FY 2026 STATEMENT OF WORK

United States Probation
and Pretrial Services Office
Eastern District of Arkansas

The enclosed FY 2026 Statement of Work is a national document provided by the Administrative Office of U.S. Courts and governs all awarded Blanket Purchase Agreements (BPAs) issued by the U.S. Probation & Pretrial Services Office, Eastern District of Arkansas.

The Statement of Work outlines all service, staffing, contract administration and billing requirements of the BPA, including terms and conditions. It is recommended to use the Ctrl + F search function to locate the specific service code or reference needed as this is a comprehensive document.

Vendors should refer to Section C. Descriptions/Statement of Work associated with the BPA awarded, as this is a complete reference guide for all services and used for reference only.

If you have any questions regarding the Statement of Work or the awarded BPA, please email AREPdb_Treatment@arep.uscourts.gov.

Thank you.

Posted 09/25/2025

SECTION C. DESCRIPTION/STATEMENT OF WORK

PROVISION OF SERVICES

The United States Probation and Pretrial Services Office (hereafter USPO/USPSO) shall provide a Probation Form 45 for each defendant/person under supervision that authorizes the provision of services. The vendor shall provide services strictly in accordance with the Probation Form 45 for each defendant/person under supervision. The Judiciary shall not be liable for any services provided by the vendor that have not been authorized for that defendant/person under supervision on the Probation Form 45. During treatment, the United States Probation or Pretrial Services Officer may issue amended Probation Form 45's to reflect any changes in the service requirements. The USPO/USPSO will notify the vendor in writing via Probation Form 45 when services are to be terminated. The Judiciary shall not be liable for any services provided by the vendor subsequent to the written notification.

INTRODUCTION

A. Pursuant to the authority contained in 18 U.S.C. §§ 3154 and 367, contracts or Blanket Purchase Agreements may be awarded to provide services for defendants/persons under supervision who are drug-dependent, alcohol-dependent, and/or suffering from a psychiatric disorder. Such services may be provided to federal defendants/persons under supervision supervised by the USPO/USPSO, under the terms of this agreement. The vendor shall submit separate invoices for services provided to the referring agency (USPO or USPSO).

Note regarding pretrial services defendants: The vendor shall not ask questions pertaining to the instant offense (pending charges) or ask questions or administer tests that compel the defendant to make incriminating statements or provide information that could be used in the issue of guilt or innocence. If such information is divulged as part of an evaluation or treatment, it shall not be included in the written report.

B. The services to be performed are specified in Sections B and C of this agreement. The vendor shall comply with all requirements and performance standards of this agreement to ensure the effective and efficient delivery of services. The vendor is responsible for their knowledge of the agreement and shall adhere to these standards to maintain the quality and integrity of the authorized services.

C. The judiciary will refer defendants/persons under supervision on an "as needed basis." The judiciary does not guarantee referrals for a specific quantity of services or a specific number of persons.

DEFINITIONS

A. **"Judiciary"** means United States Government.

B. **"Authorized representative"** means any person, persons, or board (other than the contracting officer and Chief Probation Officer/Chief Pretrial Services Officer) authorized to act for the head of the agency.

C. **"Contracting Officer"** (i.e. CO) means the duly authorized representative to execute this Agreement on the behalf of the Judiciary, and any other successor Contracting Officer who has responsibility for this agreement. The term includes, except as otherwise provided in this Agreement, the authorized representative of a Contracting Officer acting within the limits of their written authority.

D. **"Defendant/Person Under Supervision"** means any pretrial releasee, probationer, parolee, mandatory releasee, mandatory parolee, or supervised releasee receiving drug/alcohol testing and/or substance use assessment/treatment, mental health assessment/evaluation/treatment, and or sex offense specific evaluation/treatment/testing while under the supervision of the Federal Probation or Pretrial Services Office. Hereinafter, the term defendant applies to those on pretrial supervision, whereas person under supervision applies to those on post-conviction supervision.

E. **"U.S. Probation Officer"** (i.e., USPO) and **"U.S. Pretrial Services Officer"** (i.e., USPSO) means an individual appointed by the United States District Court to provide pretrial, presentence and supervision (pre and post sentence) services for the court. USPO and USPSO refers to the individual responsible for the direct supervision of a defendant/person under supervision receiving drug/alcohol testing and/or substance use assessment/treatment, mental health assessment/evaluation/treatment, sex offense specific evaluation/treatment/testing, and/or specialized treatment for pretrial defendants charged with a sex offense.

F. **"Designee"** means the person selected by the Chief Probation Officer or the Chief Pretrial Services Officer to act in their behalf in drug, alcohol, and mental health treatment matters.

G. **"Telehealth"** includes providing health care delivery, assessment, diagnosis, consultation, and treatment and the transfer of medical data through interactive audio, video, or electronic/data communications.

H. **"Clarifications"** are limited exchanges, between the Judiciary and offerors that may occur when award without discussions is contemplated. If award will be made without conducting discussions, offerors may be given the opportunity to clarify certain aspects of proposals or to resolve minor or clerical errors.

I. **"AOUSC"** refers to the Administrative Office of the U.S. Courts.

J. **"Probation Form 45"** is the referring document submitted by the USPO/USPSO per defendant/person under supervision that outlines only those services the vendor is authorized to provide and invoice to the Judiciary. It should be noted the Probation Form 45 only requires the signature of the referral agent.

K. **"Monthly Sign-In Log"** is a document the vendor will use for each defendant/person under supervision to verify services are being offered/provided per Probation Form 45 requirements. The Monthly Sign In Log includes a place for defendant/person under supervision to sign for services based on project code,

with a time in/out, vendor initials, co-payment received, and comments (to include a comment if the defendant/person under supervision failed to report, if no services were provided/received within the month, and if telehealth was provided including the means in which the session was provided (teleconference, video conference, internet). This document accompanies the monthly invoice.

L. **"Case Staffing Conference"** is a collaborative meeting involving the officer, the vendor, and when possible, the defendant/person under supervision, to exchange information, identify issues, and ensure the purpose of services is focused on targeting the identified risk and needs of the individual.

M. **"DSM"** is the Diagnostic and Statistical Manual of Mental Disorders and "**ICD**" is the International Classification of Diseases.

N. **"Co-payment"** is any payment from defendant/person under supervision.

O. **"AMO"** is the Acquisition Management Office at the Administrative Office of the U.S. Courts.

P. **"PCRA"** means the Post-Conviction Risk Assessment, which is an assessment administered by the USPO with the person under supervision used to determine risk level, identify dynamic risk factors (criminogenic needs) and criminal thinking styles. A copy of the PCRA interpretation report with the identified risk level should be provided to the treatment vendor with the referral for services.

Q. "**Criminogenic Risk"** includes factors in a person under supervision's life that are directly related to recidivism. The most significant are Cognitions, Alcohol and Drugs, Employment/Education, Social Networks and Criminal History.

R. **"PTRA"** means the Pretrial Risk Assessment, which is an assessment administered by the USPSO with the defendant used to determine failure to appear and new criminal arrests or revocations due to technical violations.

MANDATORY REQUIREMENTS

For Project Codes in Section B, the corresponding paragraphs in this statement of work shall be considered mandatory requirements, as well as the sections listed below:

A. Defendant/Person under supervision Reimbursement and Co-payment
B. General Requirements
C. Notifying USPO/USPSO of Defendant/Person under Supervision Behavior
D. Staff Requirements and Restrictions
E. Facility Requirements
F. Local Services (if applicable)

DRUG TESTING

«1.» Urine Collection (1010)

The vendor shall perform the following procedures related to the collection of urine specimens. The Designee will provide the vendor with the necessary urinalysis

collection materials (i.e. Chain of Custody forms, vials, specimen bags, mailing boxes, mailing labels which include the cost of shipping); however, the vendor is responsible for printer ink, disposable gloves, cleaning agents, coloring agent, etc.

a. **Storage of Urinalysis Supplies**

The vendor shall:

(1) Store all urinalysis supplies in a secure area with access limited only to authorized vendor employees involved in the collection process.

b. **Secure Collection Area**

The vendor shall:

(1) To the extent possible, provide a lavatory only for collecting urine specimens that is not used by staff or others not providing urine specimens.

(2) If the lavatory is used by others not providing a urine specimen, the vendor shall:

(a) Limit the possibility of any interference with the collection process or adulteration of the specimen; and
(b) Limit access during the collection process to only those involved in the collection of urine specimens.

c. **Safety Precautions and Collector Training**

(1) The vendor shall ensure that collectors reviewed and acknowledged the federal OSHA Bloodborne Pathogen regulations (29 C.F.R. 1910.1030). The vendor shall document the same in the collector's personnel file and the collector must certify they have received and understand the regulations. The vendor shall provide the documentation to the CO upon request.

(2) The vendor shall ensure that all personnel handling urine specimens wear disposable gloves designed for protection against biohazards and are familiar with standard precautions for handling bodily fluids.

(3) The vendor shall ensure collector training includes fostering respectful and appropriate interactions with defendants/persons under supervision regardless of gender, race, ethnicity, religion, cultural background, sexual orientation, or other personal

characteristics.

d. **General Urine Specimen Collection Procedures**

(1) The vendor shall ensure defendants/persons under supervision:

(a) Remove jackets, coats, and large pocket items before entering the collection area. These items can be placed on a hook or table inside the collection area.
(b) Set aside purse or other carried items. These items can remain in the collection areas; however, must remain outside of immediate access from the defendant/person under supervision.
(c) Vigorously wash their hands using soap and water, then thoroughly rinse their hands to remove all soap and any adulterants from under the fingernails or on the skin, and finally dry their hands completely prior to voiding.
(d) Roll up long-sleeved shirts so the collector can examine defendant's/person under supervision's arms to detect tampering devices or adulterants.

(2) The vendor shall ensure that the collectors:

(a) Verify the identity of the defendant/person under supervision by means of a state driver's license, state identification or other acceptable form of photo identification.
(b) Collect specimens from only one donor at a time. Both the donor and the collector shall keep the specimen collection container in view at all times prior to it being sealed and labeled.
(c) Complete a Chain of Custody (provided by the Designee) before a defendant/person under supervision voids following the chain of custody procedures and peel the Barcode label from the Chain of Custody form and place it on the bottle.
(d) Collect a minimum of 30 milliliters of urine to allow the laboratory to conduct the initial presumptive screen and confirmation tests. A specimen with less than 10 milliliters of urine is not acceptable for testing and shall not be submitted, unless specifically authorized by the Probation or Pretrial Services Office, as the nationally contracted laboratory will not test it due to insufficient quantity.
(e) Not flush urinals/commode until the collection is completed and the collector advises it is safe to do so (a coloring agent is not necessary for direct observation of

urine collection).

(f) Observe and document any indication (unusual color, odor) of specimen dilution and/or adulteration, or any unusual collection events or discrepancies.

(g) Close and tightly secure the specimen collection container, to ensure it will not leak. The collector shall ensure the container is tightly secured.

(h) Review the temperature of the specimen to determine if it is near body temperature, if applicable. If temperatures strips are provided by the Designee, the temperature of the specimen should be measured within 4 minutes of collection and should be within a range of 90 - 100 degrees.

(i) Use tamper evident tape or label across the top of the bottle cap and down the sides of the bottle, and the collector or defendant/person under supervision shall initial the tamper tape or label.

(j) Sign the Specimen Collection Statement of the Chain of Custody Form. The collector shall not sign the certification area of the form until the collection process is completed.

(k) Have the defendant/person under supervision sign the Chain of Custody Form after the collection process is completed.

(l) Follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.

e. **Observed Urine Specimen Collection Procedures**

The vendor shall:

(1) Directly observe defendants/persons under supervision voiding into a specimen collection container. Collectors conducting direct observation of urine collection shall be the same gender as the defendant/person under supervision providing the specimen (no exceptions).

(2) The use of mirrors is acceptable if the mirrors aid the collector in viewing the voiding process.

f. **Unobserved Urine Specimen Collection Procedures**

The vendor shall perform the following urine specimen collection procedures if circumstances prevent the observed collection of a specimen. Unobserved urine collection should be a rare occurrence and not a general manner of vendor operations. The vendor shall ensure that collectors:

(1) Take unobserved specimens **only** when the defendant/person under supervision and the collector are not of the same gender or it is virtually impossible to collect an observed specimen. If circumstances necessitate the collection of unobserved specimens, the vendor shall contact the CO for approval prior to the collection. If unobserved collection has not been approved, the vendor shall not invoice for the collection.

(2) Secure any source of water in the area where the collection occurs, by either shutting off the water or securing its access with tamper evident tape.

(3) Remove and/or secure any agents that could be used to adulterate the specimen, such as soaps, cleaners, and deodorizers.

(4) Clearly document on the Chain of Custody Form all unobserved collections and document and obvious signs of substitution or contaminants.

(5) When provided by the Designee, use a temperature strip to measure urine specimen temperatures which should range between 90- and 100-degrees Fahrenheit. The time from voiding to temperature measurement is critical and in no case shall exceed 4 minutes.

(6) Obtain a second specimen from defendant/person under supervision if the urine specimen temperature is outside the specified range. To prevent dilute specimens, limit fluid intake by the defendant/person under supervision to no more than 8 ounces per hour.

(7) Place a coloring agent in the commode to deter dilution of the specimen with commode water.

(8) Follow all general collection procedures in subsection d above.

g. **Urine Specimen Mailing and Storage** (For specimens shipped or transferred to contract national drug testing laboratories or on-site instrumented drug testing laboratories).

The vendor shall ensure that:

(1) Every specimen shipped or transferred to a testing facility is contained in a collection container specifically designed to withstand the rigors of transport. All collection containers shall be provided by the Designee.

(2) The collector places the specimen and corresponding Chain of Custody Form in the approved shipping container, notifies the

shipper/delivery service/courier that specimen(s) are ready to be delivered to the laboratory, and places such containers in the custody of an approved delivery service or courier.

(3) Specimens shall be mailed/shipped no later than the close of business the day the specimens are collected, or the morning of the day following the collection.

(4) Urine specimens are stored in a secure area with access limited only to collectors or other vendor authorized personnel.

h. **"No Test" Policy**

The urinalysis laboratories under national contract with the Administrative Office of the U.S. Courts **will only test** urine specimens if all the following conditions are met.

(1) The specimen bottle contains no less than 10 milliliters of urine.

(2) The specimen security seal or tamper evident system (e.g., tape) is present and intact.

(3) The specimen bar code label is present.

(4) The specimen is accompanied by the Chain of Custody Form.

(5) The specimen identifier (i.e., bar code number) on the bottle is identical to the number on the Chain of Custody Form.

(6) The collector's signature is on the Chain of Custody Form.

When any of the above conditions are not met, "No Test" will be stamped on the request report form and the reason for the no test will be checked or written in the space provided. Specimens that cannot be tested will be discarded. The vendor shall ensure that **all** the above conditions are present for specimens sent to the national drug testing laboratories and local or regional on-site laboratories. For districts using a local or regional on-site laboratory for testing of samples, the Chain of Custody Form shall also include the signature of the defendant/person under supervision.

For specimens that are received by the national drug testing laboratories or local or regional on-site laboratories and are untestable in accordance with the no-test policy or failure to follow the required collection guidelines, the vendor shall not invoice the district for the cost of the collection. The Designee will provide notification to the vendor of untestable specimens.

i. **Random Urine Specimen Collection Procedures**

The vendor shall provide random urine specimens collections in accordance with the following:

(1) The vendor shall collect random urine specimens at the frequency determined and authorized in the Probation Form 45.

(2) The vendor shall collect random urine specimens when the defendants/person under supervision have less than 24 hours' notice to submit a urine specimen.

(3) The vendor cannot change a randomly scheduled urine collection time and date without the advance approval of the CO.

(4) At the CO's request, the vendor shall develop and operate an automated notification system for random urine collections, subject to the approval of the CO before use.

j. **Urine Specimen Collection - Urinalysis Testing Log**

The vendor shall utilize the Urinalysis Testing Log (included within Section J attachments) for all urinalysis specimens collected which shall indicate:

(a) Defendant/person under supervision's name and PACTS number.
(b) Vendor name and agreement #
(c) Month/Year
(d) Collection Date
(e) Defendant's/person under supervision's signature
(f) Collector initials
(g) Bar Code number
(h) Special tests requested
(i) Drugs or medications taken, and
(j) Co-pay collected (if applicable)

Prior to the use of any other log to record this information, the vendor shall seek approval of the log from the CO.

NOTE: Allowing participants to see the names or signatures of defendants/person under supervision violates federal confidentiality regulations regarding disclosure of drug or alcohol treatment records.

k. **National Contract Urinalysis Laboratories**

Some initial urine specimens are analyzed under a separate national laboratory contract secured by the Administrative Office of the U.S. Courts. Any confirmation testing completed on urine specimens that have a presumptive positive result shall be done by the national contract testing laboratory. The Designee shall provide supplies and instructions for the shipping and handling of specimens.

l. **Onsite Screening Urinalysis Laboratory**

Urine specimens are analyzed by onsite local or regional laboratories at some locations in Probation and/or Pretrial Services Offices. Specimens sent to these facilities shall be processed in the same manner as listed above. Upon award, the CO shall notify the vendor that it uses an on-site testing laboratory and provide supplies and instructions for the shipping and handling of specimens.

«2.» **Urine Collection, Testing and Reporting - Non-Instrumented Drug Testing Devices (NIDTs) (1011):**

Non-Instrument Drug Testing uses methods of urine testing that do not require laboratory instruments for the initial analysis. The device utilized provides an immediate presumptive result. The vendor shall perform the following procedures related to the collection, testing, and reporting of urine specimens using NIDT devices. The Designee will provide the vendor with the necessary urinalysis collection materials (i.e. Chain of Custody forms if applicable, NIDT devices); however, the vendor is responsible for printer ink, disposable gloves, cleaning agents, coloring agent, etc.

a. **Storage of Urinalysis Supplies**

The vendor shall:

(1) Store all urinalysis supplies in a secure area with access limited only to authorized vendor employees involved in the collection process.

b. **Secure Collection Area**

The vendor shall:

(1) To the extent possible, provide a lavatory only for collecting urine specimens that is not used by staff or others not providing urine specimens.

(2) If the lavatory is used by others not providing a urine specimen, the vendor shall:

(a) Limit the possibility of any interference with the collection process or adulteration of the specimen; and

(b) Limit access during the collection process to only those involved in the collection of urine specimens.

c. **Safety Precautions and Collector Training**

(1) The vendor shall ensure that collectors reviewed and acknowledged the federal OSHA Bloodborne Pathogen regulations (29 C.F.R. 1910.1030). The vendor shall document the same in the collector's personnel file and the collector must certify they have received and understand the regulations. The vendor shall provide the documentation to the CO upon request.

(2) The vendor shall ensure that all personnel handling urine specimens wear disposable gloves designed for protection against biohazards and are familiar with standard precautions for handling bodily fluids.

(3) The vendor shall ensure collector training includes fostering respectful and appropriate interactions with defendants/persons under supervision regardless of gender, race, ethnicity, religion, cultural background, sexual orientation, or other personal characteristics.

d. **General Urine Specimen Collection Procedures**

(1) The vendor shall ensure defendants/person under supervision:

(a) Remove jackets, coats and large pocket items before entering the collection area. These items can be placed on a hook or table inside the collection area.

(b) Set aside purse or other carried items. These items can remain in the collection areas; however, must remain outside of immediate access from the defendant/person under supervision.

(c) Vigorously wash their hands using soap and water, then thoroughly rinse their hands to remove all soap and any adulterants from under the fingernails or on the skin, and finally dry their hands completely prior to voiding.

(d) Roll up long-sleeved shirts so the collector can examine defendant/person under supervision's arms to detect tampering devices or adulterants.

(2) The vendor shall ensure that the collectors:

(a) Verify the identity of the defendant/person under supervision by means of a state driver's license, state identification or other acceptable form of photo identification.

(b) Collect specimens from only one donor at a time. Both the donor and the collector shall always keep the specimen collection container in view prior to it being sealed.

(c) Complete a NIDT Collection Form (provided by the Judiciary) before a defendant/person under supervision voids.

