

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 in the Probation Form 45. The United States Probation or Pretrial Services Officer may provide amended Probation Form 45's during treatment. The United States Probation/Pretrial Services Office will notify the vendor in writing via Probation Form 45 when services are to be terminated and 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 3672, 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 on the written report.

- B. The services to be performed are indicated in Sections B and C. The vendor shall comply with all requirements and performance standards of this agreement.
- C. The judiciary will refer defendants/persons under supervision on an "as needed basis" and makes no representation or warranty that it will refer a specific number of persons to the vendor for services.

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 meeting between the Officer and the vendor to

- discuss the needs and progress of the defendant/person under supervision. The defendant/person under supervision may or may not be present at the conference.
- M. **“DSM”** is the Diagnostic and Statistical Manual of Mental Disorders.
 - N. **“Co-payment”** is any payment from defendant/person under supervision.
 - O. **“PMD”** is the Procurement Management Division 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. A copy of the PCRA interpretation report with the identified risk level should be provided to the treatment provider 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)

1. **Urine Collection/Testing - Non-Instrumented Drug Testing Devices (NIDTs) (1011):**

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.

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 keep the specimen collection container in view at all times prior to it being sealed and labeled.
 - (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/toilets 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 observing the voiding process 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, ensure that an adulteration test is performed that, at a minimum, includes 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 whose urine specimen temperature is outside the range in (6) above. In an effort to prevent dilute specimens, reduce fluid intake to 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 that a urine specimen is to be submitted.
- (3) The vendor shall not alter a randomly scheduled urine collection without

the approval of the CO.

- (4) Upon request of the CO, the vendor shall develop and operate an automated phone notification system for random urine collections. The vendor shall obtain the approval of the CO for the design and operation of the phone-based system before putting it into use.

h. Urine Specimen Collection Records 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)

NOTE: Allowing anyone undergoing treatment 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 have documented training by the device manufacturer or their designee, certification of successful completion of the training, and demonstrated 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 toilet. 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:

- (d) Note the refusal on the Chain of Custody form and instruct the defendant/person under supervision to personally contact ~~his/her~~ their assigned USPO/USPSO immediately to provide notification of their refusal to sign the form.
- (e) If the defendant/person under supervision's refusal to sign the form, follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.
- (f) 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.

1. **“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.

Substance Use Services

2. Substance Use Intake Assessment Report (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. Prior to referral, the USPO/USPSO should conduct a screening that places the defendant/person under supervision into one of two categories: a well-documented substance user or an uncertain substance user. Knowledge of individual's drug use is essential for accurate diagnosis and treatment. The Substance Use Intake Assessment is a comprehensive biopsychosocial intake assessment and report which shall be conducted by a clinician who meets the standards of practice established by their state's regulatory board. The assessor shall identify the defendant's/person under supervision's substance use severity, level of risk associated with substance use, strengths, weaknesses, and readiness for treatment using standardized and validated tools.

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 type of validated, structured diagnostic instrument used;

- (2) DSM diagnosis including severity of the defendant's/person under supervision's 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 presenting problem which will be the primary focus of the initial treatment plan;
- (5) Current risk, need, responsivity factors as indicated by the PCRA (applicable to post-conviction cases only and when assessment information is provided by USPO), and
- (6) A treatment recommendation 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 comprehensive diagnostic interview report shall not be a synopsis and/or overview of the presentence report, pretrial services report or any other institutional progress reports provided by the USPO/USPSO to the vendor for background information.

3. Substance Use Counseling

Counseling is a clinical interaction between defendant/person under supervision and a trained and certified/credentialed counselor that is 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 needs section for hours of operation.

Vendor recommendations for services shall incorporate one or more of the services referenced below (1 through 5) for each defendant/person under supervision.

- (1) **Individual Counseling (2010)** to one (1) defendant/person under supervision.
- (2) **Group Counseling (2020)** to two (2) or more defendants/persons under

supervision but no more than twelve (12).

- (3) **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.
- b. For counseling identified for project codes **2010, 2020, 2030, 2040, and 2090**, 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 the defendant's/person under supervision's particular problem, risk and needs, and consider gender, ethnicity and culturally responsive treatment practices.
 - (4) 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.
 - (5) 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.
 - (6) Refer for medications when applicable.
 - (7) 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.
 - (8) Ensure that a typed **treatment plan** is submitted to the USPO/USPSO at the onset of treatment and at least every 90 days in accordance with Vendor Reports under section f (1).
 - (9) Ensure that a typed **transitional care plan** is submitted to the USPO/USPSO in accordance with Vendor Reports under section f (3).

