

Post Award Vendor's Conference



U.S. Probation Office
U.S. Pretrial Services Office
October 3, 2016

Welcome!

- **Jeanne G. Walsh**, Chief U.S. Probation Officer
- **Ann Marie Carey**, Chief U.S. Pretrial Services Officer
- **Aimee B. Callanan**, Asst. Deputy Chief U.S. Probation Officer
- **Stephanie Devoe**, Senior U.S. Probation Officer/Contracting Officer
- **Gervacio Lopez**, Supervisory U.S. Probation Officer
- **Richard Elias**, Supervisory U.S. Probation Officer
- **Claudia Rios**, Supervisory Pretrial Services Officer
- **Wendy Gingell**, Operations Support Supervisor



Agenda

- Review of Blanket Purchase Agreement (BPA) & Statement of Work (SOW)
- Clinical Services
- Evidence Based Practices / Role of Officer
- Local Needs
- Monitoring Reports
- SPCS
- Invoicing
- File Preparation & Maintenance
- Ordering of Supplies
- U/A Collection

Pursuant to Title 18 U.S.C. Section 3672 – Duties of Director of Administrative Office of the U.S. Courts

“He shall contract with any appropriate public or private agency or person for the detection of and care in the community of an offender who is an alcohol-dependent person, an addict, or a drug-dependent person... This authority shall include the authority to provide... medical, educational, social, psychological and vocation services; corrective and preventative guidance and training; and other rehabilitative services designed to protect the public and benefit the alcohol-dependent person, addict, or drug dependent person ... by controlling his dependence and his susceptibility to addiction... He may negotiate and award such contracts without regard to section 3709 of the revised Statutes of United States.”

Statement of Work

("Section C" of BPA)

- U.S. Probation and Pretrial Services Offices are required to ensure that all vendors adhere to the specifications of the Statement of Work, Section C of the Blanket Purchase Agreement
- We must maintain control of services requested/provided (in consultation with the provider)
- Ongoing vendor monitoring (monitoring reports will be discussed later)
- Please **READ** ---any staff member involved with the treatment of our individuals---and know that you are being held accountable for the fulfillment of all things required

Substance Abuse Services



- **1010 Urine Collection and Reporting:** The vendor shall perform the procedures related to the collection, testing and reporting of urine specimens.
- **1504 Breathalyzer:** Provide a breath alcohol content (BAC) test and all supplies and consumables necessary to operate the instrument. The vendor shall provide and use a reliable instrument approved by the USPO/USPSO.
- **2011 Substance Abuse Intake Assessment Report:** Comprehensive biopsychosocial intake assessment and report conducted by a state certified addictions counselor or licensed clinician. The assessor shall identify the defendant(s)/offender(s) substance abuse severity, strengths, weaknesses, and readiness for treatment.
- **2021 Clinical Cognitive Behavioral Group:** 2 to 12 defendants/offenders led by a trained and certified counselor as defined in SOW. Treatment shall include the use of cognitive and behavioral techniques to change defendant/offender thought patterns while teaching pro-social skill building.
- **2010 Individual Substance Abuse Counseling** Clinical interaction between defendant/offender and a trained and certified counselor. The interactions are deliberate and based on various clinical modalities, which have demonstrated evidence to change behavior.
- **2030 Family Counseling:** Defendant/offender and one or more family members. The vendor may meet with family members without the offender present with USPO/USPSO approval.

Substance Abuse Cont'd.



- **2001 Short Term Residential:** Facilities provide a highly structured environment that incorporates counseling, drug testing, and other approaches that involve cooperative living for people receiving treatment. Must have 6 hours of structured programs per day (3 of those must be clinical group).
- **8090 Non-Medical Detoxification:** In a non-medical therapeutic “social detoxification” setting with routine medical and nursing services on call.
- **1001 Therapeutic Community:** Aka “sober living.” Drug-free residential settings that promote substance free living and mental health stability. The facility uses a hierarchical model with treatment stages that reflect personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills.
- **4010 Medical Exam (only used in conjunction with methadone maintenance program):** Per defendant/offender, as deemed medically necessary, conducted by a licensed medical doctor/physician, or other qualified practitioner.
- **9020 Methadone Maintenance Treatment:** Requires the vendor to administer methadone to a defendant/offender for a period of time longer than 90 days.



Mental Health Services

- **5011 Mental Health Assessment:** Performed by a masters or doctoral level clinician who is licensed or certified and meets the standards of practice established by his/her state regulatory board.
- **5030 Psychiatric Evaluation and Report:** To establish a psychiatric diagnosis, to determine the need for psychotropic medications and/or to develop an initial treatment plan with particular consideration of any immediate interventions that may be needed to ensure the defendant's/offender's safety and that of the community.
- **6000 Case Management Services (Mental Health):** A method of coordinating the care of severely mentally ill people in the community. Case management services serve as a way of linking clients to essential services including, but not limited to, securing financial benefits, health and mental health care. Only to be used in conjunction with mental health counseling.
- **6010 Mental Health Counseling (Individual):** Clinical interaction between a defendant/offender and a psychiatrist, psychologist, or masters or doctoral level practitioner who is licensed or certified by his/her state's regulatory board. The interactions shall be deliberate and based on clinical modalities, which have demonstrated evidence to stabilize mental health symptoms.

Mental Health Cont'd.