(d) Collect a minimum of 30 milliliters of urine to allow the laboratory to conduct confirmation testing. A specimen with less than 10 milliliters of urine is not acceptable for testing and shall not be submitted as the laboratory will not test it due to insufficient quantity.

(e) Not flush urinals/commode until the collection is completed and the collector advises it is safe to do so (a coloring agent is not necessary for direct observation of urine collection).

(f) Observe and document any indication (unusual color, odor) of specimen dilution and/or adulteration, or any unusual collection events or discrepancies.

(g) Review the temperature of the specimen to determine if it is near body temperature, if applicable. If temperatures strips are provided by the Judiciary, the temperature of the specimen should be measured within 4 minutes of collection and should be within a range of 90 - 100 degrees.

(h) Perform test procedures according to the manufacture's procedures/instructions for completion of testing on specimen.

(i) Record test results on the Urinalysis Log (included within the Section J attachments and/or approved by CO), if applicable.

(j) Close and secure tightly the specimen collection container to ensure it will not leak.

(k) For presumptive positive specimens, complete the appropriate Chain of Custody form with the defendant/person under supervision. Use a tamper evident tape from the Chain of Custody form across the top of the bottle cap and down the sides of the bottle. The collector or defendant/person under supervision shall initial the tamper tape or label. The collector shall sign the Specimen Collection Statement of The Chain of Custody form and have the defendant person under supervision sign the form. (This procedure is not mandatory for NIDTs when an instant negative result is obtained, and no further testing will be done on that sample).

(l) Follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.

e. **Observed Urine Specimen Collection Procedures**

The vendor shall:

(1) Directly observe defendant/person under supervision voiding into a specimen collection container. Collectors conducting direct observation of urine collection shall be the same gender as the defendant/person under supervision providing the specimen (no exceptions).

(2) The use of mirrors is acceptable if the mirrors aid the collector in viewing the voiding process.

f. **Unobserved Urine Specimen Collection Procedures**

The vendor shall perform the following urine specimen collection procedures if circumstances prevent the observed collection of a specimen. Unobserved urine collection should be a rare occurrence and not a general manner of vendor operations. The vendor shall ensure that collectors:

(1) Take unobserved specimens **only** when the defendant/person under supervision and the collector are not of the same gender or it is virtually impossible to collect an observed specimen. If circumstances necessitate the collection of unobserved specimens, the vendor shall contact the CO for approval prior to the collection. If unobserved collection has not been approved, the vendor shall not invoice for the collection.

(2) Secure any source of water in the area where the collection occurs, by either shutting off the water or securing its access with tamper evident tape.

(3) Remove and/or secure any agents that could be used to adulterate the specimen, such as soaps, cleaners and deodorizers.

(4) Clearly document on the Chain of Custody Form or Urinalysis Testing Log any unobserved collections and document and obvious signs of substitution or contaminants.

(5) When using NIDTs for unobserved collection of a specimen, perform an adulteration test, including temperature, pH and specific gravity tests, if provided by the Judiciary.

(6) If temperatures strips are provided by the Judiciary, use a temperature strip to measure urine specimen temperatures which should range between 90- and 100-degrees Fahrenheit. The time from voiding to temperature measurement is critical and in no case shall exceed 4 minutes.

(7) Obtain a second specimen from defendant/person under supervision if the urine specimen temperature is outside the specified range. To prevent dilute specimens, limit fluid intake by the defendant/person under supervision to no more than 8 ounces per hour.

(8) Place a coloring agent in the commode to deter dilution of the specimen with commode water.

(9) Follow all general collection procedures in subsection (d) above.

g. **Random Urine Specimen Collection Procedures**

The vendor shall provide random urine specimens collections in accordance with the following:

(1) The vendor shall collect random urine specimens at the frequency determined and authorized in the Probation Form 45.

(2) The vendor shall collect random urine specimens when the defendants/person under supervision have less than 24 hours' notice to submit a urine specimen.

(3) The vendor shall not change a randomly scheduled urine collection time and date without the advance approval of the CO.

(4) At the CO's request, the vendor shall develop and operate an automated notification system for random urine collections, subject to approval of the CO before use.

h. **Urine Specimen Collection Logs and Reports**

(1) **Urinalysis Testing Log**

The vendor shall utilize the Urinalysis Testing Log (included within Section J attachments) for all urinalysis specimens collected which shall indicate:

(a) Defendant's/person under supervision's name and PACTS number
(b) Vendor name and agreement number
(c) Month/Year
(d) Collection Date
(e) Defendant/Person Under Supervision Signature
(f) Collector's initials
(g) Medications taken
(h) Test results, and
(i) Co-pay collected (if applicable)

(2) **Reporting of Results**

The vendor shall coordinate with the CO on the method and format for delivery of results reports at the end of each collection day.

NOTE: Allowing participants to see the names or signatures of defendants/person under supervision violates federal confidentiality regulations regarding disclosure of drug or alcohol treatment records.

i. **Urine Testing**

The vendor shall:

(1) Ensure that personnel who perform drug testing using NIDTs follow manufacturer's instructions and demonstrate proficiency in the use of the test device(s).

(2) Test for drug(s) only as directed by the CO using only devices provided by the Judiciary.

(3) Perform test(s) according to the manufacturer's procedures with the defendant/person under supervision observing the process.

(4) Record the NIDT test result on the Urinalysis Testing Log, and provide USPO/USPSO test results at a frequency and format as instructed by the CO.

(5) Follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.

(6) Send presumptive positive specimens to the national drug testing laboratories under the explicit instruction of the CO, using the procedures outlined in **Urine Specimen Mailing and Storage**.

j. **Specimen Processing**

(1) If the NIDT test(s) is negative the vendor shall:

(a) Discard the urine specimen by flushing urine down the commode. Rinse the emptied bottle. Urine is not considered biohazardous waste.

(b) Discard the test device in compliance with federal, state, and local regulations. The test device or any other solid waste exposed to urine as a part of the collection and testing process may require biohazard disposal. If such disposal is required, the vendor shall ensure it is conducted in compliance with federal, state, and local regulations.

(c) Log the result(s) on the approved Urinalysis Testing Log.

(2) For a presumptive positive test result(s), the vendor shall:

(a) Remind the defendant/person under supervision that the test(s) result is presumptive and will be reported to the assigned officer.

(b) Prepare the specimen(s) to send to the national laboratories by

transferring the specimen(s) to a national laboratory bottle and completing the Chain of Custody Form(s). All bottles and containers shall be provided by the Judiciary. Once transfer of the specimen is completed, the vendor shall discard the NIDT device(s). NIDT cups/bottles may only be used for shipping with the advanced approval of CO. Within 48 hours, send all presumptive positive NIDT specimens to the nationally contracted laboratory, unless otherwise directed by the CO.

(c) Follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.

If the defendant/person under supervision refuses to sign the Chain of Custody form, the vendor shall:

(a) Note the refusal on the Chain of Custody form and instruct the defendant/person under supervision to personally contact their assigned USPO/USPSO immediately to provide notification of their refusal to sign the form.

(b) Follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.

(c) Ensure the collectors do not insist that the defendant/person under supervision sign the Chain of Custody Form. The vendor shall record the defendant's/person under supervision's refusal to sign on the Chain of Custody Form and in the defendant/person under supervision file (the specimen will be tested by the national laboratory even if the defendant/person under supervision fails to sign the form).

k. **Urine Specimen Mailing and Storage** (For specimens shipped to the national contract laboratory):

The vendor shall ensure that:

(1) Every specimen shipped or transferred to a testing facility is contained in a collection container specifically designed to withstand the rigors of transport. All collection containers shall be provided by the Judiciary.

NIDT cups/bottles may only be used for shipping with the advanced approval of CO.

(2) The collector places the specimen and corresponding Chain of Custody Form in the approved shipping container, notifies the shipper/delivery service/courier that specimen(s) are ready to be delivered, and places such containers in the custody of an approved delivery service or courier.

(3) Specimens shall be mailed/shipped no later than the close of business the day the specimens are collected, or in the case of evening collections, the morning of the day following the collection.

(4) Urine specimens are stored in a secure area with access limited only to collectors or other vendor authorized personnel.

l. **"No Test" Policy**

For presumptive positive NIDT results, the urinalysis laboratories under national contract with the Administrative Office of the U.S. Courts **will only test** urine specimens if all the following conditions are met.

(1) The specimen bottle contains no less than 10 milliliters of urine.

(2) The specimen security seal or tamper evident system (e.g., tape) is present and intact.

(3) The specimen bar code label is present.

(4) The specimen is accompanied by the Chain of Custody Form.

(5) The specimen identifier (i.e., bar code number) on the bottle is identical to the number on the Chain of Custody Form.

(6) The collector's signature is on the Chain of Custody Form.

When any of the above conditions are not met, "No Test" will be stamped on the request report form and the reason for the no test will be checked or written in the space provided. Specimens that cannot be tested will be discarded. The vendor shall ensure that **all** the above conditions are present for specimens sent to the national drug testing laboratories for testing.

m. **Drug Testing Invoicing (NIDTs)**

The vendor shall:

(1) Invoice only one unit of NIDT (PC 1011) per defendant/person under supervision per tested specimen. For example, if the NIDT device **does not** provide a test result or the test result is not readable, the test shall be conducted using another NIDT device at no additional charge to the Judiciary. The vendor shall include the "multiple test" factor in the unit price for this service.

(2) Charge only one NIDT (PC 1011) to the Judiciary if the specimen is also sent to a national laboratory. Charging for PC 1010 (urine collection) and PC 1011 for the same specimen is not permitted. The vendor may include the additional work related to sending a specimen to a national laboratory and reporting the result in the unit price (PC 1011) for this service. Approximately one out of ten samples will be prepared for mailing to a national laboratory, but not all samples will be sent because the defendant/person under supervision may admit drug use.

(3) For specimens that are received by the national drug testing laboratories and are untestable in accordance with the no-test policy or failure to follow the required collection guidelines, the vendor shall not invoice the district for the cost of the collection. The CO will provide notification to the vendor of untestable specimens.

«3.» **Sweat Patch Application and Removal (1012):**

The sweat patch is a white absorption pad, covered with a polyurethane dressing that acts as a storage device for illicit drugs released from the body in sweat. Sweat patches are most often used for continuous and long-term drug testing for defendants/persons under supervision who have difficulty voiding due to documented medical conditions, when the vendor does not have same gender collection available, and/or for transgender individuals. Sweat patch supplies will be provided by the Judiciary; however, the vendor is responsible for the postage/shipping costs related to sending samples for analysis. If USPO/USPSO approves the vendor's use of the sweat patch on the Probation Form 45, the vendor shall use the following procedures for the application, removal, and testing process of the sweat patch:

a. **Staff Training**

The vendor shall ensure that their staff is trained in the sweat patch procedures before applying or removing a patch. The staff should complete the authorized

web-based sweat patch training (training link provided by the CO), take and pass the certification test provided by the sweat patch vendor, and perform the procedures contained in this section of the statement of work. The vendor shall document training for personnel it authorizes to apply and remove sweat patches. This documentation must include a certificate from the sweat patch vendor which indicates a successful completion of the certification test.

The vendor shall ensure training includes fostering respectful and appropriate interactions with defendants/persons under supervision regardless of gender, race, ethnicity, religion, cultural background, sexual orientation, or other personal characteristics.

b. **Storage**

The vendor shall:

(1) Ensure patches are stored in a secure area with access limited to only collectors or other authorized vendor personnel.

(2) Ensure patches are stored at temperatures between 36- and 78-degrees Fahrenheit.

c. **Safety Precautions**

The vendor shall:

(1) Ensure the integrity of the collection process and make every effort to eliminate the possibility of external contamination. Staff shall wear gloves while applying and removing the patch and avoid touching the collection pad during the process.

(2) If a witness is available, have a witness present when the defendant/person under supervision and the collector are of opposite gender.

d. **Sweat Collection and Duration of Sweat Patch Use**

The vendor shall:

(1) Ensure that the patch is worn for a minimum of 24 hours. The maximum wear time for the patch is 7 to 10 days, or up to 14 days with the use of an overlay.

(2) Follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior if a defendant/person under supervision reports with a sweat patch that is falling off, has fallen off, or is missing. In consultation and with approval of the USPO/USPSO, the vendor shall stop using a sweat patch on defendants/persons under supervision who continue to experience difficulties in retaining the patch on their skin.

e. **Sweat Patch Application**

The vendor shall follow the procedures demonstrated in the web-based sweat patch training and shall:

(1) Complete the left side of the sweat patch Chain of Custody form with the defendant/person under supervision name, PACTS #, and the sweat patch identification number (on the outside of the film of the sweat patch), the date the patch is applied, the observer initials, the defendant/person under supervision initials, test ordered, and reason for specimen.

(2) Advise the defendant/person under supervision the patch may be placed on the upper arm, the lower back, or the front kidney area. Ask the defendant/person under supervision where they would prefer to have the patch applied. Apply the patch on the preferred location, but avoid placement on tattooed, abraded, cut, irritated or sensitive skin.

(3) Direct the defendant/person under supervision to clean the area with soap and cool water or with a disposable towelette**.** An abrasive pad may be used to clean dry skin and dirt.

(4) Wearing disposable gloves, the collector shall thoroughly clean the skin by using alcohol wipes. Repeat the cleansing if the wipe is dirty. Allow the area to dry for approximately 90 seconds to avoid alcohol burns to the skin.

(5) Have the defendant/person under supervision flex the upper arm for arm placement, bend forward slightly at the waist for back placement, or bend slightly backward at the waist for front kidney placement. Place the patch on skin and press firmly to promote

proper adhesion. Pull parallel to the skin when removing the paper border, not outward and up from the patch. As the paper border is removed, follow right behind with a finger pressing on the polyurethane film.

(6) Instruct the defendant/person under supervision to remove a sweat patch if they experience-a rash or any skin irritation, and immediately report the problem to the vendor and USPO/USPSO, or follow other notification protocol outlined by the CO.

(7) The observer shall sign the certification section on the left side of the sweat patch Chain of Custody form.

(8) Provide clear instructions as to the scheduling for removal of the patch.

f. **Sweat Patch Removal**

The vendor shall ensure that collectors follow the procedures demonstrated in the training video, particularly the following:

(1) Retrieve the original sweat patch Chain of Custody form completed at time of application and compare the sweat patch identification number written on the form with the number printed on the outside of the patch. If the numbers agree, wearing a new pair of disposable gloves, the observer shall peel back the top edge of the sweat patch sufficiently to expose the pad. The observer shall inspect the pad to ascertain whether there are any signs of tampering.

(2) To ensure the pad is not contaminated by the observer or the defendant/person under supervision, the pad shall be removed with a clean pair of single use disposable tweezers and immediately placed in the specimen bag.

(3) Affix the bar code sticker from the Chain of Custody form to the outside of the specimen bag and affix the security seal from the Chain of Custody form to seal the bag closed. Write the date the patch was removed on the security seal and initial it.

(4) Remove the outside film of the sweat patch and complete a visual inspection. If signs of tampering are evident, it should be noted on

the Chain of Custody form. Do not include the outside film or overlay in the specimen bag with the absorbent pad. This will result in a no-test, and the vendor will not be reimbursed for the service.

(5) The observer shall complete the right side of the sweat patch Chain of Custody form with the removal date, observer's initials, defendant/person under supervision initials, tamper statement, comment to include wear the patch was worn, and medications taken. The defendant/person under supervision and the observer shall sign the certification statements on the Chain of Custody.

(6) Place the completed Chain of Custody form into the transport bag along with the sealed specimen bag containing the absorbent pad.

(7) Ensure the specimen is kept at room temperature in a secured area and mailed or shipped within 24 hours to the laboratory for analysis. The vendor is responsible for postage/shipping costs related to sending samples for analysis.

(8) Provide the defendant/person under supervision clear instructions on when to report for reapplication, if applicable.

g. **Sweat Patch Test Policy**

A laboratory will only test sweat patches if **all** the following conditions are met:

(1) The absorption pad is accompanied by a Chain of Custody Form signed and completed by the collector.

(2) The absorption pad is in a specimen bag, and the security seal shall be present, initialed by collector, and intact.

(3) A barcode label is present on the specimen bag and a security seal is present and intact.

(4) The sweat patch number on the polyurethane film shall match the sweat patch number on the Chain of Custody Form.

h. **Sweat Patch Testing Log**

The vendor shall:

Utilize the Sweat Patch Testing Log (included within the Section J attachments) which includes the following information:

a. the name of the defendant/person under supervision,
b. PACTS Number,
c. Chain of Custody barcode number,
d. medications taken,
e. application date,
f. removal date,
g. test result,
h. observer's initials,
i. co-pay collected (if applicable), and
j. a place to note any unusual occurrences.

Use of any other logs must be approved by the CO.

i. **Sweat Patch Invoicing**

The vendor shall:

(1) Invoice one price for all elements in the sweat collection process.

(2) Not invoice if the defendant/person under supervision fails to return for removal of the patch, if the defendant/person under supervision loses the patch, or if the laboratory refuses to test the sweat patch because the conditions in paragraph "g" of this section were not satisfied.

(3) Invoice for the service during the month the patch is removed. Services should not be invoiced if only application occurs.

(4) Include each Sweat Patch Testing Log with the invoice.

«4.» **Breathalyzer (1504):**

The vendor shall:

a. Provide a breath alcohol content (BAC) test and all supplies and consumables necessary to operate the instrument, in accordance with the Probation Form 45. The vendor shall provide and use a reliable instrument approved by the CO.

b. Ensure all staff using the instrument are trained and familiar with its operation as outlined in the manufacturer's operation instructions, and their training is documented.

c. Report a positive BAC test, no show, or refusal of the defendant/person under supervision to take the BAC test to the USPO/USPSO within 24 hours.

d. Utilize the Breathalyzer Log (included in the Section J attachments) to indicate those defendants/persons under supervision tested, the staff performing the test, the reason for the test, the test results, additional comments, to include refusal by the defendant/person under supervision. Use of any other log shall be approved by the CO.

e. Maintain an instrument log (included in the Section J attachments) that will document the instrument's serial number, requirements for calibration, dates of calibration, and the date for the next calibration. Use of any other Instrument logs shall be approved by the CO.

SUBSTANCE USE SERVICES

«5.» **Case Management Services (Substance Use) (2000)**

Case Management Services (Substance Use) is defined as a method of coordinating the individualized care and services of drug and/or alcohol dependent people and is most often utilized in Re-entry/Specialty Courts. Case management services serve as a way of tailoring and linking defendants/persons under supervision to essential services, including but not limited to securing financial benefits, health insurance, health and substance use services. This includes assessing the individual's needs, planning, and securing appropriate services, monitoring progress, and providing support to ensure effective treatment. This service is generally used in conjunction with individual or group counseling (Project Codes 2010, 2020, 2022, 2030, 2040, 2090, 6015, 6026, 6027, 6036).

The vendor shall provide:

Case Management Services (Substance Use) (2000) to defendants/persons under supervision which may include but is not limited to:

(1) Intensive community-based services to maximize the defendant's/person under supervision's access to services and ability to function in the community.
(2) Facilitating service linkage in the community and coordinating integrated services from multiple providers, and monitoring progress (where applicable).
(3) Supportive/problem-solving individual counseling.
(4) Direct service support including assistance with obtaining transportation, housing, financial aid, including but not limited to Medicaid and Medicare, coordinating team meetings, filing application for services (including

Social Security and other local assistance programs), escort to appointments, medication compliance, and daily living skill remediation.

(5) Skill-teaching to families.

(6) Crisis intervention.

(7) Attend Re-entry/Specialty Court proceedings and provide verbal and written reports on the defendant's/person under supervision's progress as required by the Court, when applicable (see additional requirements under the Local Services Section).

«6.» **Substance Use Assessment (2011)**

Treatment for drug use depends on the type of drug and the severity of abuse as well as other factors specific to the individual. The Substance Use Assessment is a comprehensive biopsychosocial assessment and report which shall be conducted by a practitioner who adheres to the standards of practice established by their state's regulatory board. This ensures the practitioner adheres to the highest level of professional conduct, maintains current certification or licensure, and provides services that align with regulatory guidelines and ethical standards.

