



Vendor Conference for the Western District of Missouri Probation and Pretrial Services Office



**U.S. PROBATION &
PRETRIAL SERVICES OFFICE
WESTERN DISTRICT OF
MISSOURI**

**Presented by
Stephanie Wiley
Drug & Alcohol Treatment
Specialist/Contracting Officer**

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Charter for Excellence

We, the members of Probation and Pretrial Services of the United States Courts, are a national system with shared professional identity, goals, and values. We facilitate the fair administration of justice and provide continuity of services throughout the judicial process. We are outcome driven and strive to make our communities safer and to make a positive difference in the lives of those we serve. We achieve success through interdependence, collaboration, and local innovation. We are committed to excellence as a system and to the principles embodied in this Charter.

We are a unique profession.

Our profession is distinguished by the unique combination of:

- A multidimensional knowledge base in law and human behavior;
- A mix of skills in investigation, communication, and analysis;
- A capacity to provide services and interventions from pretrial release through post-conviction supervision;
- A position of impartiality within the criminal justice system; and
- A responsibility to positively impact the community and the lives of victims, defendants, and offenders.

These goals matter most.

Our system strives to achieve the organizational goals of:

- Upholding the constitutional principles of the presumption of innocence and the right against excessive bail for pretrial defendants by appropriately balancing community safety and risk of nonappearance with protection of individual liberties;
- Providing objective investigations and reports with verified information and recommendations to assist the court in making fair pretrial release, sentencing, and supervision decisions;
- Ensuring defendant and offender compliance with court-ordered conditions through community-based supervision and partnerships;
- Protecting the community through the use of controlling and correctional strategies designed to assess and manage risk;
- Facilitating long-term, positive changes in defendants and offenders through proactive interventions; and
- Promoting the fair, impartial, and just treatment of defendants and offenders throughout all phases of the system.

We stand by these values.

Our values are mission-critical:

- Act with integrity.
- Demonstrate commitment to and passion for our mission.
- Be effective stewards of public resources.
- Treat everyone with dignity and respect.
- Promote fairness in process and excellence in service to the courts and the community.
- Work together to foster a collegial environment.
- Be responsible and accountable.

MATERIAL PROVIDED

- ❑ PCRA OUTCOMES
- ❑ SWEAT PATCH PROCEDURES
- ❑ UA & BAT LOG PROCEDURES
- ❑ MONITORING FORM
- ❑ SITE VISIT
- ❑ IMPACT OF DECOMPENSATION
- ❑ VENDOR MAP
- ❑ TCU DRUG SCREEN FORM
- ❑ TCU SCORING & INTERPRETATION
- ❑ TREATMENT REFERRAL PROCESS



**ADMINISTRATIVE OFFICE REVIEW
FINANCIAL AUDIT**

- ▶ I have not provided the actual review instrument
- ▶ ALL topics covered today will be looked at by the team.
- ▶ Officer expectations will also be noted

ANSWERS TO THE TEST

- ▶ Please have a copy of the statement of work at each facility.
- ▶ Consider this a guide of what is expected.
- ▶ Make sure the clinicians know the expectations for the service, project code, they are providing.

LET'S JUMP IN

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, positioned behind the text 'LET'S JUMP IN'.

- ▶ Secure segregated file system
- ▶ Separate testing only client files
- ▶ Remove client files that no longer receive treatment
- ▶ Separate for probation/pretrial service

MAKE SURE YOUR FILE CONTENT IS IN COMPLIANCE WITH SECTION C OF THE STATEMENT OF WORK

REFERRAL/ASSESSMENT PROCESS

- ▶ TEXAS CHRISTIAN UNIVERSITY
DRUG SCREEN
- ▶ PCRA
- ▶ Case staffing-officer,
specialist/SUSPO and
treatment provider
- ▶ Assessed to determine the
needs/frequency of
substance abuse/mental
health treatment
- ▶ Result-appropriately
identified the modality of
treatment***

AUTO-REFERRAL



McConville Form 45 MH Initial 48353

Nikki Hamre to: ReDiscover - KC
Cc: Kimberly A Peete

08/17/2018 03:46 PM

[Hide Details](#)

From: Nikki Hamre/MOWP/08/USCOURTS
To: ReDiscover - KC
Cc: Kimberly A Peete/MOWP/08/USCOURTS@USCOURTS

Please see attached.

