

10TH Judicial District Johnson County, Kansas Provider Program Criteria

**Created by Johnson County Certified Provider
Reviewed by the Johnson County District Court**

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CONTENTS

Page

3	Requirements
4	Meetings
5	Cognitive Behavior Modification Programming
6	Sample of Writing Assignment
7	Batterer's Intervention
13	Anger Control
15	Parenting
16	Sex Offender Counseling
19	Psychological Evaluations-Assessment of Qualification Levels
21	Psychological and Mental Health Evaluations
24	Adult Substance Abuse Evaluation (Non-ADSAP) Format
25	Substance Abuse Classification and Program Guidelines
26	Patient Placement Criteria
27	Adult Substance Abuse Education Guidelines
28	Substance Abuse Treatment Options/Parameters
31	Sample: Monthly Progress Report
32	Complaint Procedures

Recommendations generated by this committee and approved by the 10th Judicial District Court, should be considered as minimum guidelines, allowing for flexibility and diversity in the manner in which services are provided. The following criteria are to be used in conjunction with the Johnson County, Kansas Administrative Order Re: Qualifications and Procedure for the Certification and Registration of Service Programs for Court Referrals.

Private Provider Requirements 10th Judicial District

All Participating agencies are required to complete the following requirements:

1. Application form completed
2. Review of District Court Administrative Order
3. Completion of Release of Information form for each individual in organization with client contact
4. Certification fees submitted (to 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); including SASSI score
Complete pre and post-testing as applicable
8. Provide curriculum/syllabus for each session of programming; enforce policy regarding make-up sessions as allowed per Court Services
9. Provide progress reports in electronic form on a monthly basis as required
10. Cooperate fully with the designated private provider monitor and allow for on-site compliance checks with agency
11. Report all violation of court order immediately to supervising agency
12. Report any imminent danger to a victim immediately to supervising agency
13. Comply with specific requirements of each court mandated program
14. Attend administrative meetings and training sponsored by Court Services as required
15. Agency must be equipped to communicate through electronic mail
16. Agency business should be in good standing with city/state
17. Agency must be using a cognitive based program for treatment.

General Information

Questions regarding the programs or providers can be directed to:

Betsey Anderson & Shawna Lindburg
Provider Monitors
913-715-7498
E-Mail Providermonitor@jocogov.org

Court Services
Attention: Provider Monitor
18505 W. 119th Street
Olathe, KS 66061
Fax: 913-715-7420 or 715-7421

Provider information and current provider lists are accessible through the Johnson County Kansas District Court website - <http://courts.jocogov.org>, click on link info for service providers.

You may obtain defendant case information by accessing <http://www.jococourts.org>

ADULT PROVIDER MEETINGS 2011

JANUARY 21

APRIL 15

JULY 15

OCTOBER 21 * (THIS MEETING MAY BE A COMBINED MEETING AND TIME IS SUBJECT TO CHANGE)

All meeting dates are listed on the Johnson County Website at <http://courts.jocogov.org>
Click link Info for Service Providers. It is your responsibility to calendar these.

Any new agency applying to be a Johnson County District Court Certified Provider must attend the New Provider Orientation offered immediately following the annual October meeting.

If you are an existing provider wishing to add juvenile services for the following calendar year you must attend the juvenile portion of the New Provider Orientation.

Each agency is required to attend all meetings per calendar year. Failure to attend a required meeting will result in removal of the provider from the current list(s) for one quarter. That quarter is to be determined by the provider monitor.

Providers without additional staff are able to designate a proxy, in writing, at the beginning of the year. In the event they cannot attend a meeting, the proxy may sign for both agencies.

Providers removed from the list must not accept any new court referred clients but may complete treatment with any existing client.

If your agency is removed from the provider lists on two occasions, per bi-annual certification, for failing to attend mandatory meetings, your provider certification will be revoked for one calendar year.

All meetings are held the 3rd Friday of the month. Meetings begin at 9:30 a.m. Please arrive on time.

Meetings will be held at the Sunset Building, 11811 Sunset Drive, Olathe, KS 66061 unless otherwise notified.

Certificates of Attendance are presented at the end of each meeting for full attendance.

Many of the provider groups may have sub-committees; the chair person or Provider Monitor will coordinate meeting times and agenda items as deemed necessary. These could be separate from, or in conjunction with, the all provider meetings.

10/2009

Johnson County Department of Corrections and Johnson County Court Services, with the support of Johnson County District Court are interested in employing evidence based practices related to offender supervision and intervention. To do so, our focus is on Cognitive Behavioral methods.

COGNITIVE BASED PROGRAMMING

Cognitive-Behavioral Therapy emphasizes that how we think impacts the decisions we make, the actions we take and how we feel. Cognitive Therapy focuses on changing our thoughts as a way of changing our actions and feelings. The court providers emphasize the need to utilize cognitive based and empirically validated treatments, when available, in the programs aimed at meeting court requirements as outlined in the Provider Manual.

COG is a required component and it will be reviewed in the curriculums submitted to the Provider Monitor for program approval and certification. The utilization of journaling, homework assignments & thinking reports is necessary. These should be kept in the file. This allows the Provider Monitor an opportunity to verify, at quick glance, adherence to cognitive based programming.

Prior to the 2010 Provider Certification process all providers must have had training specifically related to Cognitive Behavior programming.

Providers agree upon the following principles in the provision of services to court related patients or clients:

1. Empirically validated treatments will be utilized when available.
2. Thoughts cause our feelings and behaviors, not situations, people or external events.
3. Treatment should be as brief and time limited as possible.
4. While a therapeutic relationship is necessary for effective therapy, it is not the focus of therapy.
5. Treatment is individualized as appropriate.
6. Treatment is structured and directive in nature.
7. Active methods are utilized to encourage questioning of thoughts and beliefs as hypotheses rather than as facts.
8. Homework is a necessary and important component utilized to obtain goals in addition to time spent directly in session with the therapist.
9. Periodic assessment of progress is a necessary part of successful treatment.

