BCG

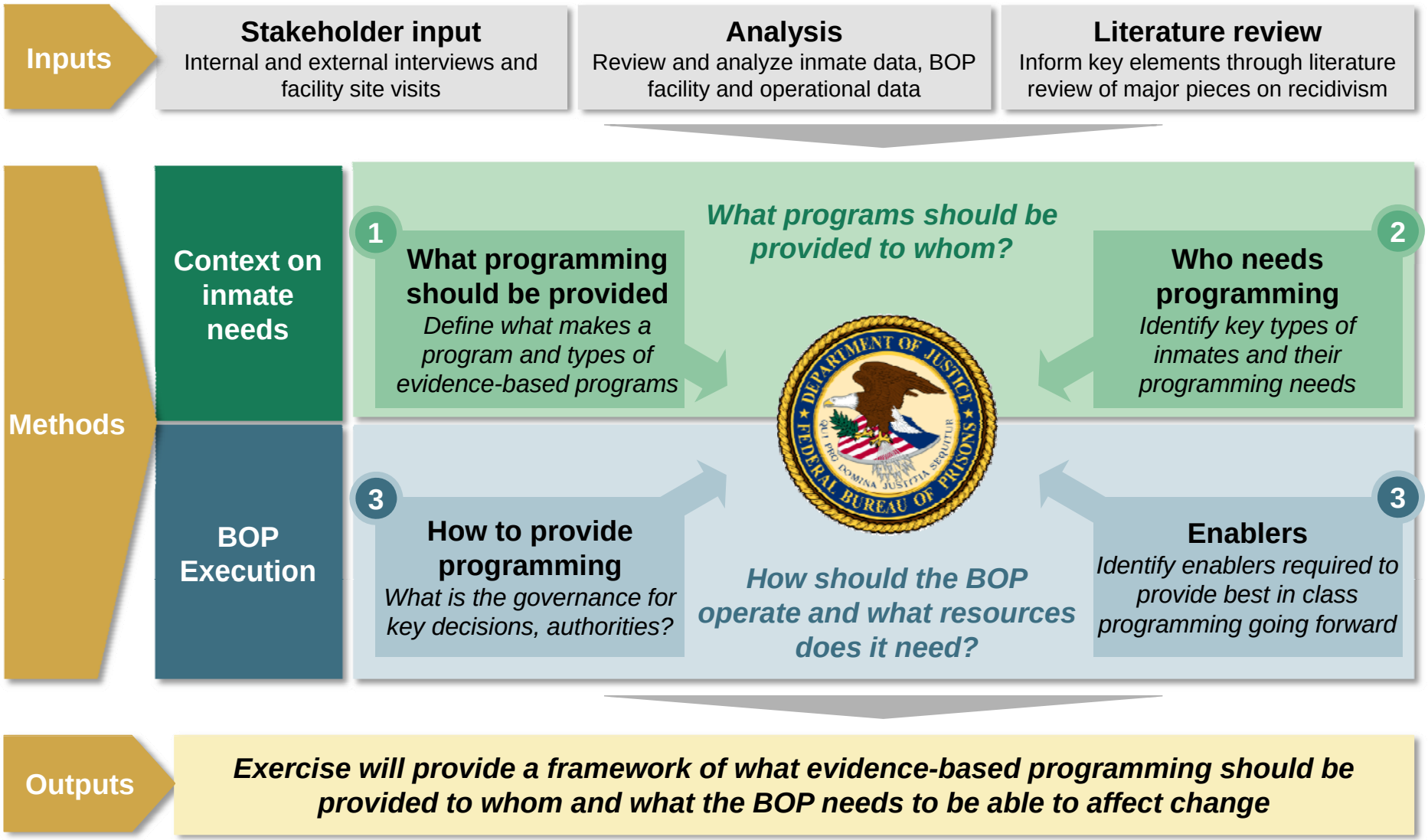
Reducing Recidivism through programming in the Federal Prison Population

FINAL REPORT: BOP Programs Assessment

September 19, 2016

THE BOSTON CONSULTING GROUP

Summary: Approach



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Summary: Additional detail on approach

Two novel approaches used to assess gaps in the BOP's programming

1 Created a new "program taxonomy" to assess gaps in BOP program offering

Developed a **framework that details what programming a system should offer**

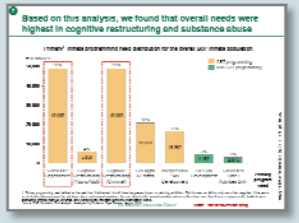
*Taxonomy **served as a benchmark** for evaluating BOP's program offering*

R**eviewed literature** on programming and consulted with **leading criminologists** to develop a taxonomy that identifies **program categories** critical to inmate rehabilitation and **program qualities** for program effectiveness

2 Conducted 2 novel proxy analyses on the programming needs of the BOP population

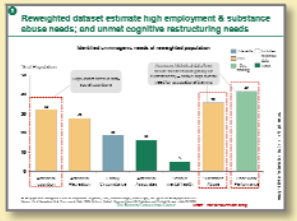
Given the **lack of a BOP tool that systematically captures inmates' full criminogenic programming needs,** proxy methods were needed:

*Estimated the population's **current** criminogenic needs*



Utilized Prof. Faye Taxman's **Risk-Needs-Responsivity simulation tool** algorithm to estimate the current population's aggregate programming needs

*Identified the population's criminogenic needs **unmet upon release***



Leveraged the Office of Probation and Pretrial Service's PCRA assessment to capture full criminogenic needs for a 2015 release cohort

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Context

The Department of Justice tasked the Boston Consulting Group (BCG) with a review of programming in the Bureau of Prisons (BOP) to determine if there was an opportunity to improve preparation for successful reentry into society and to reduce recidivism among justice-involved individuals

BCG found that while there are 11,000 BOP programs that cover a broad variety of topics, they have a high degree of variability in quality, rigor, and access

- 99% of programs are local programs that are not nationally resourced or monitored and are run at the discretion of individual facilities

This assessment focused on the 18 national programs, which have a higher level of access, evidence base, and standardization

- Model programs are considered to fill gaps found in national programs

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Summary: Findings regarding the BOP's data and program offering

There are many elements of the BOP programming system that work well today, including:

- National programs do address many of the critical needs of inmates
- Certain critical programs (GED, drug abuse treatment) have been rolled out successfully across all 122 BOP facilities
- A reorganization of programming staff is underway with the creation of the Reentry Services Division, further emphasizing importance of reentry in the BOP

However, there are 5 key gaps in programming:

1) Limited data to evaluate programming effectiveness and impact on recidivism
2) Lack of robust risk-needs tool structured to identify aggregated and individual programming needs
3) Inconsistent access to the core national programs, e.g.,
   - Access gap of ~1,500 per year on cognitive restructuring for men in medium-security institutions
   - Estimated 11% of population requires more moderate mental health treatment
   - No female inmate access to intensive residential mental health care programming
   - Access gap of ~10k found in occupational training
4) Select new national programs are needed
   - New national program on relationship and self management and control needed for ~1,000 female inmates per year
   - National reentry preparation program needed
5) Sequencing of many programs currently towards end of sentence may not fully take advantage of benefits of certain programs (e.g., cognitive behavioral) to reduce recidivism

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Summary: Findings regarding the BOP's program delivery

We also identified 4 areas with opportunity for improvement in how programs are provided:

1) **Resourcing is not sufficient given cognitive, occupational training, and education needs**
   - Cognitive funding focused on drug treatment; (psychology services funds ~60% of drug treatment)
   - Funding constraints and variability impact occupational training and higher education access
   - Staff with the right backgrounds are not always in the right roles
2) **Inmates not always sufficiently supported to enroll in the programs they most need**
   - No programs are mandated; inmates are expected to make decisions and choices around programming they are often unprepared for, and support for these decisions is often insufficient
   - Incentives are not consistently applied across the BOP system (particularly for non-national programs), and the most impactful incentives are controlled by congress (time off, good conduct)
   - The case management process (BOP "Unit teams") needs more support; case managers do not have the right tools to identify inmate needs, there is limited quality control, almost no social worker involvement outside of medical or female institutions, and too infrequent review of inmate progress
3) **Too few resources focus on maintaining and creating links to the outside world**
   - Critical family ties could be better supported
   - Lack of social workers impedes building of connections to outside world prior to release
4) **Environment conducive to learning and development is critical, but often variable by institution**
   - Staff, warden attitudes to programming vary by institution, impacting importance of programs
   - External providers seen as effective by inmates, but use beyond chaplaincy lags

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Summary: Recommendations

10 recommendations for how the BOP can improve re-entry programming

Conduct robust assessment of inmate needs and program effectiveness

1. Ensure a validated risk/needs assessment tool is in place and used to identify inmates' programming needs
2. Evaluate and identify what works in reducing recidivism by tracking key data
   - Regularly assess aggregate population needs to guide program portfolio

Expand critical programs and services

3. Expand access to select cognitive/behavioral programs (e.g., BRAVE)
4. Expand access to moderate mental health care overall and intensive, residential mental health treatment for females
5. Create a standardized, national Reentry Preparation Program (RPP)
6. Increase inmates' links to and preparation for the outside world
7. Implement more proactive and rigorous case management process

Ensure program enrollment and quality delivery

8. Ensure the right talent is in the right place to deliver on programs and services
9. Increase inmate enrollment through greater use of incentives
10. Create a programming environment conducive to inmate learning and development

Many recommendations require resources in the form of additional positions or funding; without additional resources, these reforms are at risk

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Summary: Projected costs of implementing recommendations

Total estimated cost of ~$15M for first year with run rate of ~$55M, which is <1% total BOP budget

All funding in $K

	Recommendation	Implication	Year 1	Year 2	Year 3	Year 4	Year 5	Run rate	# of inmates impacted
1	Ensure a validated risk / needs assessment tool is in place	Ensure validated tool used to identify inmate's programming needs	*Cost dependent on identification of validated risk assessment tool*						*All*
2	Evaluate and identify what works in reducing recidivism by tracking key data	Build robust, integrated data infrastructure to track key data[1]	$1,176	$1,176	$335	$316	$322	$322	*All*
3	Expand access to select cognitive / behavioral programs	Expand BRAVE	$1,287	$2,483	$3,719	$5,669	$7,394	$7,220	*~1,700/yr*
		Create new national program for females	$911	$1,464	$2,069	$2,693	$3,473	$3,371	*~1,000/yr*
		Expand access to model cognitive/behavioral programs	$2,072	$4,225	$6,428	$8,705	$10,570	$10,378	*~25,000/yr*
4	Expand access to moderate mental health care overall and intensive, residential mental health treatment for females	Expand Moderate Mental Health	$3,184	$5,422	$7,797	$8,583	$9,519	$9,459	*~18,000 / yr*
		Expand STAGES to Females	$479	$445	$452	$460	$467	$467	*~100/yr*
		Expand Skills to Females	$436	$401	$408	$415	$422	$422	
		Expand Step Down to Females	$421	$386	$392	$399	$405	$405	
6	Increase inmates' links to and preparation for the outside world	Expand social worker capacity assist in release planning	$4,697	$9,060	$13,573	$18,240	$23,065	$22,585	*~50,000/yr*
		Total Costs	$14,663	$25,062	$35,173	$45,480	$55,637	$54,629	

1. Accounts only for project labor costs (contract staff and internal staff hires). Additional costs needed to update software infrastructure and maintain updated system not included here.

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Summary: Projected staff increase

Cumulative recommended increase in staff across the recommendations is ~450 staff positions

	Recommendation	Implication	Resourcing	Cumulative Staff Year 1	Cumulative Staff Year 2	Cumulative Staff Year 3	Cumulative Staff Year 4	Cumulative Staff Year 5
2	Evaluate and identify what works in reducing recidivism by tracking key data	Improve data infrastructure and analytics capabilities	Increase no. of ORE analysts	-	-	2	2	2
3	Expand access to select cognitive/behavioral programs	Expand BRAVE	Increase no. of psychologists and treatment specialists	10	20	30	45	60
		Create new national program for females	Increase no. of Master's Level Clinicians[1]	7	12	17	22	28
		Expand access to model cognitive / behavioral programs		18	38	58	78	94
4	Expand access to moderate mental health care overall and intensive, residential mental health treatment for females	Expand Moderate Mental Health Care	Increase no. of psychologists	20	35	50	55	60
		Expand STAGES to Females	Increase no. of psychologists, specialty coordinators, teacher, occupational therapist	3	3	3	3	3
		Expand Skills to Females		3	3	3	3	3
		Expand Step Down to Females		3	3	3	3	3
6	Increase inmates' links to and preparation for the outside world	Expand social worker capacity assist in release planning	Increase no. of social workers	40	80	120	160	200
		Total Staff		104	194	286	371	453

1. The 122 Master's Level Clinicians rolled out across facilities will run the model cognitive/behavioral programs *and* the new national program for females.

Source: BCG Analysis

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Context

What programming is needed

Who needs what programming

How should it be implemented

Recommendations

Considerations for implementation

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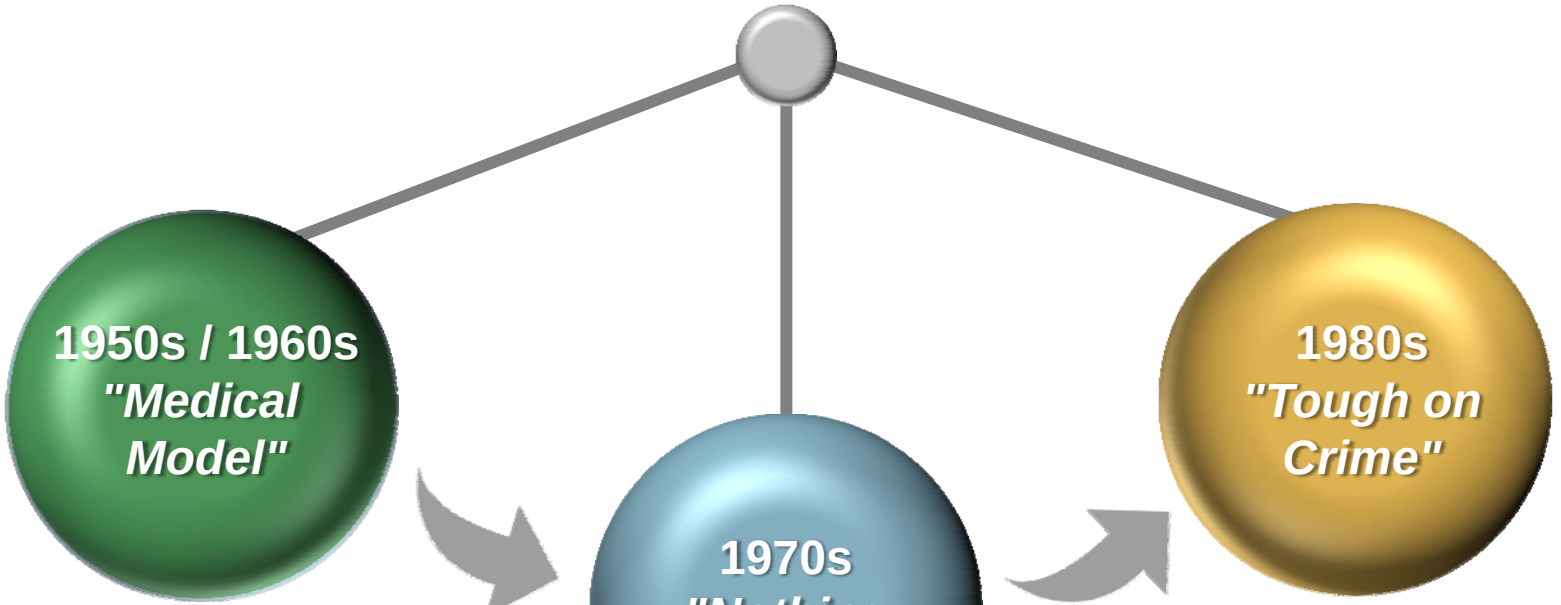
Societal expectations of prisons shift periodically

Landscape of mid '70s-'80s led to a shift of focus to punishment that overshadowed rehabilitation



Criminal behavior was viewed as a **"disease" that could be cured** through rehabilitation in prisons, with a focus on correctional counseling programs

Robert Martinson's influential 1974 study **questioned the theory of rehabilitation in prison**, kicking off the "nothing works" movement that seized criminal justice and lent support to the idea that the only deterrent and appropriate response to crime was strict punishment

The "punishment as deterrence" approach was solidified in the 1980s through sentencing reform (Sentencing Reform Act of 1984, Anti-Drug Abuse Act of 1986) that **eliminated federal parole and established mandatory minimums**

Source: Robert Martinson (1974) "What works? Questions and answers about prison reform": http://www.pbpp.pa.gov/research_statistics/Documents/Martinson-What%20Works%201974.pdf; Francis T. Cullen & Paul Gendreau (2000) "Assessing Correctional Rehabilitation: Policy, Practice, and Prospects": http://www.d.umn.edu/~jmaahs/Correctional%20Assessment/cullen%20and%20gendreau_CJ2000.pdf

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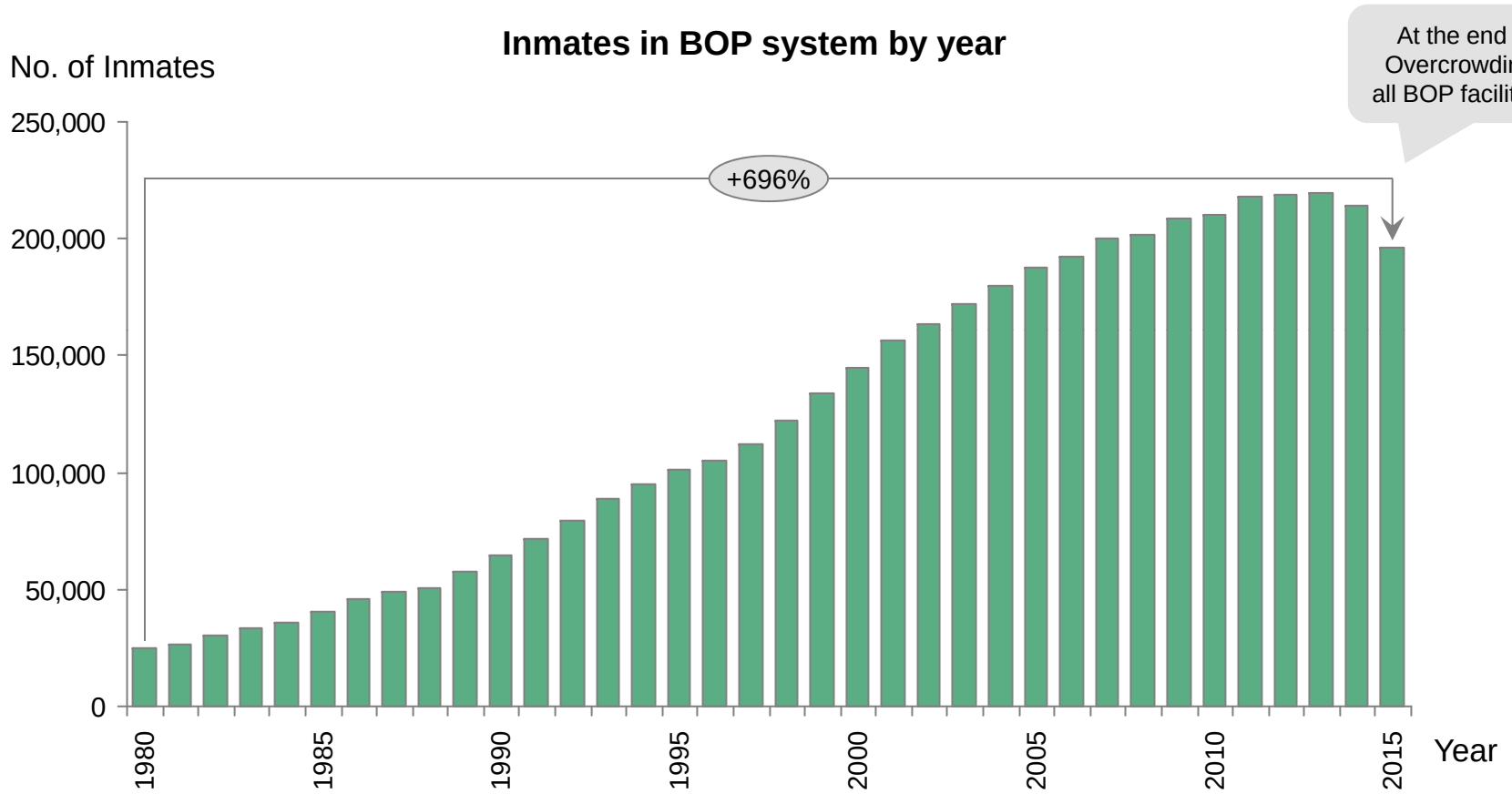
The "tough on crime" model drove a large increase in the BOP prison population, leading to overcrowding



More people were sent to prison and for longer periods of time, with less of a focus on rehabilitation due to changing societal views

1. Colson Task Force Report, "Transforming Prisons, Restoring Lives" (2016) http://colsontaskforce.org/final-recommendations/Colson-Task-Force-Final-Recommendations-January-2016.pdf
Source: Federal Bureau of Prisons "Population Statistics" 2016. https://www.bop.gov/about/statistics/