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Thank you,

Nikki Hamre
Probation Clerk
U.S. Probation and Pretrial Services Office
Kansas City, Mo.
(816) 512-1351
Nikki_Hamre@mow.uscourts.gov



McConville, Johnathan PCRA.pdf



McConville, Johnathan Form 45-MH Initial.pdf



McConville, Johnathan TCU Drug Screen.pdf



McConville, Johnathan PSR.pdf

- ▶ E-mail will contain
 - 1) the Prob 45
 - 2) PSI – to be destroyed after 60 days
 - 3) TCUDS
 - 4) PCRA outcomes
- ▶ Documents will be password protected
- ▶ Password: mowp

TREATMENT SERVICE PROGRAM PLAN (FORM 45)

- ▶ Service Project Codes
- ▶ Co-Pay
- ▶ Substance abuse/Mental Health/Sex Offender Treatment authorization.
- ▶ Utilize co-occurring project code ***
- ▶ UA/Sweat Patch Collection
- ▶ Amended Plans
- ▶ Length and frequency of Treatment
- ▶ Must be signed by the officer & referral agent

UNITS DEFINED (FOR COUNSELING SESSIONS)

- ▶ 0-15 minutes of treatment = **.5 unit**
- ▶ 16-30 minutes of treatment = **1unit**
- ▶ 31-45 minutes of treatment = **1.5 units**
- ▶ 46 to 60 minutes of treatment = **2 units**
- ▶ **All other services are 1 unit regardless of the number of minutes.**

DO NOT CHANGE YOUR COURSE OF TREATMENT WITHOUT AN AMENDED PROG. PLAN 45!!!

When you staff the case with the officer and it is determined that a change in treatment is warranted, wait for the amended 45 before you make any changes.

Document the staffing

Make sure the service you provide is authorized **YOU MAY NOT GET PAID**

****Do not turn anyone away for testing****



DOCUMENTARY...



PCRA & TCUDS

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Understanding and Targeting General Criminal Thinking

Adapted from the Psychological Inventory of Criminal Thinking Styles, developed by Glenn Walters; Walters (2013)
Also adapted from Kroner & Morgan (2013).

Cognitive Immaturity

Mollification Making Excuses	Cutoff Ignoring Responsible Action	Cognitive Indolence Lazy Thinking	Discontinuity Getting Sidetracked
<ul style="list-style-type: none"> • They lay blame for their behavior on external sources and use rationalizations and self-justification to avoid responsibility for their actions. • They may talk about inequity and unfairness of life. They try to avoid responsibility for their actions by "proving" to themselves and others that they had no choice but to do crime. • In failing to assume responsibility for their decisions and behavior, they are eliminating potential avenues of change and intervention, which in the end only serves to protect the criminal lifestyle. <p>Intervention: use CBT, help them see that injustices do not excuse, or justify their behavior. Encourage them to stop externalizing blame and start taking responsibility for their actions and decisions. They need to accept responsibility for the consequences of their actions and decisions.</p>	<ul style="list-style-type: none"> • Commitment to a criminal lifestyle requires that the person possess the ability to eliminate common deterrents to crime. Cutoff is used to eliminate deterrents just as a person shuts off a light switch to darken a room. • The phrase: "uck it" is the most common cutoff observed in inmate populations. • However, other cutoffs are possible. Some people, in fact, use drugs as a cutoff. Alcohol to give yourself false courage, heroin to calm down, or cocaine to pump themselves up prior to committing a crime. <p>Intervention: use CBT tools and strategies to help them identify and challenge their thinking patterns, such as "stop and think". Work to help them develop skills to avoid and cope with high risk situations.</p>	<ul style="list-style-type: none"> • People who habitually commit crime are as lazy in their thinking they are in their actions and take the path of least resistance, although this path is fraught with pitfalls and booby traps. • They have probably taken many short-cuts, knowing full well that these short-cuts may eventually lead to disaster. • They are much more interested in pursuing the short-term benefits of crime than worrying about the long-term consequences of a criminal lifestyle. • They take an uncritical view of their plans and ideas. They may also be easily bored, and may pursue excitement to compensate for a shallow and under-stimulating inner world. <p>Intervention: use CBT and problem solving. Develop and reinforce their progress increasing AWARENESS of, EVALUATION of and MANAGEMENT of their thoughts</p>	<ul style="list-style-type: none"> • They are easily sidetracked and distracted by things going on around them. • This lack of consistency in thought and behavior is called discontinuity, and is what often frustrates a person's attempts at long-term change. • They have difficulty maintaining any commitment to change or follow through on commitments and good intentions. • This lack of consistency also gives rise to a "Jekyll and Hyde" pattern in which the person wears two different masks, 1 when committing crime, the other when in non-criminal activities. <p>Intervention: discontinuity is the most difficult of the eight thinking styles to address, because the individual is often oblivious to the inconsistency evident in their thinking. Use frequent feedback on discontinuous actions and skill build around goal setting and SMART planning.</p>

Understanding and Targeting General Criminal Thinking

Adapted from the Psychological Inventory of Criminal Thinking Styles, developed by Glenn Walters; Walters (2013)
Also adapted from Kroner & Morgan (2013)