The substance use assessment should include the following key components:

- **Presenting Concerns:** The main reason for the assessment, including specific concerns related to substance use.
- **Substance Use History and Assessment of Current Needs**: Detailed historical and current information about the type, amount, frequency, and duration of substance use, as well as current daily functioning and the severity of symptoms.
- **Mental Health History and Assessment of Current Needs**: Detailed historical and current information about diagnosis, symptoms and severity, hospitalizations, prescribed medications, and adherence.
- **History of Trauma and Assessment of Current Factors Affecting Treatment:** Use reliable and validated trauma-informed screening and assessment tools to assess the individual's trauma related symptoms and disorders to accurately identify and match appropriate treatment interventions. Examples of screening instruments include but are not limited to: Clinician Administered PTSD Scale for DSM (CAPS-5), Global Psychodrama Screen (GPS), Trauma History Questionnaire (THQ), Trauma Screening Questionnaire (TSQ), Brief Trauma Questionnaire (BTQ), and Life Events Checklist for DSM-5 (LEC-5). Should trauma-related symptoms be identified, the vendor should identify trauma-specific treatment interventions that emphasize empowerment and recovery.
- **Risk Assessment:** Assessment of risk of harm to self or others, including information related to historical suicidal ideation and gesturing, and/or homicidal ideation.

- **Cultural and Spiritual Factors:** Assess the individual's identified cultural background and spiritual beliefs that may influence effective treatment interventions.
- **Medical History:** Consider relevant medical conditions, treatments, and medications that may impact the individual's current functioning and any potential impact on treatment.
- **Assessment Tools and Results**: Results from validated and standardized screening and assessment tools used during the assessment which may include but are not limited to: SBIRT, ASI, SASSI, LSI-R, and DAST.
- **Strengths and Resources**: Identify protective factors that support recovery such as strong familial and/or social support, positive self-perception, consistent coping skills, safe and stable housing, education and/or employment stability.
- **Readiness to Change**: The individual's stated willingness and motivation to engage and participate in the recommended treatment.
- **Detailed Treatment Recommendations**: Provide detailed recommendations specific to the individual's risk, needs, and circumstances as identified by diagnostic tools, clinical interviews, and collateral information, and when applicable, the PCRA. Treatment recommendations should include diagnoses consistent with the DSM or ICD. Clearly outline the primary issues to be addressed in treatment and the appropriate level of care needed (e.g., early intervention, outpatient treatment, inpatient). Specify the recommended frequency/dosage and type of service (e.g., individual, group) appropriate to address the identified treatment needs of the individual.

  If treatment is not recommended, provide detailed information about available community support systems and resources that may benefit the individual. These resources should be tailored to meet the individual's specific needs, ensuring they receive appropriate support even in the absence of formal treatment recommendations.

Within 15 business days of receiving the referral, any time frame exceptions shall be approved by the CO and documented by the vendor (within the defendant/person under supervision file), the vendor shall provide:

(a) A comprehensive diagnostic interview for each defendant/person under supervision, to include a validated, structured diagnostic instrument, that is in accordance with state licensing standards. The vendor shall also take into consideration the biopsychosocial information shared by the USPO/USPSO, to include criminal history and personal characteristics.

(b) A typed report to the USPO/USPSO **within 10 business days** of the vendor's completion of the diagnostic interview with the defendant/person under supervision. At a minimum, the assessment report shall address the

following:

(1) Basic identifying information, sources of the information for the report, and names of the diagnostic instrument and trauma screening assessments used.

(2) DSM or ICD diagnosis including severity of the substance use disorder (mild, moderate, severe).

(3) A biopsychosocial profile of symptoms that are related to substance use and mental health diagnoses, if applicable.

(4) The current level of functioning and the primary focus of the initial treatment plan.

(5) Current risk, need, responsivity factors as indicated by the PCRA (for post-conviction cases when provided by USPO),

(6) The defendant's/person under supervision's stated willingness and motivation to engage in treatment and make changes, and

(7) A treatment recommendation outlining suggestions for treatment option, interventions, and follow-up care. Recommendations shall include the appropriate level of care, frequency/dosage, and type of service (e.g. individual, group, etc.).

The comprehensive assessment report shall not be a synopsis or overview of any presentence, pretrial or institutional progress reports provided by the USPO/USPSO.

«7.» **Manualized Cognitive Behavioral Group**

Cognitive Behavioral Therapy focuses on identifying and changing inaccurate or distorted thinking patterns, emotional responses, and behaviors, while strengthening pro-social skills.

For USPO referrals, this type of intervention shall be used in addressing criminogenic risk and needs in accordance with the person under supervision's PCRA results.
The vendor shall provide:

Manualized Cognitive Behavioral Group (2022) to two (2) or more defendants/persons under supervision but no more than twelve (12) led by a trained facilitator as defined below. The groups shall offer a structured approach to a specific component of an intervention plan and address the criminal thinking component of a defendant/person under supervision. If a specific curriculum has not been identified in the Local Services section, the specific curriculum utilized by the vendor must be designed for criminal justice involved defendants/persons under supervision to address substance use and criminal thinking and must be approved in advance by the contracting officer or designee. The applicable course materials shall be provided by the vendor and included in the price for this service. In the event the defendant/person under supervision misplaces a copy of the applicable course materials, the vendor is required to provide one additional copy of the materials at no cost (cost of replacement materials shall be included within the price for this service).

The vendor shall ensure:

The trained facilitator has successfully completed training for the specific manualized CBT program being utilized. The completion of such training shall be documented. A trained facilitator shall not be required to have clinical oversight.

The vendor shall:

(1) Provide treatment only as directed on the Probation Form 45 and shall initiate services **within 10 business days** of receiving the initial or amended Probation Form 45, any time frame exceptions shall be approved by the CO and documented by the vendor (within the defendant/person under supervision file).

(2) A treatment plan is not required for Manualized Cognitive Behavioral Group (2022).

(3) Ensure that a typed **program completion summary** is submitted to the USPO/USPSO within **10 business days** upon completion or termination from the Manualized Cognitive Behavioral Group. The summary shall outline the curriculum utilized, overall goals and objectives achieved, therapeutic activities (e.g. role rehearsal, group sharing, etc.) and interventions used (e.g. worksheets, learned skills, etc.), and define steps for the defendant/person under supervision to continue use of skills learned through the curriculum.

«8.» **Substance Use Counseling**

Counseling is a clinical interaction between the defendant/person under supervision and a practitioner that is based in current scientific research on drug use and addiction. Vendors should offer treatment that is readily accessible to reasonably accommodate the schedules of defendants/persons under supervision. Consistent treatment accessibility is essential to ensuring individuals can attend sessions without undue hardship. Additionally, vendors must provide flexible scheduling options, and if applicable, adhere to the additional requirements outlined in the Local Services Section regarding hours of operation and other identified areas of need.

Vendor recommendations for services shall incorporate one or more of the services referenced below for each defendant/person under supervision.

The vendor shall provide the services below or any combination thereof as indicated on the Probation Form 45 for each defendant/person under supervision:

«(1)» **Substance Use Treatment Readiness Group (2090)** to two (2) or more defendants/persons under supervision. The vendor shall clearly explain the treatment process, goals, and expectations to defendants/persons under supervision. Treatment Readiness groups are intended to prepare defendants/persons under supervision for the therapeutic process and enhance their engagement in treatment. Groups should target barriers to motivation and readiness for change through psychoeducation about substance use disorders, teaching coping skills, relapse prevention strategies, while supporting readiness for change using the Stages of Change Model (precontemplation, contemplation, preparation, action, maintenance).

«(2)» **Substance Use Individual Counseling (2010)** to one (1) defendant/person under supervision.

«(3)» **Substance Use Group Counseling (2020)** to two (2) or more defendants/persons under supervision but no more than twelve (12).

«(4)» **Substance Use Family Counseling (2030)** to a defendant/person under supervision and one (1) or more family members. The vendor may meet with family members without the defendant/person under supervision present with USPO/USPSO approval, if the defendant/person under supervision is the primary beneficiary of the service provided.

«(5)» **Substance Use Group Family Counseling (2040)** to two (2) or more families with defendant/person under supervision attendance optional.

For substance use counseling, the vendor shall:

(1) Provide treatment only as authorized on the Probation Form 45 and shall initiate services **within 10 business days** of receiving the initial or amended Probation Form 45, any time frame exceptions shall be approved by the CO and documented by the vendor (within the defendant/person under supervision file).
(2) Provide counseling based in current scientific research on drug use and addiction.
(3) Match treatment interventions to specific problems, risk, and needs of the defendant/person under supervision considering gender, ethnicity and culturally responsive treatment practices. Utilize a person-centered approach considering trauma and how it may affect behavior and treatment engagement and incorporate cultural values and beliefs into an integrated treatment plan. Include the use of cognitive behavioral techniques such as cognitive restructuring, skill building using structured learning (modeling, role play and feedback), and problem solving to change thought patterns and teach pro-social skills. For USPO referrals, use this type of intervention to address the identified dynamic risk factors and needs as identified in the PCRA interpretation report.
(4) Apply behavioral therapies, including motivation to change, motivational enhancement strategies, incentives for abstinence, skills to avoid and resist drug use and prevent relapse, constructive activity replacement, and improvement of problem solving, communication, and interpersonal relationships.
(5) Refer for medications when applicable.
(6) Continually assess the defendant/person under supervision to determine appropriate treatment dosage and level of care and recommend modifications to treatment as necessary to meet the changing needs.
(7) Ensure that a typed **treatment plan** is submitted to the USPO/USPSO at the onset of treatment and in accordance with Vendor Reports under section f (1) **at least every 90 days**
(8) Ensure that a typed **transitional care plan** is submitted to the USPO/USPSO in accordance with Vendor Reports under section f (2).

The vendor shall ensure that all personnel meet the following qualifications:

(1) Practitioners shall be fully credentialed and maintain compliance with state statutes, regulations, and guidelines for providing direct substance use treatment services.
(2) Provisionally credentialed practitioner may be used only under the supervision of a fully credentialed practitioner in the state where services

are delivered and in accordance with state regulations and guidelines for the scope of services, and after obtaining the approval of the CO.

CO-OCCURRING DISORDERS SERVICES

«9.» **Co-Occurring Disorders Assessment (6016)**

This is a comprehensive biopsychosocial assessment and report which shall be performed by a master's or doctoral level practitioner who is licensed or certified in the scope of practice and meets the standards established by their state regulatory board. The assessment can be completed by a provisionally licensed, master's level practitioner under the supervision of a licensed professional in accordance with state licensing standards. This ensures the practitioner adheres to the highest level of professional conduct, maintains current certification or licensure, and provides services that aligns with regulatory guidelines and ethical standards.

An integrated treatment for co-occurring disorders assessment should include the following key components:

- **Presenting Concerns:** The main reason for the assessment, including specific concerns related to both substance use and mental health.
- **Substance Use History and Assessment of Current Needs**: Detailed historical and current information about the type, amount, frequency, and duration of substance use, as well as current daily functioning and the severity of symptoms.
- **Mental Health History and Assessment of Current Needs**: Detailed historical and current information about diagnosis, symptoms and severity, hospitalizations, prescribed medications, and adherence.
- **History of Trauma and Assessment of Current Factors Affecting Treatment:** Use reliable and validated trauma-informed screening and assessment tools to assess the individual's trauma related symptoms and disorders to accurately identify and match appropriate treatment interventions. Examples of screening instruments include but are not limited to: Clinician Administered PTSD Scale for DSM (CAPS-5), Global Psychodrama Screen (GPS), Trauma History Questionnaire (THQ), Trauma Screening Questionnaire (TSQ), Brief Trauma Questionnaire (BTQ), and Life Events Checklist for DSM-5 (LEC-5). Should trauma-related symptoms be identified, the vendor should identify trauma-specific treatment interventions that emphasize empowerment and recovery.
- **Risk Assessment:** Assessment of risk of harm to self or others, including information related to historical suicidal ideation and gesturing, and/or homicidal ideation.
- **Cultural and Spiritual Factors:** Assess the individual's identified cultural background and spiritual beliefs that may influence effective treatment interventions.

- **Medical History:** Consider relevant medical conditions, treatments, and medications that may impact the individual's current functioning and any potential impact on treatment.
- **Assessment Tools and Results**: Results from validated and standardized screening and assessment tools used during the assessment that identify the presence and severity of co-occurring disorders which may include but are not limited to: SCID, ASI, or GAIN.
- **Strengths and Resources**: Identify protective factors that support recovery such as strong familial and/or social support, positive self-perception, consistent coping skills, safe and stable housing, educations and/or employment stability.
- **Readiness to Change**: The individual's stated willingness and motivation to engage and participate in the recommended treatment.
- **Detailed Treatment Recommendations**: Provide detailed recommendations specific to the individual's risk, needs, and circumstances as identified by diagnostic tools, clinical interviews, and collateral information, and when applicable, the PCRA. Treatment recommendations should include diagnoses consistent with the DSM or ICD. Clearly outline the primary issues to be addressed in treatment and the appropriate level of care needed (e.g., early intervention, outpatient treatment, inpatient). Specify the recommended frequency/dosage and type of service (e.g., individual, group) appropriate to address the identified treatment needs of the individual.

  If treatment is not recommended, provide detailed information about available community support systems and resources that may benefit the individual. These resources should be tailored to meet the individual's specific needs, ensuring they receive appropriate support even in the absence of formal treatment recommendations.

Within 15 business days of receiving the referral, any time frame exceptions shall be approved by the CO, the vendor shall provide:

1. At least one comprehensive, validated clinical/diagnostic tool utilizing a structured interview in accordance with state licensing standards, and a screening for trauma related symptoms and disorders.

2. A typed report to the USPO/USPSO **within 10 business days** of the vendor's completion of the diagnostic interview with the defendant/person under supervision and must include more than simply a synopsis or overview of reports provided by the USPO/USPSO to the vendor for background information. The typed report shall, at a minimum, include the following:
    a. The names of the diagnostic instrument and trauma screening assessments used.

b. The defendant's/person under supervision's demographic information; marital status; education; employment; housing status; trauma history; history of domestic violence (as either a perpetrator or a victim); financial situation; health history; strengths and limitations or problem areas; skill deficits; cultural considerations.
c. DSM or ICD diagnosis including severity of the defendant's/person under supervision's substance use disorder (mild, moderate, severe).
d. The defendant's/person under supervision's substance use and mental health history including substances used, patterns of use, periods of extended abstinence and relapse, diagnoses, treatment, impairment related to these issues, family history of mental health and substance use, current symptoms, mental health status, prescribed medications, and readiness to engage in services.
e. The current level of functioning and presenting problem which will be the primary focus of the initial treatment plan.
f. When an assessment has indicated the defendant/person under supervision has trauma related symptoms, the vendor shall recommend gender-specific trauma informed treatment interventions (examples include Acceptance Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), Dialectical Behavioral Therapy (DBT), Exposure Therapy, Eye Movement Desensitization Reprocessing (EMDR), Motivational Interviewing (MI), Seeking Safety, The Sanctuary Model, Trauma Recovery Empowerment Model (TREM)).
g. Current risk, need, responsivity factors as indicated by the PCRA (applicable to post-conviction cases only and when assessment information is provided by the USPO).
h. Treatment recommendations outlining the appropriate level of care needed (e.g. early intervention, outpatient treatment, and inpatient) shall include the frequency/dosage and type of service (e.g. individual, group, etc.) appropriate to address the identified treatment needs of the individual the level/frequency and type of services appropriate to address the identified.

«10.» **Co-Occurring Disorders Counseling**

Defendants/persons under supervision with co-occurring disorders shall receive substance use and mental health services that simultaneously addresses both disorders. Treatment shall be based in current scientific research on drug use and addiction. Vendors should offer treatment that is readily accessible to reasonably accommodate defendant/person under supervision schedules. If applicable, see additional requirements under the Local Services Section for hours of operation.

Treatment shall incorporate one or more of the services referenced below (1 through 4) for each defendant/person under supervision. Treatment dosage, including level of care, shall

be based on needs of the defendant/person under supervision. As the defendant/person under supervision progresses or regresses in their treatment, the vendor shall provide recommendations to the USPO/USPSO for changes in service intensity and re-evaluated **no less than every 90 days**.

The vendor shall provide one or more of the following (or any combination thereof):

«(1)» **Co-Occurring Disorders Individual Counseling (6015)** to one (1) defendant/person under supervision.

«(2)» **Co-Occurring Disorders Group Counseling (6026)** with at least two (2), but no more than twelve (12) defendants/persons under supervision.

«(3)» **Co-Occurring Disorders Treatment Readiness Group (6027)** two (2) or more defendants/persons under supervision and family members. The vendor shall clearly explain the treatment process, goals, and expectations to defendants/persons under supervision. Treatment Readiness groups are intended to prepare defendants/persons under supervision for the therapeutic process and enhance their engagement in treatment. Groups should target barriers to motivation and readiness for change through psychoeducation about co-occurring disorders, teaching coping skills, relapse prevention strategies, while supporting readiness for change using the Stages of Change Model (precontemplation, contemplation, preparation, action, maintenance).

«(4)» **Co-Occurring Disorders Family Counseling (6036)** to defendant/person under supervision and/or one (1) or more family members. The vendor may meet with family members without the defendant/person under supervision present with USPO/USPSO approval, if the defendant/person under supervision is the primary beneficiary of the service provided.

The vendor shall ensure that:

a. Practitioners providing integrated treatment services for co-occurring disorders shall be a master's or doctoral level practitioner who is licensed and/or certified in the scope of practice and meet the standards established by their state regulatory board. These services could also be conducted by a provisionally licensed master's level practitioner under the supervision of a licensed professional, in accordance with state licensing standards.
b. Treatment shall be based in current scientific research on drug use, addiction, and behavioral health interventions.
c. Match treatment interventions to the specific problems, risks, and needs of the

defendant/person under supervision, considering gender, race, ethnicity and culturally responsive treatment practices. Utilize a person-centered approach considering trauma and how it may affect behavior and treatment engagement and incorporate cultural values and beliefs into an integrated treatment plan.

d. Practitioners include the use of cognitive behavioral techniques, including but not limited to cognitive restructuring, skill building using a structured learning approach (including modeling, role play and feedback), and teaching the skill of problem solving to change defendant/person under supervision thought patterns while teaching pro-social skills. For USPO referrals, this type of intervention shall be used in addressing criminogenic risk and needs in accordance with the person under supervision's PCRA results.

e. Practitioners shall use behavioral therapies to include motivation to change and motivational enhancement strategies, incentive strategies for abstinence, building skills to avoid and resist drug use and prevent relapse, replacing drug using activities with constructive and rewarding activities, improving problem solving skills and communication skills, and facilitating better interpersonal relationships.

f. Practitioners shall refer for medications when applicable.

g. Continually assess the defendant/person under supervision to determine appropriate treatment dosage and level of care and recommend modifications to treatment as necessary to meet the changing needs.

h. Provide treatment only as authorized on the Probation Form 45 and shall initiate services **within 10 business days** of receiving the initial or amended Probation Form 45, any exceptions to the time frame shall be approved by the CO and documented by the vendor (within the defendant/person under supervision file).

i. Ensure that a typed **treatment plan** is submitted to the USPO/USPSO at least **every 90 days** in accordance with Vendor Reports under section f (1). Additionally, when trauma related symptoms are present, treatment plans should not only address immediate clinical symptoms, but also incorporate interventions that recognize and respond to the impact of trauma.

j. A typed **transitional care plan** is submitted to the USPO/USPSO in accordance with Vendor Reports under section f (2).

«11.» **PHYSICAL EXAMINATION**

Physical Examinations and Laboratory Studies may be an adjunct to Mental Health, Substance Use, Co-Occurring Treatment, Psychiatric Evaluation and Psychotropic Medication, Medically Managed Treatment to include Agonist/Antagonist Medication, and Inpatient Detoxification, and shall be billed under PCs 4010 and 4020 below.

The vendor shall provide:

«a.» **Physical Examination and Report (4010)** one per defendant/person under

supervision, as deemed medically necessary, conducted by:

(1) A licensed medical doctor/physician, or other qualified practitioner who is board certified or board-eligible, and meets the standards of practice (i.e., academic training, residency, etc.) established by their state's regulatory board; or

(2) Other qualified practitioner (i.e., Licensed/Certified Nurse Practitioner/Specialist) who meets the standards of practice established by their state's regulatory board.

