

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

**ADMINISTRATIVE ORDER NO. 09-09**

**(Replaces Administrative Order No. 04-01)**

Re: Qualifications and Procedure for Certification of  
Community Based Alcohol and Drug Safety Action Programs  
pursuant to K.S.A. 8-1008, as amended

**I. REQUIREMENTS AND QUALIFICATIONS**

In addition to any requirements or qualifications established by the Secretary of Social And Rehabilitation Services for the State of Kansas, each community based alcohol and drug safety action program ("ADSAP program") must satisfy the following requirements and qualifications in order to be certified, to be recertified, or to continue to be certified:

- 1. The Program.** The program must demonstrate that it will provide in a competent and professional manner the services set forth in K.S.A. 8-1008, as amended, or as otherwise required by law.
- 2. The Evaluators.** Any individual (a) performing an evaluation or testing of, (b) preparing or signing any report relating to, (c) performing any supervision or monitoring of, or (d) making any recommendation regarding, a person referred to the ADSAP program by a court is an evaluator.

Every evaluator shall be currently certified by the Kansas Alcoholism and Drug Addiction Counselors' Association or registered by the Behavioral Sciences Regulatory Board of the State of Kansas as an Alcoholism and Drug Addiction Counselor. Every agency shall be licensed by AAPS.

Every evaluator employed by or affiliated in any way with the ADSAP program shall be qualified to administer, score, and interpret the SASSI 2 (in its current form) and any other test he or she may use. All evaluators must be trained in the administration of the SASSI.

Every evaluator and manager of the ADSAP program shall attend and participate in any conference initiated by the Chief Judge for training on matters relating to the evaluating of, or the providing of services to, persons referred by a court.

**3. Reports.** All reports shall be submitted to a court in timely fashion and in the form, and with the required attachments, approved and required by the Chief Judge from time to time. The current form of report is attached to this Administrative Order.

**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 K.S.A. 8-1008, as amended, neither the ADSAP

program that the evaluator is employed by or affiliated with, nor any other ADSAP program which is under the common ownership or control with the evaluator's ADSAP 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. The form is attached to this document. Treatment includes, but is not limited to, individual counseling; family or group counseling; and outpatient, intensive outpatient, or inpatient treatment. Treatment does not include purely educational programs.

**5. Other Requirements.** In order to assure the quality of services provided to the courts and to persons subject to the provisions of K.S.A. 8-1008, as amended, the Chief Judge may, from time to time, specify other or additional requirements for certified ADSAP programs and for applicants for certification.

## **II. PROCEDURE**

**1. Application.** The original application for certification shall be submitted 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.

**2. Notice of Certification.** Notice of certification of a program shall be in the form of a document of certification from the Chief Judge.

**3. Annual Report.** On or before each May 31 after notice of certification, the person responsible for the administration and supervision of the ADSAP program and of the evaluators shall submit the original of the completed annual report, to the Chief Judge on the form approved by the Chief Judge.

**4. Duration of Certification.** Certification of a program is from the date of the notice from the Chief Judge until the first to occur of any of the following:

- A. The 31st day of May preceding the fourth anniversary of the notice of certification.
- B. No evaluator identified in the application continues to be employed by or affiliated with the ADSAP program. Should this occur, the ADSAP program shall immediately notify the Chief Judge in writing.
- C. Failure of a certified ADSAP program to comply with such other or additional requirements specified by the Chief Judge pursuant to ¶ I.4. of this Administrative Order.
- D. Revocation of the ADSAP program's certification by the Chief Judge upon the Chief Judge's determination that it reasonably appears that the ADSAP 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.

**5. Recertification.** At least 60 days before the expiration of the period of certification, the ADSAP program shall submit the original of the completed application for recertification 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 for recertification.

An ADSAP program's certification shall automatically expire if notice of recertification is not sent to the ADSAP program by the Chief Judge before the certification expiration date.

**6. Discretion of the Chief Judge.** The certification, recertification, revocation of certification, and the establishing of qualifications as provided in K.S.A. 8-1008, as amended, are within the discretion of the Chief Judge. 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 providers; and such other factors that bear upon the qualifications of the applicant or ADSAP program to provide appropriate services to the courts and to the community.

### **III. OTHER MATTERS**

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

**2. ADSAP Program Committee.** There is established an ADSAP Program Committee which shall consist of all certified ADSAP programs, the representative of one of which shall chair the committee on a one-year rotating term. The committee shall meet from time to time and carry out such activities necessary to facilitate cooperation between the courts and the ADSAP programs. The committee shall advise the Chief Judge of its activities and recommendations on a timely basis.

Dated and effective this 1st day of October, 2009

Hon. Stephen R. Tatum  
Chief Judge

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS  
OFFICE OF CHIEF JUDGE

APPLICATION FOR:

- ADSAP CERTIFICATION
- RE-CERTIFICATION; OR (Check the appropriate box)
- ANNUAL REPORT

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

1. Program Name\_\_\_\_\_

2. Program Administrator\_\_\_\_\_

3. Program Addresses and Telephone Numbers:

A. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. State whether the Program is sole proprietorship, d/b/a, partnership or corporation.

\_\_\_\_\_

5. State whether the Program offers treatment or whether anyone with an ownership interest in the Program has an interest in any other program offering treatment. If so, identify the program and the ownership interest.\_\_\_\_\_

\_\_\_\_\_

6. Names of Evaluators.

A. Name \_\_\_\_\_

KS KAAP Certification No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

KS BSRB Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

B. Name \_\_\_\_\_

KS KAAP Certification No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

KS BSRB Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

C. Name \_\_\_\_\_

KS KAAP Certification No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

KS BSRB Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

7. Describe the Program's history of practical experience in the diagnosis and referral of alcohol/drug abuse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The Administrator of the Program has read and knows that contents of K.S.A. § 8-1008, as amended, and the promulgation of the Chief Judge dated \_\_\_\_\_.

The Administrator of the Program; has read the forgoing application and knows the contents thereof; and that all statements made therein are true.

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

# ADULT SUBSTANCE ABUSE EVALUATION REPORT

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/scores and why it does or does not support the conclusions, and amenability to treatment. SASSI and any other tests used must be in clients file.

## **Recommendations**

Must recommend ADIS, Level II or Treatment. If treatment is recommended, specify treatment modality 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. 04-01, 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

**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/Position:

\_\_\_\_\_  
(Print)

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

REQUESTED BY:

APPROVED:

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

\_\_\_\_\_  
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, if required
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. ADSAP certification is for 4 years, currently 2008-2012.

### **General Information**

Questions regarding the ADSAP program can be directed to:

Betsey Anderson  
Phone: 913-715-7459  
Email: [Providermonitor@jocogov.org](mailto:Providermonitor@jocogov.org)

Court Services  
18505 W 119<sup>th</sup> Street  
Olathe, KS 66061  
Fax 913-715-7420 or 715-7421

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