



Program Highlight:

Ashby House Ltd.

By: Kathy Allen, LAC, Program Director

Ashby House’s treatment program celebrated its 10th anniversary in November. Located in Salina, Ashby house has several programs serving women and families. At the heart of all Ashby House programs is our Life Skills Curriculum which is not only facilitated on campus but at outreach programs at the Saline County Jail and Ellsworth Correctional facility. All of Ashby House residences provide services such as life skills, case management, mentoring, spiritual growth encouragement, educational opportunities, employment skills, and, most important, love and guidance from 24 hour staff. Our programs include:

Bridge House is a Designated Women’s Program in which children can reside in the treatment facility with their mothers. The building consists of 11 one bedroom apartments; designed to build the skills for an independent, sober, family life. Both the residential and Outpatient programs use a Cognitive Curriculum that is gender specific and trauma informed. Childcare is always available for group sessions. Each woman is assigned her own Peer Mentor and Case Manger to help her connect with community resources. Assessments are available for any level of care. (See Pictures below)

Light House is Ashby’s transitional housing for women who have graduated from treatment but still need a bit of support.



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

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Emergency Shelter provides temporary housing for families and single women who are homeless. The shelter is staffed 24 hours a day. The shelter helps families survive homelessness and to re-enter the community. All basic needs are provided for at Ashby House; families pay nothing to live in our shelter. We are a family oriented shelter which provides a safe and secure environment for children while the family works toward self-sufficiency and independence. A case manager is assigned to each adult living at the shelter. Case managers assist residents obtain medical and mental health care, apply for assistance, identify goals, and set timelines for those goals, budget, assist with resume writing and successful job seeking.

Legacy House specializes in services for pregnant and early postpartum women who are homeless and/or substance abusing. Before Ashby House purchased it in 2008, this house stood abandoned for 5 years. The house had been split into 4 apartments and had frequent police contact. Ashby House had the house gutted to turn it back into the 3 bedroom home it was originally built to be. Residents receive case management services, healthy pregnancy and parenting classes and a special group of women called “Mama Mentors” are available to our mothers throughout and after a mother’s stay.

HOPE House is Ashby’s newest residential program serving young women, ages 18 -28, who are exiting from the foster care system or who are homeless. HOPE House provides structured living and the opportunity to learn healthy lifestyle skills.

Continued:

Ashby House Ltd. Cont.

Cornerstone House owned by Ashby House and licensed through USD 305 Heartland Program, Cornerstone House is a collaborative program which provides licensed infant & toddler childcare as well as Early Head Start and Head Start preschool programs for our community. Children with parents involved in any Ashby House program are given priority for placement as openings become available.

One Stop Resource Exchange Center has been designed to make Salina's helping dollars go farther. The vision of this program is to collaborate with local churches, non-profits and other helping agencies to ensure that families are utilizing resources in a productive manner. Staff provide case management to residents of our community to include budgeting, resume writing, interviewing skills, decision making, effective communication and goal setting.

Free Store in 2014 Ashby House gave away approximately 24,000 pieces of clothing, furniture and appliances to the folks in the community. Everyone is welcome to come to the store and shop.

Safe Exchange/Safe Visitation Center is a facility designed to provide safe exchanges between caregivers, as well as a visitation center for those children who need a safe place to visit their parent with supervision. Ashby House provides trained staff to supervise exchanges where parents do not have contact with each other to ensure children are not exposed to conflicts or violence. The same staff supervise visitation to promote positive contact between parents and their children in a neutral setting.