Control		Egocentrism	Composite & Factor Scales
Power Orientation Asserting Power over Others	Super Optimism Getting Away With Anything	Entitlement Feeling Above the Law	
<ul style="list-style-type: none"> • May have a simplistic world view (strong or weak) • They try to control their surroundings by dominating activities and people, to counteract their feelings of impotence or powerlessness. • Motivated by immediate gratification and interpersonal control • External control - (power) <p>Internal control (self-discipline)</p> <p>they put themselves in an "up" position and feel better about themselves by putting another person down.</p> <p>Intervention: through CBT and problem solving. FOCUS - on the development cognitions and skills related to self-discipline.</p>	<ul style="list-style-type: none"> • Because people get away with the vast majority of their crimes they can engage in a criminal lifestyle for months, sometimes years, before experiencing the negative consequences of their lifestyle. • An attitude of invulnerability develops due to escaping the physical, psychological, and legal consequences of habitual criminality. • They convince themselves that they will escape consequences. • However, this only makes their eventual fall that much more dramatic. <p>Intervention: through CBT and the use of the Decisional Balance worksheet (costs and benefits), explore negative consequences for their actions. Work to raise their awareness about the negative consequences of their criminal thinking. Foster motivation to consider new thinking patterns.</p>	<ul style="list-style-type: none"> • Before crime can become a reality the person must grant themselves permission to commit that particular crime. • They may tell themselves that they are entitled to commit crime because they have had a hard life, rough week, or bad day. • They can be creative in how they go about granting themselves permission to commit crime (manipulate a conflict with a spouse or employer) to justify committing a crime. • This often involves a sense of ownership or privilege and frequently entails the misidentification of wants as needs. <p>Intervention: through CBT, help distinguish between true needs versus wants. Develop a personal inventory of values and goals to raise awareness of discrepancies between values and behaviors.</p>	<p>Proactive Criminal Thinking: Identifies individuals for whom crime is generally goal directed. If proactive, they tend to expect positive things to come from their criminal behavior (money, status, power). Others may describe them as devious, callous and scheming.</p> <p>Reactive Criminal Thinking: Identifies individuals for whom crime is generally more of a reaction to a situation than planned behavior. Others may describe them as impulsive, and emotional.</p> <p>Self-Assertion / Deception: Measures the tendency to assert one's will over the environment in order to achieve one's objectives regardless of who gets hurt in the process or how unrealistic one's goals may be.</p> <p>Denial of Harm: Associated with rationalization and minimization of the harm done to others as part of one's involvement in a criminal lifestyle.</p>

Drivers (facilitators) of Criminogenic Risk

(based on Alexander et al., Federal Probation 12-2014)

Cognitions	Social Networks	Substance Abuse	Education/Employment
<p>Lack of SKILL & Motivation to monitor thinking: They are not AWARE of their thoughts prior to the behavior.. "I wasn't thinking, I just reacted."</p> <p>Lack the SKILL & Motivation to EVALUATE and MANAGE antisocial thinking: They are AWARE of their thoughts but don't EVALUATE or MANAGE them. "I knew I was thinking about getting even, but he disrespected me so I had to punch him."</p> <p>Antisocial thinking: Proactive - purposeful and goal-directed, Reactive or an impulsive reaction</p> <p>Specific criminal thinking styles:</p> <p>Mollification: Making Excuses "Everyone in my neighborhood sold drugs." Cutoff: Ignoring responsible actions; "FS@% it." Entitlement: feeling above the law; identifies wants as needs; "they owe me." Power Orientation: Asserting power over others and environment; "If I let someone control me, I'm a nobody." Superoptimism: Getting away with it; "my PO will let one positive UA slide." Cognitive Indolence: Lazy thinking; "I can't work in fast food. I can get more money dealing." Discontinuity: Getting sidetracked; "I was clean for a week, let's celebrate."</p>	<p>Antisocial Attitudes: One potential reason for antisocial networks may actually be the person's antisocial thinking. They may think "it's no fun being straight" and thus, actively seek out antisocial peers.</p> <p>Antisocial peers and/or family: The person may only be exposed to antisocial peers, i.e., "Everyone I know is on probation."</p> <p>Lack of contact with prosocial people/environments: they may not have contact with any prosocial peers, nor be aware of places or resources from which they may find and develop prosocial relationships.</p> <p>Interpersonal SKILLS Deficit: An offender may lack the social SKILLS necessary to attract prosocial peers. In thinking about this driver, one may ask: "Would I want to be friends with him?" Similarly, the offender may have poor conflict-resolution SKILLS, get angry easily, and get into verbal/physical altercations. These characteristics and lack of SKILLS will make him unattractive to prosocial peers.</p>	<p>Antisocial Attitudes: The person harbors antisocial thinking such as "drugs should be legal" or "the government can't tell me what to do with my free time."</p> <p>Poor Coping SKILLS: Some people may use substances in order to deal with their daily lives, e.g., "I need to have a few drinks after a stressful day at work," to deal with physical pain, or to deal with other issues for which they have no effective coping mechanisms (SKILLS).</p> <p>Social Networks: Use may be related to whom the person is spending time with (for example, "all my family drinks") or they may feel pressure from peers to use when they are together.</p> <p>Mental Health: Some people may use substances to deal with various mental health conditions, such as depression.</p> <p>Physical Addiction: Some people may be physically addicted to a substance, such as heroin, where individuals use the substance to avoid withdrawal symptoms.</p>	<p>Educational deficit: they have less than a GED or a GED and/or no additional training.</p> <p>Vocational SKILL deficit: no vocational skills or have some level of trade skills, but no certifications.</p> <p>Interpersonal SKILLS Deficit: deficits that interfere with being a good employee, and/or result in problems on the job. Examples - poor conflict-resolution and/or anger management SKILLS.</p> <p>Distorted/antisocial attitudes towards employment: minimum-wage positions are "beneath" them, or making money dealing drugs is better than working or, has a sense of entitlement (e.g., "my boss can't tell me what to do").</p> <p>Substance abuse: untreated substance abuse issues interfere with work or school.</p> <p>Medical/Mental Health: a medical or mental issue that impedes them from completing essential job tasks (depression that results in calling in sick frequently).</p> <p>Logistical barriers: There may be legitimate barriers such as transportation or childcare, that need to be addressed.</p>

