

KANSAS SENTENCING COMMISSION SENATE BILL 123

PRE-SENTENCE ASSESSMENTS



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Pre-Sentence vs. Post-Sentence

PRE-SENTENCE

- **ASSESSMENT CONDUCTED PRIOR TO SENTENCING DATE**
- **USUALLY REFERRED BY COURT SERVICES (CSO)**
- **DETERMINES SB 123 ELIGIBILITY AND TREATMENT PLAN**
- **SUBMITTED TO SB123PAYMENTS@KS.GOV**
- **MUST BE SUBMITTED WITHIN 45 DAYS FROM THE DAY OF ASSESSMENT**

POST-SENTENCE

- **ASSESSMENT CONDUCTED AFTER SENTENCING DATE**
- **REFERRED BY COMMUNITY CORRECTIONS INTENSIVE SUPERVISING OFFICER (ISO)**
- **DETERMINES SB 123 ELIGIBILITY AND TREATMENT PLAN**
- **SUBMITTED TO BEACON HEALTH OPTIONS THROUGH PROVIDER CONNECT**

Required Forms for Pre-Sentence

- **UPDATED “PRE-SENTENCE ASSESSMENT INVOICE FOR PURCHASE OF SERVICE” –**

WITH REVISION DATE JULY 1, 2020

- **SB 123 ASSESSMENT SUMMARY FORM**
- **COVER SHEET SASSI – CURRENTLY SASSI 4**
- **CLINICAL INTERVIEW SUMMARY WITH ASAM CRITERIA**



Pre-Sentence Assessment Invoice

--Problem areas are highlighted

Kansas Sentencing Commission Jayhawk Tower, 700 SW Jackson Street, Suite 501 Topeka, KS 66603		PRE-SENTENCE ASSESSMENT INVOICE FOR PURCHASE OF SERVICE		*Form Use For Services Rendered 10/1/2018 and After																														
(Please Type or Print Legibly, DO NOT USE WHITEOUT) (Use the TAB key to move from field to field, initial all changes)																																		
1. Treatment Provider:			2. Service Month/ Year:		3. Sentencing Date:																													
4. Address (location of services):			5. Supervising Agency:																															
6. City/State/Zip:			7. Officer's Name:		<input type="checkbox"/> CSO <input type="checkbox"/> ISO																													
9. Billing address: (if different than above)			8. Phone Number:																															
			10. County of SB123 Conviction:																															
11. Offender Name: (Last)		(First)	(M.I.)	12. KDOC Number:	13. KBI Number:																													
					14. Court Case Number:																													
Place an "X" in the days of the month that services were provided :																																		
15. Modality	16. Service Units	17. \$ Cost / Unit	18. \$ Total																															
Pre-Sentence Assessment *	1	\$175	\$175	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
19. Does the offender have insurance?				<input type="checkbox"/> No <input type="checkbox"/> Yes		NOTE: IF OFFENDER HAS INSURANCE HAS IT BEEN BILLED FOR THIS SERVICE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A																										
20. LESS Insurance Reimbursement		\$	IS THIS FORM FOR REPORTING PURPOSES?			<input type="checkbox"/> No <input type="checkbox"/> Yes																												
21. TOTAL		\$																																
* PAYMENT WILL NOT BE PROCESSED UNLESS THE COMPLETED FORMS ARE ATTACHED TO THIS INVOICE: • **APPLICABLE SB 123 ASSESSMENT SUMMARY FORM • **COVER SHEET SASSI • **CLINICAL INTERVIEW SUMMARY WITH ASAM CRITERIA				** Please provide Assessment documentation to the supervising officer (CSO/ISO) for offender's file.																														
Signature: I, the Treatment Provider certify that this service/material has been provided and that this invoice is correct and true.																																		
22. Treatment Provider:			Date:		Phone Number:																													