Sample of Written Assignment

This type of report could be used in any type of cognitive behavior modification setting. Journaling may also be effectively used.

Thinking Report

Situation: _____

Thoughts:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

Feelings:

Attitudes and Beliefs:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

BATTERER INTERVENTION PROGRAM

1. Provide documentation on degrees & certifications relevant to credentials in the area of Domestic Violence Intervention treatment. Agree to comply with Court expectations for the defendant:
 - 2 hour intervention followed by 24 weeks of 2 clinical hours = one session;
 - No more than 3 misses allowed, excused or non-excused, each miss must be made up and the CSO/ISO will determine if excuse is acceptable;
 - Two un-excused absences, as determined by the Provider, will be communicated to the CSO/ISO. On the 3rd miss, the case goes back to Court; the defendant may resume or start the program over again pending the hearing;
 - Provider may charge for groups missed by defendant;
 - Continuous programming;
 - Follow a treatment plan based on the principles of domestic violence intervention as sanctioned by KCSDV and the "Six Essential Elements Necessary for a Batterer Intervention Program;"
 - Provide session agenda/format for **24 week program**;
 - Provide open information regarding scheduling/fees;
 - Provide monthly feedback on defendant's participation to referring probation officer;
 - Allow court staff to do on-site visits with agency during sessions;
 - Report all violations and/or imminent danger to the victim and to probation officer immediately;
 - Provide services for those victims who volunteer to participate in treatment of the offender.

2. A Masters Degree in related field is required. Additionally, each therapist shall complete initial training of 16 hours related directly to Domestic Violence Intervention. Annually, therapists must attend the one day mandatory training at the Court Services Office or, in the event one is not held, obtain six CEU's as directed by Court Services. At Court Services, the full meeting must be attended or no credit will be given. All verification of training/CEU's will be attested to during the bi-annual certification process. Upon request, or during site visit, they must be presented to the Monitor.

3. No conflict of interest shall exist between individual therapist and the Court Services Department of the 10th Judicial District. This includes any active criminal proceeding.

4. Batterer's Intervention groups may not be combined with any other group, i.e. Anger Control, Parenting etc. Men and women and juveniles and adults must be in separate groups. A client/defendant may not begin couples counseling until the completion of the Batterer's Intervention group.

5. Provider may complete a Domestic Violence assessment, if directed by the Court, to assist in placement. The evaluator must request and obtain a copy of the affidavit prior to finalizing a recommendation. In the absence of this the provider must contact the CSO/ISO for a case summary. The assessment should be sent to the supervising officer within two weeks. This assessment must be in written format. Although the expectation is that the client will be referred to either Batterer's Intervention or Anger Control, if a good assessment has been completed and the client is truly not in need of such a treatment recommendation, then none will be required. It is expected that the provider doing the assessment will refer the client on for a subsequent assessment (i.e. substance abuse, mental health) or make other recommendations (i.e. parenting) if it is deemed appropriate. It is also requested that in the event no recommendation is made, a brief

statement as to the rationale be included.

A copy of the assessment should be obtained and reviewed prior to treatment.

An automatic referral to Batterer's Intervention may be made when certain factors are present. At this time, those factors include: weapon involved in the instant offense, prior completion of Anger Control, 2nd or subsequent DV charge, significant criminal threat, and/or same victim/escalating charges.

This automatic referral may be made from the bench or, preferably, by the supervising officer. The supervising officer would review case history to identify criteria that allows for overriding the assessment process. This is not done to minimize the value of an assessment but rather to conserve resources and insure safety. Upon receipt of a client from a direct referral, providers are encouraged to do an intake and evaluate the needs of the client and amenability to fit with the group. If at that time there is cause for concern communication should be made with the supervising officer.

6. Services may not be conducted by the same agency that performed the DV Assessment. This is a conflict of interest and would require a waiver be approved by the Provider Monitor. Please reference Administrative Order 09-08 #4.
7. All agencies/providers must be operating in compliance with Kansas Elements & Standards of Batterer's Intervention Programs in Kansas as outlined by the Kansas Attorney General's Office. Visit <http://www.ksag.org/content/page/id/193> for more information. Johnson County reserves the right to enhance any and all of these standards. By January 1, 2012 all agencies will be expected to prove they hold a provisional license.
8. Changes implemented as a result of the DV Tag Law legislation will be made as necessary with the approval of the court. Such changes will be communicated to the providers as needed and amendments will be made hereto.
9. Failure to comply with above criteria, as well as criteria set by the orders of the District Court, will be reviewed and may result in removal of a provider from the referral list supplied to the clients of the 10th Judicial District Court.

PROGRAM CONTENT

The goal of the batterers program is to end the offender's abusive behavior. This shall be achieved by confronting and dispelling the individual batterer's justifications for the use of violence within the relationship. Particular attention shall be paid to the belief systems that promote the use of intimidation, violence and coercion against intimate partners and children. Theories or methods which in any way bring the victim into the circle of responsibility for the batterer's behavior or diminish the batterer's responsibility for the violence are inappropriate.

All program curricula shall include cognitive behavioral modification theories and practices.

- Cognitive-behavioral therapy is a required component of treatment.

- Homework assignments (written) demonstrating implementation of skills being addressed and developed is required. This can be in the form of handouts, journaling, thinking reports, etc.

Below are suggested themes for BIG program curricula. This list is nonexclusive.

Program content shall challenge the following attitudes/beliefs which promote the use of abusive behavior:

1. Entitlement to control the activities of another.
2. Rigid sex role stereotypes.
3. Superiority and privilege based on gender.
4. Restriction of a full emotional range based on gender.
5. Aggression as a legitimate tool of enforcement of authority and privilege.