Preventative Measures to Address Drivers of Criminogenic Risk

(based on Alexander et al., Federal Probation 12-2014)

Cognitions	Social Networks	Substance Abuse	Education/Employment
<ul style="list-style-type: none"> • Collaboratively explore their drivers for this risk factor via the Behavioral Analysis (BA). • Use OARS • Identify antisocial attitude/thinking styles through PCRA, BA, their comments, and their actions. • Explore attitude toward supervision (level of engagement). • Use cognitive model & CBT based worksheets. • Model, commend, reinforce and reward prosocial thoughts, comments, & behaviors. • Refer for Cognitive Behavior Therapy (CBT) & share PCRA & PICTS results with provider. • Collaborate to create goals and plans to address this risk factor. • Skill build with rehearsals • Continuously explore their motivation to change/address this risk factor and drivers. 	<ul style="list-style-type: none"> • Collaboratively explore their drivers for this risk factor via BA. • Use OARS • Collaboratively explore current peers & relationships (BA). • Monitor associations through observations, discussions, & 3rd-party contacts. • Explore how they spend their free time (used more wisely?) • Discuss, identify, & encourage any identified prosocial interests. • Is there a referral that can be made to a secondary interest? • Affirm & reenforce prosocial activities & associations. • Identify & disapprove of negative associations & activities. • Consider a carefully evaluated community service placement to introduce them to prosocial models, relationships, activities. • Collaborate to create goals and plans to address this risk factor. • Reinforce milestones and accomplishments. • Skill build with rehearsals • Cog Model, Relapse Prevention Tools & Problem Solving • Continuously explore their motivation to change/address the drivers of this risk factor. 	<ul style="list-style-type: none"> • Collaboratively explore their drivers for this risk factor via BA. • Use OARS • Current use vs. history of use. • Explore drivers of their use (antisocial attitude, poor coping skills, social networks, mental health, physical addiction). • Discuss & monitor their identified relapse triggers. • Refer for treatment. Monitor attendance, participation and application of treatment content. • Collaborate with treatment provider to address drivers. • Discuss & review treatment materials and concepts. • Observe treatment session(s) with higher-risk offenders. • Random/Scheduled testing (urinalysis, sweat patch, breath). • Monitor for use through 3rd-party contacts (family, employer, significant others). • Reinforce milestones and accomplishments. • Identify & address warning signs/red flags. • Skill build with rehearsals • Relapse prevention tools & Problem Solving • Continuously explore their motivation to change/address the drivers of this risk factor. 	<ul style="list-style-type: none"> • Collaboratively explore their drivers for this risk factor via BA. • Use OARS • Review & discuss work history for pattern(s) of behavior that negatively impacted previous education and/or employment. • Explore education/employment interests & goals. • Identify & discuss obstacles (transportation, resume, interview skills, appearance, communication skills, authority issues, team issues, timeliness, effort, work ethic, etc.). • Develop plan to address (referrals, Second Chance Act Funds, soft skills, job search). • Explore benefits of employment vs. cons of supporting self through crime. • Assess stability of employment when secured (income vs. expenses) (too much free time?). • Collaborate to create goals and plans to address this risk factor. • Reinforce milestones and accomplishments. • Skill build with rehearsals • Relapse prevention tools & Problem Solving • Continuously explore their motivation to change/address the drivers of this risk factor.