- **6030 Mental Health Counseling (Family):** Defendant/offender and one or more family members. The vendor may meet with family members without the defendant/offender present with USPO/USPSO written approval.
- **6051 Medication Monitoring:** Prescribe and evaluate the efficacy of psychotropic medications (incorporating feedback from the treatment provider and/or the USPO/USPSO).
- **6001 Short Term Residential for Co-Occurring Disorders:** Inpatient treatment program for individuals who are suffering from both chemical abuse/dependence and a mental health disorder
- **6015 Integrated Treatment Services for Co-Occurring Disorders/Individual Counseling:** To one defendant/offender. This treatment shall conform to the standards set forth in 2010 and 6010 but shall be completed in an integrated fashion.
- **6026 Group Counseling-Integrated Treatment for Co-Occurring Disorders:** 2 to 10 defendants/offenders. Treatment shall conform to the standards set forth in 2020 (substance abuse) and 6020 (mental health), but shall be completed in an integrated fashion

Sex Offense Specific Services

- **5012 Sex Offense Specific Evaluation and Report:** Commonly known as a “psychosexual evaluation,” is a comprehensive evaluation of an alleged or convicted sex offender, meant to provide a written clinical evaluation of a defendant’s/offender's risk for reoffending and current amenability for treatment; to guide and direct specific recommendations for the conditions of treatment and supervision; to provide information that will help to identify the optimal setting, intensity of intervention, and level of supervision; and to assess the potential dangerousness of the defendant/offender.
- **5022 Clinical Polygraph Exam and Report:** Diagnostic instrument and procedure which includes a report designed to assist in the treatment and supervision of defendants/offenders by detecting deception or verifying the truth of their statements.
- **5023 Maintenance/Monitoring Test:** Employed to periodically investigate the defendant/offender’s honesty with community supervision and compliance with supervision.
- **5025 VRT Measure of Sexual Interest:** An objective method for evaluating sexual interest which is designed to determine sex offender treatment needs and risk levels.

Sex Offense Services Cont'd.

- **6012 Individual SO Treatment:** Treatment is provided by a licensed/certified psychiatrist, psychologist, or masters or doctoral level practitioners who meets the standards of practice established by his/her state's regulatory board and adheres to the established ethics, standards of practices of state sex offender management board. Practitioners employ treatment methods that are based on a recognition of the long-term, comprehensive, offense-specific treatment for sex offenders.
- **7013 Individualized Specialized Treatment (Sex Offender-Pretrial Only).**
- **6090 Group Sex Offense-Specific Treatment Readiness:** 2 to 12 defendants/offenders. Treatment Readiness Group shall include offenders with little or no understanding of the cycle of sexual offenses. The attendance of one family member per offender shall be included in the unit price in Section B.
- **6091 Sex Offender and Chaperone Training and Support:** A psycho-educational/specialized training for one or more significant others, or family members of a defendant/offender charged with or convicted of a sex offense. Goal is to provide a means of certifying individuals designated by the USPO/USPSO to act as a chaperone for the defendant/offender and safeguard for the community.

Sex Offense Services Cont'd.

- **6022 Group SO Treatment:** 2 to 10 defendants/offenders. Treatment is provided by a licensed/certified psychiatrist, psychologist, or masters or doctoral level practitioners who meets the standards of practice established by his/her state's regulatory board and adheres to the established ethics, standards of practices of state sex offender management board. Practitioners employ treatment methods that are based on a recognition of the long-term, comprehensive, offense-specific treatment for sex offenders.
- **6032 Family SO Treatment:** To a defendant/offender and one or more family members. Treatment is provided by a licensed/certified psychiatrist, psychologist, or masters or doctoral level practitioners who meets the standards of practice established by his/her state's regulatory board and adheres to the established ethics, standards of practices of state sex offender management board. Practitioners employ treatment methods that are based on a recognition of the long-term, comprehensive, offense-specific treatment for sex offenders.
- **7023 Group Specialized Treatment (Sex Offender-Pretrial Only):** 2 to 10 defendants.

Other Services

- **1201 Administrative Fee For Defendant/Offender Transportation Expenses:**
A reasonable monthly fee to administer transportation expense funds, not exceed 5% of the monthly funds distributed under 1202.
- **1202 Defendant/Offender Transportation Expenses:**
For defendant/offender transportation to and from treatment facilities.
- **1501 Defendant/Offender Reimbursement and Co-Payment:**
Collect any co-payment authorized on the Program Plan (Probation Form 45) and deduct any collected co-payment from the next invoice to be submitted to the judiciary.

Additional details regarding each project code can be found in Section C of the Statement of Work (SOW), available under the treatment services tab of our website.

Note several “Local Needs” will be posted, detailing service specifications in some areas beyond those found in the SOW

Vendor Staff Requirements

SUBSTANCE ABUSE

- **Undergo training on proper urinalysis collection and breathalyzer administration procedures.**
- **Assessments and Counseling will be face to face and conducted by a state certified addictions counselor or clinician who meets the standards of practice established by his/her state's regulatory board.**
- **Counselors will have at least one of the following:**
 - Advanced degree (masters or doctoral level) in behavioral science, preferably psychology or social work
 - A BA/BS and at least 2 years of drug treatment training and/or experience
 - Counselors shall be certified and/or have credentials to engage in substance abuse treatment interventions per state regulatory board/accrediting agency
 - Paraprofessionals can be used only under direct supervision of and in conjunction with, a staff member described above, and after approval is given from Contracting Officer. Interns may be considered paraprofessionals.
- **Emergency services (after hour staff phone numbers/local hotlines and/or procedures when counselors are unavailable)**

Vendor Staff Requirements

Mental Health & Co-occurring

- **Counseling:** Must be a licensed/certified psychiatrist, psychologist, masters or doctorate-level practitioner who meets standards of their state regulatory board
- **Psychological Evaluations/Testing:** Licensed/certified psychologist (PHD or Psy.D, or other advanced doctoral degree meeting standards of state's regulatory board
- **Psychiatric Evaluations/Testing:** Licensed medical doctor/physician, a psychiatrist who specializes in disorders of the mind, is board certified or board-eligible and meets standards of practice established by the state regulatory board.
- **Medication Monitoring:** Licensed psychiatrist, medical doctor or physician with prescriptive authority, who is board certified or board-eligible and meets standards of practice established by the state regulatory board.
- **Case Management Services:** Bachelors in behavioral health, HS Diploma or GED with 5 years experience in BH setting, work under direct supervision of a licensed/certified psychiatrist/psychologist, or masters or doctorate-level practitioner who meets standards established by state regulatory board
- **Emergency Services (after hour staff phone numbers/local hotlines and/or procedures when counselors are unavailable).**