Program content shall promote within the batterer the following awareness, attitude and behavior changes:

1. Stress/anger management techniques may be presented in the educational program.
2. Emphasize that anger or other emotions are not at the root of battering.
3. Abuse is not the result of a loss of emotional control and is not necessarily accompanied by anger. It may be related to another attitude, belief or feeling (i.e. power, control, frustration, vindication, fear, etc).

SIX ESSENTIAL ELEMENTS NECESSARY FOR BATTERER INTERVENTION PROGRAMS:

1. Batterer Intervention programs shall make stopping the violence the primary goal, which includes safety of the victim and children as a priority.

Programs Shall:

- Work collaboratively with domestic violence programs to assure the victim has access to services to assist safety.
- Assess the violence risk factors of all participants at intake and periodically throughout the program.
- Give the victim a clear message concerning the limitations of the program to “cure” the partner.
- Inform the victim about the goals and methods of the Batterer Intervention Program.
- Weigh all contact and disclosure of communication with the victim against safety levels.
- Give the victim a clear message that the offender is responsible for his/her own behavior.
- Assist in forming recommendations regarding no contact orders.

2. Batterer Intervention programs shall have a philosophy that includes holding the Batterer accountable for his/her actions.

Programs Shall:

- Clearly define violence as a crime.
- Define domestic violence as a pattern of behaviors that functions as coercive control.
- Identify and discuss the cultural norms that promote violence.
- Hold the abuser accountable for the violence.
- Resist collusion with the abuser by blaming the victim’s behavior.
- Resist collusion with the abuser by blaming substance abuse for the violence.
- Have policies and procedures that will hold the Batterer accountable for noncompliance.
- Fully explore the impact of violent and abusive behavior on the children witnessing violence in the home.
- Be 24 weeks in length (2 hours sessions, 1 time per week)

3. Batterer Intervention programs shall have a policy of limited confidentiality.

Programs Shall:

- Keep a confidential group context.
- Require that each participant sign a release of information (waiver of confidentiality) upon entering the program, permitting disclosure of information to the victim/partner, and to the courts and/or other referral agencies.
- Maintain confidentiality for victim disclosures unless permission to use is given.

4. Batterer Intervention programs shall promote an effective community response to the crime of domestic violence.

- Promote and participate in inter-agency council/task forces.
- Have an effective method on information exchange with other pertinent agencies concerning participants of the program to assist in creating safety for the victim and accountability for the perpetrator.
- Have knowledge of local law enforcement, prosecution, and court policies regarding domestic violence cases.

5. Batterer Intervention programs shall attempt to meet the special needs of participants.

Programs Shall:

- Separate groups for men and women batterers.
- Offer groups at various times.
- Be flexible to allow for full participation.
- Offer parenting education referrals.
- Limit group size to fifteen participants.
- Offer relapse programming.

6. Batterer Intervention program providers shall have expertise in the dynamics of domestic violence and provision of Batterer Intervention services.

Program Providers Shall:

- Have a minimum of sixteen hours training by the Kansas Coalition Against Sexual and Domestic Violence (KCSDV) or receive training by a KCSDV approved Batterer intervention program (as offered).
- Have experience in group facilitation.
- Receive ongoing education on the topic of domestic violence.

The foregoing components are the proposed basis for setting minimum standards for Batterer Intervention programs in Kansas. The components are a compilation of the experiences from program providers in Kansas, as well as information from the Proposed Minimum Standards for Batterer Treatment in Florida, by the Commission on Minimum Standards for Batterers' Treatment, Dec. 1994; the Colorado Standards for Intervention with Court Ordered Domestic Violence Perpetrators. November 1, 1993; the Texas Batterer Intervention and Prevention Program Guidelines' Program Standards for Batterer Intervention Services, Pennsylvania Coalition Against Domestic violence, 1992; Standards of Care for Domestic Violence Perpetrator Treatment, Jefferson County, Kentucky; Safety for Women. Monitoring Batterers Programs, Barbara Hart, Esq., Pennsylvania Coalition Against Domestic Violence.

Guidelines to Aid in Determining Referral to Anger Control Group or Batterer's Intervention Group

Severity of Charge				
1	2	3	4	5
No harm to others			Intent to Inflict Serious Harm to Others	
Past History of Aggressive Violence				
1	2	3	4	5
No known History			Past History of Aggressive Violence	
Relationship to Victim				
1	2	3	4	5
Victim Not Known to Defendant			Spouse or Significant Other	
If Substance Abuse Is Involved Refer for Substance Abuse Treatment				

If score is greater than 8 = Batterer's Intervention

This instrument is not intended to limit or replace the discretion and authorities of the Judicial system. It is to be only used as a guide.

ANGER CONTROL

Revised 10/09

The Anger group is separate from the Batterer's Intervention group, both in conceptualization and in implementation.

Provider Qualifications:

- Minimum of a Master's level in a mental health field;
- Specialized training in anger/conflict management of 16 hours;
- Research-based curriculum on file with Provider Monitor;
- 4 C.E.U.'s in anger/conflict management annually attested to during bi-annual registration process or, upon request/during site visit, presented to the monitor.

Treatment Requirements:

Individual assessment as ordered by the Court or directed by supervising officer, completed prior to assignment to group. Assessment will count toward the required sessions. If a Domestic Violence Assessment is ordered by the Court, the assessment should be sent to the supervising officer within two weeks. This assessment must be in written format.

Services may not be conducted by the same agency that performed the DV Assessment. This is a conflict of interest and would require a waiver be approved by the Provider Monitor. Please reference Administrative Order 09-08 #4.

A copy of the assessment should be obtained and reviewed prior to treatment.