«b.» **Laboratory Studies and Report (4020)** including blood and urine testing at actual price when deemed medically necessary.

«c.» A typed report to the USPO/USPSO **within 15 business days** after completing the **Physical Examination (PC 4010)** and **Laboratory Studies (PC 4020)**.

«12.» PSYCHOLOGICAL AND PSYCHATRIC EVALUATIONS

The vendor shall provide:

«a.» **Psychological Evaluation (5010)** is to assess the individual's mental health and current emotional status. The comprehensive evaluation shall identify mental health disorders based on symptoms and diagnostic criteria consistent with the DSM or ICD, detect emotional difficulties and behavioral concerns, such as impulsivity, aggression, and mood disturbances, and render detailed treatment recommendations to guide effective treatment planning and support strategies specific to the individual including cultural considerations and impact of trauma. The evaluation shall be conducted, and report prepared by a licensed psychologist (Ph.D. or Psy.D., or other advanced doctoral degree) with training and qualifications meeting the standards of practice established by their state's regulatory board.

Evaluations shall be completed **within 30 business days of receiving the referral**, any time frame exceptions shall be approved by the CO and documented by the vendor (within the defendant/person under supervision file). **Within 10 business days** of completing the evaluation, the vendor shall provide a report that includes the following:

a) Reason for referral, presenting concerns, sources of information for

the report (to include current counselors), assessment methods used for the evaluation.

b) The date of the diagnostic interview and the date the report was prepared.

c) The defendant's/person under supervision's demographic information; marital status; education; employment; housing status; trauma history; history of domestic violence (as either a perpetrator or a victim); financial situation; health history; strengths and limitations or problem areas; skill deficits; cultural considerations.

d) DSM or ICD diagnosis including severity of the defendant's/person under supervision's substance use disorder (mild, moderate, severe).

e) The defendant's/person under supervision's substance use and mental health history including substances used, patterns of use, periods of extended abstinence and relapse, diagnoses, treatment, impairment related to these issues, family history of mental health and substance use, current symptoms, mental health status, prescribed medications, and readiness to engage in services.

f) When trauma related symptoms are noted, the evaluation shall consider recommendations for trauma informed treatment interventions.

g) Clinical recommendations including interventions, treatments, and protective factors.

«b.» **Psychological Testing (5020)** consisting of a diagnostic interview and psychological testing to assess brain functions related to cognitive and functional abilities and impairments and to assist with a diagnosis and treatment recommendations. Since the number of psychological tests administered may vary, the price of the complete report including the battery of tests will be expressed as a not-to-exceed (NTE) amount, while any combination of individual tests shall be billed at a lesser amount. The testing and report are conducted and prepared by a licensed psychologist (Ph.D. or Psy.D., or other advanced doctoral degree) with training and qualifications meeting the standards of practice established by their state's regulatory board.

As part of testing, the evaluator shall administer validated psychological tests such as, but not limited to, the Minnesota Multiphasic Personality Inventory (MMPI), and Wechsler Intelligence Scale (WAIS) to accurately diagnose and assess abilities and severity of impairment of symptoms.

Testing shall be completed **within 30 business days of receiving the referral**, any time frame exceptions shall be approved by the CO and documented by the vendor

(within the defendant/person under supervision file). **Within 10 business days** of completing the evaluation, the vendor shall provide a report that includes the following:

a) Types of tests and screenings administered (personality test, aptitude test, etc.,).
b) Individualized recommendations based on interviews, observations, collateral information, and test results. The recommendations shall consider cultural factors that may influence mental health, symptom presentation, and treatment interventions, as well as address trauma history and associated symptoms and disorders.
c) Clinically specific recommendations for medication management and referral, as well as the type and frequency of recommended treatment intervention to include identified protective factors that support the individual's recovery.
d) Treatment planning that addresses community resources or additional referrals to promote progress and stability.

«c.» **Psychiatric Evaluation (5030)** consisting of an evaluation and report conducted and prepared by a licensed medical doctor/physician, a psychiatrist, or other qualified practitioner who meets the standards of practice established by their state's regulatory board. The purpose for this type of evaluation is to establish a psychiatric diagnosis, to determine the need for medications and prescribe as necessary, and/or identify any necessary recommendations and referrals related to treatment.

Evaluations shall be completed **within 30 business days of receiving the referral**, any time frame exceptions shall be approved by the CO and documented by the vendor (within the defendant/person under supervision file). **Within 10 business days** of completing the evaluation, the vendor shall provide a report that includes the following:

(a) Reason for the evaluation.
(b) Present symptoms.
(c) Past psychiatric treatments (type, duration, and where applicable, medications and doses), including past and current psychiatric diagnoses.
(d) General medical history.
(e) History of substance use.
(f) Social history (i.e., psychosocial/developmental history, occupational and family history, and environmental and genetic factors contributing to psychiatric symptoms).

(g) Physical examination (if required).
(h) Mental status examination.
(i) Description and evaluation of all testing components.
(j) Diagnosis in accordance with the current edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.
(k) Recommendations shall include whether further psychological/psychiatric treatment is required.
(l) Should medications be deemed necessary, prescribe accordingly.

NOTE: Physical examinations and laboratory tests associated with a psychiatric evaluation shall be provided under project codes 4010 and 4020, respectively.

MENTAL HEALTH SERVICES

«13.» **Mental Health Assessment (5011)**

This is a comprehensive biopsychosocial assessment and report which shall be performed by a master's or doctoral level practitioner who is licensed or certified in the scope of practice and meets the standards established by their state regulatory board. The assessment can be completed by a provisionally licensed, master's level practitioner under the supervision of a licensed professional in accordance with state licensing standards. This ensures the practitioner adheres to the highest level of professional conduct, maintains current certification or licensure, and provides services that aligns with regulatory guidelines and ethical standards.

A mental health assessment should include the following key components:

- **Presenting Concerns:** The main reason for the assessment, including specific concerns related to mental health.
- **Substance Use History and Assessment of Current Needs**: Detailed historical and current information about the type, amount, frequency, and duration of substance use, as well as current daily functioning and the severity of symptoms.
- **Mental Health History and Assessment of Current Needs**: Detailed historical and current information about diagnosis, symptoms and severity, hospitalizations, prescribed medications, and adherence.
- **History of Trauma and Assessment of Current Factors Affecting Treatment:** Use reliable and validated trauma-informed screening and assessment tools to assess the individual's trauma related symptoms and disorders to accurately identify and match appropriate treatment interventions. Examples of screening instruments include but are not limited to: Clinician Administered PTSD Scale for

DSM (CAPS-5), Global Psychodrama Screen (GPS), Trauma History Questionnaire (THQ), Trauma Screening Questionnaire (TSQ), Brief Trauma Questionnaire (BTQ), and Life Events Checklist for DSM-5 (LEC-5). Should trauma-related symptoms be identified, the vendor should identify trauma-specific treatment interventions that emphasize empowerment and recovery.

- **Risk Assessment:** Assessment of risk of harm to self or others, including information related to historical suicidal ideation and gesturing, and/or homicidal ideation.
- **Cultural and Spiritual Factors:** Assess the individual's identified cultural background and spiritual beliefs that may influence effective treatment interventions.
- **Medical History:** Consider relevant medical conditions, treatments, and medications that may impact the individual's current functioning and any potential impact on treatment.
- **Assessment Tools and Results**: Results from validated and standardized screening and assessment tools used during the assessment that identify the presence and severity of co-occurring disorders which may include but are not limited to SCID, ASI, or GAIN.
- **Strengths and Resources**: Identify protective factors that support recovery such as strong familial and/or social support, positive self-perception, consistent coping skills, safe and stable housing, educations and/or employment stability.
- **Readiness to Change**: The individual's stated willingness and motivation to engage and participate in the recommended treatment.
- **Detailed Treatment Recommendations**: Provide detailed recommendations specific to the individual's risk, needs, and circumstances as identified by diagnostic tools, clinical interviews, and collateral information, and when applicable, the PCRA. Treatment recommendations should include diagnoses consistent with the DSM or ICD. Clearly outline the primary issues to be addressed in treatment and the appropriate level of care needed (e.g., early intervention, outpatient treatment, inpatient). Specify the recommended frequency/dosage and type of service (e.g., individual, group) appropriate to address the identified treatment needs of the individual.

  If treatment is not recommended, provide detailed information about available community support systems and resources that may benefit the individual. These resources should be tailored to meet the individual's specific needs, ensuring they receive appropriate support even in the absence of formal treatment recommendations.

Within 15 business days of receiving the referral, any time frame exceptions shall be approved by the CO, the vendor shall provide:

(1) At least one validated psychological assessment, and a screening for trauma related symptoms and disorders.

(2) A typed report shall be provided to the USPO/USPSO **within 10 business days** of the vendor's completion of the assessment. The written report shall, at minimum, include the following:

(a) The names of the diagnostic instrument and trauma screening assessments used.
(b) Basic identifying information and sources of information for the report.
(c) A mental status examination including physical appearance, orientation, mood/affect, intellectual functioning, suicidal or homicidal ideation, social judgment and insight, psychiatric symptoms, current level of dangerousness to self/others, etc., and possible indicators supporting the need for further testing and/or treatment.
(d) Current social situation (i.e., source of income, employment, environment), and responsivity and cultural considerations for service delivery.
(e) Historical information to include outpatient/inpatient mental health, environmental and genetic factors related to substance use and behavioral health.
(f) DSM or ICD diagnosis.
(g) The identified treatment intervention(s) to address primary clinical concerns.
(h) When an assessment has indicated the defendant/person under supervision has trauma related symptoms, the vendor shall recommend gender-specific trauma informed treatment interventions (examples include Acceptance Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), Dialectical Behavioral Therapy (DBT), Exposure Therapy, Eye Movement Desensitization Reprocessing (EMDR), Motivational Interviewing (MI), Seeking Safety, The Sanctuary Model, Trauma Recovery Empowerment Model (TREM).
(i) Current risk, need, responsivity factors as indicated by the PCRA (applicable to post-conviction cases only and when assessment information is provided by the USPO).
(j) Specific recommendations for additional assessments or testing, if applicable.
(k) Clinical treatment recommendation specifying type and frequency of services, if applicable.

(3) The vendor shall contact the USPO/USPSO, or follow other notification protocols outlined by the CO, **within 24 hours** if the defendant/person under supervision fails to report for the evaluation. Any factors that may increase risk or identified third-party risk issues shall be immediately communicated to the USPO/USPSO, or follow other notification protocols outlined by the CO.

«14.» **Case Management Services (Mental Health) (6000)** is defined as a method of coordinating the individualized care of defendants/persons under supervision living with mental illness. Case management services serve as a way of tailoring and linking defendants/persons under supervision to essential services, including but not limited to securing financial benefits, health insurance, health and mental health care. This includes assessing the individual's needs, planning, and securing appropriate services, monitoring progress, and providing support to ensure effective treatment. This service may also be utilized in Re-entry/Specialty Courts. This service is generally used in conjunction with some form of mental health counseling (Project Codes 6010, 6015, 6020, 6021, 6026, 6027, 6028, 6030, and 6036).

The vendor shall provide:

Case Management Services (Mental Health) (6000) to defendants/persons under supervision which may include but is not limited to:

(a) Intensive community-based services to maximize the defendant/person under supervision's access to services and ability to function in the community.
(b) Facilitating service linkage in the community and coordinating integrated services from multiple providers, and monitoring progress (where applicable).
(c) Supportive/problem-solving individual counseling.
(d) Direct service support including assistance with obtaining transportation, housing, financial aid, including but not limited to Medicaid and Medicare, coordinating team meetings, filing application for services (including Social Security and other local assistance programs), escort to appointments, medication compliance, and daily living skill remediation.
(e) Skill-teaching to families.
(f) Crisis intervention.
(g) Attend Re-entry/Specialty Court proceedings and provide verbal and written reports on the defendant's/person under supervision progress as required by the Court, when applicable (see additional requirements under the Local Services Section).

«15.» **Mental Health Counseling**

Counseling is a clinical interaction between a defendant/person under supervision and a master's or doctoral level practitioner who is licensed by their state's regulatory board. The goal is to assess and address emotional, psychological, and behavioral concerns of defendants/persons under supervision through evidence-based therapeutic techniques. Mental health counseling is intended for improved emotional regulation, symptom relief, stabilized level of functioning while improving reintegration in daily life. These services could be conducted by a provisionally licensed master's or doctoral level practitioner under the supervision of a licensed professional, in accordance with state licensing standards.

Consistent treatment accessibility is essential to ensuring individuals can attend sessions without undue hardship. Additionally, vendors must provide flexible scheduling options, and if applicable, adhere to the additional requirements outlined in the Local Services Section regarding hours of operation and other identified areas of need.

Treatment shall incorporate one or more of the services referenced below for each defendant/person under supervision. As the defendant/person under supervision progresses or regresses in their treatment, the vendor shall provide recommendations to the USPO/USPSO for changes in service intensity and re-evaluated **no less than every 90 days**.

The vendor shall provide:

a. Treatment only as authorized on the Probation Form 45 and shall initiate services **within 10 business days** of receiving the initial or amended Probation Form 45, any time frame exceptions shall be approved by the CO and documented by the vendor (within the defendant/person under supervision file). All the following services, may be ordered on the Probation Form 45 individually or in any combination:

b. The vendor shall provide one or more of the following (or any combination thereof):

«(1)» **Mental Health Individual Counseling (6010)** to one (1) defendant/person under supervision.

«(2)» **Mental Health Group Counseling (6020)** to two (2) or more defendants/person under supervision but no more than twelve (12).

«(3)» **Mental Health Treatment Readiness Group (6021)** to two (2) or more defendants/persons under supervision and family members. The vendor

shall clearly explain the treatment process, goals, and expectations to defendants/persons under supervision. Treatment Readiness groups are intended to prepare defendants/persons under supervision for the therapeutic process and enhance their engagement in treatment. Groups should target barriers to motivation and readiness for change through psychoeducation about mental health disorders, teaching coping skills, relapse prevention strategies, while supporting readiness for change using the Stages of Change Model (precontemplation, contemplation, preparation, action, maintenance).

«(4)» **Mental Health Cognitive-Behavioral Group (6028)** is designed for two (2) or more defendants/person under supervision but no more than twelve (12). The goal of this intervention is to change the way defendants/person under supervision think, hence changing the way they behave. More specifically, CBT restructures a defendant/person under supervision's thought patterns while simultaneously teaching pro-social skills. This type of intervention is effective in addressing criminogenic needs such as antisocial values and poor impulse control. This intervention must also focus on the stabilization of mental health symptoms. Practitioners shall identify problematic emotions, thoughts and behaviors by utilizing theoretical models such as behaviorism, social learning, or cognitive-behavioral theories of change.

«(5)» **Mental Health Family Counseling (6030)** to a defendant/person under supervision and one or more family members. The vendor may meet with family members without the defendant/person under supervision present with USPO/USPSO written approval, if the defendant/person under supervision is the primary beneficiary of the service provided.

The vendor shall ensure that **Mental Health Counseling** shall be provided by a master's or doctoral level practitioner who is licensed and/or certified in the scope of practice and meet the standards established by their state's regulatory board to perform behavioral health services. These services could also be conducted by a provisionally licensed master's or doctoral level practitioner under the supervision of a licensed professional, in accordance with state licensing standards.

The vendor shall ensure:

1) Treatment shall be based in current research shown to be effective in behavioral health interventions.
2) Practitioners match treatment interventions to the specific problems, risks, and needs of the defendant/person under supervision, considering-gender, ethnicity and culturally

responsive treatment practices. Utilize a person-centered approach considering trauma and how it may affect behavior and treatment engagement and incorporate cultural values and beliefs into an integrated treatment plan.

3) Practitioners include the use of cognitive behavioral techniques, including but not limited to cognitive restructuring, skill building using a structured learning approach (including modeling, role play and feedback), and teaching the skill of problem solving to change defendant/person under supervision thought patterns while teaching pro-social skills. For USPO referrals, use this type of intervention to address the identified dynamic risk factors and needs as identified in the PCRA interpretation report.
4) Practitioners shall refer for a psychiatric evaluation to determine medication needs, when applicable.
5) Continually assess the defendant/person under supervision to determine appropriate treatment dosage and level of care and recommend modifications to treatment as necessary to meet the changing needs.
6) Provide treatment only as authorized on the Probation Form 45 and shall initiate services **within 10 business days** of receiving the initial or amended Probation Form 45, any exceptions to the time frame shall be approved by the CO and documented by the vendor (within the defendant/person under supervision file).
7) A typed treatment plan is submitted to the USPO/USPSO at least **every 90 days** in accordance with Vendor Reports under section f (1). **NOTE:** Initially and after every update, or at least **every 90 days**, the treatment plan should be provided to the USPO/USPSO.
8) A typed transitional care plan is submitted to the USPO/USPSO in accordance with Vendor Reports under section f (2).

«16.» **Psychotropic Medication**

Psychotropic medications are drugs that affect a person's mental state, mood, thoughts, or behavior. They are commonly used to treat a variety of mental health conditions by altering the levels of neurotransmitters in the brain. Psychotropic medications include:

Antidepressants: Used to treatment depressions, anxiety, and other mood disorders. Examples include SSRIs like fluoxetine (Prozac) and SNRIs like venlafaxine (Effexor).

Antipsychotics: Used to manage symptoms of psychotic disorders such as schizophrenia. Examples include risperidone (Risperdal) and olanzapine (Zyprexa).

Mood Stabilizers: Used to treat mood disorders like bipolar disorder. Examples include lithium and valproic acid (Depakote).

Anxiolytics: Used to treat anxiety disorders. Examples include benzodiazepines like diazepam (Valium) and alprazolam (Xanax).

If available, generic medications shall be prescribed. The vendor shall utilize a pharmacy with the lowest cost to the Judiciary.

NOTE: A treatment plan and transitional care plan is not required for Psychotropic Medication project codes.

The vendor shall provide:

«a.» **Psychotropic Medication (6040)** in either oral or injectable form subsequent to a prescription from a licensed psychiatrist, medical doctor/physician, or other qualified practitioner with current prescriptive authority, who meets the standards of practice established by their state's regulatory board. In addition to prescribing medication for psychiatric condition, the vendor is authorized to prescribe medications that are accepted within the standard of care to manage any side effects. Reimbursement for prescriptions that fall outside this scope is not authorized. This service is typically used in conjunction with code 6050 or 6051. However, in emergency circumstances, the vendor may be authorized to solely acquire psychotropic medication in accordance with the Probation Form 45. The vendor shall ensure that any prescribed medication for managing side effects adheres strictly to established medical guidelines and standards of care. This includes thorough documentation of the need for such medications and appropriate monitoring of their effectiveness and impact on the defendant/person under supervision.

The vendor may charge an:

«b.» **Administrative Fee (6041)** of five (5) percent of the actual funds expended to acquire the psychotropic medication (i.e., via a pharmacy or other source).

The vendor shall provide:

«c.» **Administration of Psychotropic Medication (6050) -** the service of dispensing oral medication and monitoring its ingestion and/or administration of intramuscular injections. When applicable, the vendor shall provide necessary physical examinations and laboratory tests associated with psychotropic medications under codes 4010 and 4020, respectively.

«d.» **Psychotropic Medication Monitoring (6051)**

The vendor shall:

(1) Prescribe and evaluate the efficacy of psychotropic medications

(incorporating feedback from the treatment vendor and/or the USPO/USPSO), and the need for laboratory testing, order the laboratory tests as indicated, and monitor the laboratory test results making changes to the treatment regimen as indicated.

(2) Document the name of the authorized practitioner who provided the medication monitoring, date, service code, and comments (i.e., adjustment, responsiveness, need for change in medication, etc.).

The vendor shall ensure that:

Psychotropic Medication Monitoring is provided by a licensed psychiatrist, medical doctor/physician, or other qualified practitioner with current prescriptive authority who meets the standards of practice established by their state's regulatory board. This practitioner must be in good standing with their licensing authority and possess the necessary qualifications, experience, and training to provide comprehensive psychiatric care, including the prescription of medication for psychiatric conditions.