▶ **THIS IS
HUGE!!**

▶ **Here's
why...**

- ▶ Pretrial/Probation Officer attendance during treatment session.
- ▶ Program & Treatment Plans
- ▶ Introduction & Facilitate Communication
- ▶ Ensure client understands purpose & his responsibilities (Expectations)
- ▶ Corroborate information
- ▶ Set the tone
- ▶ Ensure client does not Triangulate.

**COMMUNICATE
MONTHLY WITH
ASSIGNED OFFICER**

- ▶ Officer ensures Tx is sufficient, but not greater than necessary
- ▶ Officer ensures client understands the Tx plan & requirements
- ▶ Officer ID's and assists in resolving Tx obstacles (schedule/transportation)
- ▶ Officer alleviates fears/misconceptions of client by discussing/talking openly of Tx. This may help in motivating client.
- ▶ Set up for success past supervision

GOALS OF TREATMENT

- ▶ THE SINGLE MOST CONSISTENT FINDING IS NO DOCUMENTATION OF COMMUNICATION.
- ▶ Get credit for the work you are doing. Officer's and providers both indicate regular contact.
- ▶ SO, MH & SA treatment needs to be provided in an integrated fashion***
- ▶ Officer and Vendor are both responsible for the documentation***
- ▶ Establishes the case was monitored***.
- ▶ Contact should primarily be in person and via phone. Contact should NOT be only email and text.
- ▶ These contacts should establish an ongoing collaboration.
- ▶ Use positive incentives to encourage pro-social behavior & reinforce progress***
- ▶ Work with client to develop relapse prevention & reinforce positive change.
- ▶ Firstname_lastname@mow.uscourts.gov

- Odd behavior, under the influence or confrontational.
- Failure to attend or participate in treatment
- If they refuse to sign COC- indicate on the COC "refusal" and send it in anyway.
- Failure to submit to testing
- Admit to drug use
- If they try to be slick 😊

TIMELY NOTIFICATION OF NONCOMPLIANT BEHAVIOR

PROB 46
(Rev. 06/10)

MONTHLY TREATMENT REPORT

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

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

8. CONTACTS SINCE LAST REPORT

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

9. URINE TESTING RECORD

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

10. COMMENTS REGARDING CLIENT'S TREATMENT PROGRESS

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

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

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

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

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

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

g. Comments:

h. Overall Progress: Acceptable Unacceptable

SIGNATURE OF COUNSELOR	DATE
------------------------	------

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MONTHLY TREATMENT REPORTS

- YOU MUST ADDRESS ALL COMMENTS AS REQUIRED ON MTR
- Feel free to modify your progress notes to address our MTR question's
- Summarize client activities during the month
- Notes must be relevant, meaningful and individually prepared.
- Record all contacts with clients on MTR.
- Record all contact with clients, officer, psychiatrist,,and case manager. In progress notes

ASSESSMENTS/EVALUATIONS

- Ensure ALL assessments/evaluations are prepared in accordance with the requirements in section C of the SOW
- Treatment recommendations must take into consideration the clients needs, strength and readiness for treatment.
- (SOW example)

TREATMENT PLANS

- INITIAL TREATMENT PLAN

- 1) Modality

- 2) Intensity

- 3) Anticipated duration of treatment

- 4) Measurable goals

- 5) Measurable objectives

- 6) Target completion dates

- Subsequent treatment plans should contain measurable goals and document need for continued treatment.
- Need for continued treatment
- Treatment plans should be completed every 90 days
- Consider PCRA outcome in plan
- Ensures intensity and anticipate duration of treatment commensurate with client risk level***

Ensure that treatment plans are present and include:

- ▶ (a) short and long-term goals for the defendant(s)/offender(s);
- ▶ (b) measurable objectives;
- ▶ (c) type and frequency of services to be received;
- ▶ (d) specific criteria for treatment completion and the anticipated time-frame;
- ▶ (e) documentation of treatment plan review (including defendant's/offender's input), and continued need for treatment, if necessary (**at least every 90 days**).
- ▶ The plan should include information on family and significant others involvement (i.e., community support programs, etc.).

TREATMENT PLANS AS DEFINED
IN SOW

A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

- ▶ For those of you who do not provide your treatment plans (you know who you are) (if you wonder if it is you, it probably is) we need them immediately
- ▶ Please email Nikki_Hamre@mow.uscourts.gov your initial and subsequent treatment plans by December 1.
- ▶ I have a list and I'm checking it twice!