Although the expectation is that the client will be referred to either Batterer's Intervention or Anger Control, if a good assessment has been completed and the client is truly not in need of such a treatment recommendation, then none will be required. The evaluator must request and obtain a copy of the affidavit prior to finalizing a recommendation. In the absence of this the provider must contact the CSO/ISO for a case summary. It is expected that the provider doing the assessment will refer the client on for a subsequent assessment (i.e. substance abuse, mental health) or make other recommendations (i.e. parenting) if it is deemed appropriate.

- 10 to 12 weeks consecutive depending on individual's needs
- No more than one session per week, 1 hour sessions
- Any deviation should be approved by the CSO/ISO
Two un-excused absences, as determined by the Provider, will be communicated to the CSO/ISO and treatment will need to start over.

The treatment program shall cover the following topics:

- Definition of violence and abuse
- Defining healthy relationships
- Recognizing and managing emotions
- Assertive communications

- Stress management
- Healthy time-outs
- Balancing relationship power
- Understanding how family of origin issues impact relationships
- Recognizing anger cues
- Using the quieting reflex listening skills
- Positive self-talk
- The impact of violence in children

Parenting Program Criteria

There will be two levels for those enrolling in parenting class, Option 1 and Option 2.

Required Credentials

Option 1 requires a bachelor's degree and Option 2 requires a master's degree.

Program Length

Option 1: 10 hours

Option 2: 16 hours

Is a "parenting" assessment required?

No. The Parenting assessment will be done during the first session when the person enters the program. Part of this additional screening will include a pre-test. After the program is over, a post-test will be administered.

Are program requirements affected by participation in BIG, Anger Management, or Substance Abuse treatment? No.

Will any specific CEU in "parenting" be required to be a provider? No.

Do we classify the "parenting program" as treatment or education or both?

Option 1 is classified as an education program and Option 2 is classified as treatment. This is why we have different educational requirements for both.

Can the parenting program be provided in individual, group and family sessions? Parenting classes may be provided individually, in a group or in family sessions. The person administering the program will decide.

Required treatment approaches:

Option 1- Psycho-Educational

Option 2- Cognitive-Behavioral

Critical elements to be covered:

Option 1 (Psycho-Educational)	Option 2 (Cognitive-Behavioral)
Basic child safety issues	Will include all of Option 1 plus the following:
Substance Abuse issues	Divorce Issues
Physical/verbal/emotional abuse and violence issues	Blended Families
Healthy boundaries	Violence and Abuse
Discipline (i.e. age appropriate)	Protecting yourself from abuse
Guidance Tools	Mental Health issues in the family
Prevention Tools	Special needs: <ul style="list-style-type: none"> • ADD/ADHD other childhood disorders • Handicapped, physical limitations, etc. • Academic problems, etc. • Learning difficulties • Relational difficulties
Abuse and Neglect issues	
Communication and relation issues	
Child Development: <ul style="list-style-type: none"> • How the brain develops • Motor skills development • Importance of intimacy and closeness during childhood • Theories on child development • Preschoolers and youngsters • Pre-Teens and adolescents • Information and referral sources available in the community • Conflict resolution skills • Problem solving skills • Adolescent issues 	

Sex Offender Counseling Criteria

Revised 10/10

Credentials:

Membership in the Association for the Treatment of Sexual Abusers at the Clinical level is required. All persons (not just agency administrator) conducting treatment must hold this credential. If clinical member is not available, treatment must be canceled.

Licensed to practice appropriate services in the state of practice

Six (6) hours of continuing education yearly specific to sexual offender treatment and assessment (this includes workshop attendance, workshop presentation, home study programs and directed readings). Provider will attest to having completed this as part of bi-annual certification process. Provider monitor will randomly audit compliance as he/she sees fit.

Communication:

Communication (written or electronic) will be provided within seven (7) days of the first appointment defining the start of treatment.

Monthly reports should be provided to the supervising officer by the 7th of each month throughout the course of treatment.

A discharge letter will be provided within 14 days of successful termination of treatment.

Sexual history report is due within 45 days.

A 'NO SHOW' will be communicated via fax or email to the supervising officer by the end of the next business day when an individual as not kept a scheduled appointment.

The supervising officer shall be notified in writing of any 'HIGH RISK' incidents or behaviors which might constitute a relapse toward or maintenance of problematic behaviors.

Two unexcused absences may result in offender being sanctioned to a weekend in jail.

Treatment:

Adult Requirements

- Must provide treatment for the duration of probation.
- Any continuing treatment beyond two (2) years duration must be determined by the provider in consultation with the supervising officer.
- Weekly Group therapy must be specific to sexual offenders and is mandatory. Any deviation from this must be agreed to by the supervising officer.
- If group therapy is not conducted in-house, then releases must be signed between agencies and communication must take place regularly.

- Individual therapy must occur at least one time per month.
- Family or couple therapy should be provided as appropriate if clinically indicated.
- Therapy must be cognitive-behavioral in nature.
- An initial polygraph and polygraphs every six months for the duration of treatment are required. All costs will be paid by the client. The court identified polygrapher must be utilized. Specific question polygraphs will be recommended as indicated. Treatment provider will facilitate this process by providing a sexual history and other relevant information to the polygrapher as may be useful or necessary in conducting the examination.
- Updated risk assessment must be provided every 6 months
- Use of stable and acute; the stable will be conducted a yearly basis on all persons in the program. The acute will be completed on each person as needed.

Juvenile Requirements

- Must provide treatment for the duration of probation unless mutually agreed upon by the therapist and supervising officer.
- Treatment plan should be appropriate to the offense. It is recognized that juveniles are charged with a broad range of offenses. Treatment should be specific to the needs and behaviors of the individual and not simply based on the legal charge.
- Group therapy, if appropriate, must be specific to juvenile sexual offenders. Adults and juveniles must not be in the same group.
- If group therapy is not conducted in-house, then releases must be signed between agencies and communication must take place regularly.
- Individual therapy must be provided.
- The expectation is that, when possible, family therapy will take place unless contraindicated.
- Therapy must be cognitive-behavioral in nature.

