

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identifying Information

Client:	Tide, Roll	PACTS #:	2501	Photo Not Available
Address:	954 Buffalo Cr San Antonio TX 78229	Pretrial/Post Conviction:	Pretrial	
Officer:	Brink, Debra	Client Phone:	210-854-2121	
Officer Phone:	210-301-6324	DOB:	08/08/1976	

Provider Information

Provider:	ABC Treatment	Procurement No:	0311-2009-RNJJ
Provider Location:	ABC-Downtown	Effective Date:	04/21/2009
Attn:	Carol Williams	Termination Date:	
Location Address:	211 Constitution Avenue Washington DC 2000		
Phone:	202-555-5555		
Fax:	202-666-6666		

Authorized Services

Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copay Amount (per unit)
2010	Individual Substance Abuse Counseling		1.0	Weekly	\$0.00
2020	Group Substance Abuse Counseling		2.0	Monthly	\$0.00

Instructions to Provider Regarding Client Needs and Goals of Treatment

Officer: Brink, Debra

Referral Agent:

Client: Tide, Roll

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
(DRUG OR ALCOHOL ABUSE PROGRAMS)

I, _____, the undersigned,
(Name of Client)
hereby authorize _____ to release confidential
(Name of Program)
information in its records, possession, or knowledge, of whatever nature may now exist or come to exist to the United States
Pretrial Services Office for the _____ United States District Court _____ District of _____ Hawaii _____
(Name of Court) (State)

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy; general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be used in connection with my participation in the aforementioned program which has been made a condition of my pretrial release.

I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my pretrial supervision.

(Signature of Parent or Guardian, if Client is a Minor)

(Signature of Client)

(Date Signed)

(Date Signed)

(Name & Title of Witness)

(Date Signed)

ON-SITE ALCOHOL/DRUG TESTING DEVICE LOG DISTRICT OF HAWAII

NAME OF VENDOR: _____

MONTH: _____

#	DATE	CLIENT	NITD (List type)	RESULT (POS/NEG)	COLLECTOR	SENT TO LAB? DATE	COMMENTS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Revised 2/2011

U.S. PRETRIAL SERVICES OFFICE DISTRICT OF HAWAII
ON-SITE DRUG TESTING PROGRAM - CONTRACT AGENCY

The U.S. Pretrial Services Office for the District of Hawaii utilizes Non-Instrumented Drug Testing Devices (hand-held tests) to detect for the prohibited use of controlled substances.

The hand-held devices are used to preliminarily determine the presence of any controlled substances in the urine. If the hand-held devices test presumptively positive for controlled substances, the urine specimen will be forwarded to the national laboratory for further testing and confirmation. Additionally, negative results may also be forwarded to the national laboratory for further testing and confirmation.

I agree to fully cooperate with the on-site drug testing program. I certify that the urine specimen I have provided on this date is my own and has not been adulterated or otherwise tampered with. I have read and understand this notice.

I have taken the following prescription and/or over-the-counter medication(s) within the past 72 hours: _____

(CLIENT MUST ALWAYS COMPLETE THIS! SPECIFY MEDICATION TAKEN OR NOTE "NONE.")

Client's name (Print)

Collector's signature

Client's Signature

Date

Date

PRESUMPTIVE TEST RESULTS

(All sections must be completed by vendor)

NIDT Device(s) Used: (1) _____ (2) _____ (3) _____ (4) _____

NIDT Test Result: **NEGATIVE** *(Check this if negative)*

POSITIVE *(If positive, note the type of drug detected)*

Amphetamine

Opiate/morphine

Methamphetamine

Benzodiazepines

MDMA

THC

Cocaine

Other: _____

TEMPERATURE: Is the specimen temperature within normal limits? **YES** **NO**
(Between 90 and 100 degrees)

VENDOR REQUIRED TO SEND TO NATIONAL LABORATORY IF: PRESUMPTIVE POSITIVE, EVERY UNOBSERVED, OR WHEN COLOR OR TEMPERATURE APPEARS ABNORMAL

Specimen sent to national contract laboratory: **YES, Date** _____
Chain of Custody #: _____

*If presumptive positive, vendor must fax a copy of this form to the U.S. Pretrial Services Office.
Fax Number: 541-3507*

Copy sent to the U.S. Pretrial Services Office: **YES, Date** _____

U.S. PRETRIAL SERVICES OFFICE
DISTRICT OF HAWAII

ATTACHMENT TO TREATMENT SERVICES PROCEDURES

VENDOR INSTRUCTIONS ON ALCOHOL AND DRUG DETECTION
TESTING INSTRUMENTS

February 2011

The specific style and type of alcohol and drug detection testing devices and instruments will vary depending upon the procurement results, new developments in technology and the substance abuse detection market, drug use trends in the district, efforts to subterfuge, officer preference, and other factors.