SEX OFFENSE SERVICES FOR POST-CONVICTION

«17.» **Sex Offense Evaluation (5012)**

A sex offense evaluation (also commonly known as a "psychosexual evaluation") is a comprehensive evaluation, meant to provide a written clinical evaluation of a defendant's/person under supervision's risk for re-offending and current amenability for treatment; to guide and direct specific recommendations for the conditions of treatment and supervision of a defendant/person under 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/person under supervision.

The vendor shall provide:

a. A **sex offense evaluation (5012)** for the purposes of assessing risk factors and formulating a treatment plan. A sex offense evaluation of a defendant/person under supervision shall be completed **within 30 business days** of receiving the referral, any exceptions to the time frame shall be approved by the CO and documented by the vendor (within the defendant/person under supervision's file), and shall consider the following: sexual developmental history and evaluation for sexual arousal/interest, deviance and paraphilias, level and extent of pathology, deception and/or denial, presence of mental and/or organic disorders, drug/alcohol use, stability of functioning, self-esteem and ego-strength,

medical/neurological/pharmacological needs, level of violence and coercion, motivation and amenability for treatment, escalation of high-risk behaviors, risk of re-offense, treatment and supervision needs, and impact on the victim, when possible.

b. A typed report to the USPO/USPSO **within 10 business days** after completion of evaluation. The report shall include the following:

(1) Vendor's/Evaluator's contact information, reason for referral, and/or procedures/tests administered during evaluation, and sources of information for the report.
(2) Dates of all tests administered, and date report was prepared.
(3) Description of all tests administered and results of the testing.
(4) Specific diagnostic impressions and recommendations for treatment. If treatment is not indicated, this should be clearly stated. If treatment is indicated, all interventions recommended should be detailed (i.e., group therapy, aversion therapy, medications), the level and intensity of sex offense treatment, treatment of coexisting conditions.
(5) Specific recommendations for community management, the level and intensity of behavioral monitoring needed, the types of external controls which should be considered specifically for defendant/person under supervision (e.g., controls of work environment, leisure time, or transportation; life stresses, or other issues that might increase risk and require increased supervision). This must include the level of environmental restriction recommended if results allow for such determination.
(6) Assessment of responsivity factors, including motivation, denial, cognitive functioning, personality traits, mental health issues, ethnocultural factors, literacy, communication barriers, physical disability, trauma history, and strengths.
(7) Referral for medical/pharmacological treatment, if indicated; and
(8) Methods to lessen victim impact (if available).

The vendor shall ensure:

a. A **sex offense evaluation** is provided by a master's or doctoral level practitioner, who is licensed by their state's regulatory board, and adheres to the established ethics, standards and practices of state regulatory sex offender management boards (where applicable). The individual shall practice within the generally accepted standards of practice of the

individual's mental health profession, adhere to the Code of Ethics and Practice Guidelines published by Association for the Treatment and Prevention of Sexual Abuse (ATSA), and demonstrate competency according to the individual's respective professional standards and conduct all evaluations/treatment in a manner that is consistent with the reasonably accepted standard of practice in the sex offender evaluation/treatment community.

b. The practitioner uses at least one actuarial risk assessment AND at least one stable dynamic risk assessment that has been researched and demonstrated to be statistically significant in the prediction of re-offense. Examples of actuarial risk assessment include but are not limited to: SORAG and STATIC 99R. Examples of stable dynamic risk assessments include, but are not limited to: Stable 2007, Sex Offender Treatment Intervention Progress Scales (SOTIPS), Structured Risk Assessment - Forensic Version (SRA-FV), Violence Risk Scale-Sexual Offender Version (VRS-SO). For situations in which the person under supervision does not fall under a validated risk assessment (e.g. charge/conviction of Child Sexual Abuse Material Possessor), the practitioner shall complete all content areas of the actuarial and dynamic risk assessments to determine treatment and supervision focus; however, not give a score on the assessment (note: the assessment will only be used to understand targeted areas and not used for risk prediction/recidivism).

c. The practitioner uses instruments with demonstrated reliability and validity that have specific relevance to evaluating persons charged with or convicted of sex offenses.

d. The practitioner reviews and considers at least the following information: the criminal justice information, including the details of the current offense and documents that describe victim trauma, when available; and collateral information, including information from other sources on the defendant's/person under supervision's sexual behavior. The practitioner shall also review and consider information from any clinical polygraphs, psychological/psychiatric evaluations, Visual Reaction Time (VRT) Measure of Sexual Interest, etc., if completed by the practitioner or provided by the USPO/USPSO.

e. If the defendant/person under supervision fails to report for evaluation, the vendor shall follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.

«18.» **Sex Offense Treatment for Post-Conviction**

Sex offense treatment is defined as treatment interventions used to help persons convicted of a sex offense accept responsibility, have an increased level of recognition, and focus on details of actual sexual behavior, arousal, fantasies, planning and rationalizations of their sexually deviant thoughts and behavior. Sex offense treatment gives priority to the safety of a person under supervision's victim(s) and the safety of potential victims and the community. Consistent treatment accessibility is essential to ensuring individuals can attend sessions without undue hardship. Additionally, vendors must provide flexible scheduling options, and if applicable, adhere to the additional requirements outlined in the Local Services Section regarding hours of operation and other identified areas of need.

The vendor shall provide treatment only as authorized on the Probation Form 45 and shall initiate services **within 10 business days** of receiving the initial or amended Probation Form 45, any time frame exceptions shall be approved by the CO and documented by the vendor (within the defendant/person under supervision file).

All the following services may be ordered on the Probation Form 45, individually or in combination:

«(1)» **Sex Offense Individual Counseling (6012)** to one (1) person under supervision.

«(2)» **Sex Offense Group Counseling (6022)** to two (2) or more persons under supervision but not more than ten (10).

«(3)» **Sex Offense Family Counseling (6032)** to a person under supervision and one or more family members. The practitioner may need to meet with family members without the person under supervision present with USPO written approval, if the defendant/person under supervision is the primary beneficiary of the service provided. This project code is also appropriate for family members who have suffered victimization by the person under supervision and/or to prepare family members for possible reunification.

«(4)» **Sex Offense Treatment Readiness Group (6090)** to two (2) or more person under supervision but no more than twelve (12). The vendor shall clearly explain the treatment process, goals, and expectations to defendants/persons under supervision. Treatment Readiness Group shall include persons under supervision with little or no understanding of the cycle of sexual offenses. The attendance of one family member per person

under supervision shall be included in the unit price in Section B.

The vendor shall ensure that:

a. **Sex offense treatment** is provided by a master's or doctoral level practitioner, who is licensed by their state's regulatory board and adheres to the established ethics, standards, and practices of state regulatory of state sex offender management board (where applicable). The individual shall practice within the generally accepted standards of practice of the individual's mental health profession, adhere to the Code of Ethics and Practice Guidelines published by the Association for the Treatment and Prevention of Sexual Abuse (ATSA), and demonstrate competency according to the individual's respective professional standards and conduct all evaluations/treatment in a manner that is consistent with the reasonably accepted standard of practice in the sex offender evaluation/treatment community.

b. Practitioners employ treatment methods that are supported by current professional research and practice. Practitioners match the amount, intensity, and duration of treatment to the person under supervision's risk and needs characteristics.

c. Practitioners employ comprehensive sex offense treatment methods. Self-help treatments shall be used only as adjuncts to comprehensive treatment.

d. Treatment interventions are matched to specific problems, risk, and needs of the defendant/person under supervision considering gender, ethnicity, and culturally responsive treatment practices. Incorporate Cultural Competence skills to effectively communicate and interact with individuals from diverse backgrounds, utilizing culturally appropriate interventions and treatment plans. Employ a Person-Centered Approach that prioritizes the individual's cultural identity, ensuring their cultural values and beliefs are respected and integrated into their care. Use a Trauma Informed Approach being aware of the prevalence and impact of trauma, and how it may affect behavior and treatment engagement.

e. Practitioners shall maintain professional judgment and objectivity, regardless of personal feelings or beliefs about a defendant/person under supervision or their charge(s)/conviction(s). If a practitioner is unable to provide competent services for any reason, the practitioner shall consult with the USPO/USPSO to address the concerns.

f. In collaboration with the USPO, practitioners shall review the completed Model Sex Offense History Disclosure Polygraph Questionnaire August 26, 2023, developed and endorsed by the American Polygraph Association with the person under supervision prior to their participation in the Sexual History Polygraph examination.

g. In collaboration with the USPO, practitioners assess appropriate treatment interventions if the person under supervision offers any admissions or has deceptive/inconclusive results from a Clinical Polygraph or Maintenance Examination.

h. The content of sex offense treatment (6012, 6022, 6032 and 6090) shall be designed to and include:

Primary Treatment Phase:

In cooperation with the supervising officer, treatment methods should incorporate the results of the Post-Conviction Risk Assessment (PCRA) and information gained from polygraph examinations, including sexual history examinations and/or maintenance examinations.

Identify and treat persons convicted of a sex offense's stable/acute dynamic risk factors, provide effective interventions and discuss and integrate protective factors.

1) Hold person under supervision accountable for their behavior and assist them in maintaining their accountability.
2) Require person under supervision to complete a full sex history disclosure and to disclose all current sex offending behaviors.
3) Reduce person under supervision' denial and defensiveness.
4) Decrease and/or manage person under supervision' deviant sexual urges and recurrent deviant fantasies while increasing appropriate sexual thoughts.
5) Educate person under supervision about the potential for re-offending and specific risk factors.
6) Teach person under supervision self-management methods to avoid a sexual re-offense.
7) Identify and treat the person under supervision' thoughts, emotions, and behaviors that facilitate sexual re-offenses or other victimizing or assaultive behaviors.
8) Identify and treat person under supervision' cognitive distortions.
9) Educate person under supervision about non-abusive, adaptive, legal, and pro-social sexual functioning satisfying, satisfying life that is incompatible with sexual offending.
10) Educate person under supervision about the impact of sexual offending upon victims, their families, and the community.
11) Provide person under supervision with training in the development of skills needed to achieve sensitivity and empathy with victims.
12) Identify and treat person under supervision's personality traits and

deficits that are related to their potential for re-offending.

13) Identify and treat the effects of trauma and past victimization of person under supervision as factors in their potential for re-offending. (It is essential that person under supervision be prevented from assuming a victim stance in order to diminish responsibility for their actions).
14) Identify social deficits and strengthen person under supervision' social and relationship skills, where applicable; develop and enhance healthy interpersonal and relationship skills, including communication, perspective, talking and intimacy.
15) Require person under supervision to develop a written plan for preventing a re-offense; the plan should identify antecedent thoughts, feelings, circumstances, and behaviors associated with sexual offenses.
16) Provide treatment or referrals for person under supervision with co-existing treatment needs such as medical, pharmacological, psychiatric needs, substance use, domestic violence issues, or disabilities.
17) Maintain communication with other significant persons in the person under supervision's support systems to the extent possible to assist in meeting treatment goals.
18) Evaluate existing treatment needs based on developmental or physical disabilities, cultural, language, sexual orientation, and gender identity that may require different treatment arrangements.
19) Identify and treat issues of anger, power, and control; and
20) (For 6032) Educate individuals who are identified as the person under supervision's support systems about the potential for re-offending and a person under supervision's specific risk factors, in addition to requiring a person under supervision to disclose critical issues and current risk factors.

Maintenance Treatment Phase:

Maintenance phase treatment is defined as treatment interventions used to help persons convicted of a sex offense adhere to their relapse prevention plan and ensure the person under supervision's dynamic risks continue to be managed appropriately. Vendors may elect to have a person utilize a "risk management plan" or "success plan" in lieu of a relapse prevention plan.

In collaboration with the supervising officer, the vendor should determine if all identified stable dynamic risk factors are mitigated and the goals and objectives of primary treatment have been successfully met. If after review, the supervising

officer and the vendor are in agreement that the person under supervision has obtained the skills and ability to manage their deviant thoughts, has addressed all identified stable dynamic risk factors or sex offense treatment goals and objectives, and has a relapse prevention plan in place, then transition from primary treatment to the maintenance phase should be considered. A transition to the Maintenance Phase could also result from the collaborative decision the person under supervision is unlikely to benefit substantially from further treatment in the Primary Treatment Phase.

Maintenance phase of treatment should motivate the person under supervision to avoid high risk behaviors related to increased risk for re-offense. Utilizing skills learned through primary treatment along with their relapse prevention (or similar) plan to function successfully with a lessened quantity of treatment. In this phase, persons under supervision have successfully addressed the underlying issues in their offending behavior and have developed skills to lead a pro-social, non-offending life.

The duration and frequency of contact between the person convicted of a sex offense and the vendor, during the *Maintenance* phase, should be determined based on the risk and needs of the individual. This contact could be as frequent as the individual requires to adhere to their relapse prevention plan (for example, monthly or quarterly sessions).

Persons convicted of a sex offense may require different levels of intervention throughout their terms of supervision. The supervising officer should view sex offense treatment on a continuum of services designed to address the acute and stable dynamic risk factors presented by the individual and not as a finite process. If at any time during the maintenance phase the person under supervision, the supervising officer or the vendor assess that the person under supervision is having difficulty effectively implementing their relapse prevention (or similar) plan, they may be moved back into primary treatment until which time the risks identified have been mitigated.

i. The vendor shall follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.

j. Any factors that may increase risk of further sex offenses, or identified third-party risk issues, shall be immediately communicated to the USPO or follow other notification protocols outlined by the CO.

k. Only face-to-face contacts with the person under supervision (or family) shall be invoiced, unless otherwise approved by the CO.

The vendor shall provide:

a. A typed comprehensive treatment plan, at the onset of treatment and at least **every 90 days**. The **treatment plan** shall:

(1) Provide for the protection of victims and potential victims and not cause the victim(s) to have unsafe and/or unwanted contact with the person under supervision.

(2) Be individualized to meet the person under supervision's unique needs.

(3) Identify the issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment.

(4) Define the person under supervision's expectations of treatment, the expectations of their family (when possible) and support systems of the treatment process and address the issue of ongoing victim input (if possible).

(5) Identify short and long-term goals the person under supervision will attempt to achieve that related to the person's risk factors, needs, and responsivity.

(6) Include measurable objectives which relate to the achievement of corresponding goals and program requirements.

(7) Define the type and frequency of services to be received.

(8) Specific criteria for treatment completion and the anticipated timeframe; and

(9) **Primary Phase:** The practitioner completes at least one actuarial risk assessment (if not already completed and available) AND at least one stable dynamic risk assessment that has been researched and demonstrated to be statistically significant in the prediction of re-offense. This assessment is updated at intervals consistent with the assessment tool and used to aid in identifying sex offense treatment goals and objectives the person under supervision has completed. Examples of actuarial risk assessment include but are not limited to: SORAG and STATIC 99R. Examples of stable dynamic risk assessments include, but are not limited to: Stable 2007, Sex Offender Treatment Intervention Progress Scales (SOTIPS), Structured Risk Assessment - Forensic Version (SRA-FV), Violence Risk Scale-Sexual Offender Version (VRS-SO). For situations in which the person under supervision does not fall under a validated risk assessment (e.g. charge/conviction of Child Sexual Abuse Material Possessor), the practitioner shall complete all

content areas of the actuarial and stable dynamic risk assessments to determine treatment and supervision focus; however, not give a score on the assessment (note: the assessment will only be used to understand targeted areas and not used for risk prediction/recidivism).

Maintenance Phase: The practitioner completes at least one stable dynamic risk assessment, if applicable (change in circumstances that would warrant a reassessment), that has been researched and demonstrated to be statistically significant in the prediction of re-offense. Examples of stable dynamic risk assessment include, but are not limited to: Stable 2007, Sex Offender Treatment Intervention Progress Scales (SOTIPS), Structured Risk Assessment – Forensic Version (SRA-FV), Violence Risk Scale - Sexual Offender Version (VRS-SO). For situations in which the person under supervision does not fall under a validated risk assessment (e.g. charge/conviction of Child Sexual Abuse Material Possessor), the practitioner shall complete all content areas of the stable dynamic risk assessment to determine treatment and supervision focus; however, not give a score on the assessment (note: the assessment will only be used to understand targeted areas and not used for risk prediction/recidivism). This assessment is updated at intervals consistent with the assessment tool and used to aid in person under supervision has completed.

b. If the therapeutic interventions are no longer deemed necessary, a typed **transitional care plan** should be submitted to the USPO in accordance with Vendor Reports under section f (2).

«19.» **Sex Offense Chaperone Training and Support (6091)**

Chaperone Training and Support is a psycho-educational/specialized training for one (1) or more significant others, family members, or other support persons of a person under supervision convicted of a sex offense. The goal is to educate and prepare individuals designated by the probation officer to act as a chaperone for a person under supervision and safeguard for the community. The vendor may meet with significant others, family members, or other support persons without the person under supervision present with USPO approval, if the person under supervision is the primary beneficiary of the service provided.

The vendor shall ensure that:

a. Chaperone Training and Support services shall include, but not be limited to the following topic areas:

(1) Responsibilities and limitations of the chaperone.
(2) Myths associated with sexual offending.
(3) Definitions of paraphilias.
(4) Identification of mistaken beliefs, thinking errors.
(5) Understanding the person under supervision's sexual offending patterns, offense cycle, risk factors, and relapse prevention plan.
(6) Grooming behaviors.
(7) Maintaining appropriate boundaries between the person under supervision, potential victims, and other individuals.
(8) Relapse prevention; and
(9) Recognizing and managing risk factors.

The topics addressed in the training and support must be individualized and case-specific, assuring the disclosure of the person under supervision's deviant sexual interests and behavior to prepare the chaperone to adequately observe, interpret, and act upon the person under supervision's future interactions with potentially vulnerable individuals, such as children, under conditions set by the USPO.

b. Chaperone training and support services are provided by a licensed master's or doctoral level practitioner who meets the standards of practice established by their state's regulatory board and adheres to the established ethics, standards, and practices of state regulatory sex offender management boards (where applicable). The individual shall practice within the generally accepted standards of practice of the individual's mental health profession, the individual shall adhere to the Code of Ethics and Practice Guidelines published by the Association for the Treatment and Prevention of Sexual Abuse (ATSA), and demonstrate competency according to the individual's respective professional standards and conduct all evaluations/treatment in a manner that is consistent with the reasonably accepted standard of practice in the sex offender evaluation/treatment community.

c. Successful completion of Chaperone Training and Support is based on a professional evaluation of the individual's ability to act to protect potentially vulnerable individuals, such as children, as a chaperone and not dependent solely upon completion of a specific number of sessions.

d. A **program completion summary** is submitted to the USPO **within 10 business days** upon completion and/or termination. At a minimum, the summary shall

include topics trained; type of support provided; length of training and support; reason for termination (if applicable); and any recommendations for future chaperone development. In all cases, risk factors, barriers to future chaperone implementation and the discharge status (i.e., successful discharge, unsuccessful discharge, program interruption, etc.) should be clearly stated.

«20.» **PHYSIOLOGICAL MEASUREMENTS**

For identification, treatment, and management of persons convicted of a sex offense, the vendor shall provide the following services:

«a.» **Penile Plethysmograph and Report (5021)** is a phallometric assessment and report of sexual arousal.

«b.» **Visual Reaction Time (VRT) Measure of Sexual Interest and Report (5025)** is an objective method for evaluating sexual interest which is designed to determine sex offender treatment needs and risk levels.

For the above services, the vendor shall ensure that:

(1) Penile Plethysmograph or VRT tests shall be conducted only by specifically trained examiners. Examiners shall maintain membership in appropriate professional organizations and participate in regular relevant continuing educational training programs.

(2) Examiners performing the plethysmograph or VRT are to adhere to the established Code of Ethics and Practice Guidelines of the Association for the Treatment and Prevention of Sexual Abuse (ATSA).

(3) Consent forms specific to the penile plethysmograph/VRT procedure shall be read, signed, and dated by the person under supervision. If the person under supervision refuses to sign the form(s) or submit to testing, the examiner shall contact the USPO, or follow other notification protocols outlined by the CO, within 24 hours. In such a case, testing will be discontinued until further instructions are received from the probation officer.

(4) Examiners shall follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of

Defendant/Person Under Supervision Behavior.

(5) Examiners shall complete the assessment/test within **30 business days** of receiving the referral and shall provide a typed report **within 10 business days** to the USPO outlining findings.