Vendor Staff Requirements

Sex Offense Specific

- **Evaluations/Treatment/Chaperone Training and Support Services:** Are conducted by a licensed/certified psychiatrist, psychologist, or masters or doctorate-level practitioner who meets state regulatory and sex offender management boards and adhere to the Code of Ethics and Practice Standards and Guidelines published by ATSA
- **VRT (Abel):** conducted by trained examiner and adhere to ATSA standards
- **Polygraph Examinations:**
 - Education: Examiners must be graduates of poly school accredited by American Poly Assoc; minimum baccalaureate or higher from a regionally accredited univ or college, or have at least 5 years experience as a full time commissioned federal, state or municipal LEO; min. 40 hours of post- conviction sex offender testing (PCSOT) specialized instruction. Examiners who passed a final exam approved by the APA are preferred
 - Certification: Examiners shall be members of a professional organization that provides regular training on research and management of SO
 - Experience: Min. of 2 years of poly experience in criminal cases. Specialized training or experience with sex offenders
 - Ethics and Standards: Adhere to ethics and standards of APA
- **Licensure:** Licensed by state's regulatory board

Residential Treatment Staff Requirements

- Adequately trained and physically able staff and 24/7 coverage
- Use volunteers only at direction of USPO
- Keep written position descriptions that accurately describe current duties for all staff performing services under this agreement
- One staff member each shift trained in CPR and first aid
- Code Compliance
- Sleeping and Bathroom Facilities
- Emergency Plans
- Safety Precautions

Vendor Staff Restrictions

Post-Award

- Persons under supervision cannot perform services or have access to defendant/offender files
 - If person charged or under investigation for a criminal offense, cannot perform services or have access to def/off files
 - Persons convicted of a sexual offense cannot perform services or have access to def/off files
 - Persons with restrictions on their license, certifications or practice, cannot perform services or have access to def/off files
- Vendors & Employees Shall:
 - Avoid compromising relationships with def/off and UAPO/USPSO staff
 - Not employ, contract with, or pay any def/off or def/off firm or business to do any work for vendor or its employees
 - Report any improprieties to USPO or USPSO
 - Report within 48 hours to USPO/USPSO, any investigations, pending charges, arrests, and/or restriction on licenses or certifications, whether imposed or voluntary, on any staff member
 - Notify USPO or USPSO in writing of any staff changes and provide documentation of any required licensing, certification, experience and education requirements and changes thereof. The Vendor shall submit an Offeror's Staff Qualifications form (Section L – Attachment C) for each new staff member added under this agreement

Facility Requirements

- Adequate access for defendant(s)/offender(s) with physical disabilities
- Comply with all applicable state, federal and local laws and regulations when performing services under this contract



Evidence Based Practices (EBP)

What Are They?

Why Do They Matter?

How Will They Be Utilized?

Evidence Based Practices

- Interventions that research has demonstrated reduce offender risk and subsequent recidivism (commission of additional criminal acts) and therefore make a positive long-term contribution to public safety
- Outcomes are also defined through practical realities (e.g., enhanced victim safety, improved clinical outcomes, reduction in recidivism, etc.)

Target Interventions



- **Risk Principle** (*who to target*)
 - Prioritize supervision and treatment services for higher risk offenders
- **Needs Principle** (*what to target*)
 - Interventions should target criminogenic needs (*dynamic risk factors*)
- **Responsivity Principle** (*how to target effectively*)
 - Interventions are most effective when they are based on research-supported models (general responsivity) **AND**
 - are tailored to the unique characteristics of individual offenders (specific responsivity)
- **Dosage** (*how much*)
 - Hours of service delivered (by corrections professionals and treatment/interventions) should range from 100-300 hours for moderate to high risk offenders.
 - It has also been suggested that officers should aim to structure 40-70% of high risk offenders' time for 3-9 months.
 - Quality of programming matters!!!!
- **Treatment Principle**
 - Integrate treatment into full sentence/sanction requirements

The “Big Six” Dynamic Risk Factors



Post Conviction Risk Assessment Tool (PCRA)

Static Risk Factor (does not change):

- Criminal History

Dynamic Risk Factors (also referred to as **Criminogenic Needs**):

- Cognitions (including elevated criminal thinking styles)
- Social Networks
- Education/Employment
- Drug/Alcohol Problem
- Violence (will be added Spring of 2017)

