

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Jan Meyers at
Chairperson

10 a.m. on February 2, 1984 in room 526-S of the Capitol.

All members were present except:

Senator Roitz, excused

Committee staff present:

Bill Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes Office

Conferees appearing before the committee:

Jim McHenry, Commissioner, Alcohol and Drug Abuse Services for SRS
Glenn Leonardi, Kansas Alcoholism & Drug Abuse Counselor's Association
Mike Flyzik, Alcohol & Drug Abuse, SRS
Mary Ellen Conlee, Wichita

Others present: see attached list

Senator Meyers asked for discussion and possible action on SB 488, concerning limitations on powers of guardians, and asked Norman Furse, Revisor of Statutes Office, to explain the changes in the bill.

There was discussion concerning children and guardians in admission to a psychiatric facility.

Senator Meyers appointed a subcommittee, consisting of Senator Ehrlich, Senator Chaney, and Senator Meyers, to study SB 488 and report back to the committee. Norman Furse requested that the subcommittee study the amendments submitted by Maurice Copp and John Bell, Attorneys, Veterans Administration, Wichita, to clarify just what it is that they want included in the bill.

Senator Francisco also suggested some areas of the bill that the subcommittee should look into, not forgetting to take into account Mr. Patton's comments concerning right-to-life.

Senator Meyers asked the committee for discussion and possible action on SB 539, concerning alcoholism treatment, and defining treatment facility.

She said the ASAP programs had been considered an arm of the court and had not been licensed as treatment facilities, but later many of them did become licensed.

Jim McHenry, Commissioner, Alcohol and Drug Abuse Services for SRS, distributed to the committee a memorandum stating that SRS/ADAS did not license ADSAP (ASAP) programs prior to the passage of SB 699 in 1982. They were not separately licensed since most were part of agencies already licensed and meeting required criteria. At present there are approximately 27 ADSAP programs operating in Kansas and only two are not licensed by SRS/ADAS. Mr. McHenry said that only 9 programs would be removed from all licensing review if SB 539 is adopted. (Attachment #1).

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10 a.m. ~~pm~~ on February 2, 1984

Norman Furse inquired whether they were licensed or certified. Mr. McHenry replied that there are 15 subject areas applied to all ASAP programs. You can be licensed without certification, and certified without being licensed.

Senator Bogina inquired what happens if the court doesn't certify one. Mr. McHenry said then the burden would be on SRS to certify. Under DUI, the programs they have certified have been evaluation and referral, and if they are an actual treatment facility, they are licensed.

Senator Meyers said that while evaluation and referral programs really don't provide treatment, they are providing counsel and guidance that go with the diversion program.

Glenn Leonardi, Kansas Alcoholism & Drug Abuse Counselor's Association, stated that diagnostic evaluation and referral skills are professional skills and should not be treated lightly.

Mike Flyzik, ADA section of SRS, said any program that provides diagnostic service must meet certain requirements specified by federal law.

Mary Ellen Conlee, Wichita, said this is a court program. and they are dealing with people who have broken the law. The court fears that the rules and regulations that will come will be much more restrictive and get in the way.

Senator Morris suggested that Line 43, Page 1, be changed by adding "and performing only those functions for which licensed under KSA 8-1008".

Senator Meyers said the discussion would be continued tomorrow.

Senator Francisco moved that the minutes of January 30, 31, and February 1, 1984, be approved. Senator Gordon seconded the motion and it carried.

The meeting was adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-2-84

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Gary Pabbing	Ks Opt O SSA
Ken Schattemeyer	Ks Pharmacists Assn.
R. Kupper	KHA
Steno Jensen	Ko Com. ASAP Good asin
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Jim McHenry, J	SRS/ADAS
Michael A. Flyzik	SRS/ADAS
Ron Eisenbarth	Kansas Citizens Comm A+D
Shm Landis	Ks Alcoholism & Drug Abuse Council's Assn.
Jack Gausely	ACCH Perry K
Joe Patton	
Sean Bottorff	KSNA
Frank Denton	Ks Hospital Assoc
Port May	Inkton
Mary Ellen Conlee	City of Wichita

#1 - 2-2-84



STATE OF KANSAS
JOHN CARLIN, GOVERNOR

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

ALCOHOL AND DRUG ABUSE SERVICES

ROBERT C. HARDER, SECRETARY

2700 WEST 6TH STREET
TOPEKA, KANSAS 66606
(913) 296-3925
KANS-A-N 561-3925

February 1, 1984

Senator Jan Meyers
Kansas Senate
State Capitol, Room 128-S
Topeka, Kansas 66612

Dear Sen. Meyers

I want to thank you for permitting me to address the issue of SRS/ADAS licensure of ADSAP programs at your committee's hearing on SB 539. I have been informed by my staff that SRS/ADAS did not, in fact, license ADSAP (ASAP) programs prior to the passage of SB 699 in 1982. Although planning was underway to include these programs, they were not separately licensed since most were part of agencies already licensed and meeting required criteria. Other non-affiliated programs were small in number and did not impact many clients.

Upon the passage of SB 699, which mandated provisions for pre-sentence evaluations to be performed by certified ADSAP programs and the provisions for required alcohol/drug treatment, a larger system emerged to perform required evaluations and refer these clients to the existing alcohol and drug abuse treatment system. These programs became a major referral base for the other programs in the treatment continuum of services. It is the position of SRS/ADAS that ADSAPs should remain a licensed component of that continuum, which is why we are supporting HB 2704.

At present there are approximately 27 ADSAP programs operating in Kansas. Only two are not licensed by SRS/ADAS. Since most ADSAPs are part of agencies offering other treatment components, we project that only 9 programs would actually be removed from all licensing review if SB 539 were adopted. The value of such an exemption to one segment of the continuum of services has not been demonstrated to me.

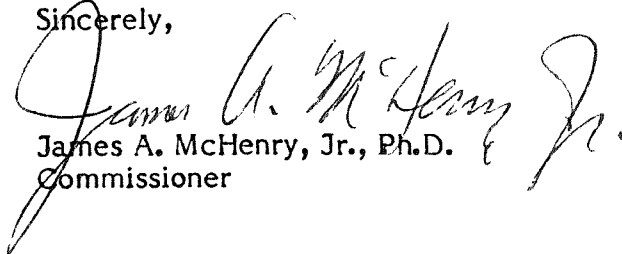
Prior to the passage of Substitute House Bill 2132, SRS/ADAS was licensing and certifying ADSAP programs as part of a single process. When Substitute House Bill 2132 was enacted, certain ADSAP's considered themselves exempted from the licensure procedure and threatened SRS/ADAS with legal action if such a procedure were initiated. At that point, SRS/ADAS sought an opinion from the Attorney General to resolve the issue. In Attorney General Opinion No. 83-102, dated June 30, 1983, the Attorney General held that "certification is for the limited purpose of providing the services specified by K.S.A. 8-1008 as amended, and does not act as a substitute for licensure under K.S.A. 65-4001 et seq. and 65-4601 et seq."

Feb. 1

February 1, 1984

I hope these comments help clarify certain issues raised at the hearing. If I can supply any additional information, please don't hesitate to give me a call at 296-3925.

Sincerely,

A handwritten signature in cursive script, reading "James A. McHenry, Jr.", written in dark ink.

James A. McHenry, Jr., Ph.D.
Commissioner

JM:cg
1065B

cc: Dr. Robert C. Harder
Senate Public Health and Welfare
Committee Members