**WE NEED THE
TREATMENT PLANS**

- ▶ Staff with USPO/USPSO and completion within 15 days of discharge.
- ▶ Document the staffing
- ▶ Officer will provide an amended 45 discontinuing services.***
- ▶ Discuss client's overall adjustment.
- ▶ Reason for termination and prognosis.
- ▶ Relapse prevention issues.

TREATMENT DISCHARGE SUMMARY

Ensure that a typed discharge summary is submitted to the USPO/USPSO **within 15 calendar days after** treatment is terminated.

- ▶ The summary shall outline the reason for concluding contract services, (i.e., the defendant/offender responded to treatment and treatment is no longer needed, or the defendant/offender failed to respond to treatment).
- ▶ Additionally, the discharge summary shall include recommendations for community-based aftercare that the defendant/offender can readily access.
- ▶ In all cases, the discharge status (i.e., successful discharge, unsuccessful discharge, interruption of treatment, etc.) shall be clearly stated.

DISCHARGE SUMMARY AS
DEFINED IN SOW

- ▶ PSI is still in file
- ▶ No updated treatment plan
- ▶ No documentation of PO contact
- ▶ Services not being provided per P45
- ▶ Releases not signed
- ▶ Officer contact not documented
- ▶ No indication of officer notification of no-shows
- ▶ No release of information
- ▶ Outdated Certifications on wall
- ▶ Building certifications outdated
- ▶ No treatment plans after 90 days.

COMMON FINDINGS FOR ONSITE AUDIT

- ▶ please notify the DATS and the USPPPO assigned
- ▶ Please refer to Page C-78, Vendor Testimony
- ▶ Provide testimony including attendance; drug test results; general adjustments; medication; response to treatment; test results and treatment programs
- ▶ Do not create, prepare, offer or provide any opinions or reports, whether written or verbal that are not required by the SOW and the treatment program unless such action is approved in writing by the Chief US Probation Officer .

SHOULD YOU BE
CALLED TO TESTIFY IN
COURT...

Please, please, please...

- Make sure your company name is on the top of every log sheet
- Fax your log sheets daily to (816) 512-1313 or scan and email to mow_drugtests@mow.uscourts.gov
- Per SOW- you are required to notify the PO within 24 hours of a positive drug test or no-shows. Faxing in your log sheet daily meets this requirement.
- Note No shows on log sheet OR complete and send Notice of No-Show/Stall form
- Make sure you fax or email both application and removal log sheet.

DRUG TESTING LOGS

**POST CONVICTION
SWEAT PATCH LOG**

Vendor Location/Site: _____

U.S. Probation and Pretrial Services Office
Kansas City, Missouri

Fax to 816-512-1313 OR scan and email to: mow_drugtests@mow.uscourts.gov EACH DAY

PACTS ID #	NAME	SPECIMEN BARCODE NO.	DATE/TIME APPLIED	DATE/TIME REMOVED	MARK OCCURRENCES	
					PATCH COMPROMISED Y/N – Briefly Explain	Was UA taken?
PHARMCHEK #						
PHARMCHEK #						
PHARMCHEK #						
PHARMCHEK #						
PHARMCHEK #						

**POST CONVICTION
UA and BAT LOG**

VENDOR NAME/LOCATION _____

U.S. Probation and Pretrial Services Office
Kansas City, MO 64106

Fax to 816-512-1313 OR scan and email to: mow_drugtests@mow.uscourts.gov EACH DAY

Date	ID#	Name	Specimen No.	Collector Initials	Comments
					Why was UA taken? <input type="checkbox"/> CodeAPhone <input type="checkbox"/> Walk-in/PO ordered <input type="checkbox"/> Compromised/late patch Was it observed? <input type="checkbox"/> YES <input type="checkbox"/> NO UA Result: <input type="checkbox"/> BAT result:
(signature here)					
					Why was UA taken? <input type="checkbox"/> CodeAPhone <input type="checkbox"/> Walk-in/PO ordered <input type="checkbox"/> Compromised/late patch Was it observed? <input type="checkbox"/> YES <input type="checkbox"/> NO UA Result: <input type="checkbox"/> BAT result:
(signature here)					
					Why was UA taken? <input type="checkbox"/> CodeAPhone <input type="checkbox"/> Walk-in/PO ordered <input type="checkbox"/> Compromised/late patch Was it observed? <input type="checkbox"/> YES <input type="checkbox"/> NO UA Result: <input type="checkbox"/> BAT result:
(signature here)					
					Why was UA taken? <input type="checkbox"/> CodeAPhone <input type="checkbox"/> Walk-in/PO ordered <input type="checkbox"/> Compromised/late patch Was it observed? <input type="checkbox"/> YES <input type="checkbox"/> NO UA Result: <input type="checkbox"/> BAT result:
(signature here)					