Dynamic Risk Factors

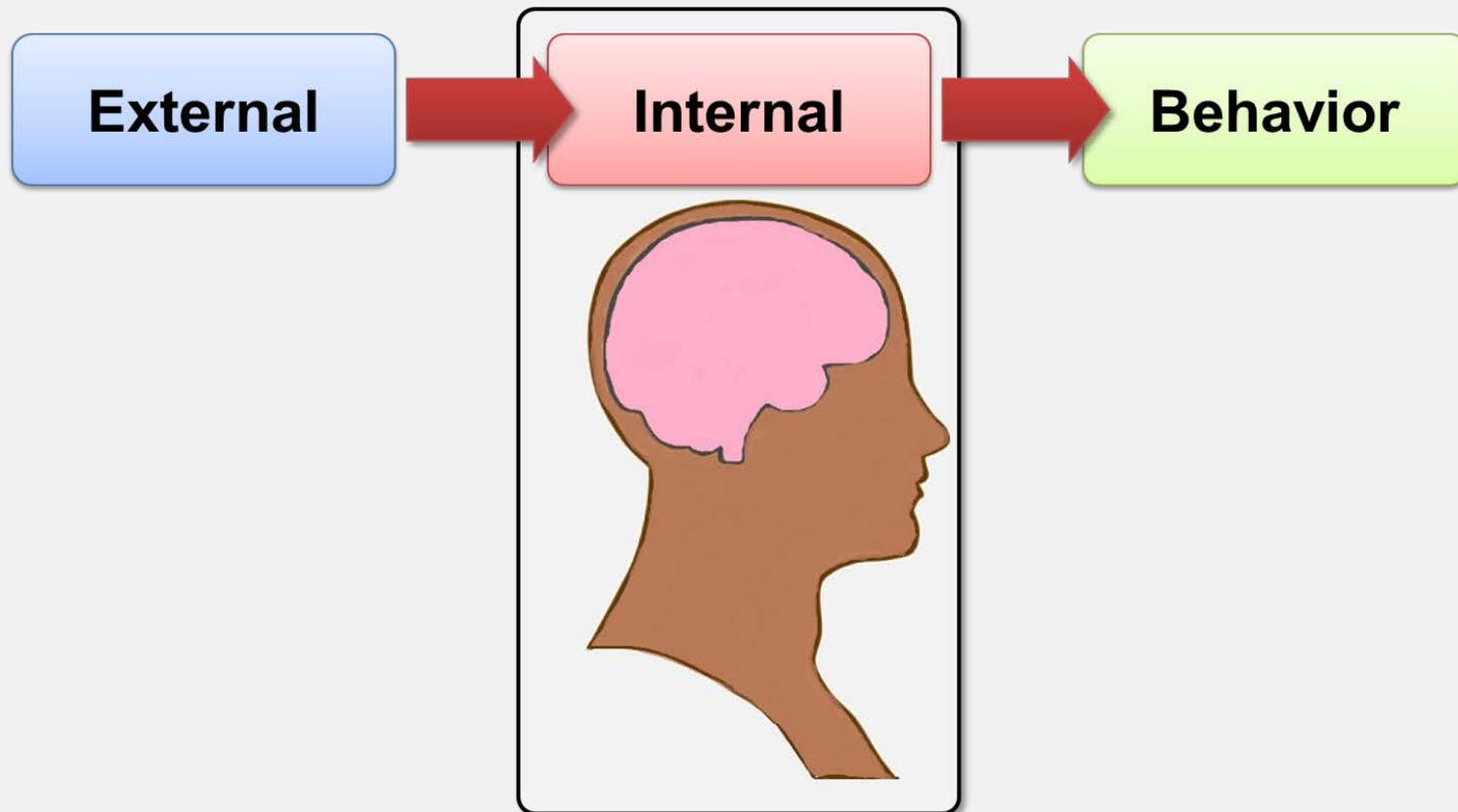
(Why should we target these?)

- Changing these factors changes the probability of recidivism
- Provide the basis for developing a supervision and treatment plan
- Effectively addressing factors can reduce risk (and thus revocation and re-arrest), improve offender outcomes and increase community safety



Cognitions are Key!!!

The Cognitive Model



“Thinking Controls Behavior”



PICTS (Offender Section)

Assessment of Criminal Thinking

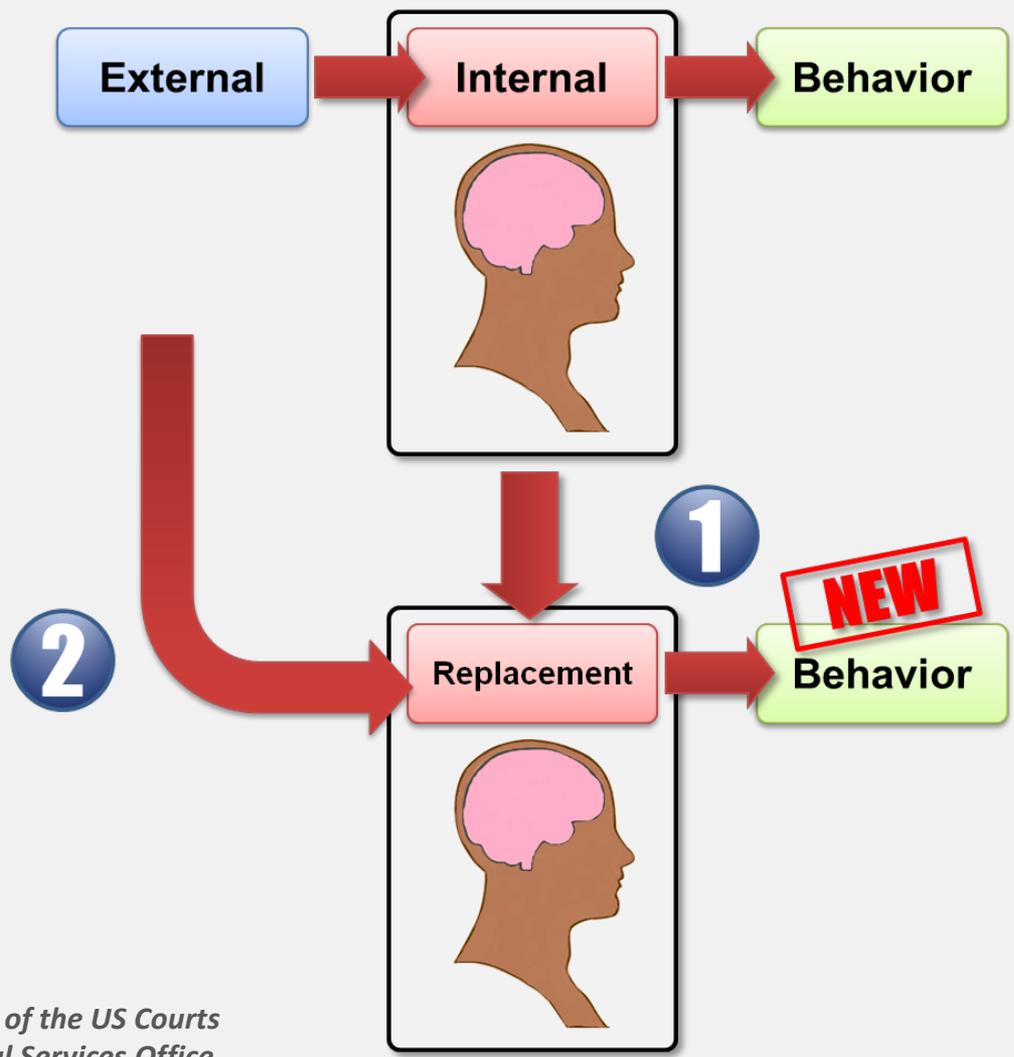
- **General Criminal Thinking (GCT)**: This scale is an overall measure of criminal thinking and is the single best predictor on the Offender Self-Assessment.
- **Proactive Criminal Thinking**: Identifies Individuals for whom crime is generally goal-directed and deliberate. Offenders who are proactive tend to expect positive things to come from their criminal behavior (e.g., money, status, power).
- **Reactive Criminal Thinking**: Identifies individuals for whom crime is generally more of a reaction to a situation than planned behavior. Behavior is impulsive.
- **Eight Elevated Criminal Thinking Styles....**