1 Copy to the Kansas Sentencing Commission

1 Copy to the Treatment Provider

Rev. July 1, 2020

Problem Areas on Invoice

- **BOX 3- SENTENCING DATE MAY NOT BE KNOWN**
- **BOX 7- OFFICER'S NAME- INDICATE CSO OR ISO**
- **BOX 8- PHONE NUMBER AND EXTENSION (IF KNOWN) OF CSO OR ISO... **VERY IMPORTANT!****
- **BOX 12- KDOC# MAY NOT BE KNOWN, BUT PLEASE CHECK AGAIN WITH CSO OR ISO BEFORE SUBMITTING FOR PAYMENT (BEGINS W/ A 6 AND IS 7 NUMBERS)**
- **BOX 13- KBI# IS USUALLY AVAILABLE- CONTACT OFFICER BEFORE SUBMITTING FOR PAYMENT**
- **BOX 14- COURT CASE- ONLY ONE CASE CAN BE LISTED- SHOULD BE MOST CURRENT CASE.**
- **BOX 19- ALWAYS CHECK FOR INSURANCE AND BILL BEFORE BILLING KSSC**
- **DOCUMENTS NECESSARY FOR PAYMENT**
- **SIGNATURE PLEASE... NOT TYPED**
- **TIMELY FILING POLICY- 45 DAY BEGINS FROM THE “DAY” OF SERVICE, OR DATE OF DENIAL LETTER FROM THE INSURANCE COMPANY**

Cover Sheet SASSI

• SASSI 4

SASSI-4 Substance Abuse Subtle Screening Inventory
To reorder: 1-800-726-0576
Professionals may call 888-297-2774 for free assistance interpreting this profile.

Name _____ Gender M Age _____
Case Number _____ Test date _____

S.A.S.S.I.

RAP Random Answering Pattern
☐ If RAP is 2 or more results may not be meaningful. Try to resolve problems before proceeding.

Check every rule, yes or no.

Rule 1
a. FVA 16 or more _____ **Either** ☐ yes ☐ no
b. FVOD 16 or more _____ **a or b?** ☐ yes ☐ no

Rule 2
SYM 7 or more? ☐ yes ☐ no

Rule 3
OAT 8 or more? ☐ yes ☐ no

Rule 4
SAT 7 or more? ☐ yes ☐ no

Rule 5
a. SYM 5 or more _____ **Both** ☐ yes ☐ no
b. SAT 4 or more _____ **a and b?** ☐ yes ☐ no

Rule 6
a. SYM 6 or more _____ **Both** ☐ yes ☐ no
b. DEF OR SAM 7 or more _____ **a and b?** ☐ yes ☐ no

Rule 7
a. OAT 7 or more _____ **Both** ☐ yes ☐ no
b. SAT 6 or more _____ **a and b?** ☐ yes ☐ no

Rule 8
a. FVA OR FVOD 5 or more _____ **All three** ☐ yes ☐ no
b. OAT 3 or more _____ **a, b and c?** ☐ yes ☐ no
c. DEF 9 or more _____ **a, b and c?** ☐ yes ☐ no

Rule 9
a. FVA 6 or more OR FVOD 4 or more _____ **All three** ☐ yes ☐ no
b. SAT 3 or more _____ **a, b and c?** ☐ yes ☐ no
c. DEF 7 or more _____ **a, b and c?** ☐ yes ☐ no

Rule 10
a. FVA 8 or more OR FVOD 5 or more _____ **All four** ☐ yes ☐ no
b. SAT 1 or more _____ **a, b, c and d?** ☐ yes ☐ no
c. DEF 4 or more _____ **a, b, c and d?** ☐ yes ☐ no
d. SAM 4 or more _____ **a, b, c and d?** ☐ yes ☐ no

Adult Male Profile									
FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR	Correct total
90	88	86	84	82	80	78	76	74	72
14	12	10	8	6	4	2	0	0	0
13	11	9	7	5	3	1	0	0	0
12	10	8	6	4	2	0	0	0	0
11	9	7	5	3	1	0	0	0	0
10	8	6	4	2	0	0	0	0	0
9	7	5	3	1	0	0	0	0	0
8	6	4	2	0	0	0	0	0	0
7	5	3	1	0	0	0	0	0	0
6	4	2	0	0	0	0	0	0	0
5	3	1	0	0	0	0	0	0	0
4	2	0	0	0	0	0	0	0	0
3	1	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Rx Prescription Drug Scale
Rx1 _____ Rx2 _____ Rx Total ☐

THE DECISION RULE:

1. ANY rule answered "yes"?

HIGH PROBABILITY
of having a Substance Use Disorder

Check if Rx is 3 or more _____ High Probability of Prescription Drug Abuse

2. ALL rules answered "no"?

LOW PROBABILITY
of having a Substance Use Disorder

Check if DEF is 6 or more _____ Elevated DEF score increases the possibility of the SASSI missing individuals with a substance use disorder. Elevated DEF may also reflect individual factors.

