as recipients of, SUD services are considered patients whose records are governed by 42 CFR Part 2.

Best Practice: Judges should seal drug court cases upon completion to prevent confidential treatment information from re-disclosure to other court personnel or the public.

Q: Can drug courts publicly share treatment successes and failures with family, friends and other offenders in open court?

A: Sometimes, Yes. Disclosing information about Criminal Offenders, who have been mandated to attend treatment, is considered part of the court's official duties and responsibilities in handling the disposition of the criminal proceeding.

*References: Legal Action Center. Confidentiality and Communication. New York: LAC, 2006 and 2012.

R03-602A3: A staff member's release and discussion of client-related information is conducted according to 42 CFR, Part 2 and the HIPAA of 1996.



Bed Bugs: What we need to know

(Excerpt from: <http://www.americanpestonline.com/>)

The first thing to understand is bed bugs can happen to anyone. The pest can latch onto your clothes or even crawl into your bags. Many people want to sleep in another bed or go to a hotel. This is the worst thing to do. By leaving your own bed, the bugs will seek new places to live leading to spreading and a larger infestation making your expense higher in the long run and causing more headaches.



Short Term Solution:

Some simple things you can do to slow an infestation:

- Visit a local store to get the following.
 - a. 'Bed Bug Certified' mattress protector.
 - b. 'No Pest Strips'

*There are bug sprays that will be a very short term fix to spray baseboards. This will only temporarily keep more pests out, but is not strong enough to kill all the current bugs and eggs.
- When you arrive back home, vacuum your mattress and box springs the best you can. Also, vacuum all cracks and crevices around your bed, pull out furniture and vacuum behind as well.
- Once you have vacuumed the area, put the mattress protector on both the box springs and mattress. Empty canister or throw away bag when done. *NOTE: This will not kill the pests, but trap them in the mattress or box spring so they cannot feed or spread.
- Next, put your bed sheets in the dryer on high heat for 20 minutes. After the 20 minutes wash them in hot water, with soap, and dry on high heat.

Long Lasting Solution:

1. Contact a professional exterminator to determine the size of infestation and pest control needs.
2. Severe infestations need maximum treatment with the goal of permanent solutions to the problem at hand. Treatment could include wall void applications, vacuuming, targeted crack and crevice applications on your bed and furniture, Heat Treatments, installation of mattress and box spring covers, and follow up inspections.
3. After Initial treatment, preventative maintenance (Every other Week, Monthly, Quarterly, or Semiannually) may be necessary to keep the pests out for good.

More information can be found at:

<http://agriculture.ks.gov/divisions-programs/food-safety-lodging/consumer-information>

Who Am I?

I am often the first person someone speaks to within KDADS Behavioral Health Services. I have worked for the State of Kansas for 18 years with 16 of it in the addictions programs. When I am not at work I like to make jewelry, read, catch up with friends I never get to see on Facebook, go for walks, and listen to music (very loud!). My coworkers tell me they never delete my e-mails without reading them first but sometimes I wonder. The thing I like most about my job are the people I work closely with. The treatment team is the best group of people and an excellent team. I also take some comfort in being able to get answers for our treatment providers as soon as possible. The State's "red tape" can be exhausting and our clients need fast and reliable information. My favorite quote is "I love people who can make me laugh. I honestly think it's the thing I like most, to laugh. It cures a multitude of ills. It's probably the most important thing in a person." Audrey Hepburn. Who Am I? Answer found on page 6

Contact Us:

We're on the Web!

<http://www.kansasbehavioralhealthservices.org/bhs1.0/>



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Alcohol & Drug (DUI) Evaluations: When Should They Be Conducted by a RADAC?

The Kansas Department of Corrections has recommended that if a client is seeking an evaluation at pre-sentencing for a 3rd or subsequent DUI, the best option for the client, financially, is to seek evaluation services through a RADAC. The RADAC evaluation is the **only evaluation** that can be used for 3rd or subsequent DUI offender care coordination services covered under the contract with KDOC and KDADS.

What Can Students Do?



After publication of our first newsletter, a provider suggested that we write an article on what students are allowed to do for treatment programs. This can be a complicated question because requirements related to students involve standards/regulations from both KDADS/BHS and BSRB and can also be impacted by what services a funding entity (Medicaid, Block Grant, KDOC, etc.) might allow a student to provide, if any.

So, from the KDADS/BHS perspective:

- We require that there be documentation that

students have been provided with information on confidentiality laws and regulations (Standard 202 E). This is true for volunteers as well.

- Students are allowed to co-facilitate clinical services with a licensed addictions counselor. The student may write the clinical notes, but the licensed addictions counselor must co-sign them.
- Students can facilitate non-clinical activities such as education groups, life skills groups, recreational activities, etc. This would

most likely occur in residential programs where non-clinical activities take place.

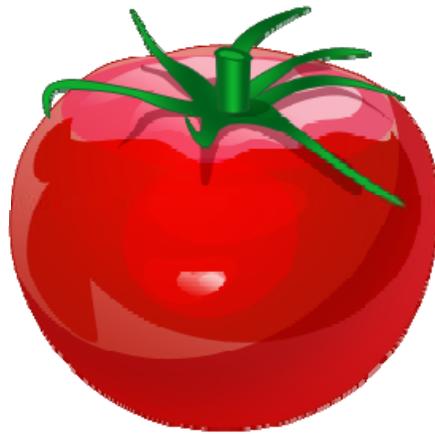
For information on the educational requirements for students and faculty, please see the Behavioral Sciences Regulatory Board's Web site: www.ksbsrb.org. Here, you can find information on courses and supervision requirements.

Review your contracts with funding entities or contact them directly for information on what they will allow and pay for in regard to students.

Headlines from the Past

From: The McCune Republican, January 25, 1895.

We should recommend some of our McCune men to try the following cure for the liquor habit. An Oswego man has hit upon a new cure for the drinking habit. When he becomes dry, instead of going to the saloon, he eats a lot of tomatoes which he says does away with the desire for liquor. After abstaining from the use of intoxicants for four days, which with the use of tomatoes and salt he found it not difficult to do, he was surprised that he no longer had an inclination to use whiskey.



Have ideas for future Provider Press topics?

Send your ideas to:

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Sheri Jurad: Sheri.Jurad@kdads.ks.gov