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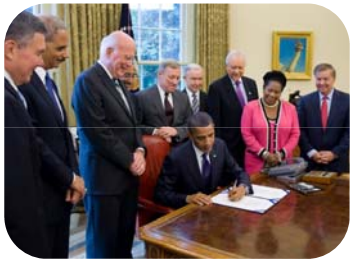
But over the last decade the pendulum has begun to shift away from the strictly "tough on crime" approach



FEDERAL INTERAGENCY REENTRY COUNCIL

SMART ON CRIME

2004

President Bush announces prisoner rehabilitation initiative in State of the Union

Initiative became the Second Chance Act

"Tonight I propose a four-year, $300 million Prisoner Re-Entry Initiative to expand job training and placement services, to provide transitional housing and to help newly released prisoners get mentoring, including from faith-based groups." [1]
-President George W. Bush, 2004

2008

Passage of Second Chance Act

$475+ million in federal grants awarded for vital programs and system reform aimed at improving the reentry process

2010

Passage of Fair Sentencing Act

Reduced the sentencing disparity between crack and powder cocaine offenses

2011

Establishment of Reentry Council

Comprised of 20+ agencies to coordinate and leverage federal resources targeted at reentry

2013

Launch of Smart on Crime Initiative

Ensured just, fair punishment for non-violent / low-level convictions and called upon US Attorneys to designate reentry coordinator

"[By] pursuing new ways to promote public safety, deterrence, efficiency, and fairness - we can become both smarter and tougher on crime." [2]
-Attorney General Eric Holder, 2013

1. Text of President's Bush 2004 State of the Union Address, *The Washington Post* http://www.washingtonpost.com/wp-srv/politics/transcripts/bushtext_012004.html; 2. Remarks to American Bar Association's Annual Convention in San Francisco, CA, https://www.justice.gov/ag/attorney-generals-smart-crime-initiative; https://www.c-span.org/video/?179813-1/2004-state-union-address; https://georgewbush-whitehouse.archives.gov/news/releases/2008/04/images/20080409-14_p040908jb-0084-515h.html; https://www.whitehouse.gov/blog/2010/08/03/president-obama-signs-fair-sentencing-act;

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The Obama administration in particular has recently emphasized successful reentry as core to prisons' mission

FOR IMMEDIATE RELEASE Friday, April 22, 2016

Department of Justice to Launch Inaugural National Reentry Week

Attorney General Lynch and Secretary Castro to Kickoff National Reentry Week in Philadelphia

Justice Department to Announce New Efforts to Improve Outcomes for Justice-Involved Individuals Including Youth

"Our prisons should be a place where we can train people for skills that can help them find a job, not train them to become more hardened criminals." [1]

-President Obama, July 14, 2015

U.S. DEPARTMENT OF JUSTICE

ROADMAP TO REENTRY

REDUCING RECIDIVISM THROUGH REENTRY REFORMS AT THE FEDERAL BUREAU OF PRISONS

"At this critical juncture–this moment of rare bipartisan agreement–it is more important than ever that we harness this momentum and continue to push forward, so that every American returning from prison can find dignified work and adequate shelter; so that they can receive fair treatment and full opportunity; so that they return to a society that values them as fellow citizens; so that they can, in fact, truly return home." [2]

-Attorney General Loretta Lynch, December 16, 2015

1. Remarks by the President at the NAACP Conference, Philadelphia, July 14, 2015 https://www.whitehouse.gov/the-press-office/2015/07/14/remarks-president-naacp-conference; 2. Remarks by Attorney General at Second Chance Act Justice and Mental Health Collaboration Program National Conference, December 16, 2015 https://www.justice.gov/opa/speech/attorney-general-loretta-e-lynch-delivers-remarks-second-chance-act-justice-and-mental

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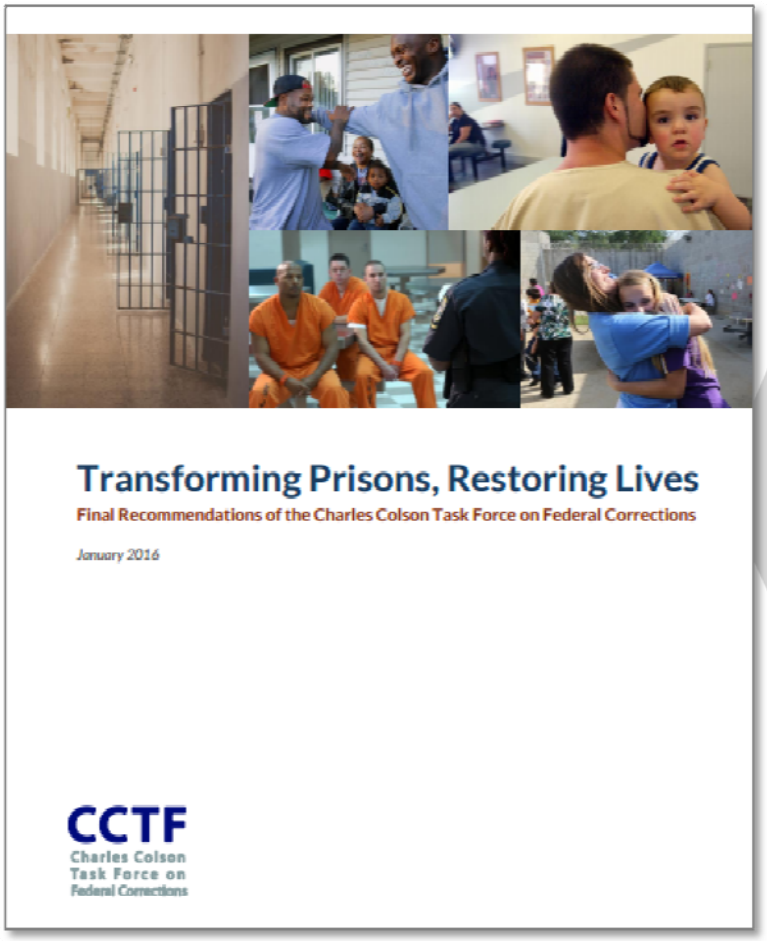
Task forces and government agencies have supported the President's agenda and pointed out the need for reform



Charles Colson Task Force Recommendations on Federal Corrections:

1. *Reserve prison beds for those convicted of the most serious federal crimes*
2. *Revise use of mandatory minimums, increase use of specialty courts*
3. *Promote a culture of safety and rehabilitation*
4. *Incentivize participation in risk-reduction programming*
5. *Ensure successful integration by using evidence-based practices in supervision and support*
6. *Enhance performance and accountability through better coordination across agencies and increased transparency*
7. *Reinvest savings to support the expansion of programs, supervision, and treatment*

Incorporated in BCG recommendations

Source: Charles Colson Task Force on Federal Corrections, "Transforming Prisons, Restoring Lives" January 2016.

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But reform cannot happen immediately

Facilities, wardens came up during an era of tough on crime; shifting to reform mindset takes time

Annual size of BOP population as seen through criminal justice reform timelines

*Not yet passed
Source: BOP Warden interviews, conducted June/July 2016.

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And important to recognize BOP does not control who comes into the system, length of sentences, or probation supervision

	Law Enforcement	Prosecution	Sentencing Guidelines	Sentencing	Incarceration	Probation
Function	*Identify and arrest those who break the law*	*Charge and convict those who have been identified as breaking the law*	*Issue guidelines for judges on sentencing*	*Sentence the accused based on the nature of the crime and sentencing guidelines*	*Secure inmates and provide re-entry programming during term of imprisonment*	*Supervise residents released to the community*

While changes within the BOP are meaningful, reform also requires holistic change throughout the system

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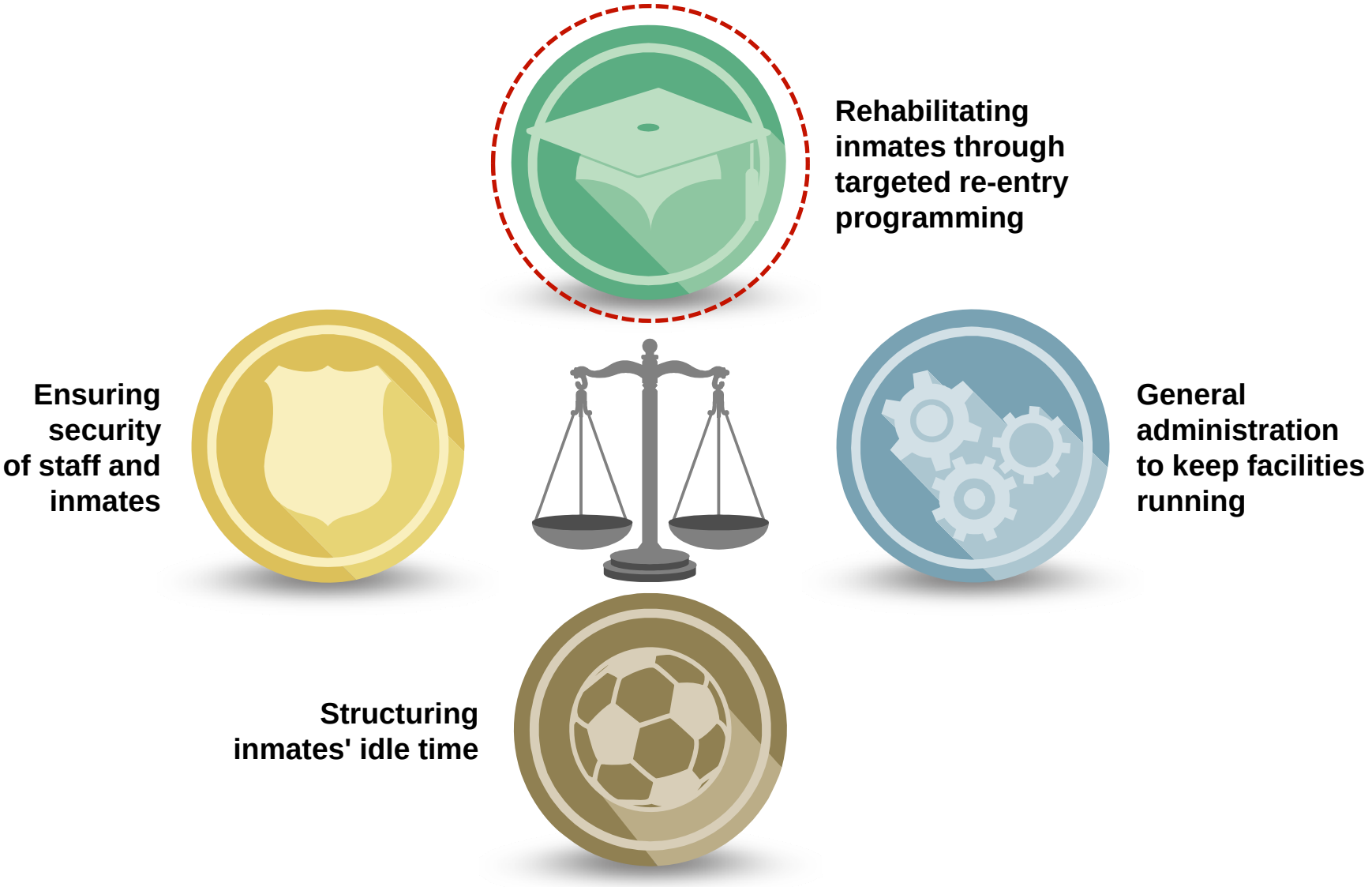
And BOP staff must balance the emphasis on inmate rehabilitation with other priorities



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Despite this, BOP has demonstrated success in rehabilitation, with inmates and experts citing three areas in particular

1934 | 1991 | 1991

1 *Benefits of UNICOR*

Federal Prison Industries (UNICOR)

Warden and inmates praise UNICOR for building important work and life skills

2 *Prevalence of GED*

Bureau Literacy Program (GED)

Every facility provides access to the GED, with inmates required to enroll if they do not have a GED when entering prison

3 *Efficacy of RDAP*

Residential Drug Abuse Program (RDAP)

RDAP has proven successful in reducing arrests and substance abuse upon release from prison[1]

BOP is well-positioned to leverage its experience with these three successes to scale other needed programs

1. " Federal Prison Residential Drug Treatment Reduces Substance Use and Arrests After Release" Federal Bureau of Prisons Research & Reports, 2001: https://www.bop.gov/resources/research_projects/published_reports/recidivism/orepramjalcd.pdf

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And the BOP has continued to make recent strides with a strong commitment to a host of re-entry initiatives...

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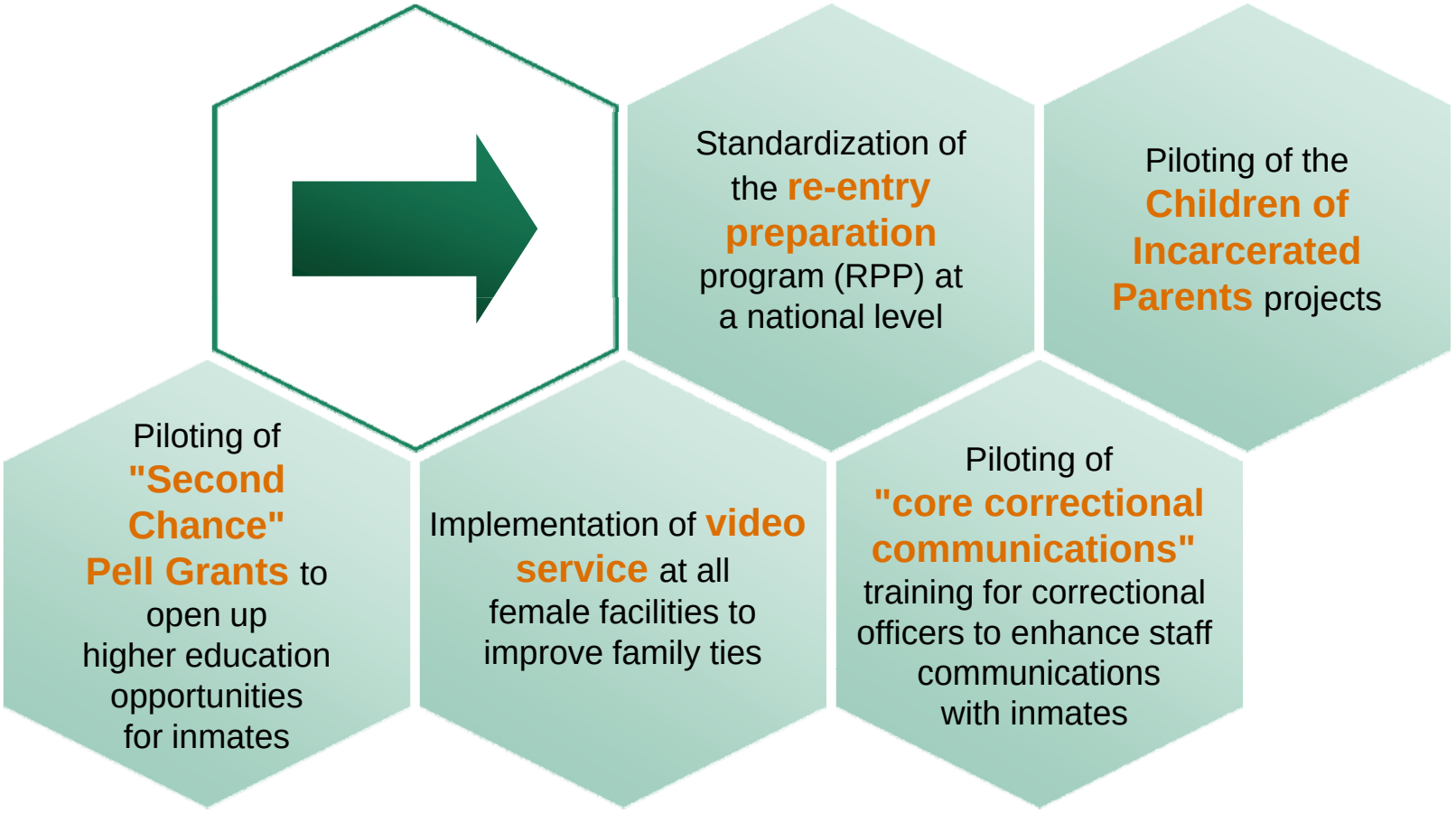
...with additional reforms underway to improve program delivery and the inmate experience across facilities



While significant progress has been made, there is opportunity to target programming to reduce BOP's recidivism rate even further

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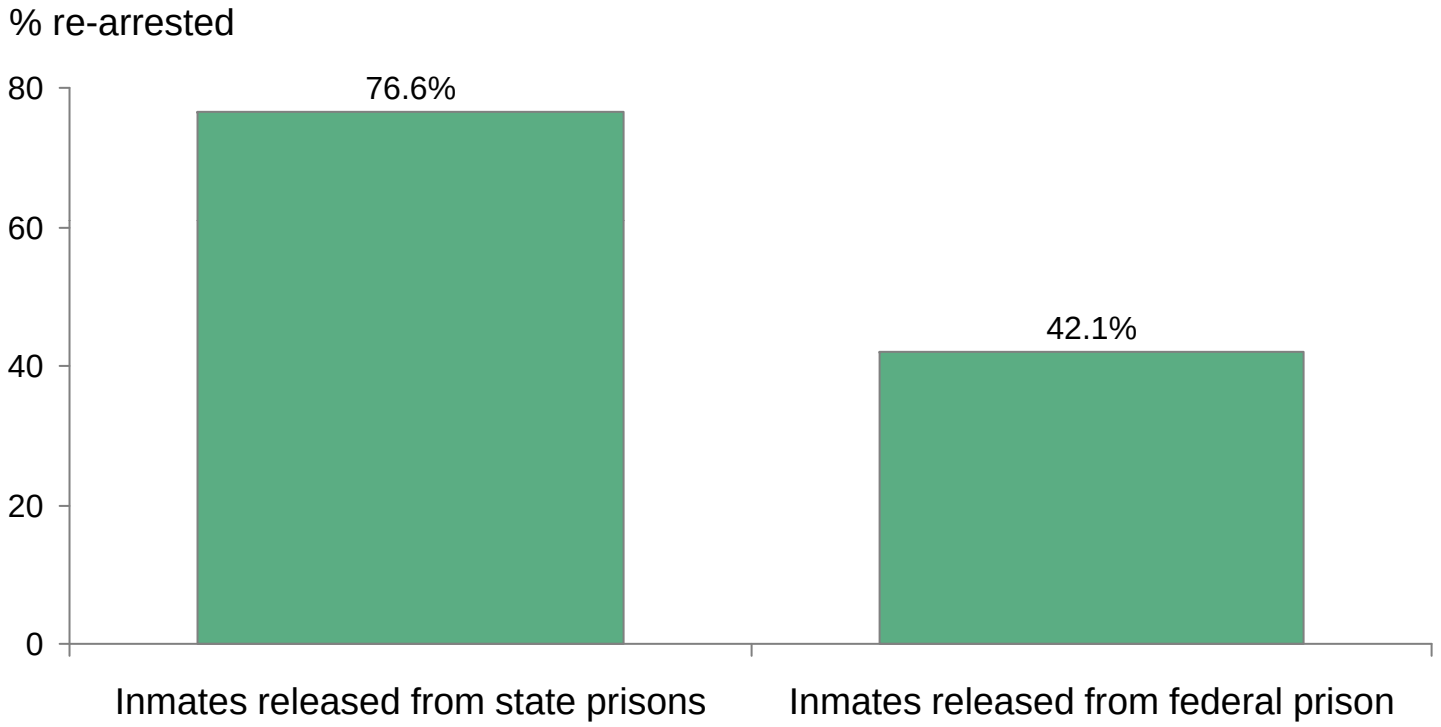
The recommendations here aim to build on the success of the BOP to reduce the federal recidivism rate further

Cumulative % of inmates released in 2005 who were re-arrested within five years of release



While there are various factors that impact differential between federal and state, there are critical successes within BOP programs that have helped ensure lower recidivism rate

Source: Bureau of Justice Statistics Special Report "Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010" (April 2014) http://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf; U.S. Sentencing Commission "Recidivism Among Federal Offenders: A Comprehensive Overview" (March 2016), p.16 http://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2016/recidivism_overview.pdf

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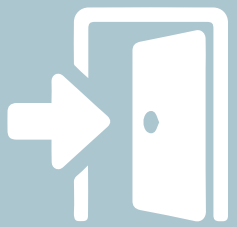
Reducing the recidivism rate promotes opportunity, advances safety, and reduces prison size and costs

1

Promotes opportunity



Ensuring that the formerly incarcerated have the tools and skills to successfully re-enter society is essential to **fostering opportunity and a second chance**

2

Advances public safety

Breaking the cycle of incarceration and re-incarceration is critical to **enhancing the safety of neighborhoods and communities around the nation**

3

Lowers overcrowding and spending

Reducing the rate at which individuals return to prison reduces the sheer size of the prison population, which ultimately **lowers costs in the long-run and saves taxpayer resources**

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Growing body of evidence suggests well-designed programs can meaningfully encourage rehabilitation & reduce recidivism

Selected examples

Rehabilitative Intervention	Meta-analysis source	Reduction in recidivism 12-51%
Anger Management	Beck and Fernandez, 1998	51%
Therapeutic Community (Hard Drugs)	Holloway, Bennett and Farrington, 2006	45%
Sex Offender Treatment (Violent Recidivism)	Schmucker and Losel, 2008	44%
Moral Reasoning Therapy	Little, 2005; Wilson, Bouffard, and MacKenzie, 2005	16-35%
Post-Secondary Correctional Education	Wilson, Gallagher and MacKenzie, 2000	27%
Cognitive Behavioral Therapy	Lipsey, Landenberger and Wilson, 2007	25%
Vocational	Wilson, Gallagher and MacKenzie, 2000	22%
General Drug Treatment	Holloway, Bennett and Farrington, 2006; Prendergast, Podus, Chang, and Urada, 2002	12-22%
General Vocation/Education	Wilson, Gallagher, and MacKenzie, 2000	21%
Mental Health Treatment	Martin, Dorken, Wamboldt, and Wooten, 2001	17%

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The Department of Justice tasked BCG with a comprehensive, evidence-based review of BOP programming

BCG reviewed the Statement of Work and identified 3 "key questions" to answer during the course of this assessment

1. ***What*** ***are the programs that should be provided in the BOP?***
   - *What does the BOP currently provide? Which programs are needed, based on evidence?*
   - *What are the elements of a program? Of an activity?*

2. ***To whom*** ***should these programs be provided?***
   - *Based on the BOP population, are enough of the right kinds of evidence-based programs being provided?*
   - *What tools does the BOP need to identify these needs?*

3. ***How*** ***should this be executed...***
   - *What resources, staffing levels and types are required to execute on programs?*
   - *What incentives are needed for both staff and inmates?*
   - *What behaviors are conducive to effective programming?*

...and what are the enablers that will assist in this strategy?