Offender Self Report Criminal Thinking Styles

Mollification	Justification by blaming others
Cutoff	Rapid elimination of deterrents to crime "screw it"
Entitlement	Grant themselves permission to violate laws
Power Orientation	Exert maximum control over the external environment at the expense of person or internal control
Sentimentality	Doing something nice for others in order to feel better about oneself
Super Optimism	The belief that one can avoid consequences
Cognitive Indolence	Short-cut thinking
Discontinuity	A lack of consistency in thought and action

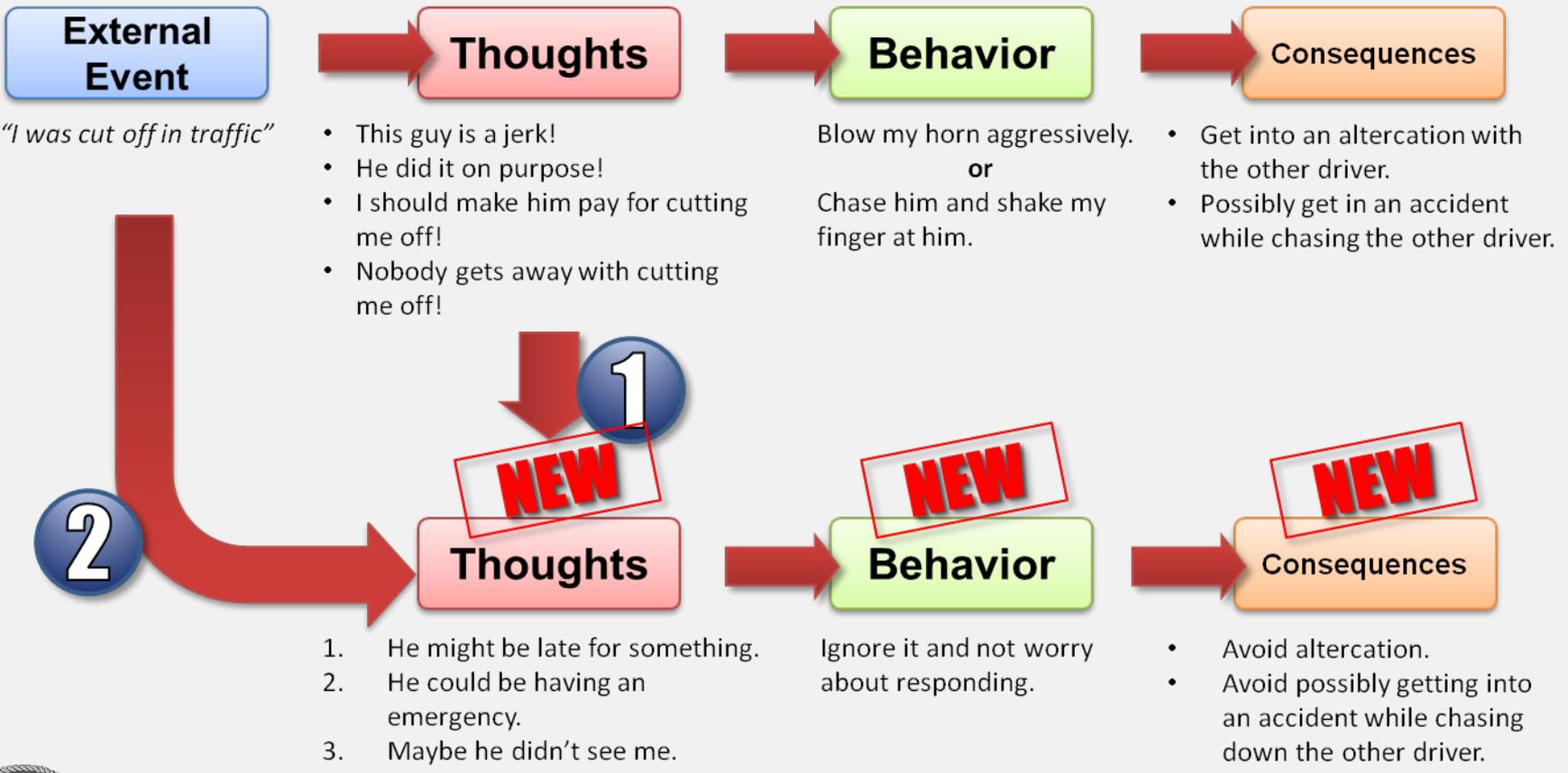


Teaching the Cognitive Model





Teaching the Cognitive Model



General Responsivity

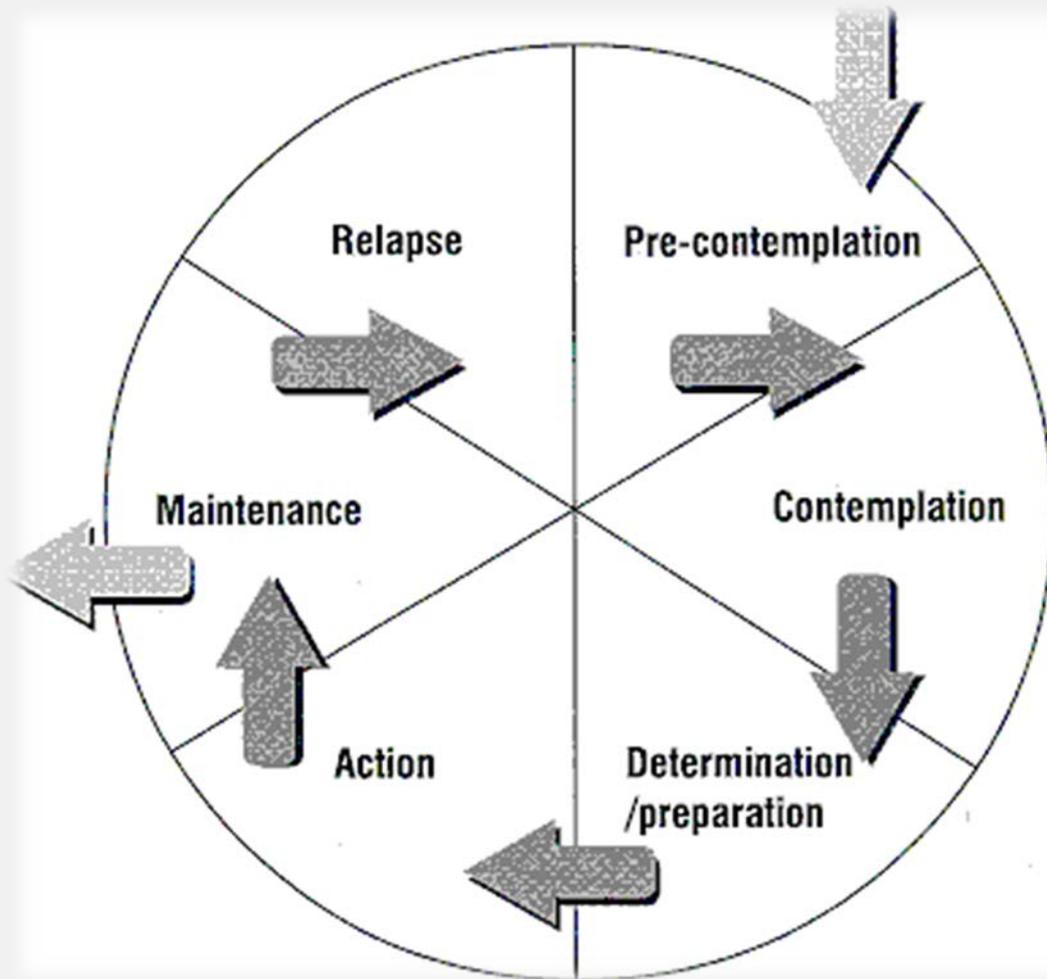
- CBT treatment modality utilized in individual and group counseling
- Importance of “Treatment Matching”
- Assessment of responsivity is important to maximize benefits of interventions/treatment
- Interventions need to be tailored to meet that specific offender’s risk and needs
- Offenders respond differently to treatment strategies

Specific Responsivity Factors

(Possible Barriers to Success)

- Low intelligence
- Physical handicap
- Reading/writing problems
- Mental health issues
- No desire for change
- Homeless
- Transportation
- Child care
- Language
- Ethnicity
- History of abuse/neglect
- Interpersonal anxiety

Stages of Change



Key Points About Motivation

- Motivation predicts whether someone will follow through with an action
- Motivation is behavior specific
- Motivation is changeable
- Motivation is interactive
- Internal motivation leads to longer-lasting behavior change

Effective Interventions

- **Cognitive Behavioral Interventions/Therapy (CBI/T)**
 - Cognitions affect behavior and changes in thinking lead to changes in behavior
(**thinking impacts behavior**)
 - Directed toward changing dysfunctional or distorted thoughts
 - Helps offender identify and manage/avoid high risk situations
 - Teaches offenders tangible skills, such as problem solving
 - Provides structured learning experiences