The following devices are currently used by the U.S. Pretrial Services Office for the District of Hawaii and our authorized vendors. However, this is subject to change at any time. Instructions on new instruments and devices will be updated as needed.

MP RAPID TEST 4 PANEL TEST STRIP

Non-Instrumented Drug Test (NIDT) for COC / mAMP / THC / OPI

A 4-panel test is to be used to test all pretrial defendants unless otherwise instructed by the DATS officer.

Instructions for use:

- ◆ Remove the test strip from the sealed pouch in the presence of the pretrial defendant and use it as soon as possible.
- ◆ Place the sample pad end into the urine specimen being careful to hold each pad in the urine without touching the plastic card.
- ◆ Place the test strip on a non-absorbent flat surface. Wait for the red line(s) to appear. The result should be read at five to 10 minutes. Do not interpret the results after 10 minutes.

Interpretation of results:

- ◆ **NEGATIVE: TWO (2) red lines appear.** One red line should be in the control region (C), and another apparent red or pink line should be in the test region (T). This negative result indicates the drug concentration is below the detectable level. *Note - the shade of red in the test line region (T) will vary, but it should be considered negative whenever there is even a faint pink line.

- ◆ **POSITIVE: ONE(1) red line appears in the control region (C).** No line appears in the test region (T). This positive result indicates that the drug concentration level exceeds the detectable level.
- ◆ **INVALID: Control line (C) fails to appear.** Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line © failure. Review the procedure and repeat the test with a new test strip.

MP RAPID TEST SINGLE PANEL TEST STRIP OXYCODONE

Non-Instrumented Drug Test (NIDT) for Oxycodone (single panel)

This test is to be used selectively; either based on conditions of supervision, history of drug use or treatment, or as directed by the DATS officer.

Instructions for use:

- ◆ Remove the test strip from the sealed pouch in the presence of the pretrial defendant and use it as soon as possible.
- ◆ Place the sample pad end into the urine specimen being careful to hold each pad in the urine without touching the plastic card.
- ◆ Place the test strip on a non-absorbent flat surface. Wait for the red line(s) to appear. The result should be read at five to 10 minutes. Do not interpret the results after 10 minutes.

Interpretation of results:

- ◆ **NEGATIVE: TWO (2) red lines appear.** One red line should be in the control region (C), and another apparent red or pink line should be in the test region (T). This negative result indicates the drug concentration is below the detectable level. *Note - the shade of red in the test line region (T) will vary, but it should be considered negative whenever there is even a faint pink line.
- ◆ **POSITIVE: ONE (1) red line appears in the control region (C).** No line appears in the test region (T). This positive result indicates that the drug concentration level exceeds the detectable level.
- ◆ **INVALID: Control line (C) fails to appear.** Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line © failure. Review the procedure and repeat the test with a new test strip.

MP RAPID TEST SINGLE PANEL TEST FOR MDMA

Non-Instrumented Drug Test (NIDT) for MDMA

This test is to be used selectively; either based on conditions of supervision, history of drug use or treatment, or as directed by the DATS officer.

Instructions for use:

- ◆ Remove the test strip from the sealed pouch in the presence of the pretrial defendant and use it as soon as possible.
- ◆ Place the sample pad end into the urine specimen being careful to hold each pad in the urine without touching the plastic card.
- ◆ Place the test strip on a non-absorbent flat surface. Wait for the red line(s) to appear. The result should be read at five to 10 minutes. Do not interpret the results after 10 minutes.

Interpretation of results:

- ◆ **NEGATIVE: TWO (2) reddish/purple lines appear.** One red line should be in the control region (CNTRL), and another apparent red or purple line should be in the test region (MAMP/MDMA). This negative result indicates the drug concentration is below the detectable level. *Note - the shade of red in the test line region will vary, but it should be considered negative whenever there is even a faint reddish/purple line.
- ◆ **POSITIVE: ONE (1) reddish/purple line appears in the control region (CNTRL).** No line appears in the test region. This positive result indicates that the drug concentration level exceeds the detectable level.
- ◆ **INVALID: Control line (CNTRL) fails to appear.** Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line (CNTRL) failure. Review the procedure and repeat the test with a new test strip.

MP RAPID TEST SINGLE PANEL TEST FOR METHADONE

Non-Instrumented Drug Test (NIDT) for Methadone

This test is to be used selectively; either based on conditions of supervision, history of drug use or treatment, or as directed by the DATS officer.

Instructions for use:

- ◆ Remove the test strip from the sealed pouch in the presence of the pretrial defendant and use it as soon as possible.
- ◆ Place the sample pad end into the urine specimen being careful to hold each pad in the urine without touching the plastic card.
- ◆ Place the test strip on a non-absorbent flat surface. Wait for the red line(s) to appear. The result should be read at five to 10 minutes. Do not interpret the results after 10 minutes.