- c. For **substance use treatment services** performed for project codes **2010, 2020, 2030, 2040, and 2090** the vendor shall ensure that all personnel meet the following qualifications:
 - (1) Counselors shall be fully credentialed and maintain compliance with state statutes, regulations, and guidelines in the scope of substance use treatment services.
 - (2) Provisionally credentialed counselors are to be used only under the supervision of a fully credentialed counselor described in item numbers (1) above, and after obtaining the approval of the CO.

4. **Integrated Treatment for Co-Occurring Disorders Assessment and Report (6016)**

This is a comprehensive biopsychosocial assessment and report which shall be performed by a masters or doctoral level clinician 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, masters level clinician under the supervision of a licensed professional in accordance with state licensing standards.

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 (e.g. Addiction Severity Index (ASI), etc.) utilizing a structured interview in accordance with state licensing standards;
- 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 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.
 - b. DSM diagnosis including severity of the defendant's/person under supervision's substance use disorder (mild, moderate, severe).
 - c. 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.
- d. The current level of functioning and presenting problem which will be the primary focus of the initial treatment plan.
 - e. 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).
 - f. 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.

5. Integrated Treatment Services for Co-Occurring Disorders

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 needs 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:

- a. One or more of the following (or any combination thereof):
 - (1) **Integrated Treatment Services for Co-Occurring Disorders/Individual Counseling (6015)** to one (1) defendant/person under supervision. This treatment shall conform to the standards set forth in 2010 and 6010 but shall be completed in an integrated fashion.

The vendor shall ensure that:

- b. Practitioners providing integrated treatment services for co-occurring disorders shall be a masters or doctoral level clinician 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 masters level clinician under the supervision of a licensed professional, in accordance with state licensing standards;

- c. Treatment shall be based in current scientific research on drug use, addiction and behavioral health interventions.
 - d. Practitioners match treatment interventions to the defendant's/person under supervision's particular problem, risk and needs, and consider gender, ethnicity and culturally responsive treatment practices.
 - e. 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.
 - f. 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.
 - g. Practitioners shall refer for medications when applicable.
 - h. 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.
 - i. 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).
 - j. 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).
 - k. A typed **transitional care plan** is submitted to the USPO/USPSO in accordance with Vendor Reports under section f(3).
6. **Psychological/Psychiatric Evaluation Testing and Report**

The vendor shall provide:

- a. **Psychiatric Evaluation and Report (5030)**- consisting of a 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.

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

b. Testing and evaluations shall be completed within 30 business days of receiving the referral, any exception to the time frame shall be approved by the CO and documented by the vendor (within the defendant/person under supervision file), and a typed report to the USPO/USPSO within 10 business days after completion of any of the listed mental health services (**5010, 5020, and 5030**). At a minimum, the report should include the following:

(1) **For Psychiatric Evaluations and Report (5030):**

- (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.

7. **Mental Health Intake Assessment and Report**

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. **Mental Health Intake Assessment and Report (5011)**- performed by a masters or doctoral level clinician who is licensed or certified in the scope of practice and meets the standards of practice established by their state regulatory board. The assessment could also be conducted by a provisionally licensed, masters level clinician under the supervision of a licensed professional in accordance with state licensing standards.

The vendor shall provide:

- (1) At least one validated psychological assessment.
- (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) Basic identifying information and sources of information for the report;
 - (b) 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;
 - (c) Current social situation (i.e., source of income, employment, environment), and responsivity and cultural considerations for service delivery;
 - (d) Historical information to include: outpatient/inpatient mental health, environmental and genetic factors related to substance use and behavioral health;
 - (e) DSM diagnosis;
 - (f) The identified treatment intervention(s) to address primary clinical concerns;
 - (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) Specific recommendations for additional assessments or testing, if applicable;
 - (i) 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/USPO, or follow other notification protocols outlined by the CO.

8. **Mental Health Counseling**

Counseling is a clinical interaction between a defendant/person under supervision and a masters or doctoral level practitioner who is licensed by their state's regulatory board.