Referrals/questions can be sent to Kathy Allen, (785) 826-4935 email kathy.allen@ashby.kscoxmail.com



Bridge House

Sending a Secure E-mail

Computers have changed the way we do business and share information. Even so, the basic principles of both 42 C.F.R and HIPAA still apply in guiding our collection, storage and disclosure of client information regardless of using electronic or paper formats. Extreme caution needs to be taken when sending client information electronically. One incorrect click or keystroke could instantly put confidential information on the computer screen of unauthorized people. Here are some tips specifically for communicating using e-mail:

- Written client consent must always be obtained prior to sharing information which includes notice prohibiting redisclosure
- The HIPAA privacy rule does not prohibit the use of unencrypted e-mail between health care providers and clients but encryption must be used when electronically communicating with anyone else (courts, monitors, drug screening agency).
- Before sending confidential information through an e-mail you must have technical safeguards in place. This includes:
 - Control access by:
 1. Assigning a unique name/number to identify and track user identity
 2. Have procedures in place to access electronic information during an emergency
 3. Electronic sessions are terminated automatically after pre-set time of inactivity
 4. Use of a mechanism to encrypt and decrypt PHI
 - Use hardware, software and/or procedural methods to record and examine electronic activity containing PHI
 - Implement policies and procedures to ensure integrity of information transmitted by:
 1. Protecting information from improper alteration or destruction
 2. Using electronic mechanism to corroborate that electronic information has not been altered or destroyed in an unauthorized manner
 - Use procedures to verify the person or entity requesting the information is the one claimed to avoid unintentional disclosure:
 1. Carefully check the e-mail address for accuracy before sending
 2. Send an e-mail alert for address confirmation prior to transmitting PHI
 - Implement measures to guard against unauthorized access through:
 1. Security measures are in place to keep electronically transmitted PHI from being modified without detection until disposed of
 2. Implement mechanism to encrypt electronic PHI
- When possible, don't include patient identifying information and instead use initials or other codes.
- Before pressing send, ask yourself about the "minimum necessary" rule. Are you sending *only* the information that was authorized and *only* the information the person needs to know?



*Sources: http://www.hhs.gov/ocr/privacy/hipaa/faq/health_information_technology/570.html. Legal Action Center. [Confidentiality and Communication](#). New York: LAC, 2006. 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. <http://www.hipaasurvivalguide.com/hipaa-regulations/164-312.php> 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.



Encryption-The Reasonable Safeguard

By: Deno Gregory LAC of ACEIS in Overland Park

Encryption of almost any type (with a strong enough password) is going to be more secure than either a fax via phone line or a plain text email via the internet because an encrypted email is indecipherable to anyone who may happen to gain unauthorized access. Even a so called “Brute force” password decoder would have a hard time “cracking” the encryption if the password is strong enough (10 characters or more with upper case letters and numerals included). “Encrypting an email” may sound difficult but it is actually rather easy. Here are the steps:

1. Create a confidential document i.e.: monthly reporting form for a court (any type WORD, EXCEL...).
2. Encrypt the document with a password using instructions below. [Click the file box under the puppy below](#)
3. Email the encrypted document as an attachment.
4. Give the password to the person receiving the encrypted document either in a separate email (O.K., but not preferred) or by phone (preferred).
5. The person uses the password to open the document.



Who Am I?

Hi! My name is??? I have been working for KDADS the past three years. I have spent many years working in the substance abuse disorder field though. Some may say that makes me old. They may be correct! I am blessed to be able to maintain a very active lifestyle. Some of my favorite activities include playing basketball and hiking the highest points in some of the States of our beautiful United States of America. I especially enjoy spending time with my family and those precious grandkids. I love to read so feel free to recommend good books to me. I am always ready to root on the Kansas City Royals and the Kansas Jayhawk basketball team. My favorite quote is: “It is better to remain silent and have others think you a fool, than to open your mouth and remove all doubt.” When asked what I enjoy most about my job I quickly respond that it is easily the people I work with, both on the KDADS team and the providers. Who am I?? Answer found on page 7



[Instructions to Encrypt a Document:](#)

- **Click on the folder below.
- ** Double click on the folder to view the encrypted document.
- **You will be prompted for a password.
- **The password is: test



7zipINSTRUCTIONS.
zip



Compliance Corner:

This new feature in the Provider Press will focus on a particular topic in each issue and is meant to help providers maintain compliance with licensing standards and adapt to changes within our field. Our first compliance topic is:

Treatment Planning and Updates: Standard 606

After conducting licensing site visits, KDADS Program Consultants have noticed confusion about treatment plans and updates. Here are some hints that we hope will help.

Long Term Goal(s): should be the client's goal, looking ahead at least 6 months and/or after treatment is completed.

