



MEMORANDUM

United States Probation
and Pretrial Services Office
Eastern District of Arkansas

To: All Treatment Vendors

From: U.S. Probation Office, Eastern District of Arkansas

Re: Notice of BPA Updates Effective October 1, 2023

Date: September 27, 2023

At the direction of the Administrative Office for the U.S. Courts, a revised Amendments of Solicitation/Modification of Contract (SF-30) is enclosed. This document supersedes the previously provided SF-30.

Please review, sign, and return the SF-30, no later than October 2, 2023.

Outlined below is the additional information referenced in box 14 of the SF-30:

Item No.	Description of Modification	Changes Implemented
1	Extend Services Agreement for the period of October 1, 2023, to September 30, 2024...	No changes from previous SF-30 provided.
2	Replaced Monthly Treatment Log with Monthly Sign-In Log	Reference Section I for more information regarding Sign-In Log.
3	Updates to Case Staffing Requirements	Reference Section II for more information regarding staffing requirements.
4	Updates to Treatment Plans	Reference Section III for more information on Treatment Plans.
5	Transitional Care Plans	Reference Section IV for more information on Transitional Care Plans.

If you have any questions, please contact Jordan Riggs, Drug & Alcohol Treatment Specialist at Jordan_Riggs@arep.uscourts.gov or Lesciara Walker, Acting Mental Health Treatment Specialist at Lesciara_Walker@arep.uscourts.gov.

Thank you.

I. Monthly Sign-In Log

The purpose of this modification is to remove the requirement for a “Monthly Treatment Log.” Per this modification, the Monthly Treatment Log is being replaced with the Monthly Sign-In Log (attached). A copy of the Sign-In Log is also available at [Treatment Services Procurement | Eastern District of Arkansas \(uscourts.gov\)](https://uscourts.gov).

The Monthly Sign-In Log:

- Submitted with the monthly invoice is one Monthly Sign-In Log per defendant/person under supervision. *[NOTE: All other supporting documentation, including the Urinalysis Testing Log is still required.]*
- Includes all defendant’s/person under supervision’s scheduled contacts during the month (per project code), to include notation/comment indicating any failure to report on scheduled dates, or when service was provided via telehealth.
- Defendant/person under supervision shall sign-in upon arrival to include the time in and time out of service with the vendor initialing to verify accuracy of time in/time out.
- Documents any defendant’s/person under supervision’s co-payment.
- USPO/USPSO or designee uses to certify the monthly invoice.
- For residential placements, only required to obtain defendant/person under supervision signature on first and last day of placement.

II. Case Staffing Conferences

The purpose of this modification is to update the requirements of Case Staffing Conferences.

Per this modification, Case Staffing Conferences with the USPO/USPSO can be conducted:

- In person;
- by telephone;
- or any other form of protected electronic communication

When applicable, the case staffing may include the vendor, the defendant/person under supervision, and the officer to clearly define expectations and clinical treatment goals. Communication with the officer should be driven by risk, needs, and responsivity specific to the defendant/person under supervision.

Additionally, case staffing shall occur:

- A minimum of every 30 days for PCRA high and moderate risk referrals and PTRAs category 3, 4 and 5;
- A minimum of every 30 days, regardless of risk level, for residential treatment placements;
- A minimum of every 90 days for all other clinical services referrals, and

- As requested by the USPO/USPSO

Case staffing should include, but is not limited to, the following:

- The defendant's/person under supervision's motivation for treatment;
- Appropriate type and frequency of treatment;
- Treatment related goals that are specific, measurable, achievable, relevant and time-bound (SMART goals);
- PCRA dynamic risk factors and elevated thinking styles (for USPO referrals);
- Responsivity, cultural considerations for service delivery;
- Non-compliance with supervision and/or treatment;
- Community observation, collateral supports, officer delivered interventions.

For Pretrial defendants charged with a sex offense,

- The officer should have ongoing contact with the treatment provider to assess the defendant's progress and overall adjustment.
- This ongoing contact should be based on the defendant's risk and needs.

For Post-Conviction Sex Offense cases,

- The officer should have at least monthly contact with the treatment provider while the person under supervision is in the primary phase of treatment.

For any treatment-related referrals, although a three-way staffing is not a requirement, there could be several instances when it may be helpful at the onset of treatment or during the treatment process. Examples include but are not limited to:

- The defendant/person under supervision is resistant to participating in treatment and/or lacks motivation;
- Cases wherein it may be beneficial to have role clarification (for sex offense cases- utilization of the containment approach);
- The case presents a complexity of supervision/treatment concerns and/or high risk cases (for sex offense post-conviction this could include paraphilias/the presence of multiple static and/or dynamic risk factors, third party risk issues/safety planning); etc.

III. Treatment Plans

The purpose of this modification is to replace language regarding the **Treatment Plan**.

Per this modification, the vendor shall prepare a typed **Treatment Plan** created with the defendant/person under supervision, which is submitted at least every 90 days that outlines the following:

- Treatment related goals that are specific, measurable, achievable, relevant and time-bound (SMART) goals;
- Action steps for the defendant/person under supervision to accomplish the identified treatment goals, to include appropriate type and frequency of treatment;

- The defendant's/person under supervision's supportive social networks (e.g. family, friends, peer support, co-workers, etc.);
- Medication management plan (when applicable);
- Collaboration and coordination for community-based services (when applicable);
- Skills to assist in managing known risk and symptoms;
- Adaptable skills for self-management;
- Recommendation/justification for continued treatment services;
- Signature and date of the vendor, and the defendant/person under supervision.

[NOTE: The updated treatment plan wording below is not intended for sex offense treatment services]

IV. Transition Care Plan

The purpose of this modification is to replace the **Discharge Summary** with a **Transitional Care Plan**.

Per this modification, the vendor shall prepare a typed **Transitional Care Plan**, created with the defendant/person under supervision, when possible, that is submitted at the conclusion of contract treatment services, but no later than 15 business days after treatment is terminated.

- The community is best served when the person under supervision remains drug free, employed, and invested in healthy relationships beyond the period of supervision.

Transitioning is defined as the process of moving a person under supervision from contract treatment services to a community-based aftercare program that is managed by the person under supervision. Transitioning from treatment occurs throughout the treatment process to ensure that the person under supervision possesses the tools and community resources necessary to function under decreasing levels of supervision which is monitored by the officer.

The typed transitional care plan shall outline the following:

- The reason for concluding contract treatment services, to include unsuccessful discharge and the reasons why unsuccessful;
- The defendant's/person under supervision's supportive social networks (e.g. family, friends, peer support, co-workers, etc.);
- Medication management plan (when applicable);
- Acquired skills to assist in managing known risk and symptoms;
- Adaptable skills for self-management;
- Diagnosis and prognosis;
- Signature and date of the vendor, and the defendant/person under supervision when possible.