- *Is the right data being captured?*
- *Can technology assist in the BOP's programming goals, and how?*

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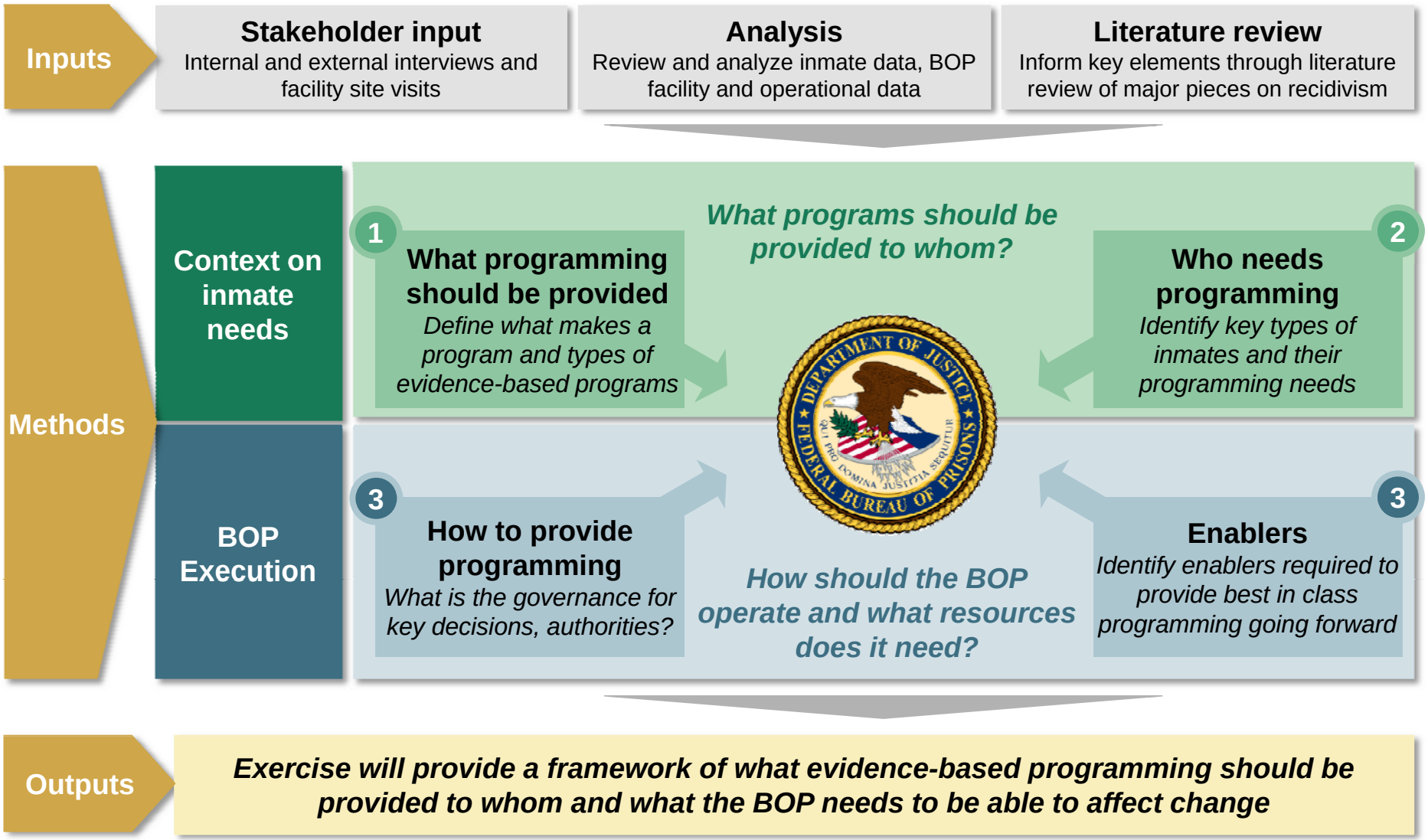
Our approach focused on the context around programming and then assessed BOP execution



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A broad variety of stakeholders across the federal criminal justice spectrum were consulted

Within DOJ / BOP system

Bureau of Prisons

- Wardens
- BOP central staff
- Site visits and facility staff
- Council of Prison Locals C-33

Department of Justice

- Deputy AG and her office
- Other experts (e.g., budget)

External stakeholders

- Criminologists
- Other experts
- Former inmates
- Other Federal Government (US Courts)
- NGOs
- Practitioners

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Summary of inputs included in this program assessment

Inputs	Description	Relevant Statistics
Stakeholder input *Internal and external interviews and facility site visits*	• 1:1 interviews with BOP staff, formerly incarcerated individuals, criminologists, and experts/practitioners in the field • Group discussions with external providers of rehabilitation services for returning citizens	**100+ Interviews** • **BOP Staff:** Leadership, wardens, facility / central office staff, union officials • **Experts:** Criminologists, academics, and other practitioners • **Formerly incarcerated individuals**
Analysis *Review and analyze inmate data, BOP facility and operational data*	• Analysis of the criminogenic programming needs of the current BOP inmate population and 2015 probation releasee cohort • Analysis of staff resourcing, contracts, program enrollment, etc	**~150k inmates** *in RNR Simulation Tool analysis* **~40k returning citizens** *in PCRA analysis*
Literature review *Inform key elements through literature review of major pieces on recidivism*	• Recidivism research by leading academics and criminologists • Reports by DOJ/BOP and other government agencies on re-entry • Best practices /benchmarks framed by think tanks and practitioners	**50+ papers, reports, books reviewed**

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Recommendations

Considerations for implementation

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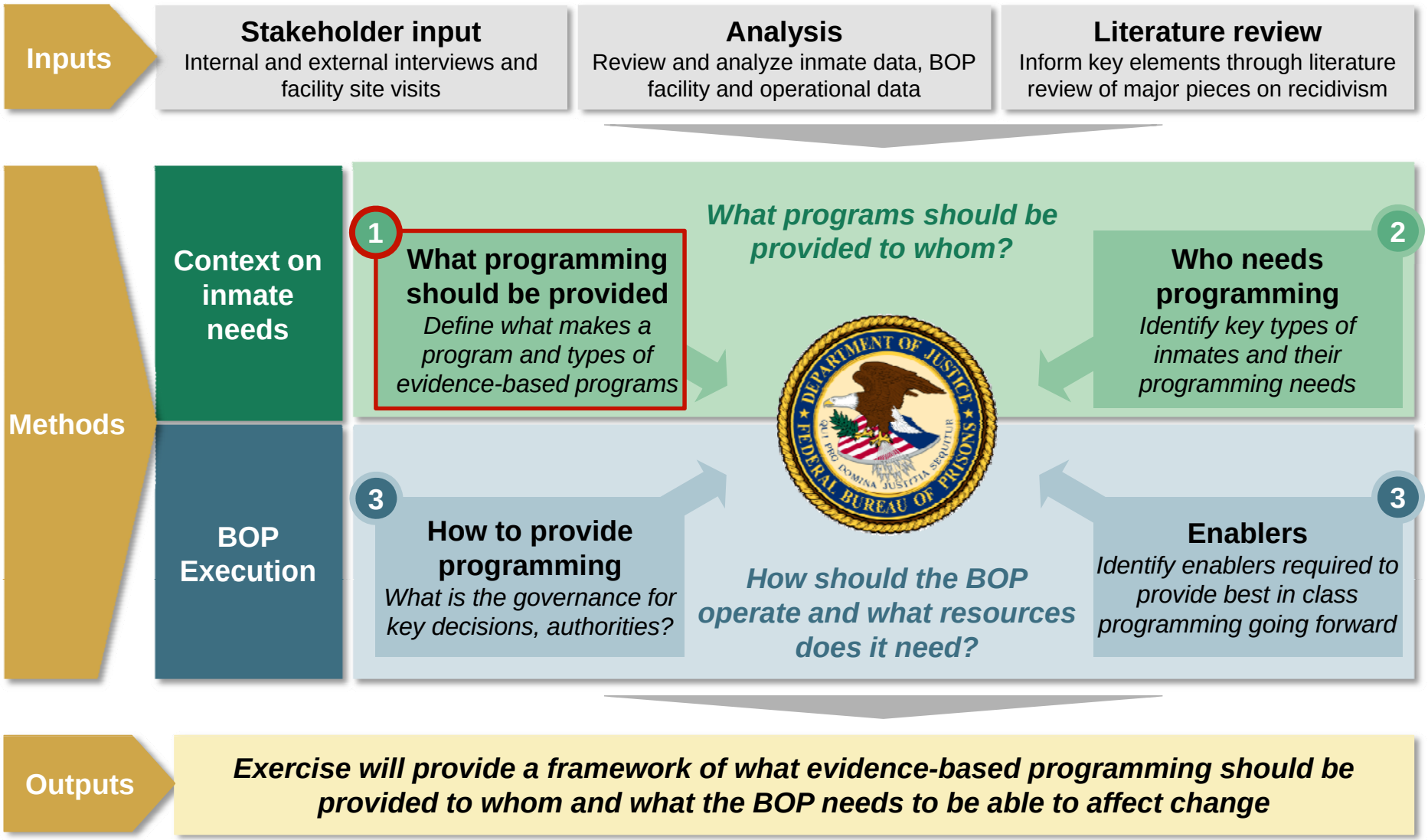
Focus of this section: What are the gaps between best practice and what the BOP currently provides?



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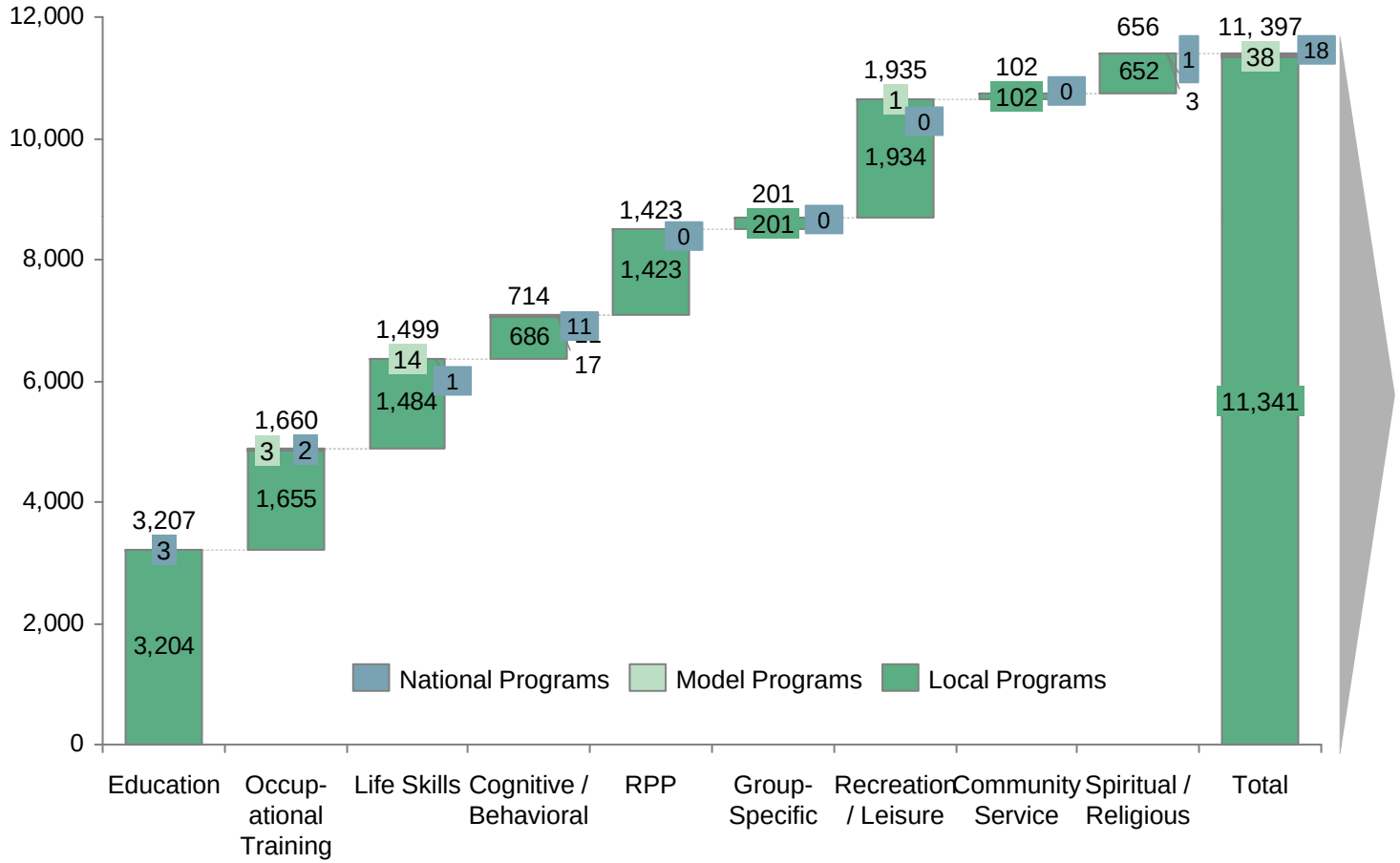
There are >11,000 different BOP "programs"; BCG created a best-practice programming guide for comparison to find gaps

Number of programs across 122 BOP facilities that responded to 2015 survey



With 11K+ programs, it is difficult to assess overall gaps in the BOP's program offering.

BCG worked with experts and reviewed the literature to develop a framework that details what programming a system should offer

Note: Data is based on facility responses to BOP survey administered in December of 2015. Respondents were asked "Do you currently offer this program?" for all national and model programs. Respondents were also asked "how many different programs do you *currently* offer in this area" for a number of prescribed local program areas. As such, this data represents program offering as a snapshot in time (i.e., what was "currently" offered at facilities on December 2015)

Source: 2015 BOP Program Survey, received from BOP May 2016

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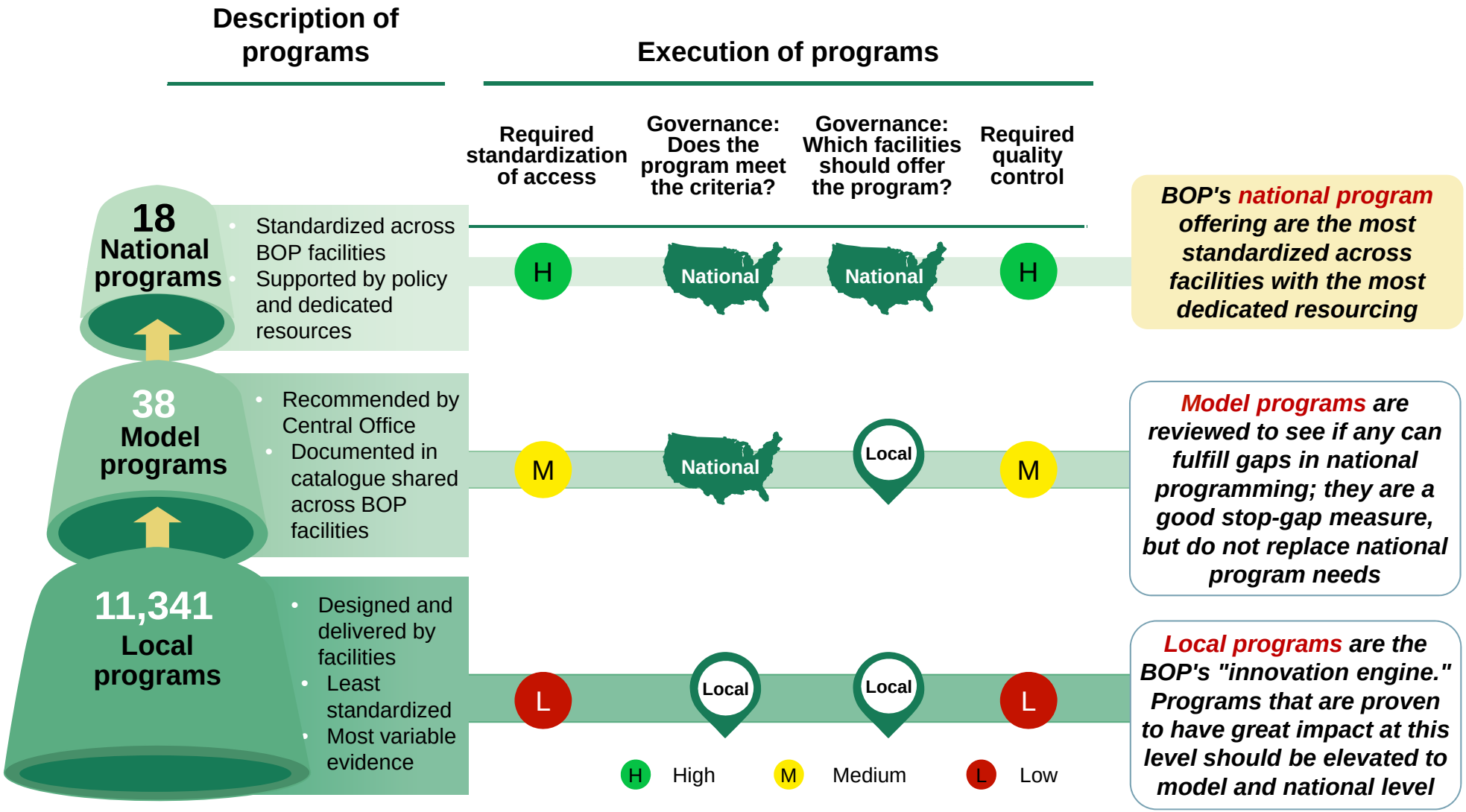
The 11k+ programs vary by evidence, standardization, and access; this assessment focuses on national programs



Source: BOP National Program Catalogue (May 2015), BOP Model Program Catalogue (March 2016)

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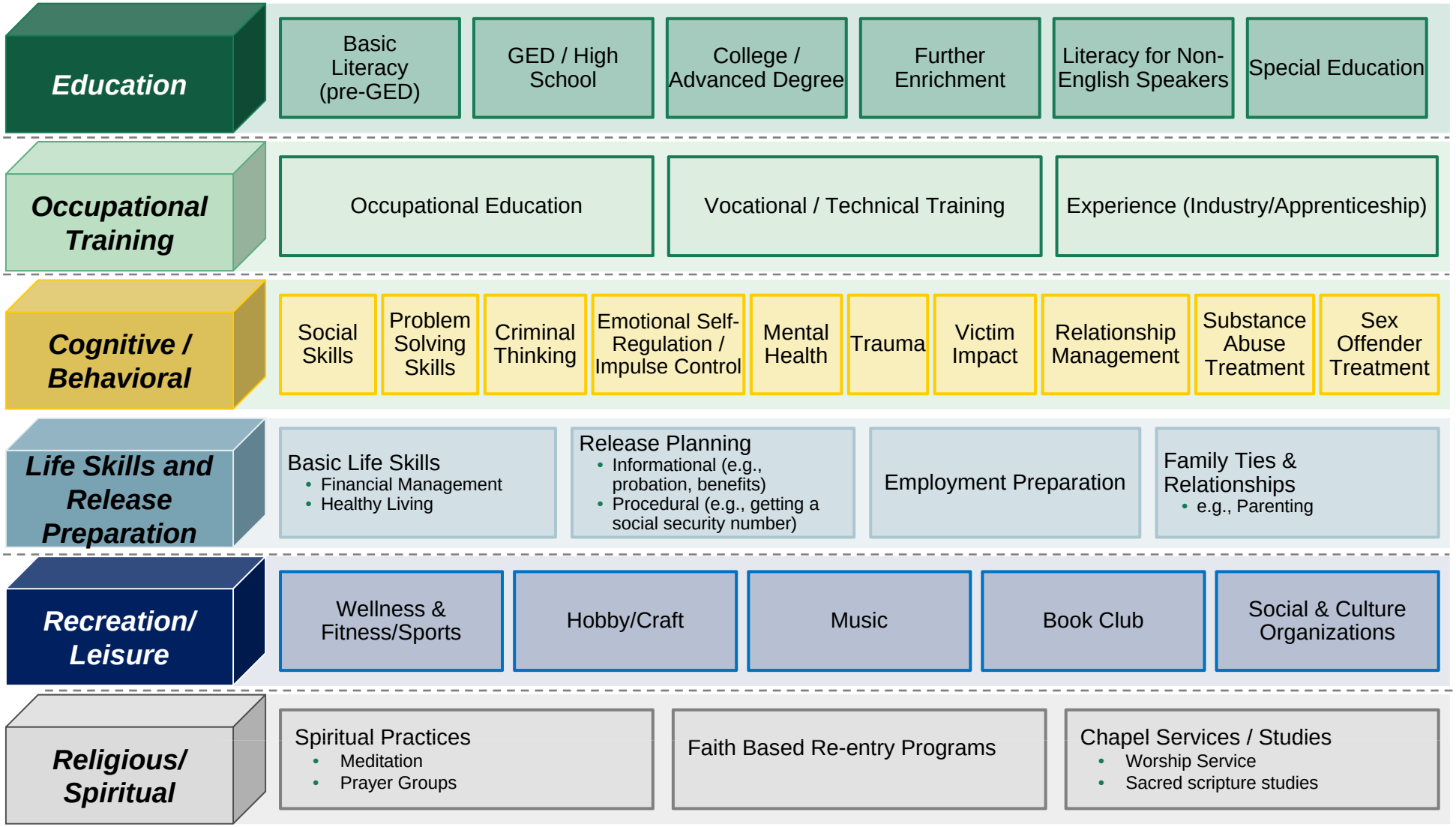
Review of the literature & expert opinion suggests a prison system should offer programs that span multiple categories



Source: Petersilia, Joan, "What Works in Prisoner Reentry? Reviewing and Questioning the Evidence," September 2004. MacKenzie, D.L. and L.J. Hickman, "What works in corrections? An Examination of the Effectiveness of the Type of Rehabilitation Programs Offered by Washington State Department of Corrections." College Park, Maryland, 1998. Seiter, R. and K. Kadela, "Prisoner Reentry: What Works, What Doesn't, and What's Promising." Expert interviews, June-August 2016.