Vendors should offer treatment that is readily accessible to reasonably accommodate defendant/person under supervision schedules. If applicable, see additional requirements under the local needs section for hours of operation. These services could also be conducted by a provisionally licensed masters or doctoral level clinician under the supervision of a licensed professional, in accordance with state licensing standards.

Treatment shall incorporate one or more of the services referenced below (1 through 5) 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:
 - a. One or more of the following (or any combination thereof):
 - (1) **Individual Counseling (6010)** to one (1) defendant/person under supervision.
 - (2) **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.
 - (3) **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:

- (a) **Mental Health Counseling, i.e., 6010, 6020, 6021, 6028, and 6030** are provided by a masters 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 masters or doctoral level clinician under the supervision of a licensed professional, in accordance with state licensing standards.

- (a) Treatment shall be based in current research shown to be effective in behavioral health interventions.
 - (b) Practitioners match treatment interventions to the defendant's/person under supervision's particular identified area of concern, cognitive distortions, functional impairment/trauma, risk and needs while considering gender, ethnicity and culturally responsive treatment practices.
 - (c) 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 risks and needs in accordance with the person under supervision's PCRA results.
 - (d) Practitioners shall refer for a psychiatric evaluation to determine medication needs, when applicable.
 - (e) 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.
 - (f) 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).
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- (b) Practitioners conducting the **Cognitive-Behavioral Group (6028)** shall identify problematic emotions, thoughts and behaviors by utilizing theoretical models such as behaviorism, social learning, or cognitive-behavioral theories of change.
 - (c) 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).

NOTE: Initially and after every update, or at least every 90 days, the treatment plan should be provided to the USPO/USPSO.

- (d) A typed transitional care plan is submitted to the USPO/USPSO in

accordance with Vendor Reports under section f(3).

9. **Sex Offense Evaluation and Report (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 and report (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) Referral for medical/pharmacological treatment, if indicated; and
- (7) Methods to lessen victim impact (if available).

The vendor shall ensure:

- a. A **sex offense evaluation and report (5012)** is provided by a masters 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 Standards and 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: VRAG, SORAG, HARE PCL-R, RRASOR, STATIC 99, MNSOT-R. Examples of stable dynamic risk assessments include, but are not limited to: Stable 2000/2007, 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.

10. 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. Vendors should offer treatment that is readily accessible to reasonably accommodate person under supervision schedules.

- a. 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) **Individual Sex Offense Treatment (6012)** to one (1) person under supervision.

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

The vendor shall ensure that:

- a. **Sex offense treatment (6012, 6022, 6032, and 6090)** is provided by a masters 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 Standards and 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.
- c. Practitioners employ treatment methods that are based on a recognition of the need for long-term, comprehensive, sex offense treatment. Self-help or time limited treatments shall be used only as adjuncts to long-term, comprehensive treatment.
- d. 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.
- e. 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.
- f. 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. 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.

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 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 his relapse prevention plan, they may be moved back into primary treatment until which time the risks identified have been mitigated.

- g. The vendor shall follow notification protocols outlined in this Statement of Work under Notifying USPO/USPSO of Defendant/Person Under Supervision Behavior.
- h. 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.
- i. 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 time-frame; 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: VRAG, SORAG, HARE PCL-R, RRASOR, STATIC 99, MNSOT-R. Examples of stable dynamic risk assessments include, but are not limited to: Stable 2000/2007, 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 2000/2007, 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(3).

11. **Chaperone Training and Support/Sex Offender (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 provide a means of educating 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 (6091)** 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) Offense cycle;
- (6) Grooming behaviors;
- (7) Victimology;
- (8) Relapse prevention; and
- (9) Signs of increased risk.

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 minors under conditions set by the USPO.

b. Chaperone training and support services are provided by a licensed masters 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 Standards and 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 minors 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.

12. **Physiological Measurements**

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

- a. **Visual Reaction Time (VRT) Measure of Sexual Interest (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 Standards and 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.
- b. **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.
- c. **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; 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 aforementioned 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.

13. **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. Vendors should offer treatment that is readily accessible to reasonably accommodate defendant schedules.

- (1) **Individual Specialized Treatment (7013)** to one (1) defendant and/or their family

(Family is billed at individual rate).