****Homework, role plays, and practice are essential features of CBT**

Eight Evidence-Based Principles for Effective Intervention

National Institute of Corrections

- **Assess Actuarial Risk/Needs**
- **Enhance Intrinsic Motivation**
- **Target Interventions: RNR, Dosage and Treatment**
- **Skill Train with Directed Practice (use cognitive behavioral interventions/treatments)**
- **Increase Positive Reinforcement**
- **Engage On-going Support in Natural Communities**
- **Measure Relevant Processes/Practices**
- **Provide Measurement Feedback**

Vendor Expectations?

- The intervention and the treatment plan must address presenting clinical issues as well as the client's specific criminogenic needs (a.k.a., dynamic risk factors), such as Cognitions, Drugs/Alcohol, Social Networks, Education/Employment
- CBT is the required treatment modality
- Vendors will be working collaboratively with the client's probation officer
- Vendor's goals/focus should align with officer's/client's

What can you expect from the probation officer?

- Client's risk assessment results
- Identification of client's protective factors/strengths
- Collateral contacts, including prosocial supports
- Three-way meetings (vendor, client, PO)
- Ongoing communication about issues/concerns and progress
- **Probation officers will be utilizing evidence-based interventions that will compliment treatment (STARR skills, cognitive restructuring, Interactive Journaling, Moral Reconciliation Therapy (MRT) groups**
- Transition from Treatment/Discharge Planning

Local Needs

Project Codes: 2001, 2010, 2020, 2021, 2030, 6000, 6001, 6010, 6012, 6015, 6022, 6026, 6030, 6032, 6090, 7013, 7023

- It is expected that the intervention utilized will be a Cognitive Behavioral Therapy (CBT) format. The goal of CBT is to change the way defendants/offenders think (decreasing antisocial thinking) thereby changing the way they behave (increasing prosocial behavior). These goals are accomplished through the utilization of structured homework assignments, teaching and practicing prosocial skills, role playing, etc.