◆ Good Example:

- “I want to finish college.”

◆ Poor Example:

- “Address denial of substance abuse disorder and increase awareness of impact that drug use has had on client's life
 - What's wrong with this goal? It doesn't sound like it came from a client and it is something that should not wait until treatment is completed.

Short Term Goals: are goals that should be negotiated between counselor and client and focus on client needs that can be addressed during treatment. Short term goals often require more input from the counselor.

◆ Good Examples:

- “Build a support network to help with me with my recovery.”
- “Look at ways my drinking has affected my life.”
- “Decide if I want or need to stop using marijuana.”
- “Remain sober during treatment and see what that's like.”
- “Get my medical and mental health needs evaluated.”

◆ Poor Examples:

- “Complete treatment”
- “Attend group”
- “Stay sober forever”
 - What's wrong with these goals? The first two are general and do not address the clients individual issues. The last isn't short term.

Tasks: are specific steps a client can take to help accomplish a short term goal during the course of treatment. Tasks should be measurable and time-framed.

◆ Good Example

- “Make a list of people who can help me with my recovery and share in group by 1/31/15.”
- “Discuss with the group the good and not so good things that have happened while I was drinking by 1/31/15.”
- “Make a list of people who will not support my recovery and share in group by 1/31/15.”
- “Make a pros and cons list of what might happen if I stop smoking marijuana and review it with my counselor by 1/31/15.”
- “Stop using all alcohol/drugs for 1 week and tell the group what it was like by 1/31/15.”

◆ Poor Examples:

- “Don’t use.”
- “Attend group.”
- “Complete probation.”
- “Address client denial through cognitive-behavioral therapy.”
 - What’s wrong with these tasks? The first three are too vague and give no time-frame. The fourth is a task for the counselor, not the client.

An Example of Putting it All Together

Short Term Goal: Build a support network of people and organizations that will support my recovery while in treatment and after discharge.

Tasks:

- 1) “Make a list of people who can help me with my recovery and share in group by 1/31/15.”
- 2) “Make a list of organizations, clubs, and social activities that can help me structure my time in positive ways, and share in group by 1/31/15.”
- 3) Make a schedule of how I will spend my time when not in treatment or at work, that will reduce my chances of relapse, and share in group by 1/31/15.

Treatment Plan Updates

The hints and examples about short term goals and tasks mentioned above are true for updates, also. The issues that often arise around updates are:

When is an update warranted and when is an update required?

- Residential and IOP clients must have a treatment plan update **at least every 30 days**. OP clients must have a treatment plan update **at least every 90 days**.
- However, a treatment plan should be updated whenever there has been a significant event, change or issue. For example, a relapse/positive UDS, a change of modality of care, or attendance problems, etc. In cases such as these, a counselor should not wait until the update is due to update a plan.

What makes for a good update?

- It is completed on time.
- It is based upon a client’s progress or lack of progress on treatment goals, or the identification of new any new problems.
- It is not simply a repeat of the prior plan’s goals and tasks, or a summary of progress that has been made.
 - If no progress has been made on prior treatment plans goals/tasks, then then update should address this. Is there an issue of attendance, motivation, other life issues or obstacles? Maybe the original plan is not based on the client’s level of readiness. Whatever the case, the counselor must re-evaluate the treatment plan. If progress has been made, then it is time to look at next steps to help the client move forward.

The CRAFT Model

By: Dulcinea Rakestraw, LBSW, LAC

Working in a treatment center it seems that every day we are contacted by a person with a loved one struggling with addiction who absolutely refuses to get help. These wives, husbands, grandparents, parents, and children have often tried everything they can to get their loved one to just stop drinking/using. While struggling with their loved one's use, these individuals (Concerned Significant Others - CSOs) are often also dealing with their own anxiety, depression or anger. For a long time, treatment centers would receive calls from individuals in this situation and not have any services they could offer them, or any help they could provide if their loved one was refusing treatment.

Recognizing this need, Dr. Robert Meyers developed the Community Reinforcement and Family Training (CRAFT) model. Through CRAFT services are provided directly to the family member/CSO. The services are designed to show them:

1) Your love has power.