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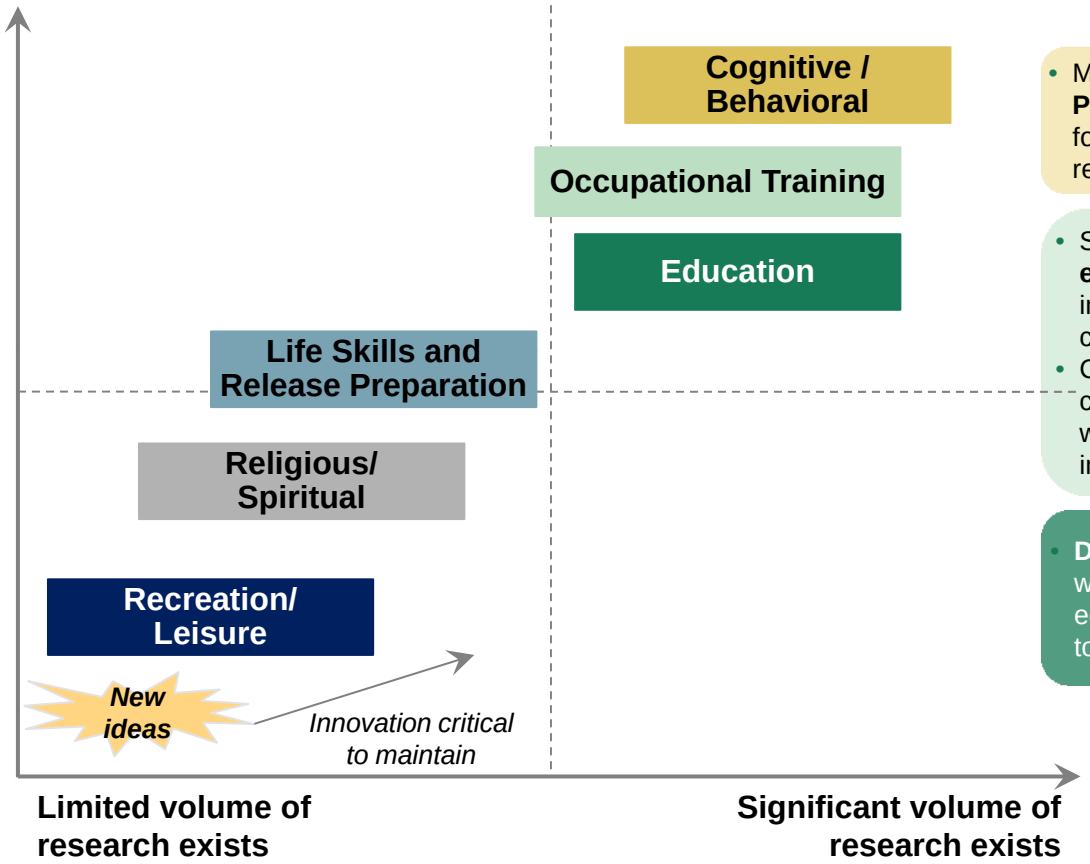
But research on the effectiveness, impact of each activity category is still developing and is of variable quality

*Significant evidence exists to indicate **high impact** of program category on recidivism or inmate's ability to participate in activities*

- **DK Cecil (2002)** evaluated adult basic education and life skills training programs, argued more rigorous outcome evaluation is needed for these programs
- **Clear (2002)** found participants had fewer disciplinary infractions; **Johnson (2006)** found lower re-arrest rates for participants in bible studies
- **Robertson (2000), Williams, et al (2005), Carter & Russell (2005)** found exercise/recreation reduces stress, harmful behavior

*Evidence indicates **limited impact** on inmate*



- Multiple analyses **(Yee, et al; Pearson et al; Wilson et al)** found CBT programs reduce recidivism ~20-30%
- Several studies (e.g., **Davis, et al, UNICOR study)** indicate occupational training can reduce recidivism
- Category cited most commonly by inmates, wardens as having biggest impact
- **Davis, et al** found inmates who had correctional education were 43% less likely to recidivate

***Note:** This mapping is at the program category level. There may be certain programs that fall outside the placement of their category. Likewise, as new ideas and research emerge, this picture will evolve.*

Sources: Adams, Kenneth, "A Large-Scale Multidimensional Test of The Effect of Prison Education Programs on Offenders' Behavior." Davis, Lois, "Evaluating the Effectiveness of Correctional Education: A Meta-Analysis of Programs That Provide Education to Incarcerated Adults." Saylor and Gaes, "PREP: Training Inmates through Industrial Work Participation, and Vocational and Apprenticeship Instruction". Pearson, Frank and Douglas Lipton, Charles Cleland, Dorline Yee, "The Effects of Behavioral / Cognitive-Behavioral Programs on Recidivism". Lipsey, Mark, Nana Landenberger, and Sandra Wilson, "Effects of Cognitive-Behavioral Programs for Criminal Offenders." Robertson, BJ, "Leisure education as a rehabilitative tool for youth in incarceration settings," (2000). Williams, DJ, et al, "Correctional recreation on death row: Should pardon be granted?" Johnson, B.R., et al, "Religious programs and recidivism among former inmates in Prison Fellowship programs: A long term follow up study," (2006). Clear, T., et al, "The Value of Religion in Prison" (2000), Cecil, Dawn, "The Effectiveness of Adult Basic Education and Life-Skills Programs in Reducing Recidivism: A Review and Assessment of the Research", 2000

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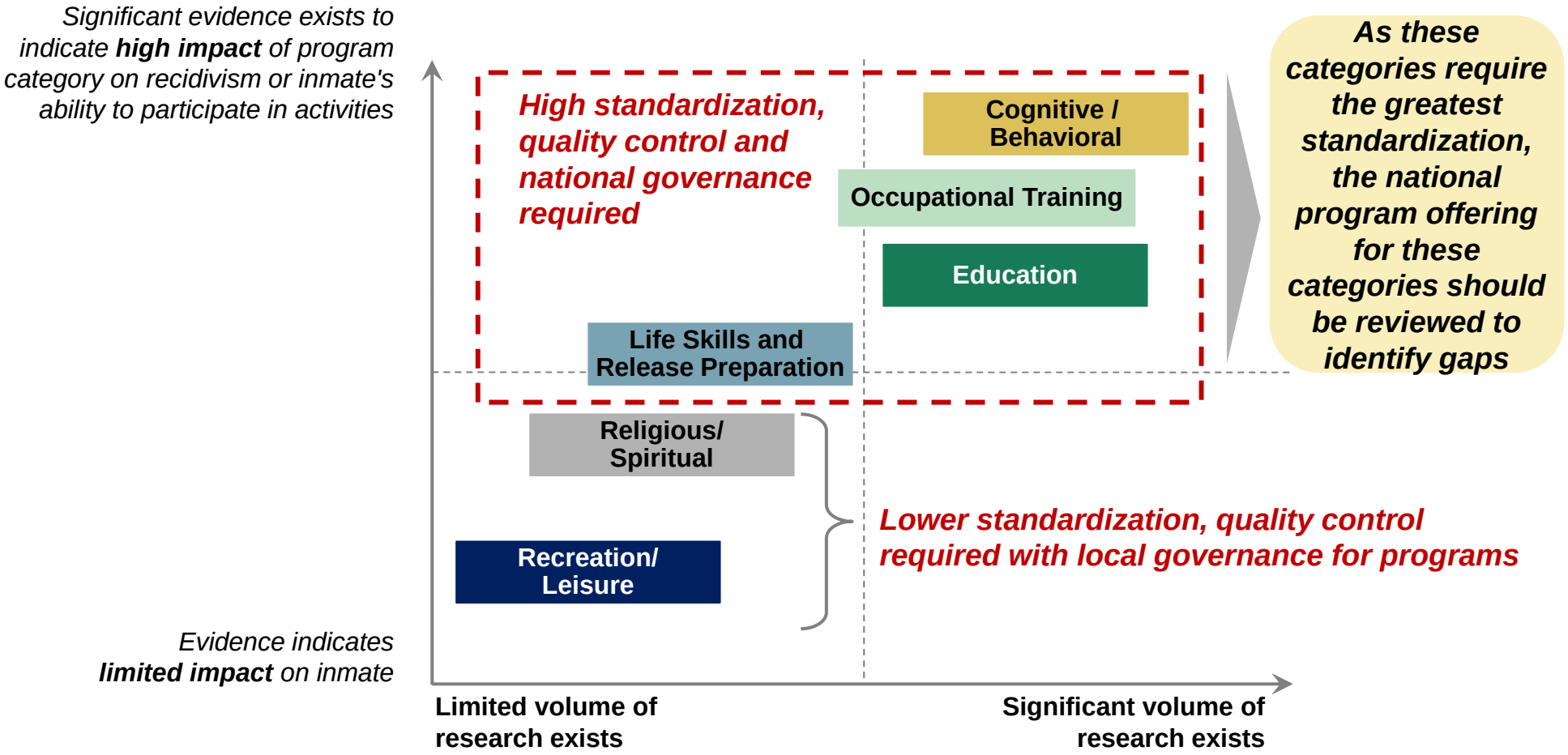
For categories where significant evidence currently exists, a higher level of scrutiny, consistency, and access is needed



Sources: Adams, Kenneth, "A Large-Scale Multidimensional Test of The Effect of Prison Education Programs on Offenders' Behavior." Davis, Lois, "Evaluating the Effectiveness of Correctional Education: A Meta-Analysis of Programs That Provide Education to Incarcerated Adults." Saylor and Gaes, "PREP: Training Inmates through Industrial Work Participation, and Vocational and Apprenticeship Instruction". Pearson, Frank and Douglas Lipton, Charles Cleland, Dorline Yee, "The Effects of Behavioral / Cognitive-Behavioral Programs on Recidivism". Lipsey, Mark, Nana Landenberger, and Sandra Wilson, "Effects of Cognitive-Behavioral Programs for Criminal Offenders." Robertson, BJ, "Leisure education as a rehabilitative tool for youth in incarceration settings," (2000). Williams, DJ, et al, "Correctional recreation on death row: Should pardon be granted?" Johnson, B.R., et al, "Religious programs and recidivism among former inmates in Prison Fellowship programs: A long term follow up study," (2006). Clear, T., et al, "The Value of Religion in Prison" (2000), Cecil, Dawn, "The Effectiveness of Adult Basic Education and Life-Skills Programs in Reducing Recidivism: A Review and Assessment of the Research", 2000

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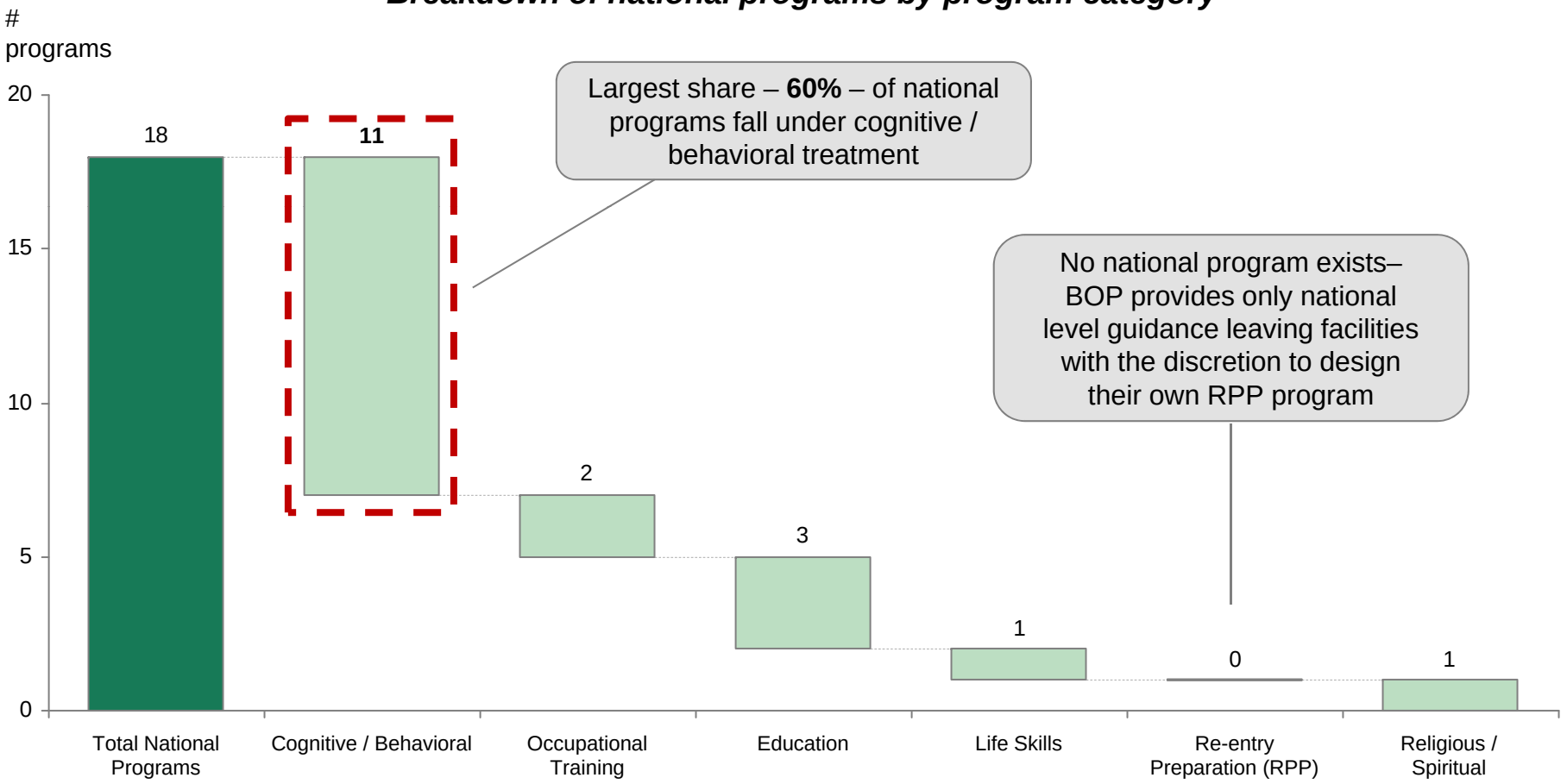
BCG reviewed national programs across those categories that require the most scrutiny to identify programming gaps

Breakdown of national programs by program category



Source: BOP National Program Catalogue (May 2015)

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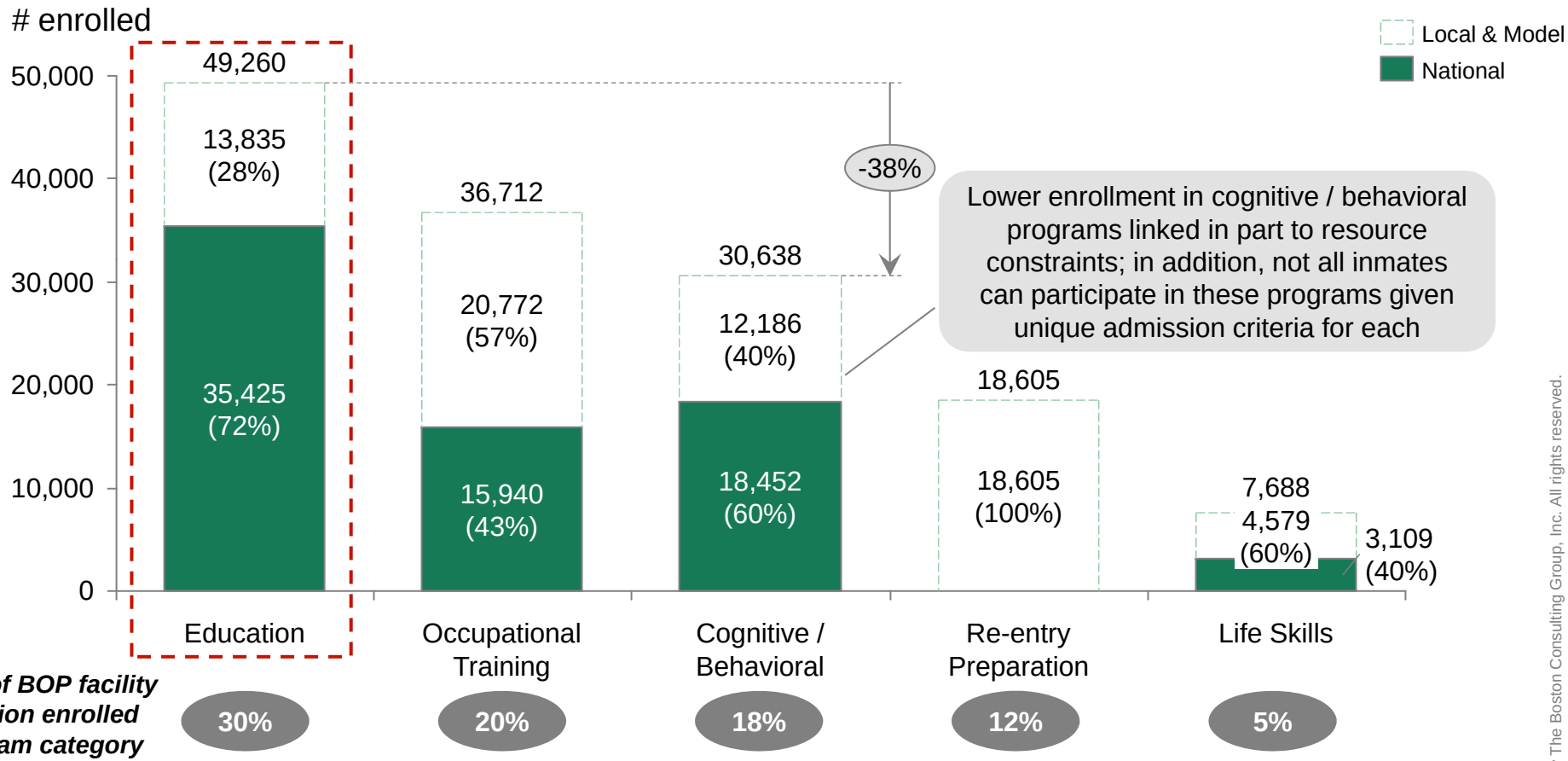
While the majority of national programs are for cognitive/ behavioral needs, enrollment is skewed towards education

Current Local and National Program Enrollment across all 122 BOP Facilities



While local program enrollment helps to meet some inmate needs, these programs have the least developed evidence base and are most variable in access across the BOP

Note: All RPP programs are local programs – BOP provides national guidance but leaves details to facilities
Source: BOP 2015 Survey data received May 2016

