

**IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS**

**ADMINISTRATIVE ORDER NO. 09-08**

**(Replaces Administrative Order 03-10)**

Re: Qualifications and Procedure for the Certification and  
Registration of Service Programs for Court Referrals

**I. REQUIREMENTS AND QUALIFICATIONS**

Effective November 1, 2003, all referrals of persons for evaluation, monitoring, treatment, or education from the District Court, 10<sup>th</sup> Judicial District (“the court”), shall be made to providers who are registered with the court and whose programs have been certified by the court. In addition to any state or federal licensing, registration, or certification requirements, and in addition to any qualifications established by a government agency, each program receiving referrals of persons for evaluation, monitoring, treatment, or education from the court must satisfy the following requirements and qualifications in order to be certified by and registered with the court, in order to renew certification and registration, or in order to continue to be certified:

**1. The Program.** The program must demonstrate that it will provide competent and professional services. This Order shall apply to, but is not limited to, the following program types:

- Batterers’ Intervention
- Alcohol and Drug (non-DUI) abuse
- Parenting classes
- Child custody assessment
- Domestic mediation
- Sex offender counseling
- Anger management
- Tobacco addiction
- Mental health counseling

The program must provide services in compliance with all applicable law, the order of the referring judge, and the court's Private Provider Standards. A service provider organization or agency accepting referrals from the court may apply for the certification of multiple programs.

**2. The Evaluators.** Any individual (a) performing an evaluation or testing of, (b) preparing or signing any report relating to, (c) providing supervision, education, treatment or monitoring of, or (d) making any recommendation regarding, a person referred to the program by a judge of the court is an evaluator.

Every evaluator shall be currently licensed, certified, or registered by every appropriate and applicable agency governing the profession, discipline, or specialty concerning the program.

Every evaluator employed by or affiliated in any way with the program shall be qualified to administer, score, and interpret any test or assessment instrument or tool used in the evaluation, testing or monitoring process.

Every evaluator and manager of the program shall attend and participate in any conference as directed by the Chief Judge of the 10<sup>th</sup> Judicial District for the purpose of training on matters relating to the evaluating of, or the providing of services to, persons referred by a court.

No program shall be permitted to use any personnel who are under criminal court supervision during the period of program certification and registration. Nor shall any personnel possess criminal convictions within five years prior to providing services for the court.

**3. Reports.** All client evaluation, treatment or monitoring reports shall be submitted to the appropriate judge or to court services in a timely fashion and in the form, and with all required attachments, as approved and as required by the Chief Judge from time to time. The current Evaluation Report form is attached to this Administrative Order. Other approved report forms are available from District Court Services or Community Corrections.

**4. Conflict of Interest.** When an evaluator has performed an evaluation, made a recommendation for treatment, or provided any testing for a person to comply with the requirements of the court's referral, neither the program that the evaluator is employed by or affiliated with, nor any other program which is under

common ownership or control with the evaluator's program shall provide treatment absent an informed and voluntary waiver by the person of this conflict of interest in the form approved by the Chief Judge. Treatment includes, but is not limited to, individual counseling; family or group counseling; monitoring service; and outpatient, intensive outpatient, or inpatient treatment. The form is attached to this Administrative Order.

**5. Other Requirements.** In order to assure the quality of services provided to the courts and to persons subject to the orders of the court, the Chief Judge may, from time to time, specify other or additional requirements for programs in specific disciplines and for applicants for certification and registration, including a requirement that a specific evaluator, individual provider, or employee of a provider provide breath, bodily fluid, or hair samples upon order of the Chief Judge based upon a recommendation of the monitor and for good cause shown.

## **II. PROCEDURE**

**1. Application.** The administrator must submit the completed application for program certification, together with all supporting documents, to the Chief Judge on the form approved by the Chief Judge. The applicant shall submit such further information, permit such site visits, and attend such meetings as the Chief Judge or his designee may require to evaluate the merits of the application. The application may be sent by ordinary mail, by e-mail, or by fax.

**2. Notice of Certification.** Notice of certification and notice of a renewal of certification of a program shall be in the form of a letter from the Chief Judge.

**3. Duration of Certification.** Certification of a program is from the date of the notice from the Chief Judge through December 31 of the following year, or earlier upon the first to occur of any of the following:

- A. No evaluator identified in the application continues to be employed by or affiliated with the program. Should this occur, the program shall immediately notify the Chief Judge in writing.
- B. Failure of a certified program to comply with such other or additional requirements specified by the Chief Judge pursuant to ¶ I.4. of this Administrative Order or to fully cooperate with the Programs Auditor pursuant ¶ III.3. of this Administrative Order.

- C. Revocation of the program's certification by the Chief Judge upon the Chief Judge's determination that it reasonably appears the program, its evaluators, or its supervision and management lacks the ongoing expertise, capability, or willingness to provide quality services to the courts and to the persons referred by the courts.

