


**U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons**



**PROGRAM STATEMENT
Community Treatment Services**

Approved by	 William K. Marshall III Director, Federal Bureau of Prisons
DPI	RSD
Number	7430.03
Date	May 7, 2026

Summary of Changes

<p><i>Program Statement Rescinded:</i></p> <ul style="list-style-type: none">7430.02 Community Transitional Drug Abuse Treatment (4/14/1999)
<p><i>Changes:</i></p> <ul style="list-style-type: none">The oversight of CTS contracts is now the responsibility of the Community Reentry Affairs Branch (CRB), Reentry Services Division (RSD). This change transfers decision-making authority for all matters relating to CTS contracts from the Regional Director to the Assistant Director, RSD.The title of the policy has been renamed to “Community Treatment Services (CTS).”Updates the type of services provided by CTS with the addition of medication-assisted treatment.Removes specific references to one Bureau inmate management system. Staff must now refer to the Bureau’s CRB-RSD intranet site for guidance regarding this system and required codes for CTS.Updates applicable Bureau inmate management system data entry requirements.Updates contract monitoring instruments and formalizes formatting for the monitoring report.

1. PURPOSE AND SCOPE

The purpose of this program statement is to provide guidance and direction to staff with management and oversight responsibility for sentenced inmates residing in the community who are referred for Community Treatment Services (CTS) through a network of contracted treatment providers throughout the United States and its territories. These services are funded by the Bureau of Prisons (Bureau) and include substance use disorder (SUD) treatment, medication-assisted treatment (MAT), mental health (MH) treatment, peer support, and sex offender (SO)

treatment.

This program statement addresses contract administration and on-going administrative oversight of contracts with the Bureau to ensure quality treatment services are provided as set forth by the applicable Statement of Work (SOW).

a. **Program Objectives.**

- Refer inmates for SUD, MH, MAT, and SO treatment while residing in the community.
- Inmates will be able to participate in one or more programs designed to help them remain drug free and law abiding, as well as reduce mental health and behavioral disorder symptoms.
- Ensure CTS is compatible with the institution Psychology Treatment Programs (PTP).
- Establish continuity of care through sharing and transferring treatment information about CTS inmates among criminal justice components, contracted treatment providers, and other agencies deemed appropriate by CTS staff.
- Establish and provide oversight of high-quality, timely, and evidence-based contracted CTS services within the community.
- Administer CTS contracts, preventing fraud, waste, abuse, and misuse.
- Provide clinical case management and access to treatment services to facilitate inmates' reintegration into their families and communities and to prepare for supervised release programming or release from Bureau custody.

b. **Institution Supplement.** None.

2. DEFINITIONS

Community. In CTS, “residing in the community” is defined as residing at a Residential Reentry Center (RRC), on Home Confinement (HC), assigned to a Day Reporting Center, or while on Federal Location Monitoring (FLM).

Comprehensive clinical assessment. A written report based on a comprehensive diagnostic interview which evaluates the inmate’s appropriateness for treatment and contains a diagnosis based on criteria outlined in the most recent edition of *The Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association) (DSM) as the basis for treatment.

Contract. A mutually binding legal relationship obligating the seller to furnish the supplies or services (including construction) and the buyer to pay for them. It includes all types of commitments that obligate the Government to an expenditure of appropriated funds and that, except as otherwise authorized, are in writing. In addition to bilateral instruments, contracts include (but are not limited to) awards and notices of awards; job orders or task letters issued under basic ordering agreements; letter contracts; orders, such as purchase orders, under which

the contract becomes effective by written acceptance or performance; and bilateral contract modifications (FAR 2.101).

Contracting Officer (CO). A person with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings (FAR 2.101).

Contracted Treatment Provider. Any individual or other legal entity awarded a Federal Government contract or subcontract under a Federal Government contract. Contractor refers to both a prime contractor and all of its subcontractors of any tier on a contract with the Federal Government.