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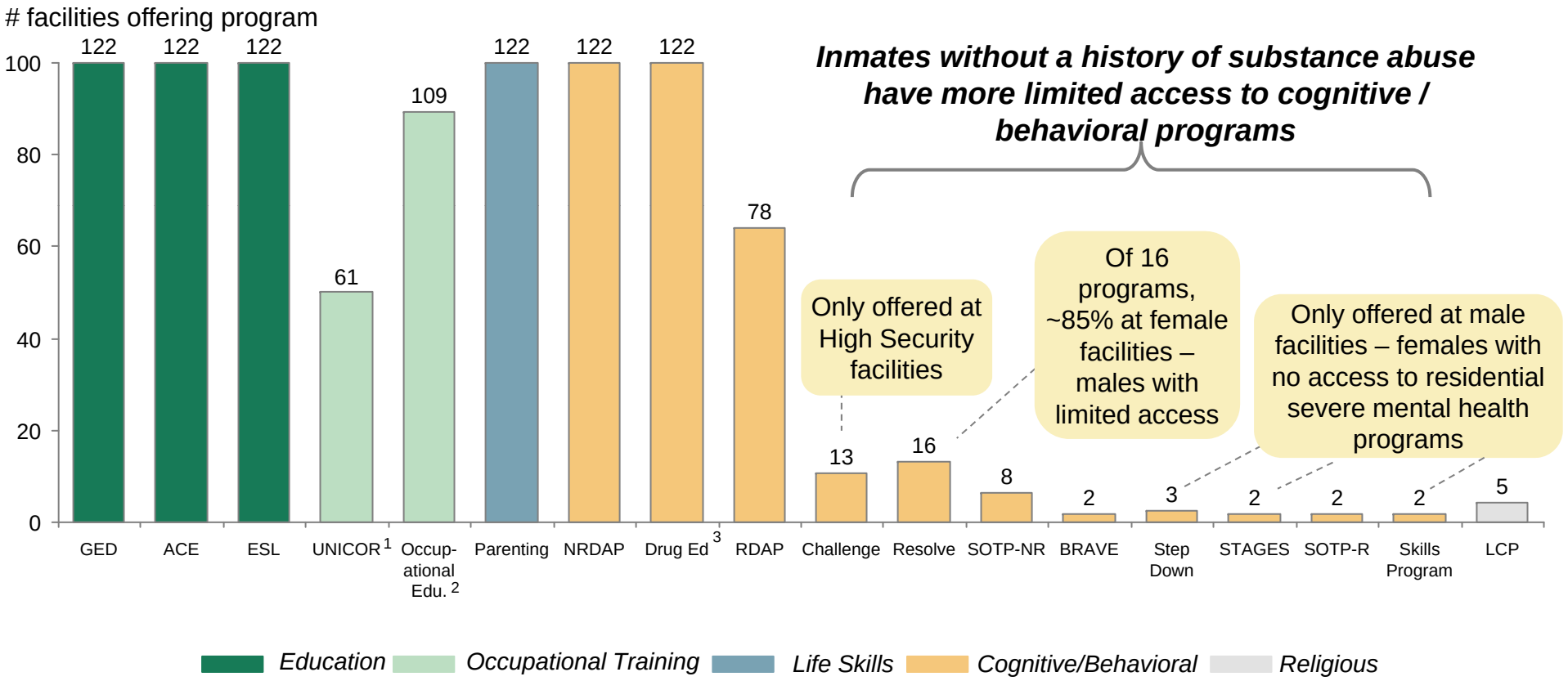
Resource constraints limit access to cognitive / behavioral programs compared to full access for education programs

Access to national programs across all 122 BOP Facilities



1. The National Catalog lists 61 different facilities that have the UNICOR program. This number may be slightly inflated given the current effort to close several UNICOR factories. 2. According to the National Program Catalogue, all bureau facilities save metropolitan correctional centers, metropolitan / federal detention centers, the Federal Transportation Center, satellite camps, and the administrative maximum facility are required to have occupational education programs – if you assume this, 109 BOP facilities are mandated to have occupational education programs. This number may be slightly higher if other facilities not mandated to offer this program do 3. The Drug Education program does not provide cognitive / behavioral treatment – it is psycho-educational in nature and designed to motivate inmates to participate in substance abuse treatment

Note: These numbers indicates the number of facilities the National Catalogue of Programs lists as offering each of the Bureau's national programs.

Source: BOP National Program Catalogue (May 2015)

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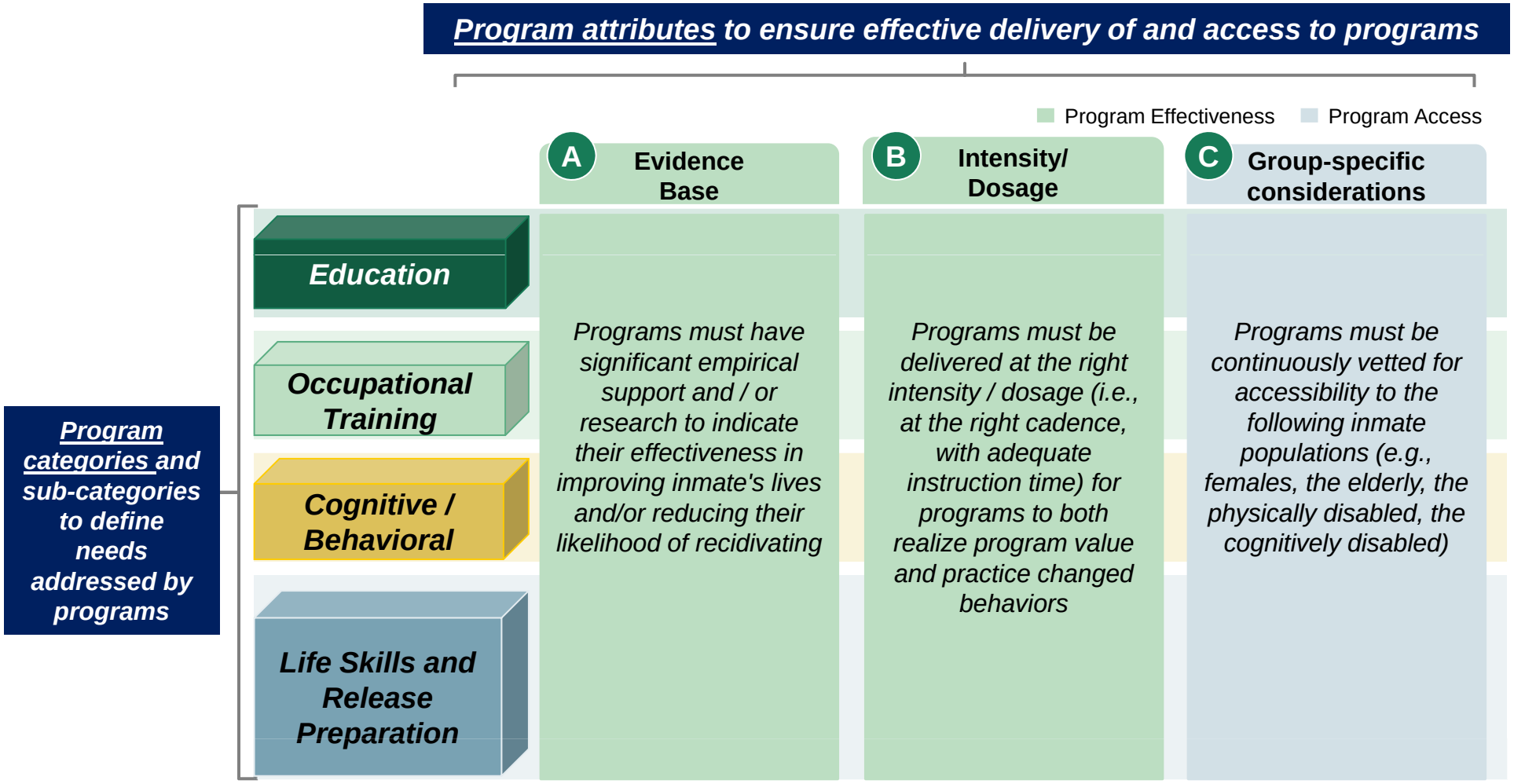
A framework based on research and best practice is needed to identify gaps in the BOP's current national program offering



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Using this framework, four different kinds of gaps in the BOP's national program offering can be identified

Needs met	1	Do the current programs meet all **inmate needs**? Are there any needs that require more standardized programming?
Effectiveness of programs	2	Does the program have a proven **evidence base**? Is it known to reduce recidivism or otherwise improve inmate's lives?
	3	Is the **dosage / intensity** (e.g., hours of instruction) sufficient for the program to have an impact?
Accessibility of Programs	4	Do the eligibility criteria preclude any **groups of inmates** that requires access to a program from getting it? Is the program at a sufficient number of facilities to ensure access?

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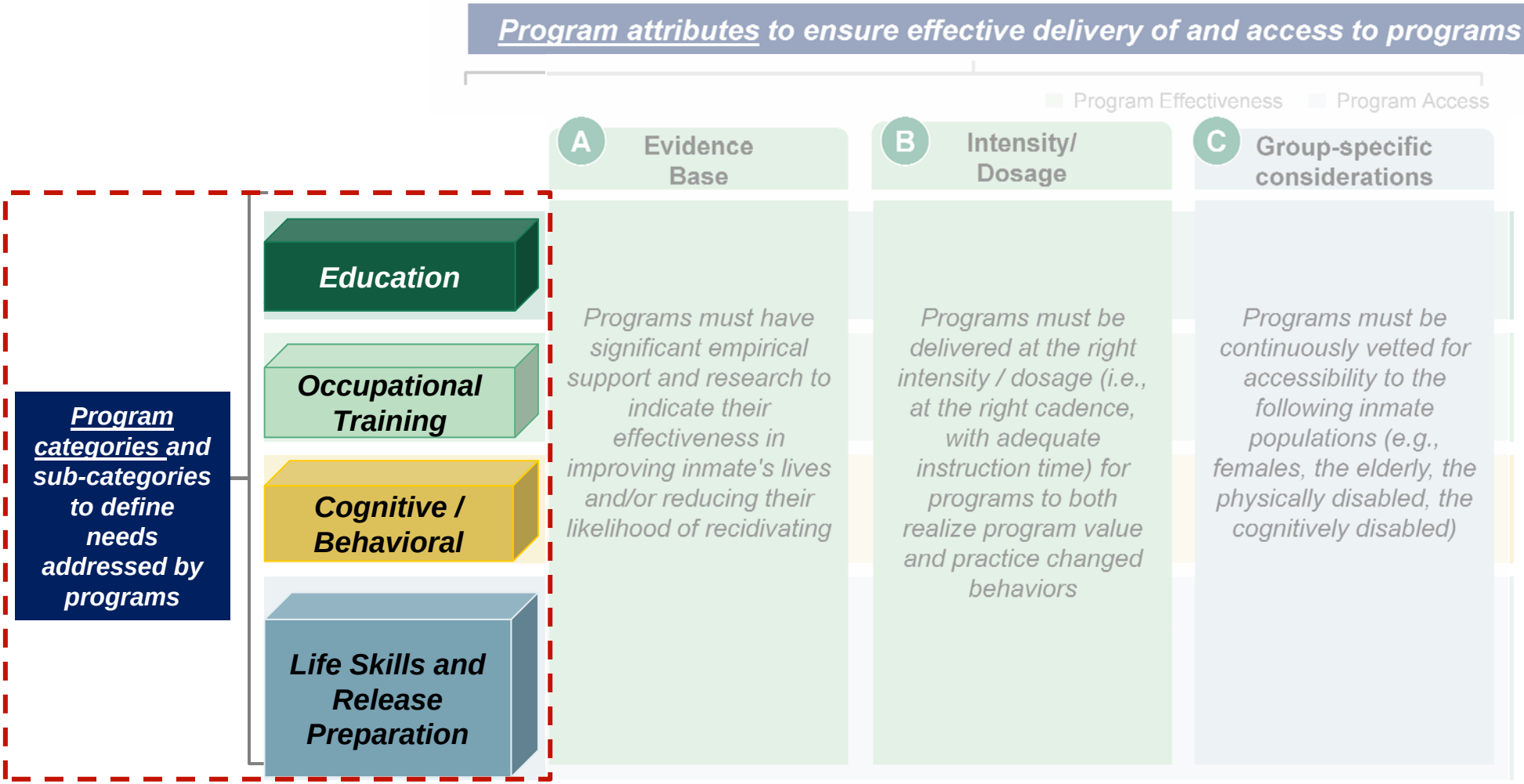
The Bureau's national programs are first mapped to program categories



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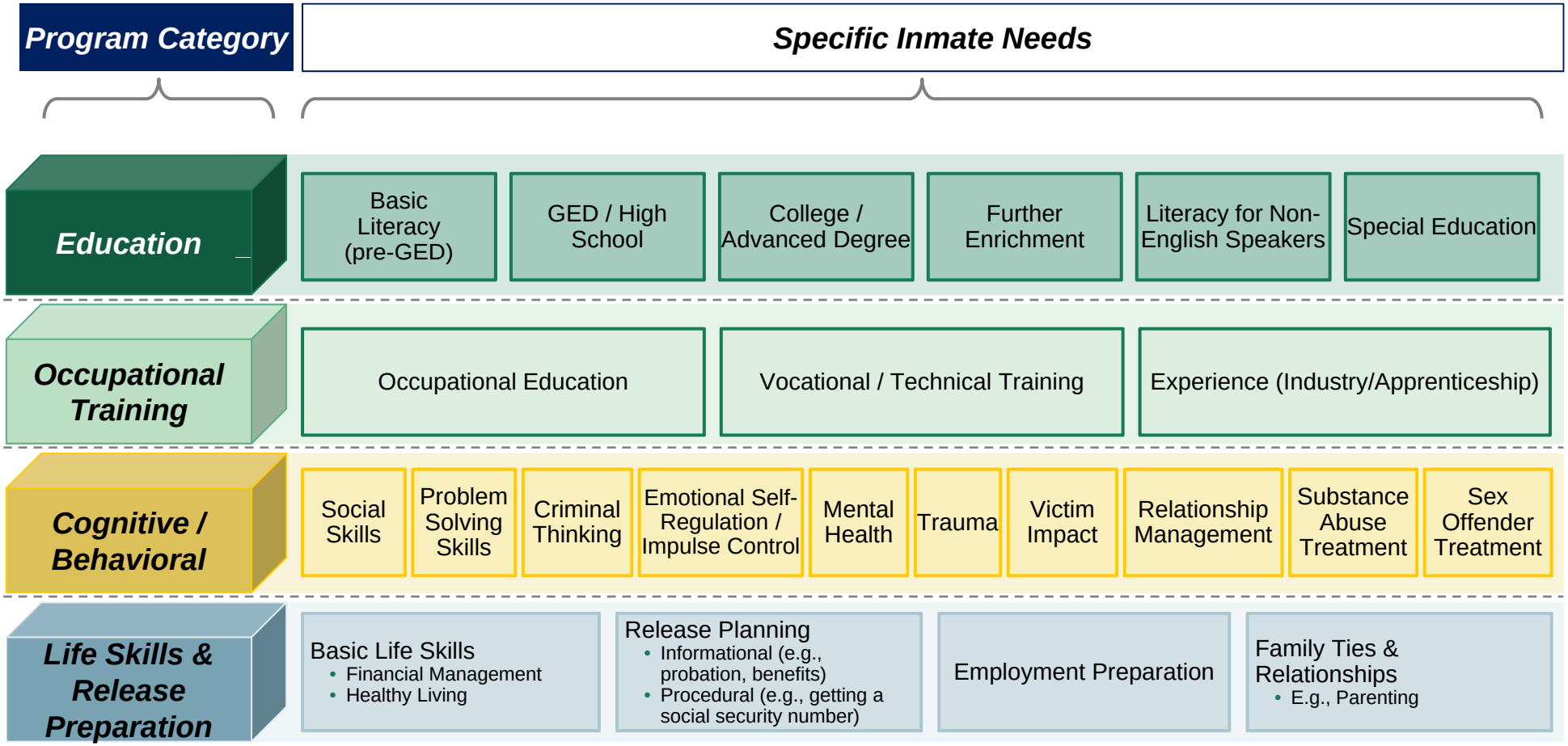
Recall program categories: Only those program categories for which the evidence is most robust will be evaluated



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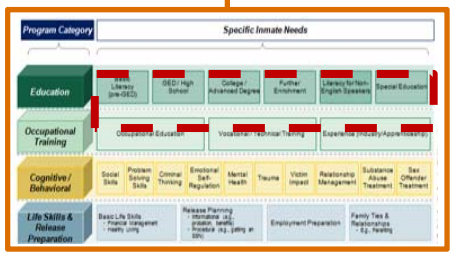
The BOP's national programs are assessed in regard to this framework in the subsequent gap analyses

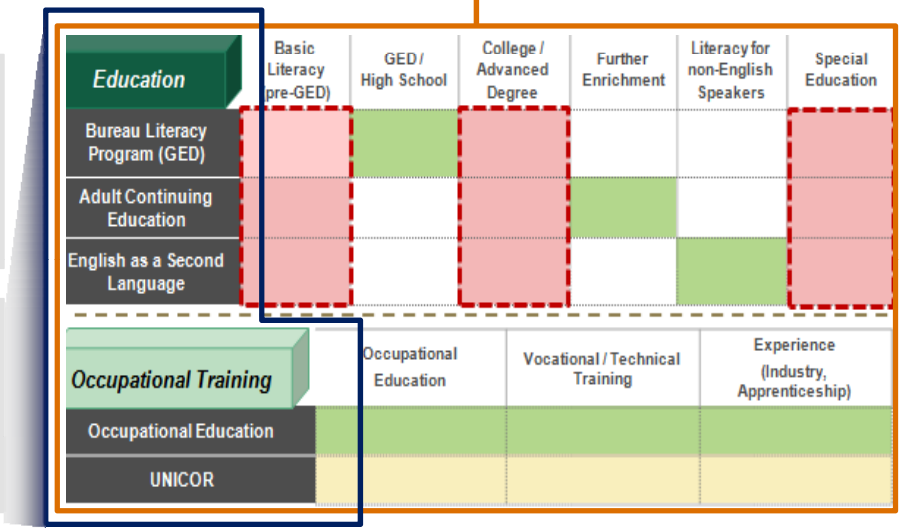
Guidance on how to read the gap analysis for each program category



National Program Catalogue

1 The top row of each analysis repeats the ***specific inmate needs*** already identified for each program category in our framework

2 The left-most vertical column identifies all the relevant **national programs** from the catalogue that fit under the program category



3 Specific needs met by each national program are identified with different shading:

- **White** indicates that the national program does not address an identified need
- **Green** indicates that the national program **completely meets** the identified need and that there is **full access** to the program
- **Yellow** indicates that the national program either only **partially meets** the need or that **not all groups have access** to the program

4 Where there is **no national program** to meet a specific inmate need, this **gap in programming** is identified with **red** shading

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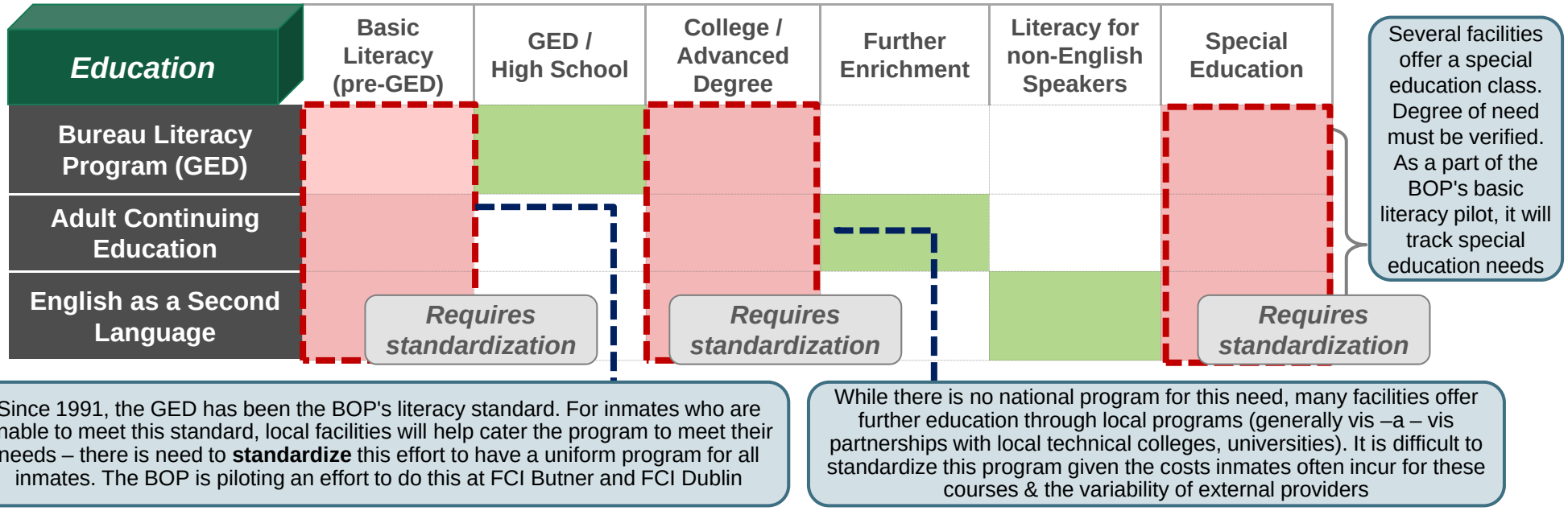
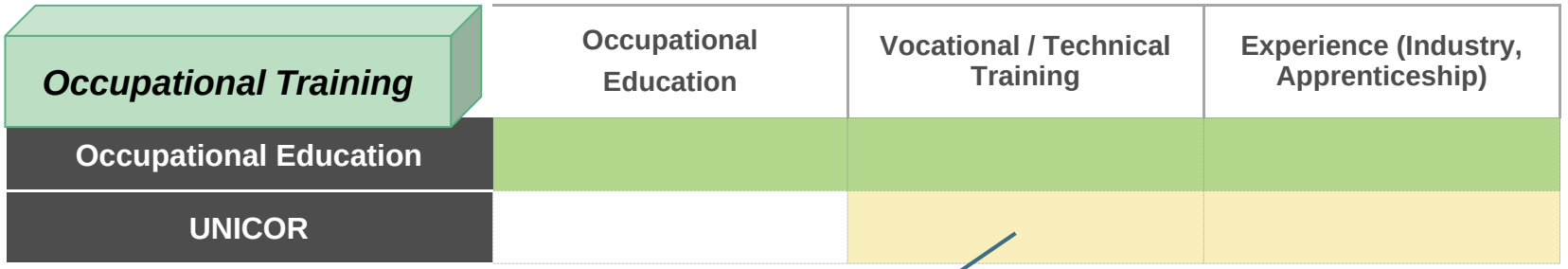
Several gaps can be identified when these national programs are mapped against each program category (I/III)