(6) If necessary, examiners shall explain findings in any hearing or case evaluation conference (See additional information under Vendor Testimony).

(7) All plethysmograph and VRT testing material, including the examiner's decision and the completed plethysmograph and/or VRT documents will be kept for a period of three years after the payment of the last invoice. Copies of all the aforementioned material are to be forwarded to the USPO at the expiration of the contract.

«c.» **Clinical Polygraph Examination and Report (5022)** shall be employed to assist in the treatment and supervision of persons under supervision by verifying the truth of their statements. The two types of polygraph examinations that shall be administered to persons under supervision under this code are:

(1) **Sexual History Examination:** examines a person under supervision's history of involvement in unknown or unreported sexual offenses and sexual behaviors that may be indicators of sexual compulsivity, sexual pre-occupation, or sexual deviancy and it may be included as a part of sex offense evaluation.

a. The examiner shall use the Model Sexual History Disclosure Polygraph Questionnaire, August 26, 2023, developed and endorsed by the American Polygraph Association (included in Section J attachments).
b. The examiner shall include unreported sexual offenses and paraphilias in a separate series within the examination.

(2) **Instant Offense Examinations:** examines additional or unreported offense behaviors in context of the instant offense.

«d.» **Maintenance Examination (5023)** for pretrial cases, the maintenance examination shall only be employed to investigate the defendant's compliance with conditions of supervision only.

For post-conviction cases, the maintenance examination is employed to periodically investigate the person under supervision's compliance with conditions of supervision, honesty with community supervision and/or treatment. Maintenance polygraph

examinations may cover a wide variety of behaviors, including but not limited to, sexual behaviors, grooming behaviors, deviancy activities or high-risk behaviors. Maintenance polygraph examinations shall monitor the person under supervision's involvement in any noncompliance, high-risk, and deviancy behaviors that may change over time and would signal an escalating risk level prior to re-offending.

The vendor shall ensure that polygraph examiners meet the following minimum standards **(5022 and 5023)** and that polygraph examinations are conducted in accordance with the following:

(1) **Education.** Polygraph examiners shall be graduates of a basic polygraph school accredited by the American Polygraph Association (APA). Examiners shall possess a baccalaureate or higher degree from a regionally accredited university/college or have at least five years' experience as a full-time commissioned federal, state, or municipal law enforcement officer.

Polygraph examiners shall complete and receive certification for a minimum of 40 hours of Post-Conviction Sex Offender Testing (PCSOT) specialized instruction, beyond the basic polygraph examiner training.

Examiners shall have passed a final examination approved by the APA.

(2) Examiners shall have an active regular membership in the APA. In accordance with the APA, the examiner shall comply with continuing education requirements to include regular training on research and case management of sex offenders.

(3) **Experience.** Polygraph examiners shall have a minimum of two years of polygraph experience in criminal cases. Examiners are required to have specialized training or experience in the examination of sex offenders. Examiners that do not have the prescribed experience are not permitted to work under the supervision of an examiner that does meet the requirements.

(4) **Ethics and Standards.** Polygraph examiners shall adhere to the established ethics, standards and practices of the American Polygraph Association (APA). In addition, the examiner shall demonstrate competency according to APA professional standards and conduct all polygraph examinations in a manner that is

consistent with the accepted standards of practice.

(5) **Licensure:** Examiners shall be licensed by the State's regulatory Board (if applicable).

(6) All polygraph examinations are audio or video taped in their entirety (videotaping is preferred).

(7) When deception is indicated after the initial screening, the examiner shall interview the defendant/person under supervision to explore the reason for the deceptive result. If information is discovered through an interview, the examiner shall continue testing in an attempt to resolve the deceptive issues.

Upon an inconclusive examination result, the examiner shall interview the defendant/person under supervision probing the relevant issues. Upon a thorough review of the questions, the examiner should conduct another examination in attempt to obtain conclusive results.

If after testing is complete, a deceptive or inconclusive result still stands, the examiner should consult with the USPO/USPSO to determine the need for further testing on another date.

(8) Polygraph examiners provide a typed report **within 10 business days** to the USPO/USPSO outlining findings and include the following information (if necessary to explain findings in any hearing or case evaluation conference): type of instrument used; date and time of examination; beginning and ending times of examination; reason for examination; referring Officer; name of defendant/person under supervision; informed consent; case background (instant offense and conviction); any pertinent information obtained outside the exam (collateral information if available); statement attesting to the defendant/person under supervision's suitability for polygraph testing (medical, psychiatric, developmental); list of defendant/person under supervision's medications; date of last post-conviction examination (if known); summary of pretest and post-test interviews, including all disclosures or any other relevant information provided by the person under supervision; examination questions and answers; polygraph techniques used; number of charts used; examination results; reasons for inability to complete examinations (if

applicable); and any additional information deemed relevant by the polygraph examiner (e.g., behavioral observations or verbal statements).

(9) Consent forms specific to the polygraph procedures shall be read, signed, and dated by the defendant/person under supervision. If the defendant/person under supervision refuses to sign the form(s) or submit to testing, the examiner shall follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior. In such a case, testing will be discontinued until further instructions are received from the USPO/USPSO.

(10) Polygraph examinations are subject to quality control. Polygraphers shall submit their complete records for independent quality review upon request of the CO.

(11) Files shall include at a minimum, the name, date, examination location, copy of consent forms, pretest worksheet, copy of test questions, all case briefing materials, copy of charts, an examiner hand score sheet, the audio or video tape, and the polygraph results. Copies of all the material are to be forwarded to the USPO/USPSO at the expiration of the contract, to be kept in the USPO/USPSO file.

(12) Examiners shall follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior. Any factors that may increase risk of further sex offenses, or identified third-party risk issues arise shall be immediately communicated to the USPO/USPSO.

(13) If the defendant/person under supervision refuses to submit to polygraph testing, based on a fifth amendment concern, testing shall be discontinued immediately and guidance sought from the USPO/USPSO.

«21.» SPECIALIZED TREATMENT FOR PRETRIAL DEFENDANTS CHARGED WITH A SEX OFFENSE

Specialized Treatment for Pretrial Defendants charged with a Sex Offense is defined as treatment interventions used to help pre-adjudicated individuals with crisis intervention,

support, healthy coping skills, cognitive behavioral treatment and understanding the keys to successful incarceration. Consistent treatment accessibility is essential to ensuring individuals can attend sessions without undue hardship. Additionally, vendors must provide flexible scheduling options, and if applicable, adhere to the additional requirements outlined in the Local Services Section regarding hours of operation and other identified areas of need.

«(1)» **Specialized Individual Treatment (7013)** to one (1) defendant and/or their family (Family is billed at individual rate).

«(2)» **Specialized Group Treatment (7023)** to two (2) or more defendants but not more than ten (10).

The vendor shall ensure that:

a. **Specialized Treatment Services** are provided by a licensed master's or doctoral level practitioner who meets the standards of practice established by their state's regulatory board and adheres to the established ethics, standards, and practices of the state's regulatory sex offender management board (where applicable) to provide Sex Offense Treatment. The individual shall practice within the generally accepted standards of practice of the individual's mental health profession and adhere to the Code of Ethics and Practice Guidelines published by the Association for the Treatment and Prevention of Sexual Abuse (ATSA).

b. Practitioners employ treatment methods that are based on a recognition of the specialized needs presented by pre-adjudicated individuals by employing cognitive behavioral treatment, crisis intervention, and life skills to promote healthy coping skills. The content of the treatment shall include:

(1) Crisis Intervention Services to determine level of suicidal ideation and level of anxiety, if immediate psychiatric intervention is needed, if defendant needs to be referred to a psychiatrist for evaluation and/or medication monitoring, and if defendant is in need of individual therapy in addition to group therapy.

(2) Supportive therapeutic interventions to address feelings of isolation, to help normalize their experience of the Federal Court System, and to address daily stressors (i.e., loss of employment, relationships etc.).

(3) Guidance to help the defendant identify healthy/alternative coping and communication skills.

(4) Cognitive Behavioral Therapy to address thinking errors, core beliefs, and values.

c. Questions pertaining to the instant offense or questions that compel the defendant to make incriminating statements or to provide information that could be used in the issue of guilt or innocence are not asked or addressed. If such information is divulged inadvertently by the defendant, it shall not be included on the written report or communicated to the officer.

d. Practitioners shall follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.

e. Any factors that may increase risk of further sex offenses, or identified third-party risk issues, shall be immediately communicated to the USPO/USPSO, or follow other notification protocols outlined by the CO.

f. Only face-to-face contacts with the defendant shall be invoiced, unless otherwise approved by the CO.

The vendor shall provide to the USPO/USPSO:

a. A typed comprehensive treatment plan, created at the beginning of programming with the defendant and **at least every 90 days**. The treatment plan shall:
(1) be individualized to meet the defendant's unique needs.
(2) identify the issues to be addressed.
(3) include planned intervention strategies.
(4) include the goals of treatment.
(5) identify type and frequency of services to be received.
(6) identify specific criteria for treatment completion and the anticipated timeframe.
(7) include information on family and any significant other involvement (i.e., community support programs, etc.).
(8) Signed and dated by the vendor and the defendant; and

b. A typed transitional care plan submitted to the USPO/USPSO in accordance with Vendor Reports under section f (2).

«22.» MEDICATION-ASSISTED TREATMENT

Medication-Assisted Treatment (MAT) is the use of medications with counseling and behavioral therapies to provide a whole person approach to treat substance use disorders. Medications used in MAT are approved by the Food and Drug Administration

(FDA), and MAT programs are clinically driven and tailored to meet each patient's needs. MAT treatment programs must be certified in accordance with 42 CFR Part 8, which includes being registered with the Drug Enforcements Agency (DEA) and the Substance Abuse and Mental Health Administration (SAMSHA), in addition to adhering to any state regulations or statutes. If medically appropriate, generic medications shall be prescribed. The vendor shall provide medications from sources with the lowest cost to the Judiciary.

NOTE: A treatment plan and transitional care plan are not required for Medication-Assisted Treatment project codes.

The vendor shall provide:

«a.» **Agonist/Antagonist Medication (7020)** in either oral or injectable form subsequent to a prescription from a licensed health care provider with current prescriptive authority, who meets the standards of practice established by federal requirements and/or their state's regulatory board (e.g., Naltrexone, Trexan, Antabuse, Methadone, Buprenorphine, etc.). In addition to the prescription of either oral or injectable agonist/antagonist medication, the vendor is authorized to prescribe withdrawal assistance medication to assist the defendant/person under supervision during the withdrawal process. Reimbursement for other prescriptions that fall outside this realm is not authorized. The USPO/USPSO should generally authorize this in conjunction with individual or group counseling. The vendor must ensure that all prescribed medications align with established medical guidelines and standards of care. Thorough documentation is required for the necessity of such medications, along with appropriate monitoring of their effectiveness and impact.

The vendor may charge an:

«b.» **Administrative Fee (7021)** of five (5) percent of the actual funds expended to acquire the agonist/antagonist medication (i.e., via a pharmacy or other source).

«c.» **Administration of Agonist/Antagonist Medication (9020) -**the service of dispensing oral medication and monitoring its ingestion and/or administration of intramuscular injections. NOTE: this code is only billed when the vendor physically observes the ingestion of oral medications or administration of an intramuscular injection. If medication is provided to the defendant/person under supervision to take at home, the vendor would invoice that cost under 7020 (contingent on that service being authorized on the Probation Form 45). The vendor shall provide necessary physical examinations and laboratory tests associated with medications under codes 4010 and 4020, respectively.

«d.» **Agonist/Antagonist Medication Monitoring (9021)**

The vendor shall ensure that:

1. Medication is administered in compliance with all federal, state and local regulations.
2. Medication is administered in conjunction with intensive counseling and urine specimen collection.
3. Medication monitoring is provided by a licensed health care provider with current prescriptive authority, who meets the standards of practice established by federal requirements and/or their state's regulatory board.
4. The defendant/person under supervision:
   (1) Is at least 18 years old at the time of intake.
   (2) Has voluntarily agreed and signed informed consent documentation for medication treatment.
   (3) Meets the criteria for opioid use disorder, opioid withdrawal, and/or alcohol use disorder as defined in the current version of the DSM; and
   (4) Has written medical clearance documenting
   (a) There is minimum danger of side effects from medication; and
   (b) Defendant/person under supervision is fully aware of the side effects.

The vendor shall:

l. Inform the defendant/person under supervision about the medication regimen and the monitoring requirements.
2. Prescribe and evaluate the efficacy of agonist/antagonist medications (incorporating feedback from the treatment vendor and/or the USPO/USPSO, and the defendant/person under supervision), and the need for laboratory testing, order the laboratory tests as indicated, and monitor the laboratory test results, making changes to the treatment regimen as indicated. The vendor shall provide necessary physical examinations and laboratory tests associated with medications under codes 4010 and 4020, respectively.
3. Review with the USPO/USPSO the defendant's/person under supervision's program regularly to monitor dosage levels and length of treatment; and
4. Monitor the patient for evidence of clinical deterioration and/or medication non-compliance.
5. Schedule follow-up appointments to assess the effectiveness of prescribed medication(s) and make necessary adjustments.

«23.» **INPATIENT DETOXIFICATION**

The vendor shall provide:

«(1)» **Medical Detoxification (8010)** is a twenty-four (24) hour, 7 days a week, medically supervised by qualified healthcare professionals setting where individuals are safely withdrawn from addictive substances. Medications are administered to manage withdrawal symptoms and ensure the individual's safety.

(1) Per diem rates include room and board, assessment, counseling/therapeutic services, physical examination and blood and urine specimen collection.
(2) For invoicing purposes per diem rates are calculated based on the following:
    a. A calendar day unit (midnight to midnight) for continuous placement of over 24 hours; and
    b. Is prorated/calculated as one-fourth of a calendar day for (1) six hours or less, or (2) when the defendant/person under supervision is absent from contractor's facility without USPO/USPSO's or vendor's permission for over 24 hours.

Example:
Assume a per diem rate of $100. Defendant/person under supervision entered a residential facility at 7:00 p.m. on Day 1 and was discharged from the facility at 7:00 a.m. on Day 3.

	Time Spent	**Charge**
Day 1	.25 units	$25.00
Day 2	1 unit	$100.00
Day 3	.5 units	$50.00

«(2)» **Non-medical Detoxification (8050)** is used when a qualified healthcare professional determines that an individual is suitable for non-medical detoxification, the individual can stop using substances without medication interventions, relying instead on prosocial supports and peers, physical wellness practices such as sleep hygiene, diet, and exercise, while being monitored by medical personnel in a non-medical therapeutic "social detoxification" setting with routine medical and nursing services on call twenty-four (24) hours, 7 days a week. Inpatient detoxification services including:

(1) Per diem rates include room and board, assessment, counseling/therapeutic services, physical examination and blood and urine specimen collection.
(2) For invoicing purposes per diem rates are calculated based on the

following:

a. A calendar day unit (midnight to midnight) for continuous placement of over 24 hours; and
b. Is prorated/calculated as one-fourth of a calendar day for (1) six hours or less, or (2) when the defendant/person under supervision is absent from contractor's facility without USPO/USPSO's or vendor's permission for over 24 hours.

Example:
Assume a per diem rate of $100. Defendant/person under supervision entered a residential facility at 7:00 p.m. on Day 1 and was discharged from the facility at 7:00 a.m. on Day 3.

	Time Spent	**Charge**
Day 1	.25 units	$25.00
Day 2	1 unit	$100.00
Day 3	.5 units	$50.00

«(3)» **Inpatient Detoxification Medication (8030)** in either oral or injectable form subsequent to a prescription from a licensed health care provider with current prescriptive authority, who meets the standards of practice established by federal requirements and/or their state's regulatory board (e.g., Naltrexone, Trexan, Antabuse, Methadone, Buprenorphine, etc.). In addition to the prescription or either oral or injectable agonist/antagonist medication, the vendor is authorized to prescribe comfort medications or other withdrawal assistance medication to assist the defendant/person under supervision during the withdrawal process. Reimbursement for other prescriptions that fall outside this realm is not authorized. The vendor shall provide necessary physical examination and laboratory tests associated with Inpatient Detoxification under codes 4010 and 4020, respectively. The vendor shall ensure that medication is administered in compliance with all federal, state and local regulations.

«24.» RESIDENTIAL TREATMENT

The vendor shall provide, at the daily per diem rates stated in Section B, the following services. The CO shall include a Local Service requirement which defines whether the required residential placement services is needed for males, females, or both. It should be noted there are a few instances wherein the defendant/person under supervision may not report as directed for residential placement. In the event of a no-show for residential placement, the vendor shall not invoice unless in person services were provided.

(1) Per diem rates include room and board, assessment, counseling/therapeutic services, drug testing, physical examination and blood and urine specimen collection.

(2) For invoicing purposes per diem rates are calculated based on the following:

a. A calendar day unit (midnight to midnight) for continuous placement of over 24 hours; and
b. Is prorated/calculated as one-fourth of a calendar day for (1) six hours or less, or (2) when a defendant/person under supervision is absent from contractor's facility without USPO/USPSO's or vendor's permission for over twenty-four (24) hours.

Example:
Assume a per diem rate of $100.00. Defendant/person under supervision entered a residential facility at 7:00 p.m. on Day 1 and was discharged from the facility at 7:00 a.m. on Day 3.

	Time Spent	**Charge**
Day 1	.25 units	$25.00
Day 2	1 unit	$100.00
Day 3	.5 units	$50.00

(3) The vendor shall provide a typed **transitional care plan** report in accordance with Vendor Reports under section f (2) for each defendant/person under supervision upon termination of the residential period.

«(1)» **Therapeutic Community Treatment (1001)** Therapeutic Community Treatment Centers are 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.

The vendor shall ensure that services are provided:

(a) Only upon a vendor's professional staff recommendation and USPO's/USPSO's approval,
(b) For a period not exceeding 270 days, unless CO approves the extension (USPO/USPSO monitors the defendant's/person under supervision's progress and reviews the placement every sixty (60) days), and
(c) In three major stages:
    1. Induction and Treatment- during the first 30 days to assimilate the individual into the Therapeutic Community.
    2. Primary Treatment using a structured model of progression through increasing levels of pro-social attitudes, behaviors and responsibilities.

3. Re-entry - to facilitate the individual's separation from the Therapeutic Community and successful integration to society.

«(2)» **Short-term Residential Treatment (2001)** is for defendants/persons under supervision needing a heightened level of structure and support for achieving abstinence. Services provide 24-hour, 7 days a week accommodation and should not exceed 90 days, unless approved by CO. Short-term Residential treatment facilities provide highly structured environment that incorporates protective oversight, counseling, drug testing, and other approaches that involve cooperative living for people receiving treatment. The defendant's/persons under supervision's progress shall be monitored and reported to the USPO/USPSO at least every 30 days.

The vendor shall clearly document and provide:

(1) **Programmatic Activities:** A minimum of 6 hours of structured programmatic activities per weekday (e.g., life skills training, GED, employment readiness, etc.), 3 hours of clinical group counseling, as well as a minimum of 3 hours of structured programmatic activities per weekend day.

(2) **Individual Clinical Counseling:** A minimum of 1 hour of individual clinical counseling per week.

(3) **Treatment Plans:** A treatment plan (in accordance with Vendor Reports under section f (1)) is created with the defendant/person under supervision **within five (5) days of admission** to the program and submitted to the USPO/USPSO and re-evaluated at least **every 30 days**. The plan shall be designed to reduce the specified symptoms or impairment, supporting the defendant/person under supervision to function effectively in a lower level of care.

«(3)» **Long-term Residential Treatment (2002)** is for defendants/persons under supervision. needing a heightened level of structure and support for achieving abstinence. Services provide 24-hour, 7 days a week accommodation and should not exceed 270 days (9 months) unless approved by CO. Long-term Residential Treatment facilities provide a highly structured environment that incorporates protective oversight, counseling, drug testing, and other approaches that involve cooperative living for people receiving treatment. The defendant's/person under supervision's progress shall be monitored and reported to the USPO/USPSO every 30 days.

The vendor shall clearly document and provide:

(1) **Programmatic Activities:** A minimum of 6 hours of structured programmatic activities per weekday (e.g., life skills training, GED, employment readiness, etc.), 3 hours of clinical group counseling, as well as a minimum of 3 hours of structured programmatic activities per weekend day.

