

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

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

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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 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

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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

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

Format and narrative content must include:

I. First paragraph – Should include background information such as marital status, education, vocational history, and demeanor.

II. Second paragraph - Circumstances surrounding instant offense. Discussion of events leading to arrest including setting, time frame, type and quantity of substance used, accident or injuries, BAC, etc. A statement on the client's reported criminal history is required.

III. Third paragraph - Past legal history.

IV. Fourth paragraph - 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.

V. Fifth paragraph – Summary and conclusions. Summarize important aspects of the case and give supporting facts to justify which classification was selected. Should include SASSI test results 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.

VI. Sixth paragraph - 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. 00-00???, 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