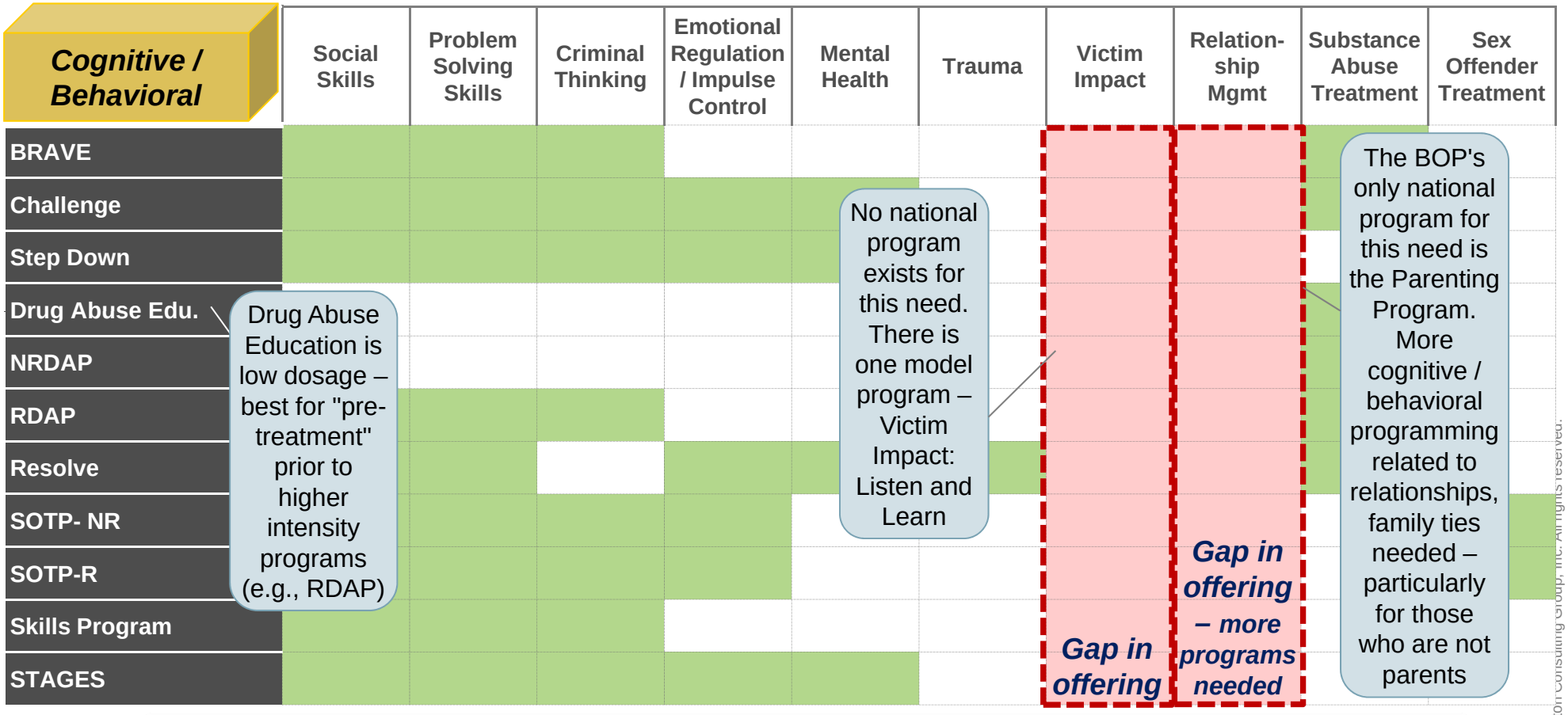




Key	No gap: program covers need and is accessible to all inmates	Partial gap: program may partially cover need and / or may not be accessible to all inmates	Program does not cover sub-category	Gap in offering

Source: BOP National Catalogue (May 2015); BOP Central Office Interviews (August 2016)

Several gaps can be identified when these national programs are mapped against each program category (II/III)



Note that unlike other program categories where programs are a 1:1 match with needs, several of the Bureau's cognitive / behavioral programs address several different needs

Key	No gap: program covers need and is accessible to all inmates	Partial gap: program may partially cover need and / or may not be accessible to all inmates	Program does not cover sub-category	Gap in offering

Note: Trauma treatment is designed to address mental health symptoms associated with a history of traumatic experiences (e.g., sexual abuse, physical abuse.) Victim impact interventions are designed to increase empathy among individuals who have committed acts of violence / crime (e.g., domestic violence.) Relationships programming appears under both cognitive / behavioral programs as well as Life Skills & Release Preparation programs (as "Family Ties and Relationships"). Relationships programming under the Life Skills program area helps an inmate to maintain family ties, prepares him / her with relevant relationship skills, and prepares him / her for reunification with family members, friends, etc. The BOP's Parenting National Program helps to fulfill this need. Relationship management under the BOP's Cognitive / Behavioral program area is intended to provide a deeper intervention that teaches inmates about relationship management (e.g., setting boundaries). This slide does not reflect gender differences in programming; subsequent analyses will take program access for each gender into consideration.
Source: National Program Catalogue (May 2015); BOP Central Office Interviews (August 2016)

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Several gaps can be identified when these national programs are mapped against each program category (III/III)

The Parenting national program helps to meet this need for some inmates. Those who are not parents however do not have access to a nationally standardized program to meet this need.

Per BOP Policy P5325.07, there is no national program for RPP; this programming is instead determined locally by each facility's RPP committee. While there is no national program for RPP, many of these needs are already met:

- **Basic Life Skills:** Several model programs exist
  - *Financial Management* – Money Smart: A Financial Education Program, AARP Foundation Finances 50+
  - *Health Management* – Managing Your Diabetes, Sun Smart Skin Cancer Awareness, Talking with your Doctor
- **Release Planning:** Re-entry coordinators help inmates with the procedural challenges of getting an SSN and coordinate informational sessions on probation
- **Employment Preparation:** Facilities offer job fair days to prepare inmates for employment and offer several model programs to help inmates with basic life skills
- **Family Ties & Relationships:** Beyond the national Parenting program, the BOP also offers several model programs to meet this need: *Life Skills* – Inside Out Dad, Parenting Inside Out, Positive Parenting, The RealCare Baby Program, Healthy Relationships

Key	**No gap: program covers need and is accessible to all inmates**	**Partial gap: program may partially cover need and / or may not be accessible to all inmates**	**Program does not cover sub-category**	**Gap in offering**

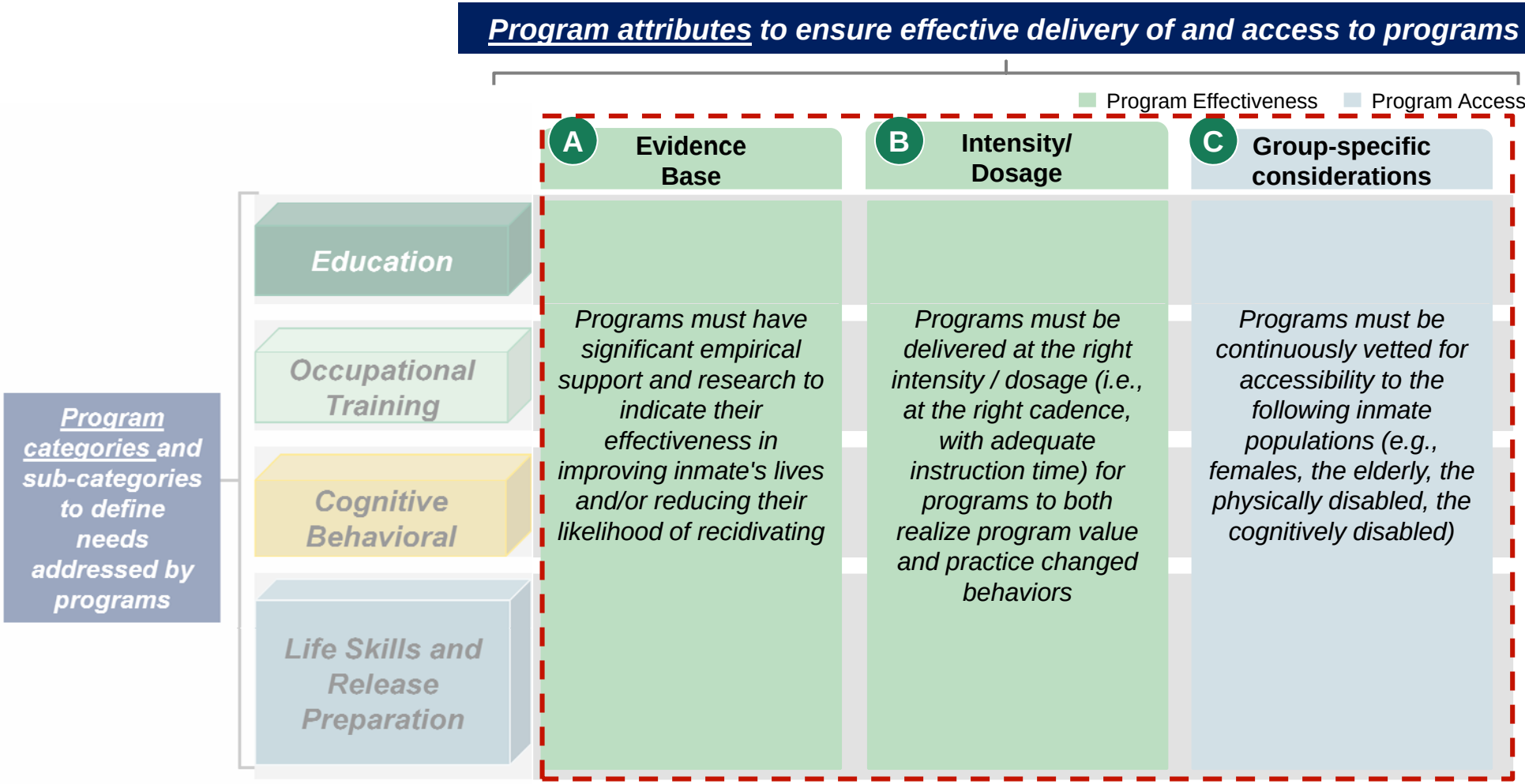
Source: BOP National Program Catalogue (May 2015); BOP Policy P5325.07; BOP Central Office Interviews (August 2016)

This analysis reveals needs that are currently not met by the BOP's program offering – some of which require action

The following gaps in the BOP's program offering were identified based on *needs*:

		Some of these gaps make sense, others require action
Education	• Basic Literacy (pre-GED)	• **Standardization needed** – *the BOP has already taken action and is piloting a program this year*
	• College / Post Secondary Education	• *While standardization may be difficult given variability of providers, the BOP could explore larger regional contracts*
	• Special Education	• **Standardization needed –** *the BOP has already taken action to better track special education needs*
Occupational Training	• *UNICOR access limited by recent factory closures*	• *As access to UNICOR becomes more limited, the Bureau may want to consider increasing its offering, access to other occupational training programs*
Cognitive / Behavioral	• Victim Impact	• **Further investigation needed to determine size of need**
	• Relationship management	• **Programs needed to address wider breadth of needs–** *programming only currently exists for parents*
Life Skills and Release Preparation	• Basic Life Skills • Release Planning • Employment Preparation • *Limited national programming for Family Ties & Relationships*	• **Requires action – the BOP has already taken steps to establish a national RPP program and several model programs already exist to meet these needs**

These same national programs can be mapped to the program attributes to identify gaps in program effectiveness, access



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A *Evidence Base:* Some evidence exists for national programs; however much is outdated or not independent

Program category	National Programs	Evidence Base: Study conducted	Evidence Base: Other support
Education	Bureau Literacy Program		✓
	English as a Second Language		✓
	Adult Continuing Education		✓
Occupational Training	Occupational Education		✓
	Federal Prison Industries	✓ Study conducted in 1998	✓
Cognitive / Behavioral	Skills Program		✓
	BRAVE	✓ Study conducted in 2000	✓
	STAGES		✓
	Step Down		✓
	Drug Abuse Education		✓
	Residential Drug Abuse Program (RDAP)	✓ Study conducted in 2000	✓
	Non-Residential Drug Abuse Program (NRDAP)		✓
	Sex offender treatment group (residential)		✓
	Sex offender treatment group (non-residential)		✓
	Resolve		✓
	Challenge		✓
Life Skills and Release Preparation	Parenting Program		✓
	Release Preparation Program (RPP)	✗	✗

While empirical support is cited for all programs, studies confirming effectiveness only exist for a few; given research continues to evolve, assessment should be done more regularly

This gap already identified

Source: BOP National Program Catalogue (May 2015)

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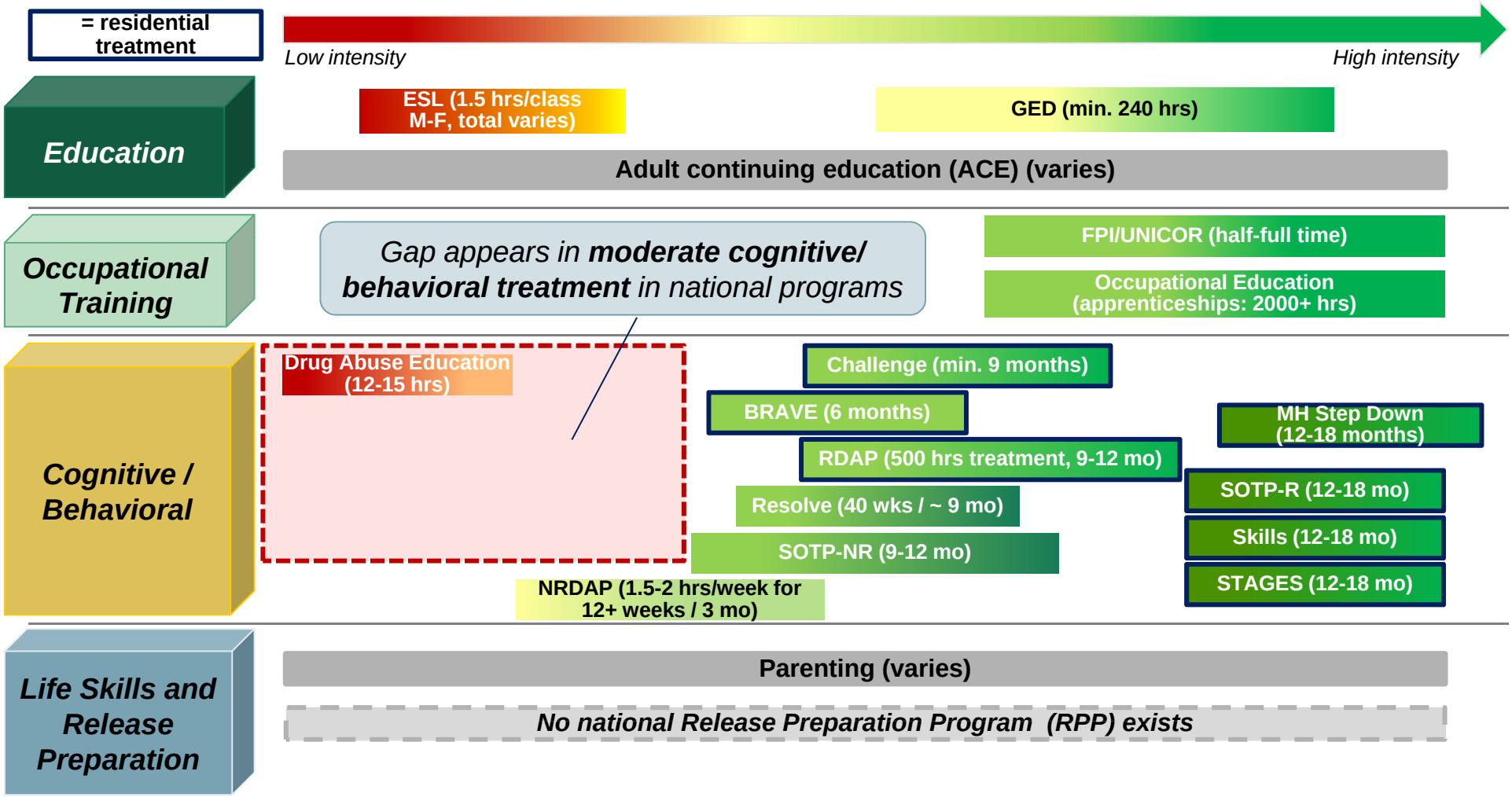
B *Dosage / Intensity*: A preliminary analysis for the intensity of national programs is made using hours of treatment

Note: Given data constraints, this is a limited view – it gives us only a directional sense of program intensity.



Note: Programs mapped from low intensity to high intensity based off of a) whether program was residential or non-residential and b) total number of hours of treatment. This provides only a directional sense of program intensity. A full analysis would require consideration of additional factors (e.g., degree of customization of curricula to inmate; type of treatment, etc.)
Source: BOP National Program Catalogue (May 2015); BOP Central Office Interviews (August 2016)

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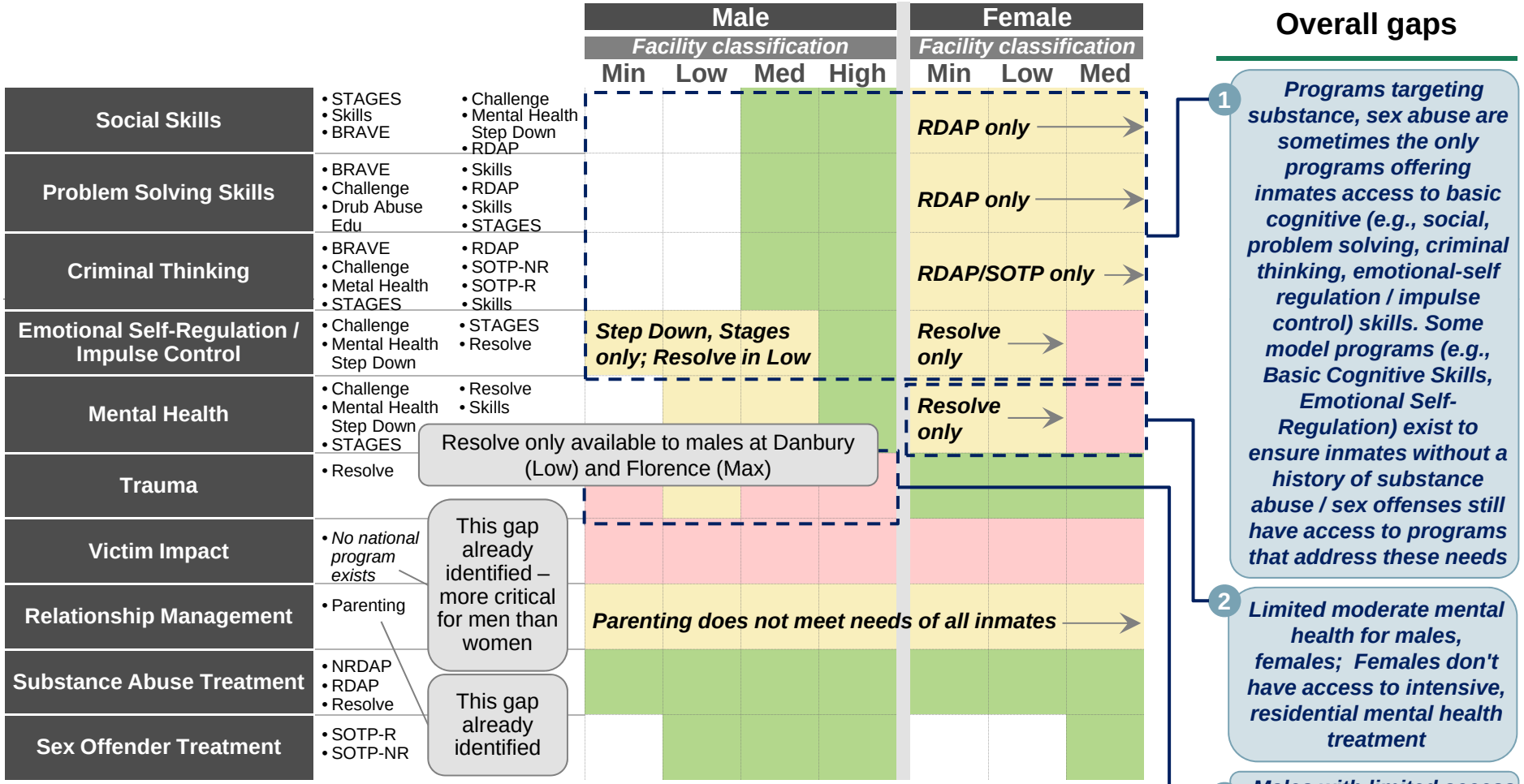
C *Group specific considerations:* Current program allocation, eligibility criteria help to evaluate access