Topics to be included in Sex Offender Treatment Program (juvenile and adult)

- **Thinking Errors Training.** This is the foundation of all other components of treatment listed below. It is the umbrella concept for addressing any of the specific issues listed and the overall philosophy of the treatment program should reflect this.
- Work toward disclosure statement regarding the instant offense
- Sex history
- Trauma history
- Clarification letter to victim
- Personal inventory focusing on the damage their sex offending behavior has had on those around them
- Relapse prevention plan
- Evaluation of need for a medical consultation
- Details regarding instant offense (including anger and victim cycles with offender cycle),
- Cycles/patterns of behavior
- Stress management
- Anger management
- Trauma history and trauma recovery
- Victim empathy-clarification and apology for instant offense

- Personal and sexual boundaries
- Intimacy and attachment (relationship foundations)
- Responsible sexuality
- Social cuing (including NO means NO)
- Styles of communication
- Appropriate vs. inappropriate touch
- Sexual compulsivity-addiction model
- Relapse prevention planning (including management of internal and environmental stressors/triggers, medication compliance and sobriety)
- Dual diagnosis management (especially with regards to chemical dependency and/or primary psychiatric diagnosis)

Psychological Evaluations

Assessment Qualification Levels

Minimum Credential Requirements for Conducting Psychological Evaluations in Johnson County

All providers must meet the “Minimum Credential Requirements for Conducting Mental Health Evaluations” as defined by Johnson County Court Services. Prior experience alone is not considered sufficient and is not considered a substitute for training. All providers should fully understand the construction, limitations and appropriate use of a measure prior to utilizing or interpreting it.

A	<p>Degree must be received from an institution of higher learning that is regionally accredited by an accrediting agency substantially equivalent to those agencies that accredit universities in Kansas.</p> <p>The educational program offers training in psychology with a goal of preparing students for the independent practice of psychology.</p> <p>An internship must be completed which consists of at least 1800 hours over one year of full-time training or two consecutive years of half-time training. The internship must also be an integrated and formally organized training experience and not an after-the-fact tabulation of experience.</p> <p>Must be licensed to practice independently in the State(s) in which they Practice without direction or supervision by any other licensed professional.</p> <p>Must have successfully completed formal academic course work on testing and evaluation including test construction, validity and reliability.</p> <p>Must have at least one year of forensic experience conducting forensic evaluations.</p>	<p>All Level B Evaluations</p> <p>Level III Psychological Evaluation</p>
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B	<p>Degree must be received from an institution of higher learning that is regionally accredited by an accrediting agency substantially equivalent to those agencies that accredit universities in</p>	<p>All Level C Evaluations</p> <p>Level II Psychological Evaluation</p>
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	<p>Kansas.</p> <p>The educational program offers training with a goal of preparing students for the independent practice of psychology or related disciplines .</p> <p>An internship must be completed which consists of at least 750 hours over one year of full-time training or two consecutive years of half-time training. The internship must also be an integrated and formally organized training experience and not an after-the-fact tabulation of experience.</p> <p>Must be licensed to practice independently in Kansas without direction or supervision by any other licensed professional.</p> <p>Must have successfully completed formal academic course work on testing and evaluation including test construction, validity and reliability.</p> <p>Specifically, Licensed Clinical Psychotherapists who were grand-fathered into the BSRB licensing requirements before July 1, 2000 and who were exempt from the 750 hour requirement are deemed to have met this requirement.</p>	<p>ADHD Screen (1-2 hours</p> <p>Dangerousness (non-sexual violence)</p> <p>Juvenile Sex Offender</p> <p>Adult Sex Offender</p> <p>Mental Status at the time of the offense (MSO)</p> <p>Competency to stand trial</p>
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C	<p>Degree must be received from an institution of higher learning that is regionally accredited by an accrediting agency substantially equivalent to those agencies that accredit universities in Kansas.</p> <p>The educational program offers training in psychology or Social Work with a goal of preparing students for independent practice.</p> <p>Must be licensed to practice independently in Kansas without direction or supervision by any other licensed professional.</p>	<p>Level I Mental Health Screening</p> <p>Adult Substance Abuse</p> <p>Juvenile Substance Abuse Evaluation</p> <p>Juvenile Substance Abuse Relapse Evaluation</p> <p>Parenting</p>
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Psychological and Mental Health Evaluations

Updated 10/10

This document is meant to serve as a description of particular evaluations to aid both the Court and Providers in achieving more consistency and as an aid to Consumers in understanding the process and potential costs involved. It is always the Court's choice as to whether or not a particular evaluation should be ordered. Nothing in this document is meant to mandate that any particular evaluation *must* be performed in a given situation.

Assessment Description	Questions to be answered	Specific Assessments Utilized	Estimated Cost
Level I Mental Health Screening (1-2 hours)	Appropriate Diagnosis, if any Is there a need for treatment? How can they benefit from treatment or further evaluation?	Clinical Interview Brief History Mental status	\$180 - 500
Level II Psychological Evaluation (4 hours)	Appropriate Diagnosis, if any Define the treatment plan Identify personality issues Identify range of intellectual function	History Personality (MMPI-A, MMPI-2-RF, MCMI III, PAI, Hilson, Achenbach CBCL, Jesness Inventory) General range of intellectual function (e.g. Shipley, Slossen) Clinical interview Mental status Actuarial and self-report measures	\$900-1200
Level III Psychological Evaluation (5-8 hours)	Appropriate Diagnosis, if any Define the treatment plan Identify personality issues Identify range of intellectual function Identify possible attention/impulse problems Identify possible problems with information processing, though process or perception	History Personality (MMPI-A, MMPI-2-RF, MCMI III, PAI, Hilson, Achenbach CBCL) Specific test of intellectual function (e.g. WISC IV, WAIS IV) Clinical Interview Mental status Actuarial and self-report measures Information processing Dementia as appropriate Attention Deficit Disorder as appropriate Projective measure	\$850-2000
ADHD Screen (1-2 hours)	Are criteria met for a diagnosis of Attention Deficit Hyperactivity Disorder?	Standardized History CPT Parent report form Teacher report form (or info from teacher in some fashion) Interview Standardized self-report for adults	\$180-500
Violence Risk Assessment (non-sexual violence) (3-4 hours) Requires Court to provide complete criminal history, including NCIII and driving record	What is the estimation of risk to the community?	Formally published measure of risk of violence that combines structured clinical and actuarial measures VRAG PCL-R History Clinical Interview Personality	\$550-1200