Contractor Performance Assessment Reporting System (CPARS). A web-based system that documents and evaluates contractors on their performance of awarded contracts. CPARS collects and manages contractor performance information and provides source selection officials with information on contractor past performance. Officials prepare a Contractor Performance Assessment Report in CPARS at least annually.

Federal Acquisition Certification for Contracting Officer's Representative (FAC-COR). The FAC-COR is a federal certification program that establishes training and competency requirements for individuals serving as Contracting Officer's Representatives.

Contracting Officer's Representatives (COR). A COR is a Bureau staff member appointed by the Contracting Officer (CO) to provide technical oversight and assist in the administration of a specific contract. The COR ensures contractor performance aligns with the requirements outlined in the SOW. The authority of the COR to act on contractual matters is set forth in individual letters of appointment signed by the CO and provided to the contractor. Any changes in the authority of the COR must be officially made by the CO.

Federal Acquisition Regulation (FAR). The FAR is the primary Code of Federal Regulation for use by all executive agencies in their acquisition of supplies and services with appropriated funds.

Monitoring inspection report. One or more subject matter experts (SMEs) conduct on-site or remote audits of SOW requirements. The SME identifies strengths and deficiencies of the contracted treatment provider within a written report to ensure the government receives quality and competent services consistent with SOW requirements.

Monthly Progress Reports (MPR). An individualized treatment synopsis, completed by the contracted treatment provider in accordance with the requirements of the SOW, which provides a treatment progress update to the Community Treatment Oversight Specialist (CTOS). It summarizes the inmate's attitude and participation progress, significant issues, progress toward treatment goals, medication compliance, and overall adjustment to the community.

National Crime Information Center (NCIC). NCIC is a criminal records database allowing criminal justice agencies to enter or search for information about stolen property, missing or wanted persons, and domestic violence protection orders; to get criminal histories; and to access the National Sex Offender Registry.

Request for Contract Action (RCA). An action that officially initiates a particular procurement; it is sometimes called a requisition or purchase request. RCAs provide the basis for determining how procurements will be conducted and how contracts will be awarded. They contain descriptions of the requirements, required authorizations, and necessary administrative details and market research that enables the CO to prepare and issue solicitations and necessary contract documents.

Source Selection Authority (SSA). Federal official in charge of selecting a source or sources in a competitive negotiated acquisition. The CO serves as SSA for acquiring community treatment services. The SSA establishes an evaluation group structure, approves the Source Selection Plan, and considers the recommendations of evaluation and advisory groups in making the source selection decision.

Statement of Work (SOW). A document which outlines the technical requirements for operating under the contract. Specifically, the SOW contains information about administrative and program requirements, as well as all services the contracted treatment provider is required to perform throughout the life of the contract. The SOW also contains measurable performance standards.

3. STAFF RESPONSIBILITIES

Professionalism. CTS staff are highly specialized professionals. All staff must maintain the highest standards of conduct and act in accordance with written requirements and guidelines as detailed in the Program Statement **Standards of Employee Conduct**. Furthermore, staff conduct should build public confidence in the Bureau's ability to carry out its mission. Accordingly, staff must avoid not only misconduct, but also the appearance of misconduct. CTS staff must be particularly sensitive in their relationships with contract service providers. A cooperative, professional relationship between CTS staff and contracted treatment providers is expected. CTS staff must also ensure those relationships remain professional without the appearance of improper conduct or conflict of interest.

Release of Information - Freedom of Information/Privacy Act. CTS staff must be familiar with 5 U.S.C. § 552a, the Privacy Act of 1974, and 5 U.S.C. § 552, the Freedom of Information Act (FOIA), because as the Bureau's representatives it is essential that they be aware of the kinds of information they may release in accordance with the Program Statement **Release of Information**. CTS staff will also ensure that all CTS contracted treatment providers are familiar with the requirements of the FOIA and Privacy Act.