NOTICE OF NO-SHOW/STALL FOR FEDERAL DEFENDANTS/OFFENDERS

FROM: _____ AGENCY NAME: _____

FAX TO: **816-512-1313** _____

US Probation/Pretrial Officer : _____

Defendant/Offender Name: _____

FACTS ID#: _____

Failed to report for scheduled appointment/testing as noted below:

- | | | |
|---|------------|-------|
| <input type="checkbox"/> Individual counseling | Date/Time: | _____ |
| <input type="checkbox"/> Group counseling | Date/Time: | _____ |
| <input type="checkbox"/> Psych Eval | Date/Time: | _____ |
| <input type="checkbox"/> Assessment | Date/Time: | _____ |
| <input type="checkbox"/> Med Monitoring | Date/Time: | _____ |
| <input type="checkbox"/> Scheduled UA (No Show) | Date/Time: | _____ |
| <input type="checkbox"/> Scheduled UA (Stall) | Date/Time: | _____ |
| <input type="checkbox"/> Scheduled Patch Change | Date/Time: | _____ |
| <input type="checkbox"/> Failed to Make Copayment | Date/Time: | _____ |

_____ Client called

_____ Client did not call

COMMENTS:

Counselor/Staff Member Name: _____

(Please print legibly)

- ▶ No shows?
- ▶ Won't engage
- ▶ Disruptive in group
- ▶ Refuses to make co-pay
- ▶ Admin fee

DISCUSSION

A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

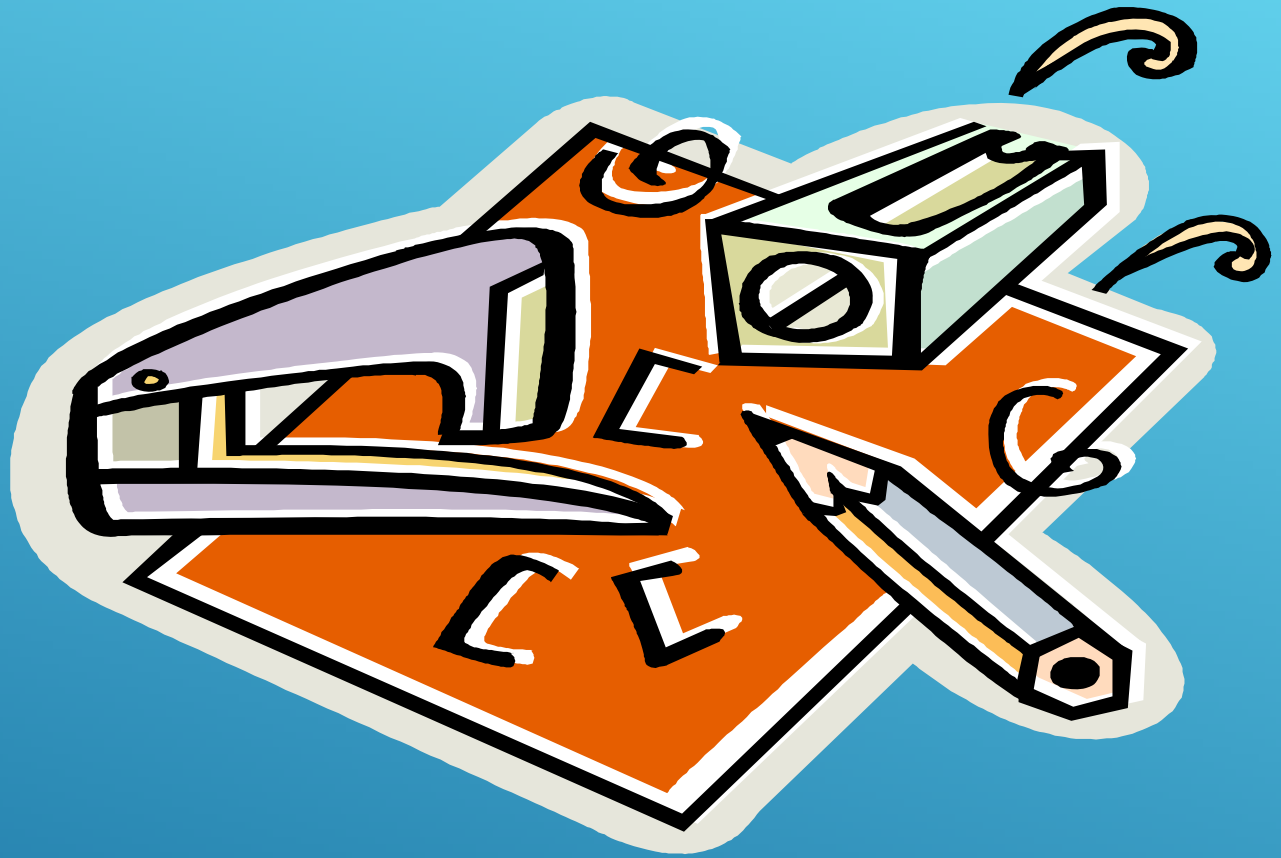
billing is due by the 10th of every month.