Note: No females are currently housed in high security facilities (Security levels detailed above are facilities, not by individual security classification)
Source: BOP National Program Catalogue (May 2015); BOP Central Office Interviews (August 2016)

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C *Group specific considerations*: Some additional gaps also emerge for other special populations

Special Population	Need	Current Offering	Unmet need
Non-English Speakers	**Non-English variant of core model, national programs**	• **Some programs offered in Spanish** (e.g., Spanish RDAP) • ESL can also help prepare inmates to take programming in English	• Given growing Spanish-speaking population, **greatest need for Spanish variants** of core national, model programs
Cognitively Disabled	**Customized programming across all program areas**	• Education staff **can cater current** education programs for these inmates	• **More standardized** offering and guidance needed

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In summary, the framework identified the following gaps in the BOP's current program offering

GAP	Program Categories	Program Attributes		
	Needs	**Evidence Base**	**Dosage / Intensity**	**Group-specific considerations**
Education	• Need standardized programs for: – Basic Literacy (pre-GED) – Special Education – College / Further Edu			• More standardized special education programming needed for the cognitively disabled
Occupational Training	• *As UNICOR decreases positions, BOP may need to increase offering of other occupational training programs*			
Cognitive / Behavioral	• Victim Impact • Relationship Management		Limited amount of moderate, lower dosage treatment	• Limited access, enrollment in programs for those inmates without a history of substance / sex abuse • Insufficient access to moderate mental health treatment for males, females • Females without access to intensive, residential mental health treatment • Limited trauma programming for males
Life Skills and Release Preparation	• No national RPP program	No evidence based program		***For all program categories, limited programming for non-English speakers and the cognitively disabled***

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Key areas for improvement: What

What programming is provided
–
Gaps in program offering

Key findings

A ***Education:***
- No standardized basic literacy program for those who do not or cannot complete GED or for those who are mentally impaired[1]
- No standardized special education program[1]
- Lack of higher education opportunities for those who have a GED

B ***Occupational training:***
- As UNICOR access becomes more limited with factory closings, BOP may need to consider expanding offering of other occupational training programs

C ***Cognitive/behavioral:***
- No national trauma program for males[2]
- No national victim impact program
- Limited access to relationships programs (especially for non-parents)
- Insufficient moderate mental health treatment for all inmates
- Limited programs for inmates without history of substance / sex abuse
- No intensive, residential mental health treatment for females

D ***Re-entry Preparation (RPP):*** No standardized, national program[3]

E ***Additional Special-Group Considerations:*** Across all program categories, there is limited access to programs for non-English speakers and the cognitively disabled

1. This year, BOP is piloting a standardized basic literacy (pre-GED) program at FCI Butner and Dublin; as a part of this effort the BOP will also track special education needs 2. The BOP has expanded Resolve to two male facilities - ADX Florence and FCI Danbury 3. BOP is working to create this

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Contents

Context

What programming is needed

Who needs what programming

How should it be implemented

Recommendations

Considerations for implementation

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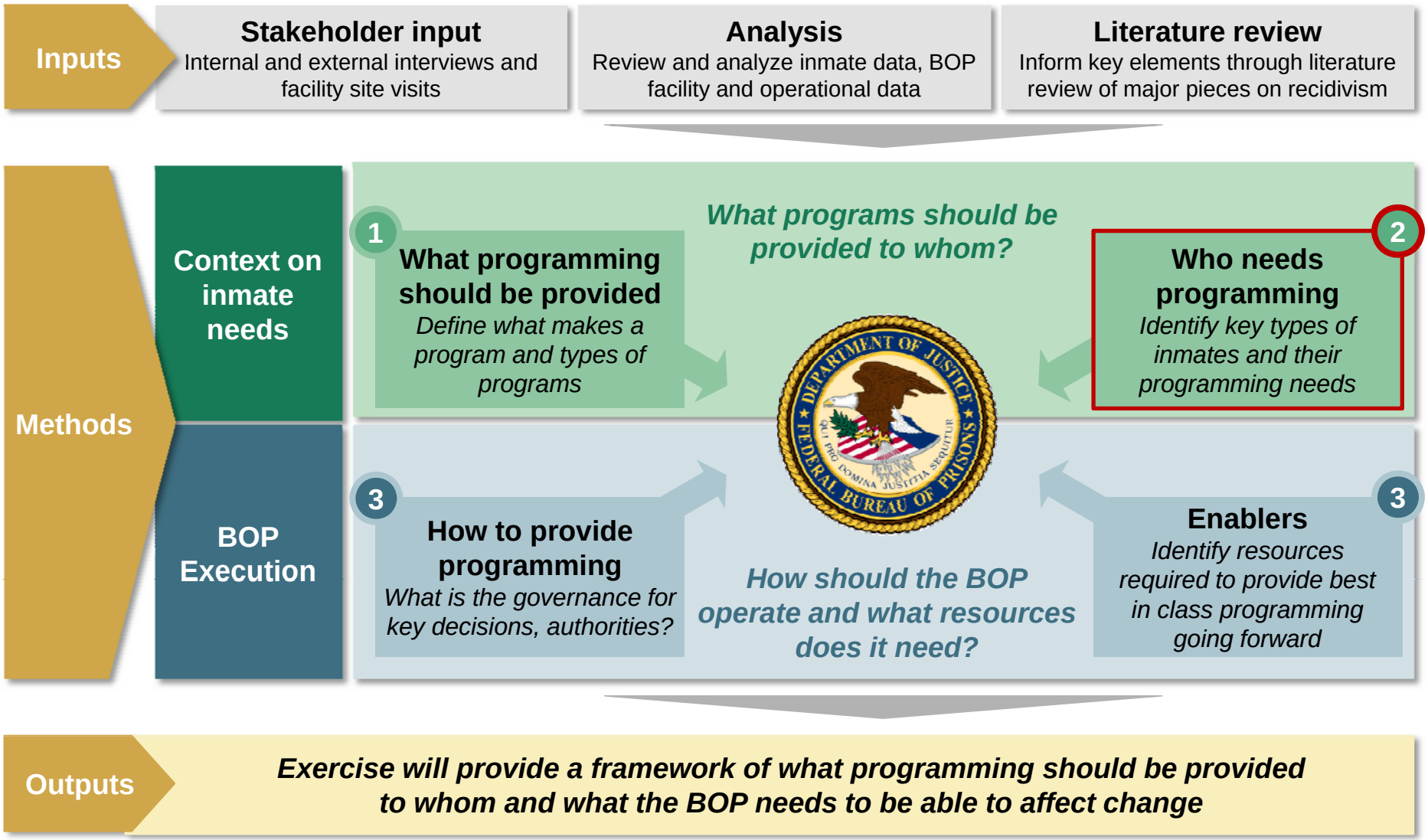
Focus of this section: Who is in the BOP inmate population and what are their programming needs?



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There are both static and dynamic risk factors that need to be considered to identify inmate programming needs

Factors with verifiable data in SENTRY

Risk category	Description	List of risk factors	Impact on recidivism
Static Risk Factors	***Cannot be changed / immutable to treatment***	1 Age	Younger inmates more likely to recidivate
		2 Gender	Male inmates more likely to recidivate
		3 Criminal History	Repeat offenders more likely to recidivate
Dynamic Risk Factors ("Criminogenic Needs")	***Can change over time / amenable to treatment***	4 Anti-social personality	All of these risk factors increase the likelihood of recidivism
		5 Anti-social cognitions	
		6 Anti-social associates	
		7 History of anti-social behavior	
		8 Family and/or marital discord	
		9 Poor school and/ or work performance	
		10 Few pro-social leisure and/or recreation activities	
		11 Substance Abuse	

Source: Andrews, D., & Bonta, J. (Eds.). (2010). *The Psychology of Criminal Conduct* (5th Edition ed.).; James Austin (2004) "The Proper and Improper Use of Risk Assessment in Corrections," Federal Sentencing Reporter, vol. 16, no. 3; Congressional Research Service, 2015, "Risk and Needs Assessment in the Criminal Justice System"

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Andrews & Bonta's Risk-Needs-Responsivity (RNR) model is a prominent view of how to develop, tailor effective programs

The Risk Needs Responsivity Model establishes three core principles for rehabilitating inmates:

Risk	**Match level of intervention to inmate's risk to re-offend** • Risk determined by static factors (i.e., cannot be changed) such as age, gender, criminal history and dynamic factors (i.e., can be influenced) such as antisocial cognitions, antisocial associates and peers, history of antisocial behavior, etc.
Needs	**Target criminogenic needs (i.e., the dynamic risk factors) in intervention** • Risk/needs assessment is utilized to identify inmate's most important dynamic risk factors to develop targeted intervention plan
Responsivity	**Maximize inmate's ability to learn by providing cognitive behavioral treatment and tailoring intervention to inmate's unique learning style, motivation, abilities** • Cognitive behavioral treatments found to be the most effective in reducing recidivism through teaching of new behaviors and skills • Among higher-risk inmates, rewards / incentives particularly effective

Source: Andrews, DA and James Bonta (2006). "Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation"

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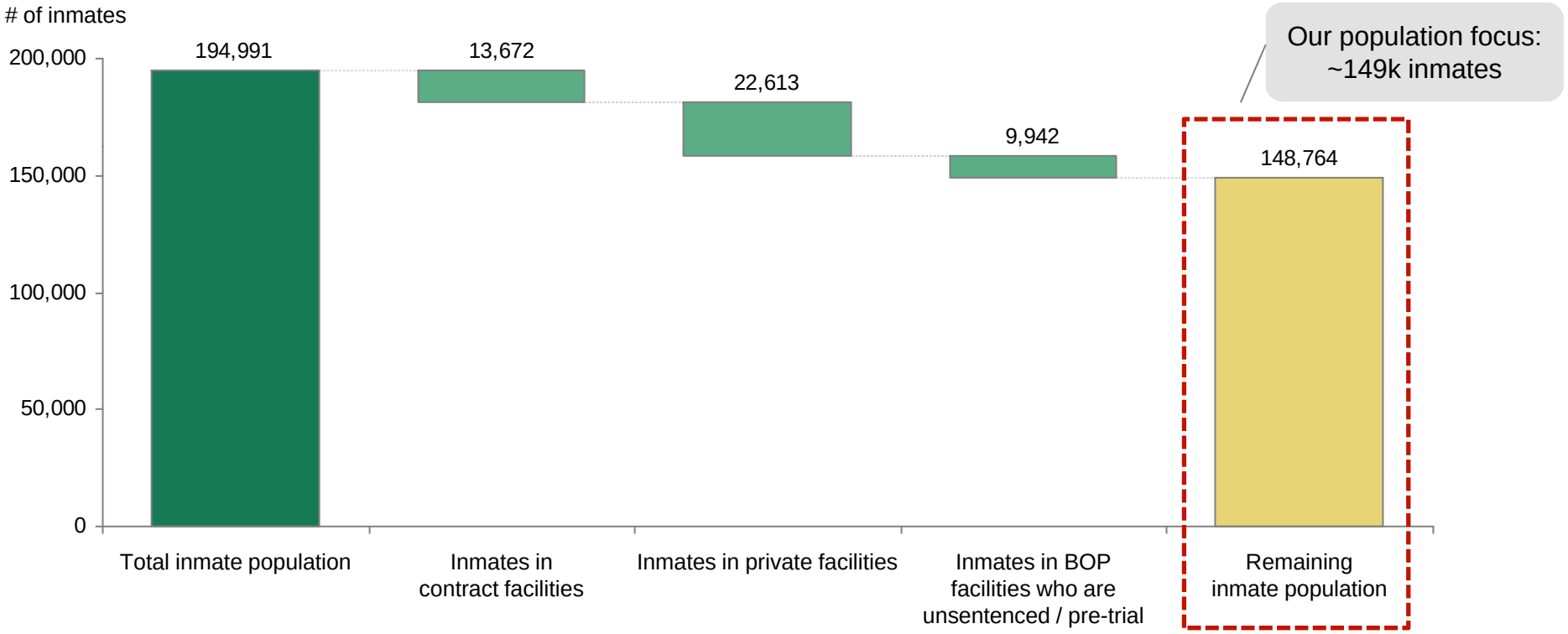
To look at population needs, pre-trial individuals and those in contract and private facilities were filtered out

Of the ~195k total inmates, individuals not within the direct scope of this review of BOP programming were removed from the population set



Source: BOP 2016 Inmate Population Data. Received from BOP May 27, 2016

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Three methods were developed to assess inmate needs

1. ***Review BOP SENTRY data for available indicators related to programming needs...***

2. ***...use RNR Simulation tool on BOP SENTRY data to identify additional criminogenic programming needs...***

3. ***...and use US Probation's PCRA assessment of 2015 release cohort to identify further criminogenic needs***

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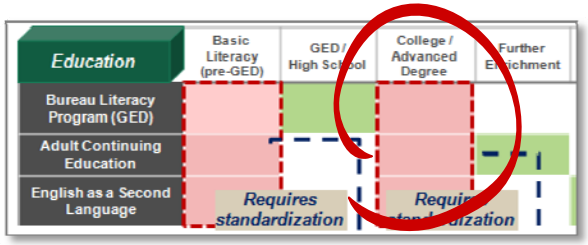
1

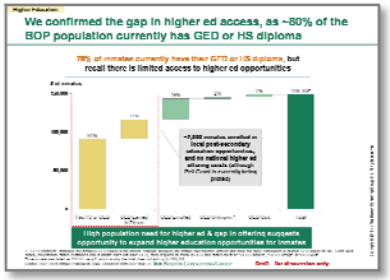
Program gaps identified in the "what" section were confirmed with the data available in SENTRY

Recall from the "what" section, the following program gaps were identified...

...which SENTRY population data was able to confirm

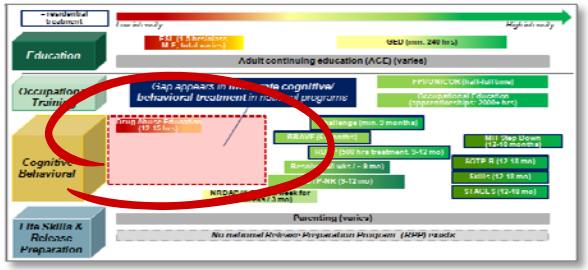
Higher education

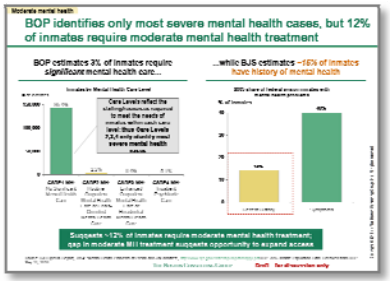




Education data

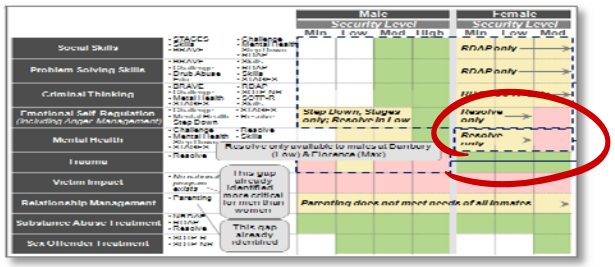
Moderate mental health treatment

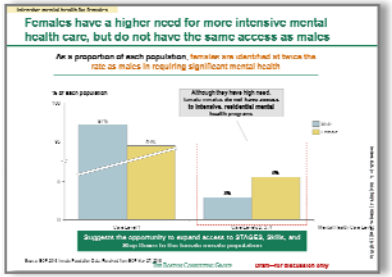




Mental health data

Intensive mental health treatment for females





Mental health data

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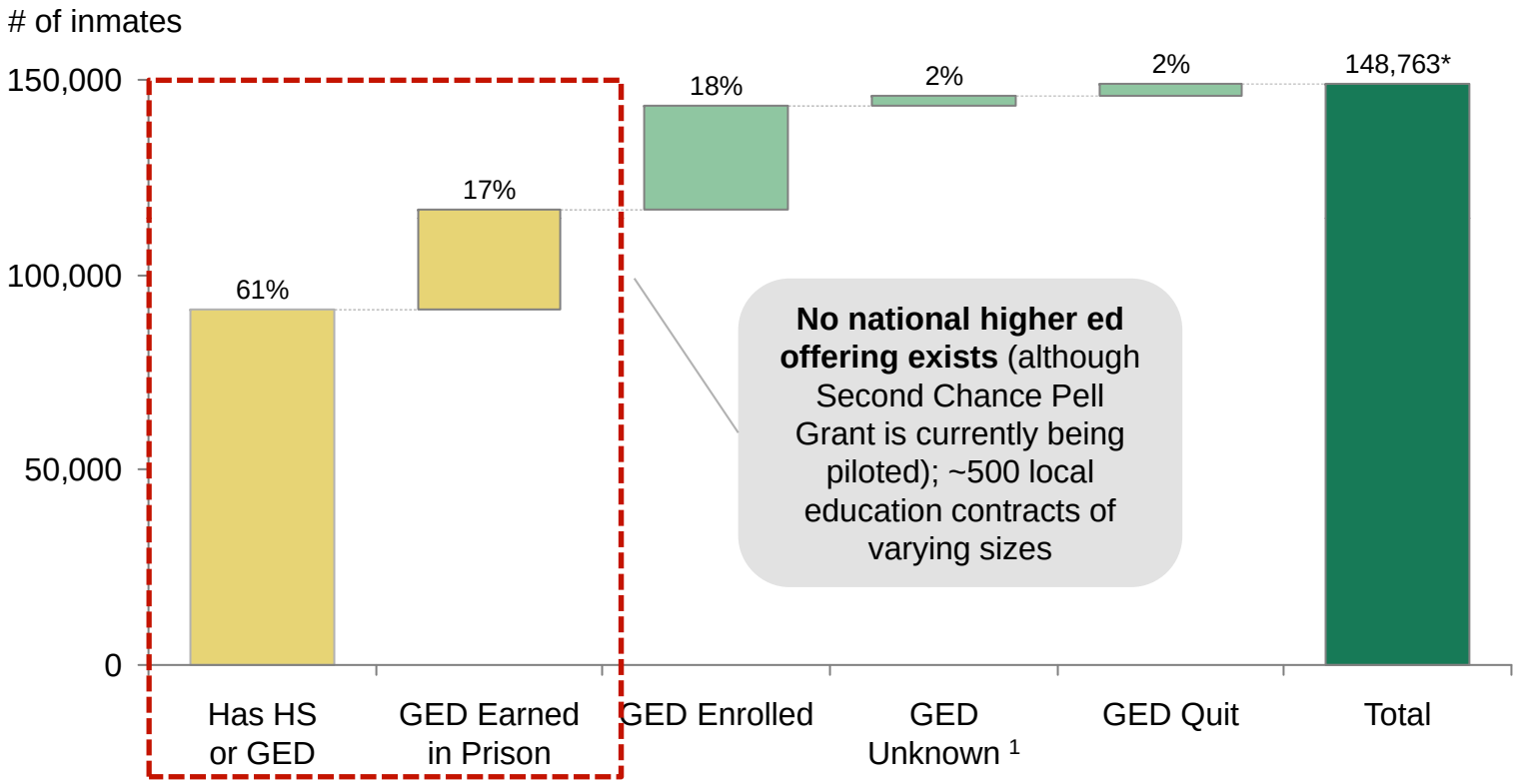
1

~80% of the BOP population currently has GED or HS diploma, revealing importance of higher ed gap found in "what"

78% of inmates currently have their GED or HS diploma, but recall there is limited access to higher ed opportunities



High population need for higher education and gap in offering suggests opportunity to expand higher education opportunities for inmates

1. "GED Unknown" indicates the inmate's GED status is not known, typically because the inmate has recently arrived and does not have verification of his/her GED status on file. Soon after arrival, educational status is attained and if inmate does not have GED, then required to enroll in GED and status must be "GED Enrolled", "GED Exempt" or "GED Quit".
*One inmate was listed as "GED Exempt" which is why the total does not add up to 148,764
Source: BOP 2016 Inmate Population Data. Received from BOP May 27, 2016

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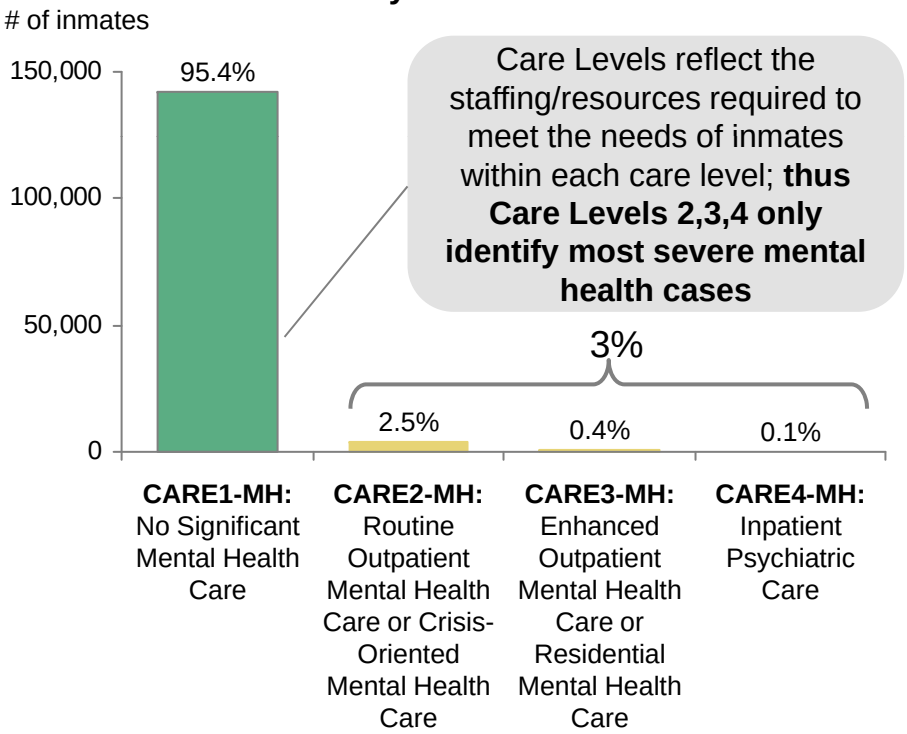
BOP identifies only most severe mental health cases, but an estimated additional 11% of inmates require moderate care

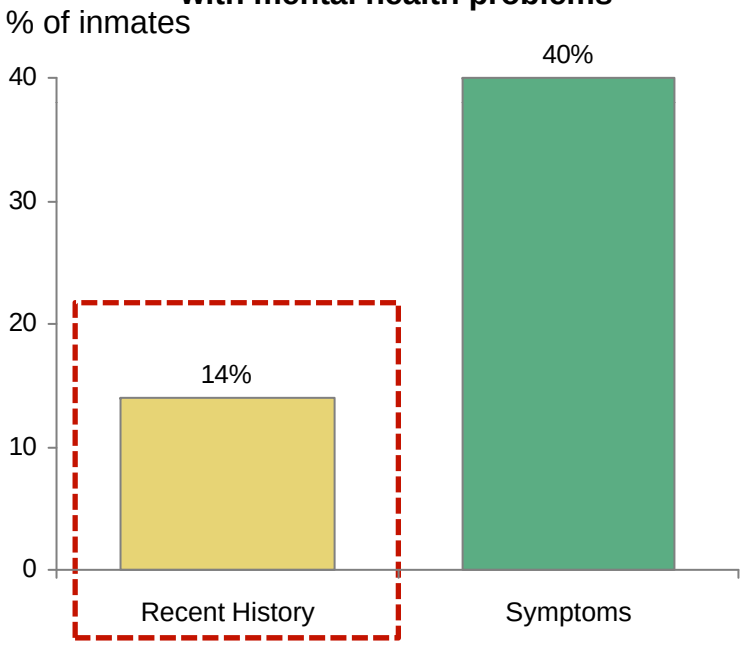
BOP estimates 3% of inmates require *significant* mental health care...