CTS Staff Roles

- a. **Supervisory Community Treatment Coordinator (SCTC).** CTS operations will be supervised by a SCTC experienced in community treatment and contract administration. The SCTC has oversight and direction of assigned CTS functions, ensures compliance with Bureau policies relating to CTS, and performs duties in the standardized position description for SCTC.
- b. **Community Treatment Coordinator (CTC).** The CTC serves as the SME in assigned CTS functional areas including but not limited to contracting, MAT, special populations, and ongoing training; ensures compliance with Bureau policies relating to CTS; and performs duties in the standardized position description for CTC.
- c. **Community Treatment Oversight Specialist (CTOS).** Under the supervision of the SCTC, CTOS are responsible for day-to-day oversight of assigned contracts. CTOS perform duties in their standardized position description and ensure compliance with Bureau policies relating to CTS.
- d. **Business Manager (BM).** The BM is responsible for oversight and direction of financial functions; performs duties in the standardized position description for Business Administrators; and ensures compliance with Bureau policies relating to CTS.
- e. **Management Analyst (MA).** The MA provides financial or administrative program support to assigned CTS program areas; performs duties in the Standardized Position Description for Management Analyst; and ensures compliance with Bureau policies relating to CTS.

4. COMMUNITY TREATMENT REFERRALS

- a. **Treatment types.** There are four primary treatment service types contracted through CTS: substance use disorder (SUD) treatment, medication-assisted treatment (MAT), mental health (MH) treatment, and sex offender (SO) treatment for inmates with community placement. These four types of services require a CTS referral authorizing specific clinical services.
- b. **Clinical screening.** Under the administrative supervision of the SCTC, the CTOS reviews existing clinical documents to identify treatment needs for inmates designated for community placement and refers inmates for treatment as clinically indicated. The CTOS may refer inmates for multiple treatment services dependent upon clinical review. These services primarily include but are not limited to clinical assessments; individual, group, and family counseling; psychiatric care; and MAT services.
- c. **Eligibility criteria.** CTS staff review inmates for SUD, MAT, MH, and SO services prior to community placement. Inmates assessed to have SUD, MAT, MH, and SO needs must meet minimal eligibility criteria for referral and diagnosis. Family counseling services do not require a

prior need or diagnosis. Eligibility criteria are maintained on the Bureau's CRB-RSD intranet site.

■ **Prison Rape Elimination Act (PREA)/Crisis Referral Eligibility.** In the event of a crisis, e.g., sexual abuse as defined in the Program Statement **Sexually Abusive Behavior Prevention and Intervention Program**, mental health deterioration, suicidal ideation, or substance overdose, CTS staff will send a crisis referral to the provider followed by a phone call to obtain immediate confirmation the inmate will be seen as quickly as possible. PREA-specific referrals will be made following Residential Reentry Management (RRM) notification via email of an incident or suspected incident. Should an inmate disclose PREA-related information to CTS staff or the contracted treatment provider, a PREA-specific referral will be made, and notification made to RRM. Prior screening is not necessary for crisis referral eligibility. The intent is to receive a clinical evaluation of the inmate and ensure acute clinical needs are identified and addressed.

d. **Treatment Referral.** A treatment referral is completed and sent to a contracted treatment provider with relevant supplementary clinical documentation. The respective RRC must be notified that the inmate is referred to CTS so they may inform the inmate upon arrival of their CTS authorized services. The supervising United States Probation Office (USPO) or Court Services and Offender Supervision Agency (CSOSA) must also be informed an inmate was referred to CTS.

Ordinarily, the treatment authorization will be sent to the contracted treatment provider no less than two weeks prior to the inmate's community placement. However, a case may be identified after an inmate's arrival in the community (e.g., direct court commitment, inmate request, or other identified need). The treatment referral will be sent at the time treatment needs are identified.

The CTOS will screen referral requests from inmates, contracted RRC staff, Bureau RRM staff, and USPO or CSOSA staff and make clinically appropriate referrals to CTS providers as warranted.

5. BUREAU INMATE MANAGEMENT SYSTEM ASSIGNMENTS

The applicable Bureau inmate management system codes for CTS are updated within five working days of a change in the inmate's status. Under the administrative oversight of the SCTC, the CTOS is responsible for ensuring the accuracy of all CTS codes for their assigned caseload. CTS code definitions and guidance are maintained on the Bureau's CRB-RSD intranet site for reference.