(2) **Individual Clinical Counseling:** A minimum of 1 hour of individual clinical counseling per week.

(3) **Treatment Plans:** A treatment plan (in accordance with Vendor Reports under section f (1)) is created with the defendant/person under supervision **within five (5) days of admission** to the program and submitted to the USPO/USPSO and re-evaluated at least **every 30 days**. The plan shall be designed to reduce the specified symptoms or impairment, supporting the defendant/person under supervision to function effectively in a lower level of care.

«(4)» **Short-term Residential for Co-Occurring Disorders (6001)** is an inpatient treatment program for individuals who are suffering from both chemical use/dependence and a mental health disorder. It shall be for a period not to exceed 90 days, unless an extension is determined appropriate by the CO. Residential treatment facilities provide a highly structured environment that incorporates protective oversight, integrated treatment for co-occurring disorders, drug testing, and other approaches that involve cooperative living for people receiving treatment. The vendor shall monitor defendant's/person under supervision's progress and report to the USPO/USPSO every 30 days.

The vendor shall clearly document and provide:

(1) **Programmatic Activities:** A minimum of 6 hours of structured programmatic activities per weekday (e.g., life skills training, GED, employment readiness, etc.), 3 hours of clinical group counseling, as well as a minimum of 3 hours of structured programmatic activities per weekend day.

(2) **Individual Clinical Counseling:** A minimum of 1 hour of individual clinical counseling per week.

(3) **Treatment Plans:** A treatment plan (in accordance with Vendor Reports under section f (1)) is created with the defendant/person under supervision **within five (5) days of admission** to the program and submitted to the USPO/USPSO, and re-evaluated at least **every 30 days**. The plan shall be designed to reduce the specified symptoms or

impairment, supporting the defendant/person under supervision to function effectively in a lower level of care.

a. The vendor shall invoice at the per diem rate for the services described in this section. The per diem rate includes:

(1) An initial mental health intake assessment and report and/or a psychiatric examination and report, and/or a psychological evaluation and report.
(2) Urine specimen collection and reporting results.
(3) Administration of psychotropic medication (in the event psychotropic medication is necessary, reimbursement for the actual medication would be included under Psychotropic Medications (6040) and not within the per diem rate.
(4) Medication monitoring.
(5) Regular assessments to include continuous monitoring and assessment of the defendant's/person under supervision's progress and adjustments to the treatment plan.
(6) Clinical consultation with USPO/USPSO; and
(7) Individual/group/family counseling.

b. The vendor shall prepare a treatment plan (in accordance with Vendor Reports under section f (1)) that is created with the defendant/person under supervision **within five (5) days** of admission to the program and submitted to the USPO/USPSO and re-evaluated at least **every 30 days**. The plan shall be designed to reduce the specified symptoms or impairment such that the defendant/person under supervision is able to function effectively in a lower level of care.

c. Ensure active documentation of case management and continuity of services that is coordinated with the USPO/USPSO and involves family/significant others as appropriate to mobilize family support and community resources.

d. **Within 15 days prior to discharge**, the vendor shall provide:

(1) Discharge planning and referral services to the defendant/person under supervision as coordinated with the USPO/USPSO.

(2) A transitional care plan that shall include attendance, goal completion, reason/status for discharge (i.e., successful/unsuccessful discharge, interruption of treatment, etc.), family involvement, history of medication compliance, stage of change, diagnosis and prognosis, community referrals, and recommendations for follow up care.

NOTE: The vendor shall follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.

«(5)» **Long-term Residential for Co-Occurring Disorders (6002)** is an intensive residential treatment program for individuals who are suffering both chemical use/dependence and a mental health disorder, for a period not to exceed 270 days, unless an extension is determined appropriate by the CO. Residential treatment facilities provide a highly structured environment that incorporates protective oversight, integrated treatment for co-occurring disorders, drug testing, and other approaches that involve cooperative living for people receiving treatment. The vendor shall monitor defendant's/person under supervision's progress and report to the USPO/USPSO every 30 days.

The vendor shall clearly document and provide:

(1) **Programmatic Activities:** A minimum of 6 hours of structured programmatic activities per weekday (e.g., life skills training, GED, employment readiness, etc.), 3 hours of clinical group counseling, as well as a minimum of 3 hours of structured programmatic activities per weekend day.

(2) **Individual Clinical Counseling:** A minimum of 1 hour of individual clinical counseling per week.

(3) **Treatment Plans:** A treatment plan (in accordance with Vendor Reports under section f (1)) is created with the defendant/person under supervision **within five (5) days of admission** to the program and submitted to the USPO/USPSO and re-evaluated at least **every 30 days**. The plan shall be designed to reduce the specified symptoms or impairment, supporting the defendant/person under supervision to function effectively in a lower level of care.

a. The vendor shall invoice at the per diem rate for the services described in this section. The per diem rate includes:

(1) An initial mental health intake assessment and report and/or a psychiatric examination and report, and/or a psychological evaluation and report.
(2) Urine specimen collection and reporting results.
(3) Administration of psychotropic medication (in the event psychotropic medication is necessary, reimbursement for the actual medication would be included under Psychotropic Medications (6040) and not within the per diem rate.
(4) Medication monitoring.

(5) Regular assessments to include continuous monitoring and assessment of the defendant's/person under supervision's progress and adjustments to the treatment plan.
(6) Clinical consultation with USPO/USPSO; and
(7) Individual/group/family counseling.

b. The vendor shall prepare a treatment plan (in accordance with Vendor Reports under section f (1)) that is created with the defendant/person under supervision **within five (5) days** of admission to the program and submitted to the USPO/USPSO and re-evaluated at least **every 30 days**. The plan shall be designed to reduce the specified symptoms or impairment such that the defendant/person under supervision is able to function effectively in a lower level of care.

c. Ensure active documentation of case management and continuity of services that is coordinated with the USPO/USPSO and involves family/significant others as appropriate to mobilize family support and community resources.

d. **Within 15 days prior to discharge**, the vendor shall provide:

(1) Discharge planning and referral services to the defendant/person under supervision as coordinated with the USPO/USPSO.

(2) A transitional care plan that shall include attendance, goal completion, reason/status for discharge (i.e., successful/unsuccessful discharge, interruption of treatment, etc.), family involvement, history of medication compliance, stage of change, diagnosis and prognosis, community referrals, and recommendations for follow up care.

NOTE: The vendor shall follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.

«(6)» **Confined Treatment Alternative (1503)** is substance use treatment, drug testing, and other types of educational services in a confined facility for defendants/persons under supervision experiencing relapse or substance use behavior requiring a short-term controlled environment. The length of stay is determined by the USPO/USPSO and ordered by the Court, as a special condition of supervision. The length of treatment shall not exceed 90 days unless an extension is determined appropriate by the CO.

«25.» RESIDENTIAL FACILITIES REQUIREMENTS

All residential, housing and inpatient services shall be provided at facilities currently in

good standing with licensure and/or accreditation requirements as outlined in state regulatory requirements in which they are located and are in compliance with the Residential Facility Requirements (below). Vendors shall provide the USPO/USPSO eligibility and admission criteria bearing in mind the vendor shall not deny access to services solely based on the defendant's/person under supervision's current participation in medication-assisted treatment (MAT), medical condition, disability, religion, ethnic origins or criminal record.

a. **Defendant/Person under Supervision Information**

Upon admission to the facility, a comprehensive intake shall be completed which includes the individual's legal name, date of birth, referral source and contact information, ethnicity, preferred language for services, permanent address, emergency contact-relationship-phone number, known medical conditions and allergies, current medications, dietary restrictions, and religious preferences. The vendor shall immediately notify the USPO/USPSO, or follow other notification protocol outlined by the CO, if the defendant/person under supervision leaves the treatment facility without proper authorization, fails to report for scheduled treatment, or any factors that may increase seen or unforeseen risk to the individual and/or the public. Within 24 hours, the vendor shall report programmatic rule violations and behaviors associated with court noncompliance.

b. **Staff Qualifications**

The vendor shall:

(1) Ensure that adequately trained, paid staff are on duty/premises to provide 24 hour, 7-days a week coverage. Staff must remain alert and awake during their assigned shifts to ensure continuous and effective coverage at all times.

(2) Use volunteers only at the discretion of the CO.

(3) Keep written position descriptions that accurately describe current duties for all staff performing services under this agreement.

(4) Establish minimum employment qualifications for all staff performing services under this agreement.

(5) Have, at a minimum, one staff member on each shift that is trained in emergency CPR and first aid.

(6) Ensure counselors are in good standing as licensed and certified professionals authorized to provide substance use treatment, as defined by their state's regulatory board and/or accrediting agency; and

(7) Only employ paraprofessionals under the direct supervision of a staff member who meets the licensing and certification requirements described in item 6 above. Additionally, obtain explicit approval from the CO before assigning paraprofessionals to these roles. This ensures that paraprofessionals are properly overseen and that their involvement if formally authorized.

c. **Code Compliance**

The vendor shall:

(1) Comply with all applicable (e.g., building sanitation, health, fire electrical, zoning) laws, ordinances, and codes.

(2) Upon request of the CO, the vendor shall provide documentation and rationale if any item in c. (1) above is non-applicable.

d. **Sleeping and Bathroom Facilities**

The vendor shall:

(1) Provide well-lit and ventilated sleeping quarters that meet fire safety standards, including proper exits and fire alarms.

(2) Supply each defendant/person under supervision with a bed, mattress, and storage space for personal articles.

(3) Supply each defendant/person under supervision with a complete set of bed linens and towels which are, at a minimum exchanged or washed weekly.

(4) Provide commode, sink, and bathing facilities on the premises that meet fire safety standards, including proper exits and fire alarms. Each bathroom shall have basic supplies like soap, toilet paper, and towels, and shall be clean and well-maintained with regular cleaning schedules.

e. **Emergency Plans**

Emergency plans are written comprehensive strategies to ensure safety of program participants and staff. The vendor shall maintain:

(1) Evacuation Procedures: The vendor shall have annually reviewed and updated as necessary, written emergency and evacuation plans and diagrams for emergencies (e.g., fire, natural disaster, and other emergencies) that are posted conspicuously in the facility. The vendor shall communicate clear instructions to defendants/persons under supervision on how to safely evacuate in case of fire, natural disasters, or other emergencies.

(2) Communication protocols: The vendor shall have methods for internal and external communication to keep residents, staff, and families informed during an emergency.

(3) Emergency preparedness: The vendor shall conduct evacuation drills when a representative number of defendants/persons under supervision and other residents are present and document such.

(4) Emergency Staffing: The vendor shall train all facility personnel to implement the emergency and evacuation plans and document such training. The vendor shall have plans for staffing during emergencies, including backup personnel and cross-training staff members.

f. **Safety Precautions**

The vendor shall provide:

(1) At least two means of an exit from each floor level.

(2) Smoke detectors on each floor providing complete and prompt coverage.

(3) Electrically lighted exit signs and egress routes with backup battery powered emergency lighting.

(4) Portable fire extinguishers throughout the facility appropriately rated and classed (i.e., Rated 2A; Class A extinguisher per 600 square feet for light hazard occupancy with a maximum travel distance of 75 feet to an extinguisher).

(5) Clean and sanitary facilities and surrounding areas, and clear hallways, stairs and exits.

(6) Fire inspections and testing of fire equipment by the equipment representative conducted at least semiannually.

(7) No mattresses or pillows acquired after commencement of the contract that contain polyurethane or polystyrene.

(8) Appropriate storage of all hazardous materials (e.g., paint adhesives, thinners, etc. are stored in metal containers away from areas such as sleeping quarters, kitchens, furnaces, stairwells, and exits).

g. **General Food Service**

The vendor shall:

(1) Plan diets according to physician's requirements, if applicable.
(2) Provide meals for defendants/persons under supervision whose work schedules prevent them from eating at mealtime.
(3) Provide daily reasonable food selections.
(4) Provide meals that accommodate the dietary, religious, and food allergy needs of defendants/persons under supervision.
(5) Provide nutritiously, varied, and balanced sack lunches for defendant/person under supervision requiring these.
(6) Prepare menus at least a week in advance and keep menus for three months.
(7) Have a registered dietitian or physician annually approve the nutritional value of fixed menus, and semiannually approve non-fixed menus and document such.
(8) Ensure that all persons preparing food comply with applicable federal, state, and local health laws, codes and regulations.

h. **Department of Health, Education and Welfare Food Service Standards**

The U.S. Food and Drug Administration (FDA) publishes the *Food Code,* a model that assists food control jurisdiction at all levels of government by providing them with a scientifically sound technical and legal basis for regulating the retail and food service segment of the industry (restaurants and grocery stores and institutions such as nursing homes). Local, state, tribal and federal regulators use the *FDA Food Code* as a model to develop or update their own food safety rules and to be consistent with national food regulatory policy. At a minimum, the vendor shall comply with the standards set forth in the most recent version of the *FDA Food Code.*

i. **Vendor Meals Served in Restaurants**

The vendor shall ensure that restaurants preparing and serving food to residents are full-service. They shall hold a valid state or local license, certificate or permit to operate, prepare and/or serve food. These establishments shall comply with all state and/or local sanitation and health laws, codes, and regulations to guarantee the safety and well-being of residents.

j. **Emergency Medical Service**

The vendor shall:

(1) Keep basic first aid supplies on-site at all times, as outlined in the American Red Cross First Aid Manual.

(2) Ensure at least one staff member per shift is trained in emergency first aid and CPR.

(3) Provide 24/7 access to emergency medical services through a licensed general hospital, private physician or clinic.

(4) Ensure residents are responsible for their own medical expenses and assist them in identifying available community resources.

«26.» **TRANSPORTATION EXPENSE**

The vendor shall provide:

Transportation Expenses (1202) for defendants/persons under supervision to travel to and from treatment facilities for purposes of receiving treatment:

(1) For eligible defendants/person under supervision who the USPO/USPSO determines are unemployed or unable to pay transportation prices,
(2) That the USPO/USPSO authorizes and approves, **and**
(3) That does not exceed the price of public transportation via the most direct route. If public transportation is not available, the vendor must seek prior approval from the CO for reimbursement of alternative means of transportation.

Note: The vendor may charge an **Administrative Fee (1201)** of five (5) percent of the monthly funds distributed under **Transportation Expenses (1202)**.

«27.» **VENDOR'S LOCAL TRAVEL:**

The vendor may invoice for:

«a.» **Vendor's Local Travel by Vehicle (1401)** for vendor or staff travel to defendants'/person under supervision' homes or employment, medical appointments or for other contract-related travel authorized and approved in advance by the CO and conforming with the following:

(1) Reimbursement at actual price.
(2) Documentation of the number of miles traveled (e.g. web-based mapping print-out) submitted with the invoice.

«b.» **Vendor's Local Travel by Common Carrier (1402)** for vendor travel to provide services to defendants/persons under supervision. The vendor shall utilize the most-economical travel method available. Note: the vendor is not authorized to utilize government travel rates.

(1) All travel must first be authorized by the CO and must specify the type of travel, such as train, bus, or the lowest airfare possible. All travel must utilize the most-economical travel method available, and evidence of this must be provided in all instances.
(2) Reimbursement at actual price based on documentation of receipt(s) provided with invoice. Reimbursement will be at the actual price, based on documentation of receipts provided with the invoice. Failure to submit documentation verifying the expense will result in non-payment.

«28.» **REIMBURSEMENT/CO-PAYMENT**

The vendor shall:

a. Collect any co-payment authorized on the Probation Form 45 and deduct any collected co-payment from the next invoice to be submitted to the judiciary. Ensure the co-payment does not exceed the cost of the service provided; however, the vendor can collect co-payment in arrears based on the rate established on the Probation Form 45. Proper documentation of the collected co-payment must be included on the invoice and supporting documentation.

b. Accept more than one co-payment type (e.g. check, credit card, cash, cashier's check, web-based transactions, etc.).

c. Provide bills and receipts for co-payments to defendants/persons under supervision at the time of payment collection. The vendor shall keep an individualized record

of co-payment collection and have systems in place to both follow-up on collection of outstanding amounts and to resolve any discrepancies in the amount owed.

d. Document within the Monthly Sign-In Log any co-payment received or whether the expected co-payment was not provided.

e. In conjunction with submission of invoices, provide an outstanding co-payment due report itemizing the total amount outstanding per defendant/person under supervision. The vendor is responsible for ensuring that all records are accurate, up-to-date, and readily accessible. This includes maintaining detailed logs of all transactions and communications related to co-payment collections, providing timely updates on outstanding balances, and addressing promptly and effectively any issues or disputes that may arise. The vendor must also ensure compliance will all relevant regulations and guidelines pertaining to financial transactions, billing insurance, Medicaid, and Medicare, as well as record-keeping. Adherence to these regulations is crucial for maintaining the integrity and legality of the billing process.

f. Reimburse the Judiciary as directed in Section G.

Note: The vendor may charge an **Administrative Fee (1501)** of five (5) percent of the monthly fees, which is a reasonable monthly fee, to administer the collection of fees from defendants/persons under supervision.

«29.» **GENERAL REQUIREMENTS**

a. **Defendant/Person under supervision Records and Conferences**

(1) File Maintenance

Treatment records shall be the property of the vendors, who are responsible for maintenance, disclosure, and retention. The vendor shall:

(a) Maintain a secure filing system for all information related to defendants/persons under supervision who receive services under this agreement. If information is stored electronically, the vendor shall ensure that it is accessible for review in the format specified by the CO, e.g. paper copy, flash drive, electronic access. The vendor shall timely provide access upon request of the CO.

(b) If maintaining paper files, separate defendant/person under supervision files from other vendor records. This will facilitate monitoring and promote defendant/person under supervision confidentiality.

(c) Create a separate file when a defendant on pretrial services supervision is sentenced to probation supervision but continued in treatment with the vendor. The vendor may copy any information relevant from the pretrial services file and transfer it into the probation file, except for information covered under the Pretrial Services Confidentiality Regulations.

(d) Identify any records that disclose the identity of a defendant/person under supervision as **CONFIDENTIAL.**

(e) Maintain all records for defendants/persons under supervision for three years after receiving final payment, making them available for Judiciary inspection and review. In the event of litigation or settlement of claims arising out of the performance of this agreement, retain these records until final disposition of such appeals, litigation, or claims. This requirement is in addition to, and not a substitute for, other local/state/federal record retention requirements.

(f) At the written request of the USPO/USPSO, at the expiration of the performance period of this agreement, the vendor shall provide the USPO/USPSO or CO a copy of all defendant/person under supervision records that have not been previously furnished.

(g) The vendor shall comply with the Health Insurance Portability and Accountability Act (HIPAA) privacy rule Security Standards for the Protection of Electronic Protected Health Information set forth at 45 C.F.R. § 164.302 to 318 with regard to electronic information. This includes implementing necessary administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and availability of all electronic protected health information (ePHI) that the vendor creates, receives, maintains, or transmits.

b. **Vendor Obligations for Disclosure of Information**

The vendor shall:

(1) Be responsible for ensuring compliance with all applicable federal, state and local laws and regulations regarding the confidentiality and safeguarding of protected information. As a covered entity this includes adherence to HIPAA.

(2) Protect **CONFIDENTIAL** records from disclosure except in accordance with item number b. (3), (4), (5), (6), (7), and (8) below.

(3) Using an agency specific release of information form, obtain defendant's/person under supervision's written informed consent to disclose confidential health information to the USPO/USPSO, except where permitted or required by law. The vendor, as the covered entity, shall be responsible for determining the appropriateness of personal

health information disclosure. If the vendor is unable to obtain this disclosure, the vendor shall notify the USPO/USPSO immediately.

(4) Disclose defendant/person under supervision records upon request of the USPO/USPSO or designee to the USPO/USPSO or designee.

(5) Make its staff available to the USPO/USPSO to discuss treatment of a defendant/person under supervision.

(6) Disclose defendant/person under supervision records only in accordance with 42 C.F.R. Part 2, and 45 C.F.R. § 160.201 to 205 and Part 164, even if the vendor is not otherwise subject to these regulations. Note that the Judiciary is not a covered entity under these regulations. Should the vendor disclose records to someone other than the person receiving services, the vendor shall promptly notify the USPO/USPSO of the request and disclosure. Additionally, the vendor must inform the USPO/USPSO of any exceptions to the disclosure of, or an individual's right of access to, treatment or protected health information that might apply.