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SASSI 4/16

Assessment Summary Form

- PROBLEM AREAS ARE HIGHLIGHTED
- SIGNATURE OF ASSESSOR
- ALL INFORMATION IS IMPORTANT

2003 SB 123: Assessment Summary Form

Date of Assessment: _____ (mm/yyyy)

AUTHORIZED TREATMENT PROVIDER		COMMUNITY CORRECTIONS / COURT SERVICES AGENCY	
Treatment Provider Name:		District:	
Street Address:		Street Address:	
City / State / Zip:		City / State / Zip:	
Assessor Name:		ISO/CSO Name:	
Phone No.:		Phone No.:	
Email:		Email:	
Assessor Signature:			
SASSI Completed by: <input type="checkbox"/> Above <input type="checkbox"/> CSO (name):			

Safeguarding of Client Information. The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the Court's assignment of sentence or the case management responsibilities assigned by law to Community Corrections or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

OFFENDER PROFILE											
Conviction Name (First, MI, Last):								KDOC No.:		KBI No.:	
Date of Birth (mm/yyyy):				County of Conviction:				Court Case No.:			
SASSI Probability:		SASSI Profile Scores:									
		FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR	RX
High: <input type="checkbox"/>											
Low: <input type="checkbox"/>											
Was Mental Health Screen administered?		NOTE: Summary Score Page -									
<input type="checkbox"/> Yes <input type="checkbox"/> No		<ul style="list-style-type: none"> If RAP is above 2, DEF is above 8, score may be invalid. If score is invalid or low and treatment is recommended, please address in comments. 									
Referred for additional services?		Mental Health Comments:									
<input type="checkbox"/> Yes <input type="checkbox"/> No											
Clinical History Comments: (attach additional page(s) as necessary)											

ASSESSOR RECOMMENDATIONS. Identify BOTH initial and ALL anticipated treatment components and modalities as reflected by ASAM criteria that apply for the continuum of care.

Initial Treatment Modality	Anticipated Treatment component	Modality
<input type="checkbox"/>		NONE
<input type="checkbox"/>	<input type="checkbox"/>	Social Detoxification
<input type="checkbox"/>	<input type="checkbox"/>	Therapeutic Community (Jo Co only)
<input type="checkbox"/>	<input type="checkbox"/>	Intermediate Residential
<input type="checkbox"/>	<input type="checkbox"/>	Intensive Outpatient
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient – Individual
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient – Group
<input type="checkbox"/>	<input type="checkbox"/>	Outpatient – Family
<input type="checkbox"/>	<input type="checkbox"/>	Reintegration
<input type="checkbox"/>	<input type="checkbox"/>	Peer Mentorship
<input type="checkbox"/>	<input type="checkbox"/>	Relapse Prevention/Continuing Care
<input type="checkbox"/>	<input type="checkbox"/>	Drug Abuse Education

*Treatment Provider and ISO to retain copy for record keeping and auditing purposes.

Kansas Sentencing Commission
2003-SB 123 "Alternative Sentencing Policy for Drug Possession Offenders" Operation Manual

July 1, 2020

Problem Areas on SB 123 Assessment Summary Form

- **COMPLETE ALL INFORMATION FOR TREATMENT PROVIDER AND COMMUNITY CORRECTIONS/COURT SERVICES AGENCY**
- **ISO/CSO INFORMATION**
- **ASSESSORS SIGNATURE**
- **OFFENDER PROFILE MATCH THE INVOICE:**
 - **COMPLETE ALL – CONTACT ISO/CSO IF NEEDED**
 - **NAME, KDOC#, CASE#, KBI#**
- **SASSI INFORMATION- COMPLETE ALL**
- **ASSESSOR RECOMMENDATIONS:**
 - **INITIAL AND ANTICIPATED**
 - **THERAPEUTIC COMMUNITY IS JOHNSON COUNTY ONLY**

Troubleshooting for Treatment Providers



- **CAN'T FIND AN OFFENDER IN PROVIDER CONNECT?**
 - **CONTACT THE ISO TO BE SURE YOU HAVE CORRECT INFORMATION FOR:**
 - **DATE OF BIRTH**
 - **KBI#**
 - **KDOC#**
 - **ISO ENTERED ALL INFO INTO TOADS AND INDICATED AS A SB 123 OFFENDER**

Troubleshooting for Treatment Providers

- **CAN'T PROCESS A CLAIM IN PROVIDER CONNECT DUE TO SB 123 FUNDING?**
 - **CONTACT THE ISO 1ST** TO DISCUSS THE CASE ASSOCIATED WITH OFFENDER:
 - **HAVE ISO VERIFY INFORMATION IN TOADS- DEMOGRAPHICS AND COURT CASE**
 - **VERIFICATION FROM ISO IS NECESSARY FOR KSSC TO CONTACT BEACON**
 - **HAVE ISO EMAIL SB123PAYMENTS@KS.GOV EXPLAINING:**
 - **WHEN AND WHY THE CASE NEEDS TO BE TERMED AS A SB123 CASE OR JUST FOR FUNDING**
 - **PROVIDE ALL INFORMATION IN THE EMAIL INCLUDING AN EXPLANATION**