**4. Renewal of Certification.** At least 60 days before the expiration of the period of certification, the program shall submit the completed application for renewal of certification, together with all supporting documents, to the Chief Judge on the form approved by the Chief Judge. The applicant shall submit such further information, permit such site visits, and attend such meetings as the Chief Judge or his designee may require in order to evaluate the merits of the application for renewal of certification.

A program's certification shall automatically expire if a notice of renewal of certification is not sent to the program by the Chief Judge before the certification expiration date.

**5. Fees.** The two year registration fee for each managing organization or agency seeking certification or renewal of certification of any number of programs for court referrals is \$300.00. In addition, the certification and renewal of certification fee for each program offered by the registered organization is \$100.00. An organization or agency submitting multiple applications for program certification will pay only one provider registration fee of \$300.00 plus \$100.00 for each type of program offered. The fees are due with the application for certification and registration, and with any application for renewal of registration and certification. Fees are not prorated. If provider certification is revoked, fees will not be refunded. Governmental agencies offering programs are exempt from these fees. Organizations or agencies providing substantial indigent services or showing special circumstances may apply to the Chief Judge for full or partial exemption from the required fees.

Registration and program certification fees under this Order shall be deposited by the Clerk of the District Court in a Program Fees Fund, which fund shall be administered by the Chief Judge. Moneys in the Program Fees Fund shall be expended by the court, pursuant to vouchers signed by the Chief Judge, only for

the costs of administering the provisions of this Administrative Order.

**6. Discretion of Chief Judge.** The certification, renewal of certification, revocation of certification, and establishment of the qualifications for certification or renewal of certification are within the discretion of the Chief Judge, upon consultation with the Judges of the District Court. In exercising that discretion, the Chief Judge will take into account the needs of the courts and of the community; the history of the program; the capability of the program's evaluators, supervisors, managers, and other support personnel; and such other factors that bear upon the qualifications of the applicant or program to provide appropriate services to the courts and to the community.

### **III. OTHER MATTERS**

**1. Advisory Committee.** The Chief Judge may designate such committees and persons to act as his designee from time to time in the registration and certification process, and to assist in the evaluation, training, and education of evaluators and other persons associated with the programs.

**2. Program Committee.** There is hereby established a Program Committee which shall consist of a representative from each of the certified programs. On an annual basis, committee representatives shall select one of their members to chair the committee. The committee shall meet from time to time and carry out such activities necessary to facilitate cooperation between the court and the programs and to achieve a high standard of program performance. The committee shall advise the Chief Judge of its activities and recommendations on a timely basis.

**3. Programs Auditor.** The Programs Auditor is an independent contractor engaged by the Chief Judge for the purpose of carrying out the registration, certification and certification renewal process, and for the purpose of monitoring the programs for compliance with standards adopted by the court. Every program registered and certified, as well as those seeking registration, certification, or certification renewal, shall cooperate fully with the Programs Auditor. The Programs Auditor shall have access to the programs' court-referred client records. No program shall be permitted to assert any claim of privilege, confidentiality or privacy of its clients or personnel when responding to the requests of the Programs Auditor acting under this Administrative Order. The Programs Auditor shall

perform site visits from time to time and interview program personnel and clients regarding the programs. The Programs Auditor shall report to the Chief Judge. The Programs Auditor's reports shall be confidential for the benefit of the court.

Dated this 1st day of October, 2009.

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Stephen Tatum

# ADULT SUBSTANCE ABUSE EVALUATION REPORT FORMAT

**TO: (Probation Officer or Court of Jurisdiction)**

**INDIVIDUAL INTERVIEWED: (Client' s full name and date of birth)**

**DATE:**

**CLASSIFICATION:**                     **CHEMICALLY NON-DEPENDENT**  
    **SUBSTANCE ABUSER**  
    **CHEMICALLY DEPENDENT**

**RECOMMENDATION:**                 **ADIS**  
    **LEVEL II ADIS**  
    **TREATMENT**

Report format is changed from free form narrative to specific sections. The sections and content thereof are as follows:

Background Information

Should include background information such as marital status, education, vocational history, and demeanor.

Circumstances of Instant Offense

Discussion of events leading to arrest including setting, time frame, type and quantity of substance used, accident or injuries, BAC, etc.

Past Legal History

Specific information regarding client-s self-reported legal history

Substance Use History

Discussion of client-s substance use history. Should include family history of chemical dependency, age of first use, types of substances used in past, recent use history including type and quantity and frequency, life problems caused by substance use, chemical dependency symptoms, substance abuse and mental health treatment history, and date of last use.

Summary and Conclusions

Summarize important aspects of the case and give supporting facts to justify which classification was selected. Should include SASSI test results, *including scores*, and why it does or does not support the conclusions, and amenability to treatment.