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

The vendor shall ensure that:

- a. **Specialized Treatment Services (7013 and 7023)** are provided by a licensed masters 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 Standards and 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 time-frame;
 - (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(3).

14. **Psychotropic Medication**

Psychotropic medication is defined as a class of drugs that are prescribed for persons whose symptoms are viewed as having a psychological base. This class of drugs is typically prescribed to stabilize or improve mood, mental status, or behavior. If medically appropriate, generic medications shall be prescribed. The vendor shall utilize the 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 Monitoring (6051)**

The vendor shall:

- (1) Prescribe and evaluate the efficacy of psychotropic medications (incorporating feedback from the treatment provider 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:

- b. **Psychotropic Medication Monitoring (6051)** is provided by:

A license 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.

15. **Defendant/Person under supervision Reimbursement and 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 (note that co-payment cannot exceed the cost of the service provided);
- 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. Receipts shall be provided to the defendant/person under supervision at the time of payment collection. The vendor shall keep an individualized record of co-payment collection, make it available for the USPO/USPSO review, 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.

- 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.

16. General Requirements

a. Defendant/Person under supervision Records and Conferences

(1) File Maintenance

The vendor shall:

- (a) Maintain a secure filing system of information on all defendants/persons under supervision to whom the vendor provides services under this contract/agreement. If information is maintained electronically, the vendor shall provide access to all files available for review (format shall be specified by the CO, e.g. paper copy, flash drive, electronic access, etc.) immediately 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) Keep all defendant/person under supervision records for three years after the final payment is received for Judiciary inspection and review, **except** for litigation or settlement of claims arising out of the performance of this agreement, which records shall be maintained until final disposition of such appeals, litigation, or claims. Note: this requirement is not in lieu of the vendor following other local/state/federal record retention requirements.

- (f) 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, including copies of chronological notes.

NOTE: The vendor shall comply with the 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.

b. **Disclosure**

The vendor shall:

- (1) Protect **CONFIDENTIAL** records from disclosure except in accordance with item number b. (2), (3), (4),(5), (6), and (7) below.
- (2) Obtain defendant's/person under supervision's authorization to disclose confidential health information to the USPO/USPSO. If the vendor is unable to obtain this disclosure, the vendor shall notify the USPO/USPSO immediately.
- (3) Disclose defendant/person under supervision records upon request of the USPO/USPSO or designee to the USPO/USPSO or designee.
- (4) Make its staff available to the USPO/USPSO to discuss treatment of a defendant/person under supervision.
- (5) 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 45 C.F.R. § 16.201 to 205, and Part 164). Should the vendor disclose records to someone other than the person receiving services, the vendor shall timely notify the USPO/USPSO of the request and any exceptions to the disclosure of, or an individual's right of access to, treatment or protected health information that might apply.
- (6) 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.

- (7) 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.
- (8) 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.
- (9) Notify the CO immediately upon receipt of legal process requiring disclosure of defendant/person under supervision records maintained in accordance with this agreement.

Note: The vendor is responsible for providing 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) Record all significant contacts (e.g., in person, by telephone, or any other form of protected electronic communication) with the defendant/person under supervision including USPO/USPSO and others. Records shall 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) Notes could include sessions attended, topics covered during sessions, defendant's/person under supervision's participation, clinical goals of

treatment, the methods/methodologies and/or type of therapy used, changes in treatment, the defendant's/person under supervision's observed progress, or lack thereof, toward reaching the goals in the treatment records. Specific achievements, failure to attend, failed assignments, rule violations and consequences given should be recorded.

- (d) Are current and available for review by the USPO/USPSO or CO and by the Probation and Pretrial Services Office (PPSO) at the Administrative Office.
 - (e) 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 vendor services to be provided to the defendant/person under supervision and billed to the Judiciary under the terms of agreement, and any required co-payments. Note: the Judiciary is not required to reimburse for any services that were not authorized on the Probation Form 45, or any services provided in excess of services authorized.
 - (b) USPO/USPSO shall amend the Probation Form 45 when changing the services the vendor shall perform, their frequency, or other administrative changes (e.g., co-payment amounts) and upon termination of services.
- (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.
 - (b) The vendor shall have 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.
- (4) **Monthly Sign-In Log**
- (a) Along with the monthly invoice, is submitted for the month for which the vendor is invoicing, with one Monthly Sign-In Log per defendant/person under supervision.