This is a finding!!!!

I would strongly encourage you to do so to ensure you get paid in a timely manner.

Please e-mail Part A & B to
Teresa_Greeley/MOWPT/08/USCOURTS.GOV

NEWS FLASH...
THIS JUST IN...



NO STAPLES PLEASE
I AM PETTY. I OWN IT!

- ▶ Supporting documentation for meds: receipt from pharmacy.
- ▶ Monthly treatment Reports-Need to be filled out
- ▶ Sign in Logs-identify service-no project codes. Patch≠ IC, time and out
- ▶ Sign in logs must match MTR.
- ▶ Any evaluations which were ordered

PART "C"-SUPPORTING DOCUMENTS

- ▶ The Statement of work outlines expectations of Sign in logs
- ▶ Defendant/offender shall sign for every service received.
- ▶ Documents any co-payment
- ▶ Group logs- vendor shall ensure that a defendant/offender signing an entry in the Daily log cannot see the names or signatures of other defendants/offenders.

SIGN IN LOGS

- ▶ Please refer to G.3, page G-1 for the Mandatory requirements for invoices.
- ▶ Submit a Part “A” & “B” with an original copy of the invoice with the Monthly treatment report, daily log, urinalysis log, sweat patch log and daily travel log, if applicable.
- ▶ Make sure supporting documents are in the same order as part “B”. Alphabetical order is greatly appreciated😊

INVOICING

INVOICING: OUR PROCESS

- ▶ Once the invoice and supporting documents are received, I go through each document and compare it to part “B”.
- ▶ If anything is missing, your billing person will be contacted and you will be given the opportunity to provide the missing information
- ▶ If you are unable to do so, the amount will be subtracted from your total invoice.
- ▶ If you should have billed us more or less units, you will get an e-mail from Teresa Greeley notifying you of the change.
- ▶ Our automated system will give us error reports.
- ▶ If you have double billed us, by accident, we will know.

- ▶ Authorized Administrator has no signature
- ▶ Make sure Client name matches Prob. 45
- ▶ Client number is the PACTS number, which is on the Prob. 45
- ▶ If individual did not receive services, do put them on part B
- ▶ Project codes provided under service rendered is contractual. Use drop down box.
- ▶ Co-pays- please provide documentation and put on Part B
- ▶ Sweat patches billed when they are removed.
- ▶ Submit monthly bills separately.
- ▶ 1010- unobserved UA's and compromised sweat patches
- ▶ 1011- NIDT-


AND ANOTHER THING...

- ▶ Make sure to separate invoices for Pretrial Services(BOC 2527) and Probation
- ▶ If you have both a mental health and substance abuse BPA or NCPO, please separate the two invoices and provide documentation for each
- ▶ A MTR is not needed for testing only.

**THAT'S ALL I HAVE TO SAY
ABOUT THAT 😊**

- ▶ We have almost 80 vendors (see list)
- ▶ We get boxes of billing from some.
- ▶ It is very helpful for us when we receive your billing that you have organized it and provided the documentation to the best of your ability.
- ▶ Do mistakes happen? Yes.
- ▶ Trust me, I know.
- ▶ Ask questions before you submit billing

**PLEASE
UNDERSTAND 😊**



I SMILE TO HIDE
HOW
COMPLETELY
OVERWHELMED
I AM.

- ▶ We utilize both Urinalysis and Sweat Patch to test for drug use. 3 months sweat patch/3months CAP***
- ▶ The Sweat Patch is our primary testing instrument.
- ▶ Keep in mind our local need.
- ▶ Guidelines for Unobserved UA's.

DRUG TESTING

- ▶ Unobserved UA's- use a specimen cup and send it to the lab
- ▶ All positive results need to be sent to lab.
- ▶ Log sheets aren't faxed daily
- ▶ CAP no shows are not reported.
- ▶ UA not taken for compromised sweat patch. All are sent to lab.

COMMON MISTAKES- UA PROCESS

▶ Should you discuss the validity of the testing instrument or nanogram levels.

▶ You should discuss the concerns regarding relapse.

UNDER NO
CIRCUMSTANCES

- ▶ You will help us collect data
- ▶ Page C-71 states, vendor shall provide a written quarterly profile on all (one report on all or one report on each) defendants/offenders discharged from the program each quarter (see Attachment J.1).

PROGRAM DISCHARGE SUMMARY PROFILE

DID SOMEONE
SAY LUNCH?