Interpretation of results:

- ◆ **NEGATIVE: TWO (2) reddish/purple lines appear.** One red line should be in the control region (CNTRL), and another apparent red or purple line should be in the test

region (MAMP/MDMA). This negative result indicates the drug concentration is below the detectable level. *Note - the shade of red in the test line region will vary, but it should be considered negative whenever there is even a faint reddish/purple line.

- ◆ **POSITIVE: ONE (1) reddish/purple line appears in the control region (CNTRL).** No line appears in the test region. This positive result indicates that the drug concentration level exceeds the detectable level.
- ◆ **INVALID: Control line (CNTRL) fails to appear.** Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line (CNTRL) failure. Review the procedure and repeat the test with a new test strip.

REDITEST TEST SINGLE PANEL TEST FOR METHADONE

Non-Instrumented Drug Test (NIDT) for METHADONE

This test is to be used selectively; either based on conditions of supervision, history of drug use or treatment, or as directed by the DATS officer.

Instructions for use:

- ◆ Remove the test strip from the sealed pouch in the presence of the pretrial defendant and use it as soon as possible.
- ◆ With arrows pointing toward the urine specimen, immerse the test strip vertically in the urine specimen for at least five seconds. Do not pass the maximum line (MAX) on the test strip when immersing the strip. Place the sample pad end into the urine specimen being careful to hold each pad in the urine without touching the plastic card.
- ◆ Place the test strip on a non-absorbent flat surface. Wait for the red line(s) to appear. The result should be read at five minutes. Do not interpret the results after 10 minutes.

Interpretation of results:

- ◆ **NEGATIVE: TWO (2) reddish/purple lines appear.** One red line should be in the control region (CNTRL), and another apparent red or purple line should be in the test region (MAMP/MDMA). This negative result indicates the drug concentration is below the detectable level. *Note - the shade of red in the test line region will vary, but it should be considered negative whenever there is even a faint reddish/purple line.
- ◆ **POSITIVE: ONE (1) reddish/purple line appears in the control region (CNTRL).** No line appears in the test region. This positive result indicates that the drug concentration level exceeds the detectable level.

- ◆ **INVALID: Control line (CNTRL) fails to appear.** Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line (CNTRL) failure. Review the procedure and repeat the test with a new test strip.

REDITEST TEST 4-PANEL TEST

Non-Instrumented Drug Test (NIDT) for (COC/mAMP/THC/OPI)

A 4-panel test is to be used to test all pretrial defendants unless otherwise directed by the DATS officer.

Instructions for use:

- ◆ Remove the test strip from the sealed pouch in the presence of the pretrial defendant and use it as soon as possible.
- ◆ With arrows pointing toward the urine specimen, immerse the test strip vertically in the urine specimen for at least five seconds. Do not pass the maximum line (MAX) on the test strip when immersing the strip. Place the sample pad end into the urine specimen being careful to hold each pad in the urine without touching the plastic card.
- ◆ Place the test strip on a non-absorbent flat surface. Wait for the red line(s) to appear. The result should be read at five minutes. Do not interpret the results after 10 minutes.

Interpretation of results:

- ◆ **NEGATIVE: TWO (2) reddish/purple lines appear.** One red line should be in the control region (CNTRL), and another apparent red or purple line should be in the test region (MAMP/MDMA). This negative result indicates the drug concentration is below the detectable level. *Note - the shade of red in the test line region will vary, but it should be considered negative whenever there is even a faint reddish/purple line.
- ◆ **POSITIVE: ONE (1) reddish/purple line appears in the control region (CNTRL).** No line appears in the test region. This positive result indicates that the drug concentration level exceeds the detectable level.
- ◆ **INVALID: Control line (CNTRL) fails to appear.** Insufficient specimen volume or incorrect procedural techniques are the most likely reasons for control line (CNTRL) failure. Review the procedure and repeat the test with a new test strip.

BREATH ALCOHOL TEST (.02%)

Non-Instrumented Drug Test (NIDT) for ALCOHOL

This test is to be used selectively; depending upon the conditions of supervision.

Instructions for use:

- ◆ Squeeze middle of unit to break the capsule.
- ◆ Rotate unit to distribute crystals in viewing area.
- ◆ Instruct the defendant to blow hard into unlabeled end for 10 seconds.
- ◆ Wait 30 seconds.

Interpretation of results:

- ◆ **NEGATIVE: Color of crystals do NOT change color.**
- ◆ **POSITIVE: Color of crystals change color.**
White = Alcohol content is less than .02%
Light Blue = Alcohol content is .02% or more

REFRACTOMETER

The U.S. Probation Office has provided a refractometer to several vendors to enhance the drug testing program. The U.S. Probation Office has agreed to allow the refractometer to be used on Pretrial defendants. The U.S. Pretrial Services Office will provide the vendor with the small plastic droppers to be used with the refractometer.