Family members can learn techniques to engage their substance abusing loved ones into treatment.

2) You are not alone.

At this moment, millions of families are suffering from problems just like yours.

3) You can catch more flies with honey than vinegar.

It is easier to get your loved one to listen to loving words than to criticism.

4) You have as many tries as you want.

CRAFT is designed to move at the pace you chose.

5) You can live a happier life whether or not your loved one becomes abstinent.

An important part of CRAFT is learning to take care of yourself, regardless of your loved one's substance use.

By working with the family members/CSOs to learn these principals, and teaching them techniques to bring these ideas to life in their own homes, often times the loved one that had been refusing treatment can be influenced to make changes also, including starting treatment. In fact, research has shown that as much as 71% of individuals that had refused treatment prior, entered treatment following their loved one receiving CRAFT services.

Preferred Family Healthcare has received a grant from the City of Wichita to provide these services. We have staff trained in the CRAFT model that can provide services to the CSO at no cost. We have immediate openings to service family members in need of these services. For more information contact our Wichita office at (316)613-2222.

For more resources check out: [Motivating Substance Abusers to Enter Treatment: Working with Family Members](#) by Jane Ellen Smith and Robert J. Meyers, [Get Your Loved One Sober: Alternatives to Nagging, Pleading, and Threatening](#) by Robert J. Meyers Ph.D. and Brenda L. Wolfe, Ph.D. or <http://www.robertjmeyersphd.com/bio.html>, http://www.hbo.com/addiction/treatment/371_alternative_to_intervention.html



Answer to Who Am I: Tom Lohff, Program Consultant



Headlines from the Past

In 1871 J.K. Osgood of Gardiner, Maine created what he called the "Osgood Reformed Drinkers Club".

The notice in the local paper read:

"REFORMERS MEETING- There will be a meeting of reformed drinkers at City Hall, Gardiner, on Friday Evening, January 19th, at 7 o'clock. A cordial invitation is extended to all occasional drinkers, constant drinkers, hard drinkers, and young men who are tempted to drink. Come and hear what rum has done to us".



Have ideas for future Provider Press topics?
Send your ideas to:

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Or

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New Web address:

<http://www.kdads.ks.gov/commissions/csp/behavioral-health>

Consider using non-alcohol based hand sanitizer & products at your program



Program Self-Evaluation Check-Up

This is another new feature of the Provider Press that allows you to check on how your program is doing in regard to standard. Check Yes or No to this question. If you checked No, the right hand column will give you some ideas of what you could do.

Standard	Description	Yes	No	If no, here are some ideas of how providers meet this standard.
501 A 4	<p>A licensee shall make the following information known to the public:</p> <p>The types of services provided by the licensee, its contractors, or any affiliated provider with which the licensee has an agreement for services.</p>			<p>Describe this information in a brochure or other printed material, a web site, etc. It must be accessible to the public, so if it is only in your policy manual, that does not meet the standard.</p> <p>What you might not think about: Clients should be informed of affiliations you have with contractors and other service providers, such as organizations with whom you have Qualified Service Organization/Business Agreements (QSO/BAs). For example, if you have a QSO/BA with a lab to conduct drug screens, clients need to be told this. How? Some ideas: List them in any of the examples above; add them to a form you give clients at intake, such as the form you use to explain confidentiality; or by posting a list of these contractors and other service providers in your lobby.</p> <p>Questions? Contact your KDADS Program Consultant listed on page 8.</p>

Plan to attend one of our Statewide Substance Use Disorder Treatment Provider Meetings:

DATE	TIME	LOCATION
April 24	9:00AM – 12:30 PM	DCCCA LAWRENCE CORPORATE OFFICE 3312 CLINTON PARKWAY LAWRENCE, KS 66046
April 30	9:00AM – 12:30 PM	PREFERRED FAMILY HEALTHCARE 830 S. HILLSIDE WICHITA, KS 67211
May 1	9:00AM – 12:30 PM	DEPARTMENT OF TRANSPORTATION CONFERENCE ROOM 1811 FRONTIER RD HAYS, KS 67601