	Diagnosis Estimation of risk to the community Treatment Plan What are the motivational issues?	J-Maine, J-SOAP II, ERASOR Sexual history Hare PCL-YV- Personality (MMPI-A, MMPI-2, MMPI -2-RF, MCMI III, PAI, Hilson, Achenbach CBCL, Jesness Inventory) Multiphasic Sex Inventory - Adolescent version Intellectual function Projective (drawing, sentence completion, TAT, etc)	\$1000-2000
Adult Sex Offender (8-10 hrs)	Diagnosis Estimation of risk to the community Treatment Plan What are the motivational issues?	Formally published measures of risk of violence or sexual violence that combine structured clinical and actuarial measures (VRAG, SORAG, RRASOR, Static 99, SONAR, MnSOST-R) Hare PCL-R Intellectual function Multiphasic Sex InventoryII- Adult version Sexual history Personality (MMPI-2, MMPI-2-RF, PAI, MCMI III) STATIC-99	\$1000-2000
Adult Substance Abuse (1 hr)	Is there a substance abuse problem? What is the recommended treatment plan	SASSI-3 Clinical interview Substance use history	\$40-200
Juvenile Substance Abuse Evaluation (1 hr)	Is there a substance abuse problem? What is the recommended treatment plan	SASSI-2A Clinical interview Substance use history UA drug screen	\$75-255
Juvenile Substance Abuse Relapse Evaluation (1-2 hrs)	What is the recommended treatment plan for this individual who has relapsed?	SASSI-2A Review of prior Juvenile substance abuse evaluation Clinical interview UA drug screen and/or parenting stress – PSI, SIPA)	\$160-255
Parenting (3-5 hrs)	Does this person have at least average parenting abilities? Is some intervention recommended?	Parenting questionnaire (Gardner, Greenberg) Personality (MMPI-2, MMPI-2-RF, PAI, MCMI III) History Range of intellectual function Clinical interview (optional measure of abuse and/or parenting stress – PSI, SIPA)	\$550-1750
Competency to stand trial (1-2 hrs)	Is the person competent to stand trial?	Rogers Competency to stand trial or similar structured type format	\$200-500

<p>Mental Status at the time of the offense (MSO)</p> <p>(4-8 hrs)</p> <p>Requires Court to provide police reports, victim statements, witness statements, criminal history and medical history as appropriate</p>	<p>What was the mental status of the person at the time of the alleged offense?</p>	<p>Substance use history History Clinical interview Personality (MMPI-2, MMPI-2-RF, PAI, MCMI III) Range of intellectual function Dementia screen as appropriate Mental Status Anger / violence measures as appropriate Sexual measures as appropriate Measure of Criminal Responsibility (Rogers, MacArthur)</p>	<p>\$700-2500</p>
<p>Child Custody (Follow APA Guidelines - The following are Suggestions)</p> <p>(2-4 hrs per person involved)</p>	<p>What are the recommendations as to Custody and visitation?</p>	<p>Ideally, parents will have a Court order or agreement compelling both to attend and delineating who is financially responsible.</p> <p>Both parents should be evaluated using the same questionnaires, instruments, time frames, settings.</p> <p>Significant others should also be interviewed – step-parents, fiancées, paramours, etc.</p> <p>Parents Clinical Interview Intelligence screen Personality/Psychopathology Parenting Skills Parenting Attitude Other measures as appropriate</p> <p>Children Clinical Interview Intelligence screen Personality Perception of parents Other Measures as appropriate</p>	<p>\$150-300 per hour</p>

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 (standard or advanced) and SASSI subtest scores. 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.

ADULT SUBSTANCE ABUSE CLASSIFICATION AND PROGRAM GUIDELINES

These guidelines are intended as an adjunct to other clinical information and the counselor's professional judgment and not as a rigid standard.

I. Chemically Non-dependent Classification

- No prior substance abuse related legal charges
- An absence of social, psychological, or physical problems due to substance use
- The quantity and frequency of use appears to be within normal societal limits and does not, in and of itself, point to the inevitability of a dependency problem
- The arrest incident, in and of itself, (i.e. fatal DUI accident, sale of drugs, etc.) does not indicate the need for intensive intervention from a public safety standpoint
- The use of the substance is a choice and not a compulsion
- Non-dependent score on the SASSI
- An absence of high risk factors (see below)

Recommended Program is ADIS.

II. Substance Abuser Classification

- Has prior offenses
- Not physically dependent on substances
- Substance use is for effect and not simply to enhance a social occasion
- The presence of two or more of the following high risk factors:
 - Family history of chemical dependency
 - Increased tolerance
 - Loss of control
 - Inflated blood alcohol level (above .15%)
 - Craving or compulsion to use
 - Uses in response to life problems or as a means of escape
 - Substance use has caused family, school, work, health, or interpersonal problems

Recommended Program is LEVEL II ADIS or Standard Treatment.