CTS codes are generally updated when the following events result in a change in the status and will reflect the actual date of the change in status, not the date the code was added to the

applicable Bureau inmate management system:

- A referral is completed and submitted to the CTS provider
- An inmate is added to a caseload or changed between caseloads
- An inmate arrives for the first CTS appointment in the community and agrees or declines to participate
- Upon the determination treatment is not clinically indicated
- An inmate withdraws from treatment
- An inmate is removed from treatment due to closed custody placement, hospitalization, or another prolonged event
- An inmate returns to a community placement location from a temporary closed custody placement or other prolonged event
- An inmate fails or completes treatment; completion is coded prior to release from custody upon review of a completed treatment file

6. TREATMENT OVERSIGHT

Under the administrative supervision of the SCTC, the CTOS is responsible for monitoring treatment participation and progress of referred inmates. This is accomplished by, but not limited to:

- Creating and maintaining inmate treatment files
- Monitoring and evaluating inmate treatment progress through an ongoing review of treatment documentation, primarily the MPRs
- Ensuring treatment documentation is accurate, high quality, and meets SOW criteria
- Ensuring contracted treatment providers follow all standards and expectations outlined in the SOW
- Reviewing of monthly invoices and accounting for treatment documentation for all referred inmates in accordance with SOW requirements
- Following up on identified treatment concerns and providing timely interventions when necessary
- Documenting chronological case management notes to inmate files as issues arise
- Reviewing all CTS inmates for completion of treatment services
- Ensuring continuity of care by communicating ongoing treatment concerns to the applicable USPO District or CSOSA
- Conducting continual case reviews of inmates' identified treatment needs during the community placement period to increase the likelihood of a successful transition back to society

Oversight of Institution RDAP Complete Inmates. CTS Substance Use treatment is the third phase for inmates to complete RDAP. If inmates cannot fulfill their community-based treatment obligations by the presumptive release date, in collaboration with the RRM Branch, the SCTC

may request to adjust provisional release dates by the least amount of time necessary to allow inmates to fulfill their treatment obligations.

SCTC Oversight of Early Release Under 18 U.S.C. § 3621(e). All recommendations for changes in an inmate's early release date must be initiated by the SCTC. This includes delays or removal of early release for treatment related issues. Upon an inmate's completion of CTS, the SCTC must certify to the DSCC that the inmate has completed all requirements of RDAP. This certification assures the inmate has successfully completed all the requirements to earn the early release benefit.

7. PROCUREMENT AND CONTRACT MANAGEMENT

Under the administrative supervision of the SCTC, the CTOS is responsible for CTS contract oversight. The SCTC, CTC, and CTOS serve as a primary or secondary COR on multiple contracts associated with their assigned CTS responsibilities.

FAC-COR. All CTS staff assigned to perform COR duties on a contract, regardless of series, must obtain FAC-COR certification, which is required prior to assuming any contract oversight responsibilities. All CTS staff with primary contract oversight responsibilities will acquire and maintain the certification level required by the respective CO.

a. **Contract File Maintenance.** Electronic contract files will include all required pre- and post-award documentation and be maintained through regular audits conducted by the SCTC, CTC, and CTOS.

b. **Procurement Process.** To comply with federal mandates, CTS staff identify the need for services. The CTOS will conduct market research to collect and analyze information about capabilities within the market to satisfy agency needs and creates a market research packet for management review. This information is submitted to the CO as part of the RCA packet to procure needed services.

c. **Technical Evaluations.** During the procurement process, CTCs serve as the primary staff conducting technical evaluations of quotations and proposals and provide technical assistance to the CO under the direction of the SSA.

d. **Contract Administration and Contract Oversight.** The SCTC will ensure the CTS provider's performance is closely monitored by the CTOS as part of an ongoing process. This includes annual on-site visits or remote monitoring; interim monitoring as needed; telephone contacts; communication with the RRM, RRC, and USPO or CSOSA staff; and review of all documents submitted by the contracted treatment provider to include monthly documentation submitted with invoicing. All contracts are perpetually audited throughout the year. All identified issues must be addressed immediately with the CTS provider and CO.

e. **Monitoring Inspections.** CTS will ensure the quality of treatment services through monitoring and consultations with the RRM, RRC, and USPO or CSOSA staff. Monitoring a contracted treatment provider's performance is a continuous and routine process and will include on site and/or remote monitoring.