(7) Not disclose "pretrial services information" concerning pretrial services defendants. "Pretrial services information," as defined by the "Pretrial Services Confidentiality Regulations," is "any information, whether recorded or not, that is obtained or developed by a pretrial services officer (or a probation officer performing pretrial services duties) in the course of performing pretrial services." Pretrial Services Confidentiality Regulations, §2.A. Generally, any information developed by an officer performing pretrial services that is shared with the vendor will be confidential pretrial services information. Only a judicial officer or a Chief USPO/USPSO may authorize disclosure of pretrial services information to a third party pursuant to the Pretrial Services Confidentiality Regulations. Any doubts about whether a potential disclosure concerns pretrial services information must be resolved by consultation with the USPO/USPSO.

(8) The vendor and its subcontractors are authorized to access criminal history information available in pretrial services or probation records that have been provided by the USPO/USPSO. This information is provided solely for the purpose of providing services under this contract. Any unauthorized re-disclosure of this information may result in termination of this contract and the imposition of civil penalties. The vendor must ensure that all personnel accessing this information understand the confidentiality requirements and strictly adhere to them to avoid any breaches.

(9) Ensure that all persons having access to or custody of defendant/person under supervision records follow the disclosure and confidentiality requirements of this agreement and federal law.

(10) Notify the CO immediately upon receipt of a subpoena requiring disclosure of defendant/person under supervision records maintained in accordance with this agreement.

(11) As a covered entity, the vendor is responsible for adhering to HIPAA requirements and providing and updating any necessary consent forms that federal, state or local law requires.

c. **File Content**

The vendor's file on each defendant/person under supervision shall contain the following records:

(1) **Chronological Notes** that:

(a) Timely document all significant contacts with the defendant/person under supervision, including those with the USPO/USPSO and others, whether in person, by telephone, or through any other form of protected electronic communication. These records shall clearly document all notifications of absences and any apparent conduct violating programmatic rules and/or seen or unforeseen risk to the individual and/or the public.

(b) Are in accordance with the professional standards of the individual disciplines and with the respective state law on health care records.

(c) Include a signed disclosure and permission form from the defendant/person under supervision if Artificial Intelligence (AI) will be used for documentation. The consent form shall include a clear explanation of the purpose of AI, how AI works in the delivery of treatment services, the security measures in place, and the defendant's/person under supervision's right to withdraw consent for the use of AI at any time. AI technology shall be HIPAA compliant, secure, and confidential.

(d) Ensure a thorough and accurate record of the defendant's/person under supervision's treatment and progress and should include the following information: sessions attended; topics covered during each session; the defendant's/person under supervision's level of participation and motivation; clinical goals of treatment; methodologies and types of therapy applied any changes made to the treatment plan; the defendant's/person under supervision's observed progress, or lack thereof, toward reaching the goals; specific achievements; instances of failure to attend sessions without prior notice and approval; any failed assignments; programmatic rule violations; and consequences for noted violations.

(e) Are created in English, current and available for review by the

USPO/USPSO or CO and by the Probation and Pretrial Services Office (PPSO) at the Administrative Office.

(f) Chronological notes shall be legible, dated and signed/electronically certified by the practitioner, to include the practitioner's licensure/credentials.

(2) Probation Form 45 and **Amended Probation Form 45** that:

(a) The USPO/USPSO prepares which identifies the vendor services to be provided to the defendant/person under supervision, as well as any required co-payments. These services are billed to the Judiciary under the terms of agreement. The Judiciary is not obligated to reimburse for any services that were not authorized on the Probation Form 45, nor for any services provided in excess of services authorized. Discretion for payments rests with the CO.

(b) The USPO/USPSO shall amend the Probation Form 45 when there are changes to the services the vendor shall perform, their frequency, or other administrative changes (e.g., co-payment amounts). Additionally, the USPO/USPSO will terminate the Probation Form 45 upon termination of services. This ensures the vendor obligations and authorizations are current and accurately documented, reflecting any modifications to the original Probation Form 45.

(3) **Authorization to Release Confidential Information** that:

(a) The defendant/person under supervision and USPO/USPSO and/or other witness sign prior to the defendant's/person under supervision's first appointment with the vendor. This Judiciary-based release of confidential information form is generally submitted with the initial referral packet.

(b) The vendor is responsible for ensuring HIPAA compliant informed consent is obtained and maintained in all files. This includes documenting informed consent in accordance with HIPAA regulations; ensuring all necessary defendant/person under supervision information is securely stored and accessible only to authorized personnel. The vendor shall obtain a signed release of information before releasing any information regarding the defendant/person under supervision or the defendant's/person under supervision's treatment and progress to the USPO/USPSO**.**

(c) The vendor must regularly review and update consent forms and procedures to remain compliant with current HIPAA guidelines.

(4) **Monthly Sign-In Log**

(a) Submitted with the monthly invoice for the corresponding month with one Monthly Sign-In Log per defendant/person under supervision.
(b) Includes all defendant's/person under supervision's scheduled contacts for the month (per project code) and includes vendor comments indicating failure to report on scheduled dates, or noting if a service was provided via telehealth.
(c) 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.
(d) Documents any co-payment collected, and
(e) Used by the USPO/USPSO or designee to certify the monthly invoice.
(f) For residential placements, only required to obtain defendant/person under supervision signature on first and last day of placement.

NOTE: Allowing anyone undergoing treatment to see the names or signatures of other defendants/person under supervision violates federal confidentiality regulations regarding treatment records.

(5) **Urinalysis Testing Log** (if applicable) that:

(a) Along with the monthly invoice, is submitted for the month for which the vendor is invoicing.
(b) Shall record all collected urinalysis specimens and has all applicable sections completed:
    1. Defendant's/person under supervision's name and PACTS number
    2. Vendor name and agreement #
    3. Month/Year
    4. Collection Date
    5. Defendant's/person under supervision's signature
    6. Collector's initials
    7. Bar Code number (if applicable)
    8. Special tests requested (if applicable)
    9. Drugs or medication taken
    10. Test Results (if applicable)
    11. Co-pay collected (if applicable)
(c) The vendor shall submit for CO approval if vendor Urinalysis Testing

Log form differs from the sample form.

(d) The vendor shall ensure that a defendant/person under supervision signing or initialing an entry Urinalysis Log cannot see the names or signatures of other defendants/person under supervision.

NOTE: Allowing participants to see the names or signatures of other defendants/person under supervision violates federal confidentiality regulations regarding treatment records.

d. **Telehealth**

Telehealth may be authorized on a case-by-case basis to provide services outlined within this Statement of Work. The use of telehealth is authorized only after the vendor and the USPO/USPSO review the individual defendant's/person under supervision's case, determine they are appropriate for treatment via telehealth, identify which specific services are suitable for telehealth, and obtain approval from the district's contracting officer or designee. The vendor shall ensure the quality and availability of services remain consistent, whether provided via telehealth or in-person, adhering to all guidelines, and maintaining the highest standards of care.

NOTE: The use of telehealth is intended for the benefit of the Judiciary, not the convenience of the vendor. Telehealth services do not replace the vendor's ability to provide services in-person when appropriate. This requirement does not override the provisions that mandate the vendor (and any proposed subcontractor) to maintain an acceptable facility located within the defined catchment area.

(1) The vendor is authorized to provide specified services via telehealth, which includes providing health care delivery, assessment, diagnosis, consultation, and treatment and the transfer of medical data through interactive audio, video, or electronic/data communications. The vendor must adhere to and meet the same legal, ethical, and confidentiality standards when providing telehealth. The vendor shall also obtain consent of the defendant/person under supervision before the delivery of telehealth services and shall include documentation of the same in the individual's treatment record.

(2) When participants attend sessions, each must confirm their sole presence ensuring no one other than group participants are listening. Each participant will also enter into a confidentiality agreement before being allowed to participate in treatment.

(3) To verify that services were performed, the vendor shall complete the Monthly

Sign- In Log with all necessary information; however, the vendor shall print the defendant's/person under supervision's name within the signature field, and the comment section shall reflect the means in which the session was conducted (i.e. teleconference, video conference, internet).

(4) For de-escalation, if an emotionally charged topic was discussed or the defendant/person under supervision appears emotionally agitated, the vendor shall follow up with additional contact later in the day to ensure that the defendant/person under supervision has successfully de-escalated. The vendor shall also remind the defendant/person under supervision to reach out to their social support system at any time.

e. **Case Staffing Conference**

The vendor shall participate in case staffing conferences and document the chronological notes regarding the content of the conference:

(1) Case staffing 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) A minimum of **every 30 days** for PCRA high and moderate risk referrals;
    b) A minimum of **every 30 days**, regardless of risk level, for residential treatment placements;
    c) A minimum of **every 90 days** for all other clinical services referrals; and
    d) As requested by the USPO/USPSO.

(2) Case staffing should include, but is not limited to, the following:
    a) The defendant's/person under supervision's motivation for treatment.
    b) Appropriate type and frequency of treatment.
    c) Treatment related goals that are specific, measurable, achievable, relevant and time-bound (SMART goals).
    d) PCRA dynamic risk factors and elevated thinking styles (for USPO referrals).
    e) Responsivity, cultural considerations for service delivery.

f) Non-compliance with supervision and/or treatment.
g) Community observation, collateral supports, officer delivered interventions.

NOTE: The price of case staffing conferences and consultations are included in the prices in Section B.

f. **Vendor Reports (Substance Use, Mental Health, and Sex Offense Treatment Reports)**

The vendor shall submit to the USPO/USPSO, and maintain in the defendant's/person under supervision's file, the following:

(1) A typed **Treatment Plan**, created with the defendant/person under supervision, is submitted **at least every 90 days** that outlines the following:
   a) Treatment related goals that are specific, measurable, achievable, relevant and time-bound (SMART) goals,
   b) Action steps for the defendant/person under supervision to accomplish the identified treatment goals, to include appropriate type and frequency of treatment,
   c) The defendant's/person under supervision's supportive social networks (e.g. family, friends, peer support, co-workers, etc.),
   d) Medication management plan (when applicable),
   e) Collaboration and coordination for community-based services (when applicable),
   f) Skills to assist in managing known risk and symptoms,
   g) Adaptable skills for self-management,
   h) Recommendation/justification for continued treatment services, and
   i) Signed and dated by the vendor and defendant/person under supervision.

(2) 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.
   a. 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.

b. The typed transitional care plan shall outline the following:
    1) the reason for concluding contract treatment services, to include unsuccessful discharge and the reasons why unsuccessful,
    2) the defendant's/person under supervision's supportive social networks (e.g. family, friends, peer support, co-workers, etc.),
    3) medication management plan (when applicable),
    4) collaboration and coordination for community-based services (when applicable),
    5) acquired skills to assist in managing known risk and symptoms,
    6) adaptable skills for self-management,
    7) diagnosis and prognosis, and
    8) signed and dated by the vendor, and the defendant/person under supervision when possible.

g. **Vendor Testimony**

The vendor, its staff, employees, and/or subcontractors shall:

1) Appear or testify in legal proceedings convened by the federal court or Parole Commission only upon order of the federal court with jurisdiction, and
    a. a request by the United States Probation and/or Pretrial Services Offices, United States Attorney's Offices, or United States Parole Commission, or
    b. in response to a subpoena.
2) Provide testimony including but not limited to a defendant's/person under supervision's: attendance record; drug test results; general adjustment to program rules; type and dosage of medication; response to treatment; test results; and treatment programs.
3) Receive reimbursement for subpoenaed testimony through the Department of Justice based on its witness fee and expense schedule.
4) Obtain the necessary consent/release forms required under federal, state or local law.
5) Not create, prepare, offer, or provide any opinions or reports related to legal

proceedings of the federal court or Parole Commission, whether written or verbal that are not required by the treatment services statement of work or approved in writing by the Chief U.S. Probation Officer or Chief U.S. Pretrial Services Officer in the respective office where the information is requested.

h. **Emergency Services and Contact Procedures**

At the onset of services, the vendor shall establish and make available to all defendants/persons under supervision, emergency contact procedures that are accessible 24 hours a day, 7 days a week. This includes provisions for crisis intervention, schedule changes, local hotlines, and/or situations requiring immediate attention. Furthermore, the vendor shall ensure the availability of emergency services, such as after-hours staff phone numbers and local hotlines, for times when practitioners are not readily available.

i. **Monitoring**

The vendor shall participate in scheduled or unannounced monitoring which shall include:

1. Site inspection which includes the physical inspection of the vendor's facility where services are provided to defendants/persons under supervision to ensure it meets the required regulations and state determined standards.
2. Review of paper or electronic files for content, HIPAA compliant release of information forms, emergency services, case staffing conferences, reports, non-compliance notification, interactions with defendants/persons under supervision, etc.
3. Interviews with vendor/staff providing services under the agreement.
4. Interviews with defendants/persons under supervision receiving services.
5. Interviews with USPO/USPSO referring defendants/persons under supervision for services.
6. Observation of group counseling or other services under agreement which allows judiciary employees to gather feedback from direct observation to identify areas for improvement in service delivery, enhance understanding of information provided to defendants/persons under supervision, and make informed decisions about the vendor's adherence to the requirements of the agreement. Prior to the group observation, the vendor is responsible for obtaining appropriate, HIPAA- compliant informed consent from all non-federal group participants. The consent should be documented. The vendor is encouraged to have the group observer review and sign a vendor created privacy and confidentiality waiver to ensure the confidentiality and privacy

of the participants' during and after the group observation; and

7. Review of invoices submitted under the agreement.

Within 180 days of awarding the agreement, or within 180 days of exercising an option to extend the agreement, the vendor shall receive a typed monitoring report from the CO. The monitoring report (see Section J attachments for monitoring report template) will contain a rating of Satisfactory (during the monitoring period, the vendor meets the requirements of the Statement of Work and operated within the terms and conditions of the agreement or there are few deficiencies with the vendor's performance) or Unsatisfactory (during the monitoring period, there are patterns of deficiencies with the performance of the vendor as to the requirements of the Statement of Work that must be corrected.

In the event of an Unsatisfactory rating, the vendor will be provided a timeframe in which they must complete their Corrective Action Plan. **Within five (5) business days** of receipt of the monitoring report, the vendor must submit a Corrective Action Plan outlining in detail how the vendor intends to correct the deficiencies within the time frame provided. Upon expiration of the Corrective Action time frame, the CO will complete a memo or letter documenting the vendor's compliance or noncompliance with the required corrective action plan. It should be noted the vendor must be performing at a Satisfactory rating (or a memo of compliance with Corrective Action Plan), in order to exercise an option to renew the agreement. Unsatisfactory performance can result in discontinued use of a vendor.

«30.» **NOTIFYING USPO/USPSO OF DEFENDANT/PERSON UNDER SUPERVISION BEHAVIOR**

The vendor shall notify the USPO/USPSO, or follow other notification protocol outlined by the CO, **within 24 hours** or as specified in writing by the CO of defendant/person under supervision behavior including but not limited to:

1) Positive drug or alcohol test results.
2) Attempts to adulterate a urine specimen and/or compromise any drug detection methodology to determine illicit drug usage.
3) Attempts or offers of bribery that involve any actions or suggestions made by the defendant/person under supervision to provide something of value to influence the actions, decisions, or behaviors of another person in an official role. This includes any direct or indirect attempts to offer money, gifts, or other incentives to obtain an unlawful advantage.
4) Attempts at deception and/or failure to produce a urine specimen for testing, including but not limited to stalling tactics, withholding a specimen,

or failure to produce a specimen of sufficient quantity for testing. These actions indicate deliberate efforts to avoid or interfere with the testing process, compromising the integrity of the results. This also includes the use of adulterated specimens or other fake devices designed to manipulate or falsify test results.

5) Failure to appear as directed for any court-ordered authorized service on the Probation Form 45, including but not limited to, drug testing including urine collection, alcohol testing, and sweat patch testing, evaluation, assessment, counseling sessions, polygraph testing, medication appointments.
6) Failure to follow vendor staff direction.
7) Apparent failure to comply with programmatic rules or conditions of supervision, including but not limited to using drugs or admitting to the use of drugs, association with other persons under supervision or convicted felons, or engaging in criminal conduct. Additionally, this includes any actions that indicate non-compliance with the established guidelines and expectations of the treatment program.
8) Any behavior that might increase the risk of the defendant/person under supervision to the community or any specific third party. Behaviors under this subsection shall be immediately reported to the USPO/USPSO and CO.

Note: Vendor shall report any information from any source regarding a defendant's/person under supervision's apparent failure to comply with conditions of supervision. It is the responsibility of the vendor to be familiar with the court-ordered requirements of the defendant/person under supervision, as outlined in the referral packet and/or discussed during case staffing conferences with the assigned officer.

«31.» STAFF REQUIREMENTS AND RESTRICTIONS

The vendor shall ensure that:

a. No staff member providing direct delivery of services under this contract are currently charged with or under investigation for a criminal offense and/or under current pretrial, probation, parole, mandatory release or supervised release (federal, state, or local). Additionally, such individuals shall not have access to any files of defendants/persons under supervision files.
b. Persons convicted of any sexual offense (including but not limited to, child pornography offenses, child exploitation, sexual abuse, rape or sexual assault) or required under federal, state, or local law to register on the Sexual Offender registry shall not perform direct services under this agreement nor shall they have access to defendant/person under supervision files unless approved in writing by the CO after consultation with Office of General Counsel and AMO.

c. Persons providing direct delivery of services under this contract with any current disciplinary investigation, restrictions on their licenses, certifications or practice (or those who voluntarily agree to such a restriction) based on negotiations or proceedings with any licensing authority, or whose license has expired, shall not perform services under this agreement nor shall they have access to defendant/person under supervision files unless approved in writing by the CO after consultation with Office of General Counsel and AMO.

d. The vendors and its employees shall:

1) Adhere to ethical responsibilities as outlined by the professional standards. This includes but is not limited to, avoiding compromising relationships or sexual relationships with defendants/persons under supervision and probation or pretrial services staff, avoiding conflicts of interest, maintaining privacy and confidentiality, ensuring proper access and disclosure of confidential records, preventing sexual harassment, and refraining from derogatory language. Additionally, it encompasses the obligation to uphold ethical conduct in all interactions and situations, ensuring the highest standards of professional behavior are maintained.
2) Not employ, contract, or pay any defendant/person under active supervision, the defendant's/person under supervision's owned firm or business, or currently employed Judiciary employees to perform any work for the vendor related to consultation or services delivered as part of this agreement. This includes all work performed at the vendor's facilities or at locations of personal interest to the vendor.
3) Report any such improprieties or the appearance thereof immediately to the USPO/USPSO or designee.

e. Report to the USPO/USPSO any investigations, pending charges, arrests and/or convictions related to a criminal offense, any restrictions on staff licenses or certifications, whether imposed or voluntary, involving any staff performing services under this agreement within 48 hours of obtaining knowledge.

f. **Within three business days**, the vendor shall notify the CO in writing of any staff changes. For any new staff, the vendor shall submit a Staff Qualifications Statement (Section J Attachment) for each new staff member added under the agreement.

g. Failure to comply with the above terms and conditions could result in termination of this agreement.

«32.» FACILITY REQUIREMENTS

The vendor shall ensure that its facility(ies) has adequate access for defendants/person under supervision with physical disabilities.

Should a vendor and/or subcontractor choose to relocate a facility or add an additional site within the catchment area, the vendor shall provide the CO written notification **no less than 30 days prior** and submit a Change or Addition of Performance Site (Section J Attachment). On site visits will be conducted to verify that the offeror's facility complies with the requirements of the RFP. Upon approval of the site, the CO will send an SF-30, Modification of Contract, for mutual agreement of the parties to accept the revision.

«33.» **VENDOR COMPLIANCE**

The vendor shall comply with all applicable state, federal and local laws and regulations when performing services required under this contract or agreement. Failure to do so may result in immediate termination and subject the vendor to civil and/or criminal penalties.

«34.» **LOCAL SERVICES**

NOTE: When an asterisk (*) is indicated in Section B for a project code, the vendor shall comply with additional requirements as outlined below.