

District Of North Dakota Treatment Services Program Plan

FACTS ID #: Client ID _____

Supervision Type: PTS PROB

PO/BPA #: _____

First Name Last

CLIENT NAME: Name _____

RPI Score: _____

Date Services to Commence: _____

Vendor/City: _____

Plan Review Date: _____

Original Plan: _____

PSCRA Score: _____

Date Staffed with DATS: _____

Amended Plan: _____

Date Services Terminated: _____

TREATMENT CODES

Residential

- 2001 Short-Term Residential Placement
- 9905 Pretrial Placement (Non-Treatment)

UA/Substance Abuse

- 1011 Urine Collection/Testing – NITD
- 2011 Intake Assessment & Report
- 2010 Substance Abuse Individual Counseling
- 2020 Substance Abuse Group Counseling
- 2022 Cog Manualized Group
- 2030 Substance Abuse Family Counseling

Sex Offender

- 5012 Sex Offense Specific Evaluation
- 6012 Sex Offender Individual Cnslg
- 6022 Sex Offender Group Counseling
- 6032 Sex Offender Family Counseling
- 6091 Chaperone Training and Support

Mental Health

- 5020 Psychological Testing & Report
- 6010 Individual Counseling

Polygraph - Plethysmograph/VRT

- 5022 Clinical Polygraph Exam & Report
- 5023 Maint/Monitor Polygraph & Report
- 5021 Penile Plethysmograph & Report
- 5025 Visual Reaction Time Measure & Rpt

CO-PAYMENT SOURCE

- Defendant/Offender
- Grant
- Local/State Agency
- No Co-payment
- Other Federal Source
- Other Source
- Private Insurance

OUTCOME (Pretrial & Post-Conviction)

- Program Withdrawal for Other Reasons – Successful Progress
- Program Withdrawal for Other Reasons – Unsuccessful Progress
- Successful Program Completion
- Unsuccessful Program Discharge

SPECIAL Instructions/Specific Counseling Services/Explanation of Plan Amendment

Please include # of Units (1 unit = 30 min) per week/month

USPO Signature

Offender/Defendant Signature

DATS/Referral Agent Signature

Original to DATS and Copy to Program

Don't Forget Release of Information Form