Local Needs (cont.)

- The vendor must also adhere to the specifications in the Statement of Work pertaining to Monthly Treatment Reports (MTR) and Quarterly (90-day) Treatment Plans. Additionally, all vendors must utilize the most recent Prob 46 form (MTR), a copy is attached, fully completing Section 10a through 10h, and identify where the offender is within the Stages of Change model and the strategies being employed to increase their understanding of their issues and acceptance of responsibility for changing their behavior. With respect to the Quarterly Treatment Plans, it is expected that all vendors will utilize, and complete in its entirety, the attached template entitled “Individualized Comprehensive Quarterly Treatment Plan.”

MONTHLY TREATMENT REPORT

This form must be completed and submitted with each monthly billing. Additional sheets may be used.

1. PROGRAM NAME:		1a. PROVIDER NAME:		2. DATE OF CURRENT TX PLAN (ATTACH REVISIONS):	
3. CLIENT NAME:		3a. FACTS NO.		4. FOR PERIOD COVERING:	
5. PHASE NO.	5a. TIME IN PHASE:	6. PRETRIAL CLIENT: <input type="checkbox"/> Yes <input type="checkbox"/> No		7. CLIENT EMPLOYED: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Student <input type="checkbox"/> Other	

8. CONTACTS SINCE LAST REPORT

a. Date	b. Service (Name & No.)	c. Length of Contact	d. Comments (No Shows, Tardiness, Issues Addressed)	e. Copay (amount collected)

9. URINE TESTING RECORD

DATE COLLECTED	Scheduled		Sample Not Tested		Drug Use Admitted		COLLECTED BY	SPECIAL TESTS REQUESTED	TEST RESULTS (Positive/Negative)	Copay (amount collected)
	Yes	No	Insuf. Qty.	Stall	No	Yes (specify drug)				

10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS

a. Describe the treatment goals addressed this month (Met Not Met):

b. Describe any steps taken by the client this month toward these goals (Positive Negative):

c. Describe any obstacles or setbacks the client encountered this month:

d. Describe one unique way the PO/PSO can assist/support the client in treatment over the next month:

e. If continued treatment is recommended, discuss the plan for next month (Recommended Not Recommended):

f. Discuss your observations of the client's behavior and commitment to treatment (Positive Negative):

g. Comments:

h. Overall Progress: Acceptable Unacceptable

SIGNATURE OF COUNSELOR _____ DATE _____

Documentation of Services

- **Monthly Treatment Reports**

- Identify treatment goals
- Steps taken toward the goals
- Where the offender is within the Stages of Change model
- Describe any set backs
- Identify ways the PO can help/support client over the next month
- Describe offender's commitment to treatment
- Is ongoing treatment recommended
- Client's overall progress

INDIVIDUALIZED COMPREHENSIVE QUARTERLY TREATMENT PLAN

Treatment Provider: _____
Name and Location of Services _____ Date Plan Prepared _____

Client Name & PACTS #: _____ **Supervising USPO:** _____

Client PACTS # and Date Client Entered Into Treatment Services: _____

Presenting Clinical Issues/Diagnosis: _____

PCRA Output: Risk, Needs (also known as Dynamic Risk Factors) and Responsivity Issues: _____

Type & Frequency of Services Anticipated in Next 90 Days: _____

Clinical/Treatment Issues and Identified Risk, Needs, and Responsivity Factors (RNR):

Planned Intervention Strategies (Including Such Things as Homework Assignments, Thinking Reports, Problem Solving Exercises, etc.) to Address Clinical/Treatment Issues and RNR:

Treatment Goals:

- Short-Term Behavior Change Goals:

Measureable Objectives:

Define Client's Input into the Treatment Plan and Client's Expectations of Treatment Services:

Identify the Involvement of Family, Supportive Collateral Contacts, and Community Support Entities (including USPO):

Specific Criteria for Treatment Completion or Advancement to Next Treatment Phase and Specify Need for Continued Treatment at this Time:

Anticipated Time Frame for Treatment Completion or Advancement to Next Treatment Phase:

Treatment Provider Signature & Date

Client Signature & Date

Documentation of Services

- **Quarterly (90-day) Treatment Plans**
 - Clinical Issues and Identified Risk, Needs, Responsivity factors
 - Planned interventions (including homework, thinking reports, problem solving exercises)
 - Treatment Goals
 - Short-term behavior change goals
 - Measurable objectives
 - Client's input into treatment plan
 - Identify involvement of family, supportive collateral contacts and community support
 - Specific criteria for treatment completion or advancement to the next phase. Specify continued need for treatment
 - Anticipated time frame for completion of treatment or advancement to the next treatment phase



Other Local Needs.....

Monitoring Requirements

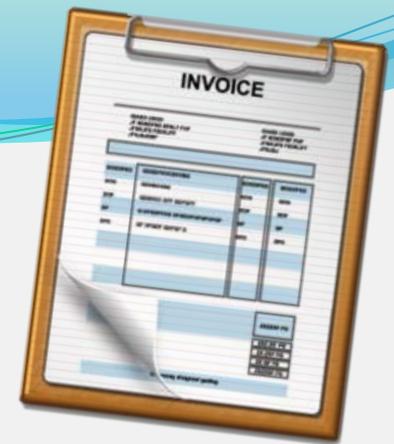
- Twice annually
- Review of file storage and maintenance
- File review, including focus on quality of service and CBT interventions
- Review of chain of custody and specimen storage for urinalysis collection
- Are all contracted services being provided?