- (b) Includes all defendant's/person under supervision's scheduled contacts during the month (per project code), to include notation/comment indicating any failure to report on scheduled dates, or when service was provided via telehealth.
- (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 defendant's/person under supervision's co-payment, and
- (e) USPO/USPSO or designee uses 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 anyone undergoing treatment to see the names or signatures of other defendants/person under supervision violates federal confidentiality regulations regarding treatment records.

d. **Telehealth**

On a case-by-case basis, telehealth may be authorized to provide services outlined within this Statement of Work. The use of telehealth is authorized only after the vendor and the USPO/USPSO staff the individual defendant's/person under supervision's case, determine they are appropriate for treatment via telehealth, determine which specific services are appropriate via telehealth, and it is approved by the district's contracting officer or designee.

NOTE: The use of telehealth is for the benefit of the Judiciary and not the convenience of the vendor. The use of telehealth is not in lieu of the vendor's ability to provide services in-person when appropriate. This requirement is not in lieu of the provisions which require 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) In situations in which more than one person is in attendance, to ensure confidentiality for each session, the vendor shall require that each person verify that they are the only person on that line and that no person who is not part of that treatment group is listening. Each participant will also enter into a confidentiality agreement before being allowed to participate in treatment by telephone.
- (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
 - (i) a request by the United States Probation and/or Pretrial Services Offices, United States Attorney's Offices, or United States Parole Commission, or
 - (ii) 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) Receive necessary consent/release forms required under federal, state or local law from the Judiciary.
- (5) Not create, prepare, offer, or provide any opinions or reports, whether written or verbal that are not required by the statement of work, unless such disclosure is approved in writing by the Chief U.S. Probation Officer or Chief U.S. Pretrial Services Officer.

h. **Emergency Services and Contact Procedures**

The vendor shall establish, and make available to all defendants/persons under supervision, emergency (24 hours/ 7 days a week) contact procedures (i.e., crisis intervention, schedule changes, local hotlines, and/or situations requiring immediate attention), and provide for emergency services (e.g., after hours staff phone numbers, local hotlines), for times when counselors are not available.

i. **Monitoring**

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

- 1) Site inspection,
- 2) Review of files for content, maintenance, disclosure, testimony, emergency services, case staffing conferences, reports, non-compliance notification, interactions with defendants/persons under supervision, etc. (hard copy or electronic files),
- 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, and
- 7) Review of invoices submitted under 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.

17. Notifying USPO/USPSO of Defendant/Person under Supervision Behavior

The vendor shall:

- a. 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.
- (4) Attempts at subterfuge and/or failure to produce a urine specimen for testing (i.e., stall; withholding a specimen or failure to produce a specimen of sufficient quantity for testing).
- (5) Failure to appear as directed for any service as authorized on the Probation Form 45, including but not limited to, drug testing (to include urine collection, alcohol test, and sweat patch), evaluation, assessment, counseling session, 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.
- (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.

18. **Staff Requirements and Restrictions**

The vendor shall ensure that:

- a. After award, persons currently under pretrial services, probation, parole, mandatory release, or supervised release (federal, state or local) shall not perform services under this agreement nor have access to defendant/person under supervision files.
- b. After award, persons currently charged with or under investigation for a criminal

offense shall not perform services under this agreement nor have access to defendant/person under supervision files unless approved in writing by the CO after consultation with Office of General Counsel and PMD.

- c. After award, 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 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 PMD.
- d. After award, persons 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 PMD.
- e. The vendors and its employees shall:
 - (1) Adhere to ethical responsibilities as outlined by the professional standards to include but not limited to compromising relationships or sexual relationships with defendants/persons under supervision and probation or pretrial services staff, conflicts of interest, privacy and confidentiality, access and disclosure of confidential records, sexual harassment, and derogatory language.
 - (2) Not employ, contract, or pay any defendant/person under supervision, defendant's/person under supervision's firm or business, or currently employed Judiciary employees to do any work for the vendor related to services delivered as part of this agreement (to include the vendor's facilities or personally).
 - (3) Report any such improprieties or the appearance thereof immediately to the USPO/USPSO or designee.
 - (4) 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.

19. **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.

20. 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.

21. **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.

URINE COLLECTION

* 1011

This will identify specific needs of the district for the project code.