Full Annual Monitoring Inspections. Ordinarily, all monitoring inspections will be conducted on the sixth, seventh, or eighth month of the contract year. All contracts must have a full inspection every contract year. Areas of focus for annual monitoring inspections include:

- Thorough review of treatment documentation
- Treatment observation
- Interviews of inmates and contracted treatment providers
- Training for contracted treatment providers
- Meeting with RRC and USPO or CSOSA staff

In-Person and Remote Monitoring Inspections. Ordinarily, monitoring inspections consist of in-person, announced or unannounced visits to the contracted treatment provider's performance site. The SCTC may approve a remote monitoring inspection after the base year if the contracted treatment provider received satisfactory ratings on CPARS or the current contract rating system. Considerations when selecting a remote monitoring as the method of evaluation is size of contract, type of contract, location of contract, and need for contracted treatment provider training. Remote monitoring inspections will utilize telephonic, or video means to accomplish the inspection objectives. The monitoring staff will complete the approved monitoring instrument, working papers, and report. Interim inspections may also be conducted in-person or remotely at the SCTC's discretion.

Interim Inspection. The SCTC may approve or require an interim monitoring inspection at their discretion. Interim monitoring inspections will focus on identified needs, deficiencies, and any necessary training. An interim monitoring supplements, but does not substitute for, a full annual monitoring inspection. The monitoring staff will complete the approved monitoring instrument, working papers, and report; however, only the deficient areas will be addressed. This method will be utilized for addressing and resolving all identified deficiencies between full annual inspections.

f. **Monitoring Documentation.** During the monitoring inspection, documentation consisting of the monitoring instrument, working papers, interview sheets, and any other relevant supporting documentation will be completed. Due to the possibility of contract dispute or need to further explain the findings of monitoring, it is important that all sections of the monitoring instrument, working papers, and interview sheets are completed, comprehensive, and legible. All documentation will be reviewed by the SCTC and maintained in the contract file for the life of the contract.

g. **Monitoring Report.** Monitoring staff will use the monitoring instrument and working papers as guides to complete the monitoring report. The report will cover findings from the monitoring instrument, working papers, and other relevant supplementary documentation in narrative form. The monitoring report should pay particular attention to discussing the quality of the treatment. The report includes any problems encountered, deficiencies, training conducted with the provider, and areas of strength.

Ordinarily, the report is completed within ten working days of the last day of the monitoring. The report will be written by the monitoring staff and approved by the SCTC. The monitoring staff will send via email the approved monitoring report with cover letter to the contracted treatment provider and include the CO. A copy of the email will be maintained in the CTS contract file, documenting the report was sent and received by the contracted treatment provider, and the CTS electronic management system will be updated by monitoring staff. Any documentation with sensitive information will be transmitted in a secure manner.

If the monitoring identified no deficiencies, a contract monitoring closure letter is sent to the contracted treatment provider with the completed monitoring report to formally close the monitoring inspection.

h. **Corrective Action Plan (CAP).** If the monitoring report requires a CAP to address deficient areas, instructions are provided on a cover letter attached to the full inspection report. The contracted treatment provider must respond within the specified timeframes of the respective SOW. Upon SCTC's acceptance of the proposed CAP, a contract monitoring closure letter is sent via email to the CTS contracted treatment provider indicating acceptance of the CAP. Copies of monitoring reports, closure letters, and all other documentation pertaining to the deficiencies will be maintained in the CTS contract file and forwarded to the CO. A copy of the email will be maintained in the CTS contract file, documenting the accepted CAP was sent and received by the contracted treatment provider, and the CTS electronic management system will be updated by monitoring staff.