Instruction for use:

- ◆ Use a small plastic dropper to place three (3) drops on the small lens in the inset and press button for reading.
- ◆ Gently wipe the lens with soft tissue or toilet paper after each use.
- ◆ At the end of the day, the lens is to be gently wiped with an alcohol swab or antibacterial swab.

Interpretation of results:

- ◆ If the refractometer reading is below 1.003, the urine specimen must sent to the national laboratory for further testing.

**SAMPLE FORM
 IF PRESUMPTIVE POSITIVE ON NIDT
 COMPLETE MARKED AREAS**



Results Name & Address
 US COURTS HIPT-HONOLULU
 300 ALA MOANA BLVD #7-222
 HONOLULU, HI 96850

ALISON THOM
 808-541-3412

Tests Ordered (Check all that apply)

- Primary Test Panel Secondary Test Panel Special Test Panel
- Confirmation Only (specify) _____
- Individual Special Tests (specify) _____

SPECIMEN ID INFORMATION

Collector's Name: _____

Case Officer Initials: [] [] [] [] Date Collected: [] / [] / []

01 Officer
 02 Treatment Program
 03 Other _____

Offender/Defendant Last Name: _____

First Name: _____

PACTS No.: _____ Onsite/Test ID: _____

- Reason For Specimen
- 01 Presentence Report 02 Substance Abuse Treatment 03 Mental Health Treatment
- 04 Urine Surveillance 05 Pretrial Report 06 Other (specify) _____

MEDICAL QUESTIONNAIRE

Medicine(s) Name: _____ Reason for Use: _____ Date Used: _____

Offender/Defendant Certification

I certify the specimen I have provided on this date is my own and has not been adulterated. The specimen bottle was sealed in my presence. I have verified that the specimen number of the form, the barcode, and the specimen security seal are identical.

Specimen Collector Certification

I certify I collected the specimen identified by the specimen number on this form in accordance with the required collection procedures. I certify I applied the numbered security seal and barcode to the specimen bottle in the offender/defendant's presence. I have verified that the specimen number on the form, the barcode, and the specimen seal are identical.

Specimen Transfer Certification

I certify I prepared for transfer to Testing Laboratory the specimen identified by the specimen number on this form and have verified the identity of the specimen with its collection chain of custody documentation. I certify I applied the numbered security seal and barcode to the specimen bottle. I have verified the specimen number on the form, the barcode, and specimen security seal are identical.

Offender/Defendant Signature: _____ Date: _____ Collector's Signature: _____ Date: _____ Transferer's Signature: _____ Date: _____

Apply Barcode vertically on bottle



Use second seal & barcode for specimens screened on site.

T [Barcode] B01617233 [Barcode] S

Testing Laboratory [Collector's Initials] [Date Collected] (PLACE OVER CAP OF SPECIMEN)

Testing Laboratory [Collector's Initials] [Date Collected] (PLACE OVER CAP OF SPECIMEN)

B01617233 B01617233

B01617233 SPECIMEN NO.



B01617233 SPECIMEN NO.



COLLECTOR INSTRUCTIONS

- * COMPLETE - Specimen ID Information before collection
- * COLLECT - Specimen in accordance with Administrative Procedures
- * AFFIX - Security Seal and barcode to specimen bottle as illustrated above
- * ASK - Offender/Defendant to verify bottle was sealed in his/her presence
- * INITIAL - Initial security seal and enter date collected
- * ASK - Offender/Defendant to read, sign, and date Offender/Defendant Certification
- * SIGN - Specimen Collector Certification after sealing specimen bottle and applying security seal

Date _____

Page ____ of ____

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE

(PART A)

1. Judicial District	_____	3. P.O./B.P.A.#	_____
2. Vendor	_____	4. Service Delivery: From	_____ To _____
a. Address:	_____	5. Total # of Individuals Served:	_____

b. Telephone:	_____		

Vendor's Certification: I certify that all expenditures and requests for reimbursement in this voucher are accurate and correct to the best of my knowledge and include only charges for services actually rendered to clients under the terms of the agreement and for which no other compensation has been received from sources other than the United States District Court.

Authorized Administrator

6. Project Code	7. Quantity	8. Unit Price	9. Total Price

Date _____

Page ____ of ____

**ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
TREATMENT SERVICES INVOICE****(PART B)**

Subtotal all costs for each client listed below:

1. Client Name	2. Client Number	3. Dates of Service	4. Service Rendered	5. Quantity (Units)	6. Unit Price	7. Cost