Troubleshooting for ISO's

- **TREATMENT PROVIDER CALLS AND SAYS THEY CAN'T PROCESS A CLAIM IN PROVIDER CONNECT DUE TO SB 123 FUNDING?**
 - **VERIFY INFORMATION IN TOADS AND YOUR RECORDS**
 - **ONLY ONE CASE CAN BE FUNDED- THE MOST CURRENT CASE SHOULD BE ACTIVE**
 - **EMAIL KSSC SB123PAYMENTS@KS.GOV OR CALL 785-296-1546 EXPLAINING:**
 - **WHEN AND WHY THE CASE NEEDS TO BE TERMED AS A SB123 CASE /FUNDING**
 - **PROVIDE ALL INFORMATION IN THE EMAIL INCLUDING AN EXPLANATION**
 - **OFFENDER NAME**
 - **CASE NUMBER(S)**
 - **DATE OF BIRTH**
 - **KBI#**
 - **EFFECTIVE/TERMINATION DATE AND REASON TO INFORM BEACON (EX: DIDN'T QUALIFY FOR SB123)**

TWO SB123 CASES?

Original Cases

Case	Sentencing date	Tx Start Date	Termination <u>Date</u> (18 mo)
19CR1000	1/1/2019	1/1/2019	7/1/2020
20CR2000	6/1/2019	6/1/2019	12/1/2020
Correct configuration for multi SB123 cases			
Case	Sentencing date	Tx Start Date	Termination <u>Date</u> (18 mo)
19CR1000	1/1/2019	1/1/2019	6/1/2019- termed at sentencing for new active case
20CR2000	6/1/2019	6/1/2019	12/1/2020

Case 19CR1000 would stop funding 6/1/2019 and the current case 20CR2000 would start for 18 months, or as long as they are being supervised.

2019	1	2	3	4	5	6	7	8	9	10	11	12
2020	1	2	3	4	5	6	7	8	9	10	11	12

	Represents 1 st case 19CR1000	SB123 funding starts 1/1/2019
	Represents 2 nd case 20CR2000	SB123 funding starts 6/1/2019
	Represents the overlap of cases	

Troubleshooting for ISO's

- **SENTENCING ON A CASE DELAYED OR POSTPONED?**
 - **UPDATE THE SENTENCING DATE IN TOADS**
 - **AVOID KSSC FROM CALLING YOU**
 - **VERIFIES PRE VS. POST SENTENCING ASSESSMENT**



Daily Data Sharing Process

1. TOADS DATA FROM ISO'S

- KDOC#, KBI#, DOB, CASE#

2. KSSC EXPORTS DATA FROM TOADS:

- DEMOGRAPHICS
- COURT CASE INFORMATION

3. KSSC TRANSFERS TOADS DATA - THEN EXPORTS TO BEACON



We Are All in This Together!



TOADS Entry

- **DEMOGRAPHICS**
 - **IS OFFENDER ALREADY IN TOADS?**
 - **OFFENDER STATUS**
- **COURT CASE INFORMATION**
 - **TYPE OF SENTENCING**
 - **DATE OF SENTENCING (THIS CHANGES- TRY TO KEEP IT CURRENT)**

CHANGES TO COME

- **WE HAVE PARTNERED WITH THE OFFICE OF JUDICIAL ADMINISTRATION (OJA) TO RECEIVE INFORMATION THAT WILL ALLOW BILLING FOR PRESENTENCE ASSESSMENT TO OCCUR THROUGH BEACON HEALTH OPTIONS.**
- **THE PROCESS OF SETTING THIS UP HAS BEGUN AND WE WILL ALERT EVERYONE TO THE NEW PROCEDURE PRIOR TO THE CHANGE.**
- **PLEASE ENSURE THAT YOUR CONTACT PERSON FOR KDOC IS AWARE THAT A CHANGE WILL BE COMING AND KEEP AN EYE OUT FOR THE EMAIL.**

Questions??

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- **KSSC CONTACT INFORMATION-**

- SB123payments@ks.gov
- www.sentencing.ks.gov
- 785-296-1546 (Trish Beck)

Thank you for attending!