i. **CPARS.** As the primary COR, the CTOS will complete an annual performance evaluation worksheet within two weeks following the end of each contract performance year. The SCTC will closely review the information provided on the worksheet by the CTOS to ensure justifications support all ratings given and upload all information into the CPAR System for the CO's review. The evaluation must be submitted by the SCTC to the CO within 30 days following the conclusion of the contract performance year.

j. **Contractor Training.** The CTOS must ensure contracted treatment providers receive initial training on SOW requirements, best practices, and working with offenders in accordance with SOW timeframes. Additional training is required when deficiencies, concerns, or unacceptable performance issues are identified. The CTOS must ensure the contracted treatment provider provides training to all staff in accordance with the awarded SOW.

k. **Contract Modifications and Option-Year Renewals.** Contract modifications are made in the best interest of the government. The contracted treatment provider may request a change that requires a technical evaluation to be conducted to determine acceptability. In other cases, CTS may wish to modify the contract. This is generally done in close consultation with the CO to determine feasibility and best course of action.

An option-year renewal request is a contract modification. The option-year renewal requests are due to the CO 120 days prior to the beginning of the next option year. Due dates are tracked internally by CTS to ensure timely submission.

1. **Contract Staffing.** The SCTC will approve all contract staff to work on a contract with individualized approval letters. The authorization includes background clearance approval and when applicable, matching clinical duties with a valid clinical license as listed on the initial contract solicitation document. All contracted treatment providers must meet the requirements of the SOW and/or initial contract solicitation. A list of all contract staff submitted for review must be maintained internally within each office. All approval and disapproval letters are provided to the CO and maintained within the contract file.

8. CONTRACTOR BACKGROUND CLEARANCES

Criminal history checks are performed prior to contract performance on all personnel to include staff, subcontractors, volunteers, and interns who have face-to-face interaction with federal offenders or who have access to their personally identifiable information, treatment records, contract documentation, billing invoices, or any other offender information. This includes any corporate or support staff who interact with contract operations or the inmate population. If personnel are hired after the beginning of contract performance, the criminal history check must be completed before the staff member begins working with offenders. Additionally, all contract staff must receive updated clearances every five years.

Criminal history checks must be conducted in accordance with Department of Justice (DOJ) contractor requirements in DOJ Policy Statement 1700.01, Contractor Security Requirements, the specific contract background security clause, and the requirements of the Bureau's Security and Background Investigation Section.

9. USPO AND CSOSA CONTINUITY OF CARE

The supervising USPO or CSOSA for the inmate must be notified when the inmate is referred for CTS. The CTOS is responsible for ensuring a copy of the RDAP Treatment Summary and all relevant supplementary clinical documentation is provided to the USPO or CSOSA prior to the inmate's release from Bureau custody to promote continuity of care.

It is essential CTS staff develop close working relationships with USPO and CSOSA consistent

with their assigned CTS responsibilities. CTS staff will engage with USPO or CSOSA as needed to address continuity of care issues of mutual concern. CTS staff will request USPO participation in pre-release and other Bureau-related meetings during yearly monitoring visits or other scheduled events. Some beneficial events include participating in monitoring contract programs, participating in training at institutions, contracted treatment provider training sessions, pre-release meetings, RRC staff meetings, and Bureau and USPO training conferences.

10. INSTITUTION VISITS AND RELEASE PREPARATION

Promoting CTS knowledge and awareness through on-site and virtual pre-release visits is a responsibility of CTS staff. During monitoring inspections, as time and budget allow, the SCTC, CTC, and/or CTOS will ordinarily visit institutions associated with their assigned CTS responsibilities to conduct pre-release meetings specific to CTS, promoting awareness of CTS in support of reentry efforts for inmates with treatment needs while transferring to the community. When an institution is located within reasonable driving distance of a CTS contracted treatment provider, CTS staff request to visit. Prior to visiting an institution, CTS staff will request approval from the appropriate Warden through the Reentry Services Division Assistant Director. CTS staff will ordinarily meet with institution staff in Psychology Services, Health Services, Unit Management, Reentry Affairs, Executive Staff and/or any staff member with an interest in reentry. Additionally, CTS staff will meet with inmates to answer questions and inform of the role of CTS in reentry efforts, including but not limited to RDAP completion requirements, peer support, and accessing treatment while transitioning to the community.