***Note that copies of professional licenses and resumes must be provided for staff prior to working with defendants/offenders.**

Service Provider Communication System (SPCS)

- The ERS Vendor Component and SPCS provide a secure communication protocol between vendors and federal probation and pretrial officers
- While information sent through the ERS Vendor Component and SPCS is encrypted and transferred over a secure network, whether this is sufficient for HIPAA compliance is a determination that only the vendor can make
- More information will be forthcoming (on-site training will be provided)

Invoicing



- Invoices AND associated documents must be submitted by the 10th of the month (late submissions will delay reimbursement)
- Please include copies of any evals/assessments completed that month
- Must provide updated tx plans every 90-days (with billing)
- Must provide ALL the services referenced on the Treatment Services Contract Program Plan (Prob 45)---or explanation as to why they weren't provided
- Do NOT provide services that are not ordered on Treatment Services Contract Program Plan (Prob 45)—**you will not be reimbursed**
- Dates and project codes on billing invoice must match those of the Treatment Services Contract Program Plan

File Maintenance

Located in the SOW, Section C : “Deliverables”

- Must have secure filing system
- Separate U.S. Probation from U.S. Pretrial Services
- Electronic files must be available for review, upon request of officer
- Keep all files for 3 years post payment (i.e., subsequent to the conclusion of services)



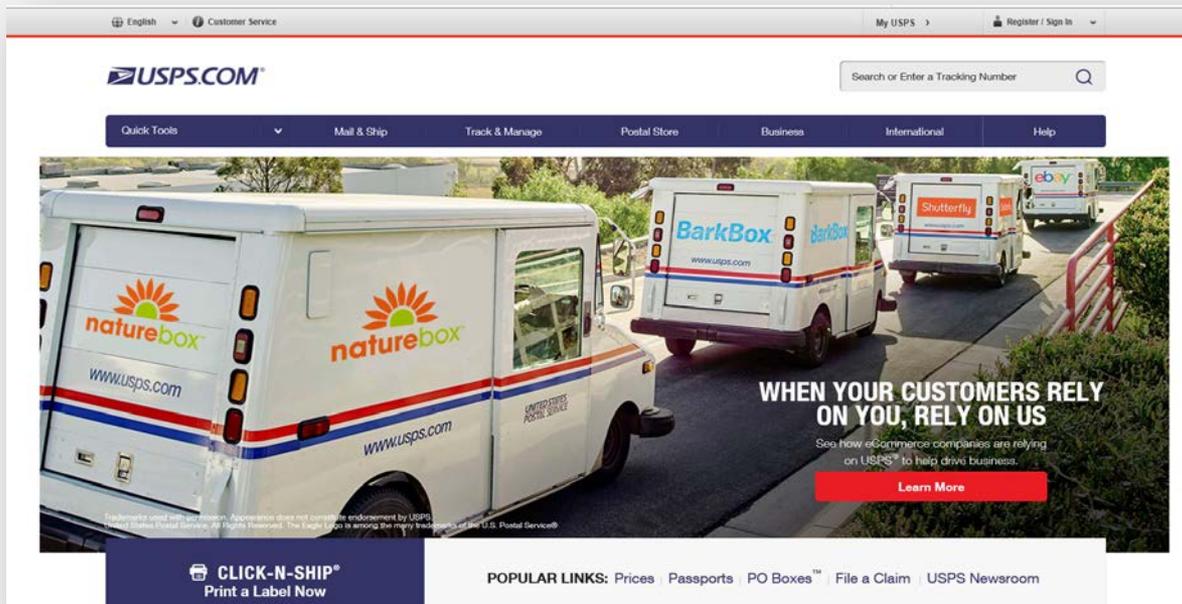
File Maintenance (cont.)

Hard Copy and Electronic Files Must Contain:

- Clinician's progress notes
- Treatment Services Contract Program Plan (Prob 45)
- Monthly Treatment Reports (MTRs) must be:
 - typed
 - thorough and accurate
 - submitted with billing
- Daily Treatment Log
- U/A Testing Log
- Evaluations/Assessments
- 90-day Treatment Plan (use template provided)
- Discharge Summaries

Ordering Supplies

- Order shipping supplies through USPS



Priority Mail Tyvek Envelope
11-5/8" x 15-1/8"



Priority Mail Padded Flat Rate Envelope
9-1/2" x 12-1/2"



Priority Mail Regional Rate Box - A1
10" x 7" x 4-3/4"



Priority Mail Regional Rate Box - B1
12" x 10-1/4" x 5"

USPS shipping bags & shipping boxes can be ordered through the United States Postal Service website under "Free Shipping Supplies."

Our office will no longer supply USPS shipping bag & boxes.

Ordering Supplies

- Ordering supplies from the **U.S. Probation Office**
- Probation Chain of Custody Forms (Green)
- Pretrial Chain of Custody Forms (Red)
- Specimen Bags
- Flip Top Containers
- Merchandise Return Labels

**SPECIMEN COLLECTION
SUPPLY ORDER FORM**



Date: _____
Clinic: _____
Account Number: _____

Please review inventory monthly and maintain a 90 day supply on all collection/shipment supplies.
EMAIL ALL SUPPLY REQUESTS TO:
PAA_ILNP@ILNP.USCOURTS.GOV

Collection Supplies	Current Inventory Count	Quantity Requested
Probation Chain of Custody Forms (Green)		
Pretrial Chain of Custody Forms (Blue)		
Specimen Bags		
Flip Top Containers		
Merchandise Return Labels		

NUMBER OF SPECIMEN COLLECTIONS PER MONTH: _____

Drug Testing Program Overview



**U.S. Probation &
U.S. Pretrial Services**

Welcome!

- Drug Testing Program for the Northern District of Illinois
- U.S. Pretrial Services Laboratory
- Introduce Lab Staff
- Drug Testing Program Overview
 - Referral
 - Collection
 - Storing
 - Supplies
- Training / Certification
- Billing



Contact Us

U.S. Pretrial Services
219 S. Dearborn Street
Room 15100
Chicago IL, 60604

Phone: (312) 435-5793
Fax: (312) 435- 5545

U.S. Probation
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Questions





*Thank
You!*