Recommendations

Must recommend ADIS, Level II or Treatment. If treatment is recommended, specify treatment modality, (advanced or standard) and parameters. Should also include whether diversion/probation monitoring should be supervised, frequency of contact with court monitor, abstinence from alcohol and drugs, urinalysis testing, attendance at self help meetings, and continuing care participation.

**IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS**  
**PROGRAM SERVICE PROVIDER**  
**CONFLICT OF INTEREST**  
**CLIENT WAIVER FORM**

**Pursuant to Administrative Order No. 03-10, Section I.4. Conflict of Interest**

The undersigned, \_\_\_\_\_, has been referred to the following agency: \_\_\_\_\_, by the District Court in a case captioned: \_\_\_\_\_

Case No. \_\_\_\_\_, for evaluation and report concerning the following matters: \_\_\_\_\_  
\_\_\_\_\_.

**I. The reason for the waiver must be one of the following:**

This is the only provider who carries my insurance.

This provider provides a special service for me. This could include services such as hearing impaired or Spanish speaking or other languages.

Other (must be approved by Provider Monitor)

**II. The undersigned has been orally advised by the agency and has read and initialed the following:**

I have been evaluated by the agency specified above.

The agency has recommended that I receive (treatment) (monitoring)(counseling) and/or (educational) services.

I am entitled to seek a referral for such services from Court Services to an agency which is separate and distinct from the program agency which performed my evaluation.

Under normal circumstances, the agency is prohibited, by reason of a conflict of interest from providing the services or program recommended by its own evaluation, unless such conflict is waived by me in writing, after full disclosure.

I hereby waive the conflict of interest and request permission to receive all such recommended program services from the evaluating agency specified above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

**PRIVATE PROVIDER ORGANIZATION/AGENCY REGISTRATION**

Application for Program Certification  
(Pursuant to Administrative Order No. 09-08 )  
**Effective January 1, 2010 through December 31, 2011**

- NEW PROGRAM CERTIFICATION; OR (Check the appropriate box)
- RENEWAL OF CERTIFICATION
- ADDITION OF PROGRAM

\_\_\_\_\_  
Date of Submission

- This Organization/Agency offers (#) \_\_\_\_\_ programs for certification
- This is the only program offered.

Organization/Agency Name: \_\_\_\_\_

Sole Proprietorship  Partnership  Corporation  Limited Liability Company

Program Name: \_\_\_\_\_

Program Administrator: \_\_\_\_\_

Program Address: \_\_\_\_\_

If contact person for clients is different than above, please specify \_\_\_\_\_

If mailing address is different from above, please specify \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

If client contact number is different from above, please specify \_\_\_\_\_

E-Mail Address (used for correspondence with Providers/Officers\*Please designate **ONLY ONE EMAIL**):

\_\_\_\_\_  
 e-mail address is for client use  e-mail address if not for client use

Names of Evaluators/Therapists (attach legible copies of current licenses, registrations, certificates, earned diplomas, etc., as applicable, for each evaluator):

Name: \_\_\_\_\_ Type of Counseling : \_\_\_\_\_

Name: \_\_\_\_\_ Type of Counseling : \_\_\_\_\_

Name: \_\_\_\_\_ Type of Counseling : \_\_\_\_\_

Name: \_\_\_\_\_ Type of Counseling : \_\_\_\_\_

Name: \_\_\_\_\_ Type of Counseling : \_\_\_\_\_

Describe the Program's history of practical experience.

Describe the Cognitive Behavioral approach used by your agency. Documentation/certifications must be provided (attached). Failure to verify cognitive training could result in a request by the provider monitor for agency/provider to be re-trained by an approved program/facilitator.

## Programs Offered

Please mark the programs which you are applying for. Please note that each program requires a separate \$100 fee, in addition to the \$300 agency fee.

### Juvenile Programs

- Anger Control
- Option 1 (Education)
- Option 2
- Option 3
- Option 4
- Option 5
- Option 6
- Tobacco Cessation/Tobacco Edu.
- Initial Evaluation
- Relapse/Advanced Evaluation
- Sex Offender Counseling

### Adult Programs

- Anger Control
- Batter's Intervention
  - Assessments (YES/NO) does not require additional fee
- Parenting – Option 1
  - Option 2 (YES/NO) does not require additional fee
- Sex Offender Counseling
- Substance Abuse Evaluations (Non-ADSAP)
  - Education Classes Offered (YES/NO) does not require additional fee
- Substance Abuse Outpatient Treatment
  - Dual Diagnosis (YES/NO) does not require additional fee
- Substance Abuse Advanced Outpatient Treatment
  - Dual Diagnosis (YES/NO) does not require additional fee

Please attach a copy of your group/individual meeting times and office hours.