11. FINANCIAL MANAGEMENT

Under the administrative supervision of the BM, the Financial MAs are primarily responsible for processing invoices, budget development, and budget execution.

Business offices as identified by the Administration Division are responsible for processing payments to contracted treatment providers.

Financial management staff will follow the latest guidance from the Administration Division and the Program Statements **Accounting – Recording Obligations, Prompt Payment Act, and Budget Execution Manual**, as well as the FAR.

12. STAFF TRAINING

FAC-COR. All SCTCs, CTCs, CTOSs, and MAs assigned to perform COR duties on a contract, regardless of series, must obtain FAC-COR certification within 30 days of their initial appointment position. This certification is required prior to assuming any contract oversight responsibilities. All SCTCs, CTCs, CTOSs, and MAs with primary contract oversight responsibilities will acquire and maintain the certification level required by the respective CO.

National Crime Information Center and National Law Enforcement Telecommunication System NCIC/NLETS Certification. SCTCs and CTCs must complete the necessary training within 30 days of assuming the position, and no recertification is required. The practitioner's course requirement is waived if the SCTC or CTC has an NCIC terminal operator's certification or has ever been certified as a terminal operator. All CTOS must obtain an NCIC terminal operator's certification within six months and re-certify every two years. All records will be maintained in accordance with the Program Statement **JUST, NCIC, and NLETS Telecommunication Systems (Management and Use)**.

Procurement and Oversight of Community Treatment Services. All CTS staff must attend Procurement and Oversight of Community Treatment Services training at MSTC within 12 months of assuming the position and annually thereafter. This training will take place electronically should travel to MSTC not be feasible.

Continuous Learning. SCTCs, CTCs, and CTOSs are expected to know the most current therapeutic approaches and interventions to train contracted treatment providers effectively. Staff must remain cognizant of treatment terminology, best practices, motivational interviewing techniques, and evidence-based treatment modalities.

Mandatory Training. Mandatory training standards are published and updated on the Human Resource Management Division's Learning and Career Development Branch page of the Bureau's intranet site.

13. ADMINISTRATIVE REMEDIES

Inmates may utilize the Administrative Remedy Program as set forth in 28 C.F.R. 542.10, et seq. and the Program Statement **Administrative Remedy Program**, to seek formal review of any issues relating to this program statement.

REFERENCES

Program Statements

Accounting – Recording Obligations
Administrative Remedy Program
Budget Execution Manual
JUST, NCIC, and NLETS Telecommunication Systems (Management and Use)
Prompt Payment Act
Psychology Treatment Programs
Release of Information
Sexually Abusive Behavior Prevention and Intervention Program
Staff Meetings
Standards of Employee Conduct

Federal Statutes

5 U.S.C. § 552, The Freedom of Information Act
5 U.S.C. § 552a, The Privacy Act of 1974
18 U.S.C. § 3621(e), Early Release Procedures

Federal Regulations

28 C.F.R. 542.10, Administrative Remedy Program
48 C.F.R. 2.101, Federal Acquisition Regulation (FAR)

Other References

Department of Justice Policy Statement 1700.01, Contractor Security Requirements
The Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association

ACA Standards

Performance-Based Standards and Expected Practices for Adult Correctional Institutions (5th Edition): 5-ACI-5E-11, 5-ACI-5E-12, 5-ACI-5E-13, 5-ACI-5E-14, 5-ACI-5E-15

Performance-Based Standards and Expected Practices for Adult Local Detention Facilities (5th Edition): 5-ALDF-5A-04, 5-ALDF-5A-05, 5-ALDF-5A-06, 5-ALDF-5A-07, 5-ALDF-5A-08
Standards for the Administration of Correctional Agencies, 2nd Edition: 2-CO-4F-01

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the Bureau's intranet site.