III. Chemically Dependent Classification

- Repeated legal offenses
- Prior participation in a substance abuse treatment program
- Entrenched defense mechanisms such as denial and rationalization
- Substance use continues despite repeated negative social, psychological, or physical consequences
- Physical dependency to substances
- Dependent score on the SASSI
- The arrest incident itself (i.e. fatal DUI accident, sale of drugs, etc) points to the need for intensive intervention from a public safety standpoint
- The presence of three or more of the following high risk factors:
 - Family history of chemical dependency
 - Increased tolerance
 - Loss of control
 - Inflated blood alcohol level (more than .20%)
 - Craving or compulsion to use
 - Uses in response to life problems or as a means of escape
 - Substance use has caused family, school, work, health, or interpersonal problems

Recommended Program is Advanced or Intensive Outpatient Treatment.

NOTE: A subcommittee developed criteria to differentiate between the levels of TX and the above classifications. it is hoped that this will assist in providing consistency amongst the evaluators and the recommendations made referring clients to OPTX vs. Advanced OPTX. Evaluators should refer to this as a guideline for patient placement. It is expected that this is a work in progress and may be revised through the proper channels as deemed necessary.

Patient Placement Criteria

Substance Use Pattern

OPTX	ADV	Intensive
Pattern of Abuse of substances	Demonstration of increased frequency of use and tolerance	Regular to daily use of 1 or more substances
Willing to maintain abstinence from mood altering substances while under supervision	Likelihood of continued substance use while being supervised	Lack of ability to maintain abstinence without intensive monitoring and support
No prior treatment	Prior ADSAP Education &/or low intensity treatment	Failure to maintain abstinence following substance abuse treatment

Recovery Environment

OPTX	ADV	Intensive
Family and friends supportive of abstinence	Environment somewhat supportive of abstinence but has minimal impact to support change	Environment unsupportive, or has very little impact on positive change
Willingness to have limited involvement with unsupportive individuals	Continued involvement with unsupportive individuals probable	Continued involvement with unsupportive individuals
Few friends/activities built around substance	Activities & friendships share substance use as a common component	Most activities or relationships have substance use as common component

Denial

OPTX	ADV	Intensive
Truthful about use and recognizes impact of legal infraction	Minimizes use and presence of denial is obvious	Denial is formidable
Willingness to cooperate	Resistance high enough to require a more structured program	Resistance high enough despite negative consequences to require intense motivating strategies

Legal and General Functioning

1st Substance abuse related consequences	Several legal events related to substance use	Multiple legal events related to substance use
Little or no impact on living situation or home environment	Problems at home, work, or socially related to substance use	Substance use interferes with activities of daily living.

ADULT SUBSTANCE ABUSE EDUCATION GUIDELINES

Level I Alcohol and Drug Information School – an eight-hour didactic program conducted in a classroom setting utilizing lecture, video and guided discussion techniques.

Level II Alcohol and Drug Information School – at least a twelve-hour psycho educational program conducted in a small group setting. A group dynamic is utilized to improve knowledge of substance abuse and its ramifications and to facilitate individual self-examination.

Discussion Topics

- Legal Aspects of DUI, Possession of Marijuana and other Drug Offenses
- Physiology of Alcohol, Marijuana, and other Drugs of Abuse
- Disease Concept of Chemical Dependency
- Co-dependency and Effects of Substance Abuse on the Family
- Introduction to Self-Help Groups
- Pre- and Post-test
- Course Evaluation

SUBSTANCE ABUSE COUNSELING CRITERIA

10/10

Credentials:

Prior to August 1, 2011:

- Alcohol/drug assessments and/or counseling must be provided by an individual who:
 - is currently credentialed by Kansas Social and Rehabilitation Services/Addiction And Prevention Services (SRS/AAPS) as an alcohol and other drug counselor (or counselor assistant*), and
 - works in a program that has a current SRS/AAPS license or certification.
- Each applicant must employ a fully credentialed SRS/AAPS alcohol and other drug counselor. *In accordance with Kansas program licensing standards, a counselor assistant can only provide services in an AAPS licensed program under the supervision of a SRS/AAPS credentialed alcohol and other drug counselor.

After August 1, 2011:

Alcohol/drug assessments and/or counseling must be provided by an individual who:

- Is currently licensed by the Kansas Behavioral Sciences Regulatory Board (BSRB) as a Licensed Addiction Counselor (LAC), and
 - Works in a program that has a current SRS/AAPS license or certification.
- OR
- Is currently licensed by the Kansas Behavioral Sciences Regulatory Board (BSRB) as a Licensed Clinical Addiction Counselor (LCAC) and is allowed to practice independently without an SRS/AAPS program license or certification.

Each Applicant should attach the following:

- A copy of each alcohol/drug counselor's current AAPS credential (after 8/1/11, it will be a BSRB license), and
- A copy of the current program license/certification, including the findings of the most recent program site visit and corrective action plan, if applicable.

Communication:

Providers will complete a monthly treatment form upon initiation of treatment. An attendance plan shall be included in the initial report form and is due within seven (7) days of the onset of treatment.

Monthly reports thereafter shall be e-mailed to the reporting authority by the 7th of the month for the preceding month (i.e. the July report would be due by August 7th).

A discharge report noting either successful or unsuccessful completion on the final report will be due within fourteen (14) days of discharge.

Unsuccessful discharges would mean no credit is given for incomplete treatment should the individual resume therapy at a future date. The expectation would be that the program would be started over and completed in its entirety.