*Example*                      *Anger Control*                      *M*                      *6pm-8pm*                      *10 persons*

### Exemptions

If you are a governmental agency or a private agency who provides substantial indigent services or other unique services you may apply for a partial or full waiver of the above fees. To do so, you must apply in writing. If the Chief Judge grants you a waiver of any kind, and fees have already been submitted, you may be entitled to a full or partial refund.

Is your agency a governmental agency exempt from fees? YES/NO

Is your agency applying for a full/partial exemption from the required fees? YES/NO

**Program's fee structure**

Type of Service	Flat Fee or Sliding Scale*	Insurance (yes or no)	Kansas Medicaid (yes or no)
Juvenile Evaluation-Initial	\$_____ OR from \$_____ to _____		
Juvenile Evaluation-Advanced	\$_____ OR from \$_____ to _____		
Adult Evaluation	\$_____ OR from \$_____ to _____		
Individual	\$_____ OR from \$_____ to _____		
Group	\$_____ OR from \$_____ to _____		
Family	\$_____ OR from \$_____ to _____		
Juvenile Aftercare	\$_____ OR from \$_____ to _____ # required sessions		
Juvenile Education Class (state fee for entire class)	\$_____ OR from \$_____ to _____		

Please note below if there are any limits on your fee scale (such as residency) or provide any other information to clarify your fees.

\_\_\_\_\_

\_\_\_\_\_

The Administrator of the Program has read and is familiar with the contents of Administrative Order No. 09-08 and the Court's Private Provider Standards applicable to the program. By signing and notarizing this application, the Administrator agrees to comply with the standards maintained for various programs. Providers offering juvenile substance abuse treatment must have completed the annual juvenile training. Providers offering Batterer's Intervention must have completed required training.

**VERIFICATION**

STATE OF KANSAS                    )  
  ) SS:  
COUNTY OF JOHNSON            )

\_\_\_\_\_ of lawful age, being first duly sworn upon oath states (1) that (s)he is the Administrator of the Program; (2) that (s)he has read the foregoing registration and knows the contents thereof; and (3) that all statements made therein are true.

\_\_\_\_\_  
Applicant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
District Judge/Notary Public

My appointment expires:

**Mail this application, fees (made payable to Johnson County Court) and authorization for records check to:**

Betsey Anderson or Shawna Lindburg  
Provider Monitor  
18505 W. 119<sup>th</sup> St.  
Olathe, KS 66061

**Johnson County Court Services**

STATE OF KANSAS  
TENTH JUDICIAL DISTRICT  
Olathe, KS 66061

**RELEASE OF INFORMATION**

I, \_\_\_\_\_ hereby give permission to Johnson County Court Services to obtain any information pertinent to securing employment within the Criminal Justice System. Including any information which may be contained in the files of the National Crime Information Center and/or the Kansas Bureau of Investigation.

I understand that all such information so released to Johnson County Court Services will be for their exclusive and confidential use.

Please Print

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Last                    First                    MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Any other name(s) (married/maiden):

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

REQUESTED BY:

\_\_\_\_\_  
Provider Monitor

APPROVED BY:

\_\_\_\_\_  
Kathleen Rieth

## **Private Provider Requirements 10<sup>th</sup> Judicial District**

All Participating agencies are required to complete the following requirements, *please review and initial each*:

1. Application form completed (no copies necessary)
2. Review of District Court Administrative Order
3. Completion of Release of Information form
4. Certification fees submitted (attention of Johnson County Court)
5. Provide verification of education, certification, specialized degrees as applicable
6. Provide date, time, location phone/fax and fee information for client reference
7. Provide timely and informative evaluations per required format(s)
8. Complete pre and post-testing as applicable
9. Provide curriculum/syllabus for each session of programming; enforce policy regarding make-up sessions as allowed per Court Services/Community Corrections
10. Provide electronic progress reports monthly
11. Cooperate fully with the designated private provider monitor and allow for on-site compliance checks
12. Report all violation of court order immediately to supervising agency
13. Report any imminent danger to a victim immediately to supervising agency
14. Comply with specific requirements of each court mandated program
15. Attend administrative meetings and training sponsored by Court Services/Community Corrections as required
16. Agency must be equipped to communicate through electronic mail
17. Agency must be using cognitive behavioral based treatment program
18. **Provider application and fees are for a two year period from January 1, 2010 through December 31, 2011**

### **General Information**

Questions regarding the programs or providers can be directed to:

Provider Monitors  
Betsey Anderson or Shawna Lindburg  
Phone: 913-715-7498  
Email: [Providermonitor@jocogov.org](mailto:Providermonitor@jocogov.org)

Provider information and current provider lists are accessible through the Johnson County District Court website at <http://courts.jocogov.org>.