Types of unsuccessful discharges:

- Total of four (4) absences
- Dropped out
- Failure to meet treatment goals and discharge criteria resulting in non-compliance

Outpatient:

- Sessions of at least one (1) clinical hour for a minimum of 15 weeks (not sessions)
- Participation in individual, group, and family (as appropriate) sessions required
- Cognitive-behavioral therapy as a required component of treatment
- Homework assignments (written) demonstrating implementation of skills being addressed and developed
- Documentation of attendance to outside community supports (as appropriate) for development of a healthier social network
- Use of urinalysis tests and breathalyzer tests as a therapeutic tools (optional)
- Consultation with reporting authority when changing (increasing or decreasing) treatment

Advanced Outpatient:

- Program shall provide a minimum of five (5) clinical hours weekly over at least two (2) days and up to three (3) days per week for a minimum of ten (10) weeks
- Aftercare treatment for a minimum of two (2) clinical hours monthly for a minimum period of three (3) months required
- Participation in individual, group, and family (as appropriate) sessions required
- Cognitive-behavioral therapy minimum of twenty (20) clinical hours (not sessions) completed as a required component of treatment
- Homework assignments (written) demonstrating implementation of skills being addressed and developed
- Program will provide both psycho-education and therapeutic intervention
- Documentation of attendance to outside community supports (as appropriate) for development of a healthier social network
- Use of urinalysis tests and breathalyzer tests as a therapeutic tool
- Consultation with reporting authority when transferring individual to a lower level of care or increasing contact

Level II – Intensive Outpatient treatment:

- Program shall provide nine (9) clinical hours (not sessions) with a minimum of three (3) clinical hours provided for each day of treatment
- Participation in individual, group, educational, and family (as appropriate) sessions required
- Program will provide both psycho-educational and therapeutic intervention
- Documentation of outside community supports (as appropriate) required to assist in stabilization and development of a healthier social network
- Upon stabilization, transfer to a lower level of care to be determined by provider required with notification to reporting authority of change in attendance
- An individual does not complete treatment upon completion of Level II criteria since Level II treatment targets stabilization; transfer to a lower level of care upon completion of Level II treatment required
- Urinalysis tests and breathalyzer tests for therapeutic purposes required

Relapse Counselors:

Credentials:

KS SRS/AAPS Registered D/A counselor AND working in a substance abuse treatment facility/program licensed by the State of Kansas, through AAPS.

Continuing Education Units as required for each designation or certification. Providers will attest to having completed this as part of the bi-annual certification process by providing documentation in the form of registration and certificates or copies of continuing education units that relate to relapse as required by court monitor along with current facility license.

Relapse Treatment:

- Program shall provide a minimum of one (1) clinical hour (not sessions) for a minimum of eight (8) weeks
- Participation in individual, groups, and family (as appropriate) sessions required
- Therapy must be specific to relapse-prone individuals and cognitive in nature

Program Attendance for Substance Abuse Treatment

A deviation in scheduling to accommodate individual needs may occur with proper communication between the assigned officer and provider. The intent here is to accommodate an individual who may have a changing work schedule or one involving travel.

All absences should be reported to the assigned officer. If serving a jail sanction for Johnson County these absences shall be excused and not considered towards reasons for discharge so long as this is agreeable between the supervising officer and counselor.

Missouri Substance Abuse Professionals applying for Johnson County Provider Certification – Please Note as of January 1, 2011 the court will not certify agencies in MO which are not also licensed in the State of Kansas. Agencies already registered with the District Court will be grandfathered in.

Must meet all previously noted requirements in the Administrative Order and all Private Provider Requirements enumerated on page 3 of the Provider Program Criteria manual, in addition to one of the following:

CSAC-I
CSAC-II
CASAC
CCJP
CCDP
CCDP-D
RSAP
RSAP-P

It is the provider's responsibility to provide documentation of the above met licensure & certification.

TREATMENT PROGRESS/TERMINATION REPORT
 COVERAGE PERIOD: _____

CLIENT: _____ **LEVEL OF CARE:** _____
Last Name First Name

INITIAL DATE OF THIS LEVEL OF CARE: _____

AGENCY: _____ **CLINICIAN:** _____
PHONE: _____ **REPORT DATE:** _____
OFFICER: _____ *Note: Monthly reports should be received by 7th of each month*

TREATMENT PROGRESS

Attendance:

*Dates Not Attended: _____ Dates Excused : _____
 Battersers Group Attendance: _____ # of _____ weeks

	Problematic				Fully Compliant	
	1	2	3	4	5	n/a
Progress in knowledge learned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively participates - self disclosure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress in skill level – practicing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress related to treatment goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REPORT NARRATIVE (required):

Is the client demonstrating financial responsibility with the provider? Yes No

If no, what is client’s plan to get current?

Present balance: \$ _____ Payment plan: \$ _____ per month/session

TERMINATION

As the provider, I confirm the client is terminated with the following (*mark all that apply*):

- 1 - met minimum requirements
- 2 - successful
- 3 - unsuccessful*
- 4 - legal consequences recommended for further violations

* If unsuccessful, due to:

Recommendation(s) for other programming:

Procedures for Complaints Regarding Johnson County Providers

10/10

If a complaint of non-compliance, especially in areas of blatant misconduct or failure to follow established procedure, is brought to the attention of the Provider monitor the following may occur:

- Step 1 A Notice of Non-Compliance is sent to the Provider stating the areas of non-compliance. The Provider will be asked to respond to the Notice and provide details on how the situation will be remedied. This is a first time written warning.

- Step 2 If there continues to be a problem with the same agency, not necessarily with the same non-compliance areas as outlined with Step 1, the Provider Monitor will investigate and confer with reporting personnel. A Final Notice of Non-Compliance will be sent. The Provider is then given the opportunity to respond in writing to the areas of non-compliance.

The information will then be forwarded to the Chief Judge for an administrative review. His decision regarding the status of the provider will be final.

If an agency's provider certification has been revoked and they have been removed from the provider list they may re-apply during the next bi-annual certification period if all criteria are met and no continued violations have been noted; however, approval is at the discretion of the Chief Judge.