Inmates by Mental Health Care Level



...while BJS estimates a total of *14%* of inmates have history of mental health problems

2005 share of federal prison inmates with mental health problems



Suggests 11% of inmates require moderate mental health treatment; gap in moderate MH treatment suggests opportunity to expand access

Source: Bureau of Justice Statistics Special Report, 2014: "Mental Health Problems of Prison and Jail Inmates", http://www.bjs.gov/content/pub/pdf/mhppji.pdfBOP 2016 Inmate Population Data. Received from BOP May 27, 2016

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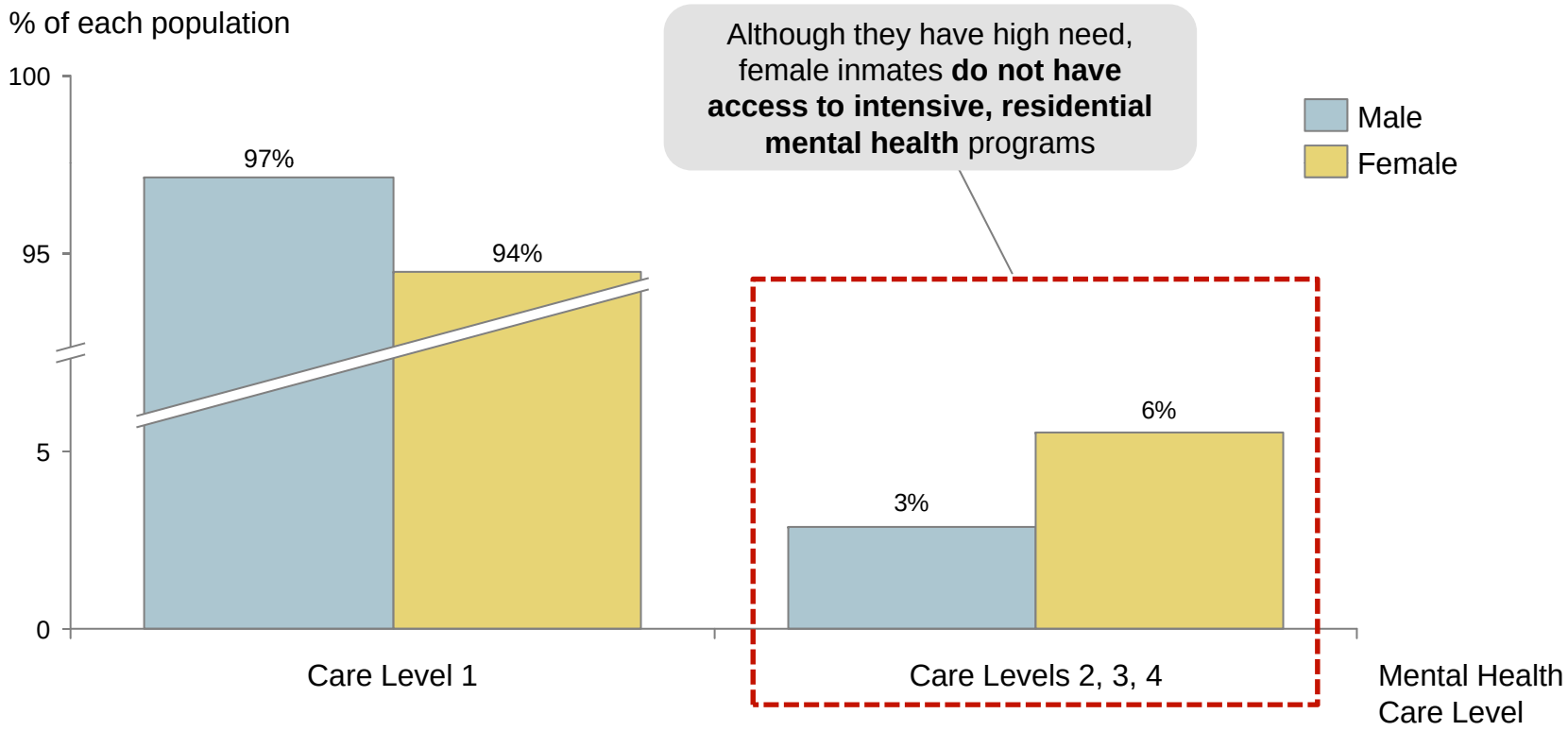
Females show a higher need for more intensive mental health care, but do not have the same access as males

As a proportion of each population, females are identified at twice the rate as males in requiring significant mental health care



Suggests the opportunity to expand access to STAGES, Skills, and Step Down to the female inmate population

Source: BOP 2016 Inmate Population Data. Received from BOP May 27, 2016

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Typically a systematic risk assessment tool would be utilized to capture inmates' full criminogenic programming needs

To determine program needs, a tool would capture the following for each inmate...

- Static risk factors
- Detailed information on all of the inmate's criminogenic needs, including:
  - anti-social personality
  - anti-social cognitions
  - anti-social peers / associates
  - history of anti-social behavior
  - family / marital ties
  - education / work performance
  - leisure and/or recreation activities
  - substance abuse issues

...but the BOP doesn't currently capture all this information in a systematic way

While the BOP's current risk assessment tool (337/338) captures systematic information for each inmate on static risk factors, history of anti-social behavior, education history, and substance abuse issues, ***the risk assessment does not systematically capture all criminogenic needs in a usable database for all inmates in order to determine program needs***

Note: The BOP is seeking to validate and refine its existing risk assessment tool (337/338)

As such, we utilized two different proxy analyses for determining the inmate population's aggregate criminogenic programming needs

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This assessment used two different approaches to proxy the BOP population's aggregate criminogenic programming needs

	"RNR Simulation Tool" Approach	"PCRA" Approach
Source	• BOP 2016 Inmate Population Data. Received from BOP SENTRY system May 27, 2016	• 2015 BOP Release cohort PCRA data, released from US Probation July 22, 2016
Context for Analysis	• Professor Faye Taxman developed the Risk-Needs-Responsivity (RNR) tool, **funded in part by the Bureau of Justice Assistance, to determine a population's aggregate programming criminogenic need areas** • The use of this tool for the BOP population was **recommended in the 2016 Charles Colson Task Force Report**[1]	• The U.S. Courts Office of Probation and Pretrial Service administers the Federal **Post-Conviction Risk Assessment (PCRA) to all BOP inmates upon release** to guide post-release supervision and case management • The PCRA **captures the criminogenic needs** of each member of the release cohort
Methodology of Analysis	• Prof. Taxman **analyzed the BOP population's static and available dynamic risk factors to populate the RNR simulation tool algorithm**, which re-weights an underlying database of 20,000+ risk-need profiles of state/federal inmates to estimate the aggregate programming needs	• A **2015 PCRA release cohort was re-weighted** (on offense type, sex, sentence length, age and race) **to reflect the current BOP inmate population**, allowing us to estimate the needs of the BOP population upon release
Goal	*Identify the population's **current criminogenic programming needs***	*Identify the population's criminogenic **needs unmet upon release***

1. Colson Task Force Report, "Transforming Prisons, Restoring Lives" (2016), p. 35: http://colsontaskforce.org/final-recommendations/Colson-Task-Force-Final-Recommendations-January-2016.pdf

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2

Taxman used her propriety risk-needs tool to determine the current aggregate BOP population programming needs

Professor Taxman analyzed population-level BOP inmate data to assign the *primary*[1] criminogenic programming needs of the inmate population

Cognitive/behavioral programming
Non-cognitive/behavioral programming

Program need	Description
Substance Dependence	*Higher-dosage cognitive/behavioral programming to address **dependence on hard drugs**, e.g. opiates, opioids, crack/cocaine, amphetamines, heroin, etc*
Cognitive Restructuring (Criminal)	*Higher-dosage cognitive/behavioral programming to address **criminal thinking and restructuring** (focus on criminal cognitions and schemas)*
Cognitive Restructuring (Young Adult)	*Higher-dosage cognitive/behavioral programming to target decision-making skills & developmental issues for those **aged 18-27***
Self Management and Control	*Cognitive/behavioral programming to target **impulse control** for those with power/control issues, mental health issues, and/or risky substance abuse (note: substance abuse in this category associated with lifestyle/social scenarios and does not involve compulsive, drug-seeking behaviors)*
Interpersonal Skill Development	*Cognitive/behavioral programming to target **social and interpersonal skills development**, e.g. communication, problem solving and conflict resolution skills*
Life Skill Development	*Focus on **education, vocational training, and life skills** (e.g. financial management)*
Structured Time / Activities Only	*No evidence-based recidivism programming required*

1. Primary programming need defined as the need that, if addressed, should have the greatest impact on reducing recidivism. Each inmate falls into only one of the categories.

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2

Back-up: RNR Simulation Tool methodology

With funding from the Bureau of Justice Assistance, Professor Taxman developed the "Risk-Needs-Responsivity" (RNR) Simulation Tool:

- ...which analyzes the static and available dynamic needs of a given inmate population
- ...and reweights an underlying database of 20,000+ risk/need inmate profiles of state/federal inmates to reflect the given inmate population
- ...and runs the re-weighted profiles through the underlying models of the simulation to estimate the criminogenic programming needs for the given inmate population

The underlying database of the RNR Simulation tool was re-weighted on the following available data elements in the BOP population:

- Risk score, age, gender, racial and ethnic distribution, substance use disorder or need for services, offense categories, violent offender prevalence, type of education, and combinations of history of drug involvement and violence offense

As data was unavailable on many of the dynamic needs of the population (e.g. anti-social cognitions, anti-social personality, etc), Professor Taxman conducted several iterations of the programming need estimates using various assumptions and combination of variables to validate the point prevalence estimates. The goal was to assess the robustness of the programming point estimates.

- Data elements utilized:
  - Age, race, ethnicity, sex, citizenship, offense category, detainer, security level, length of sentence, time till release, RDAP eligibility, indicator of drug/alcohol abuse, mental health care level, GED status, family ties, program participation, risk score, criminal history score, escape history score, history of violence, disciplinary reports, type, and severity of disciplinary reports, public safety factors, and combinations of the variables: substance use disorder/violence, substance use disorder/escape history, and substance use disorder/public safety factor 1
  - The DSM evaluation data was used in the validation efforts to ascertain how different assumptions about the distribution of different types of substance use disorder (based on drug of choice) and indicators of criminal lifestyle and cognitions affect the point prevalence estimates

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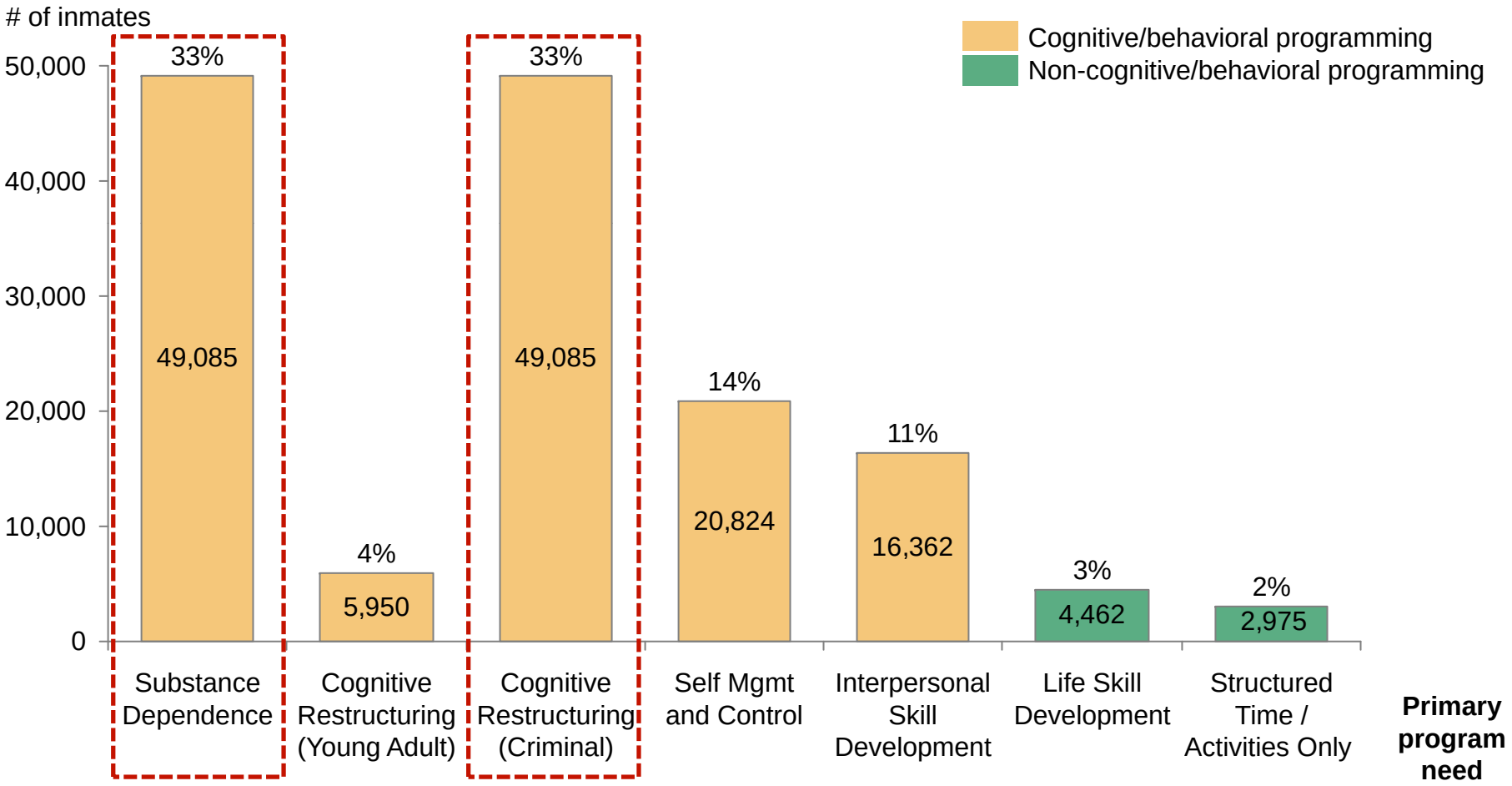
2

Overall needs found to be highest in cognitive restructuring and substance abuse in this analysis

Primary[1] inmate programming need distribution for the overall BOP inmate population



1. Primary programming need defined as the need that, if addressed, should have the greatest impact on reducing recidivism. Each inmate can fall into only one of the categories. If the person needs treatment/programming for substance abuse *and* criminal cognitions, they are placed in the criminal cognition category if they have more than 3 years remaining in the facility because addressing criminal lifestyles, schemas, and cognitions are important during the incarceration period.

Source: RNR Simulation Tool Analysis, developed by Professor Faye Taxman, August 2016

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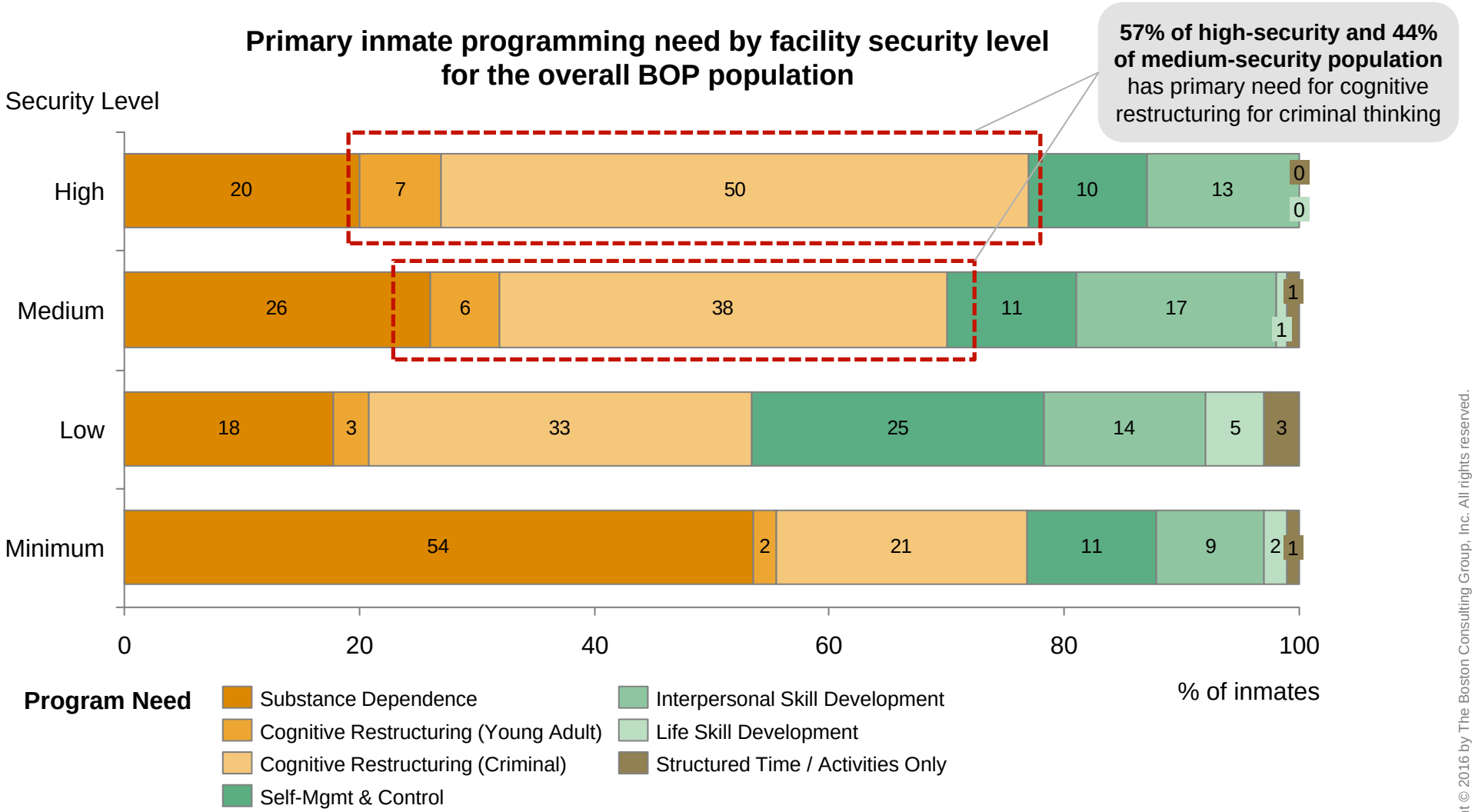
2

Highest proportional need for cognitive restructuring was found in high and medium-security facilities



Note: For low, medium, and high security facilities, we filtered out inmates in minimum security satellite camps attached to those facilities by filtering out inmates in those facilities who had a "minimum" security level designation. f the person needs treatment/programming for substance abuse *and* criminal cognitions, they are placed in the criminal cognition category if they have more than 3 years remaining in the facility because addressing criminal lifestyles, schemas, and cognitions are important during the incarceration period.
Source: RNR Simulation Tool Analysis, developed by Professor Faye Taxman, August 2016

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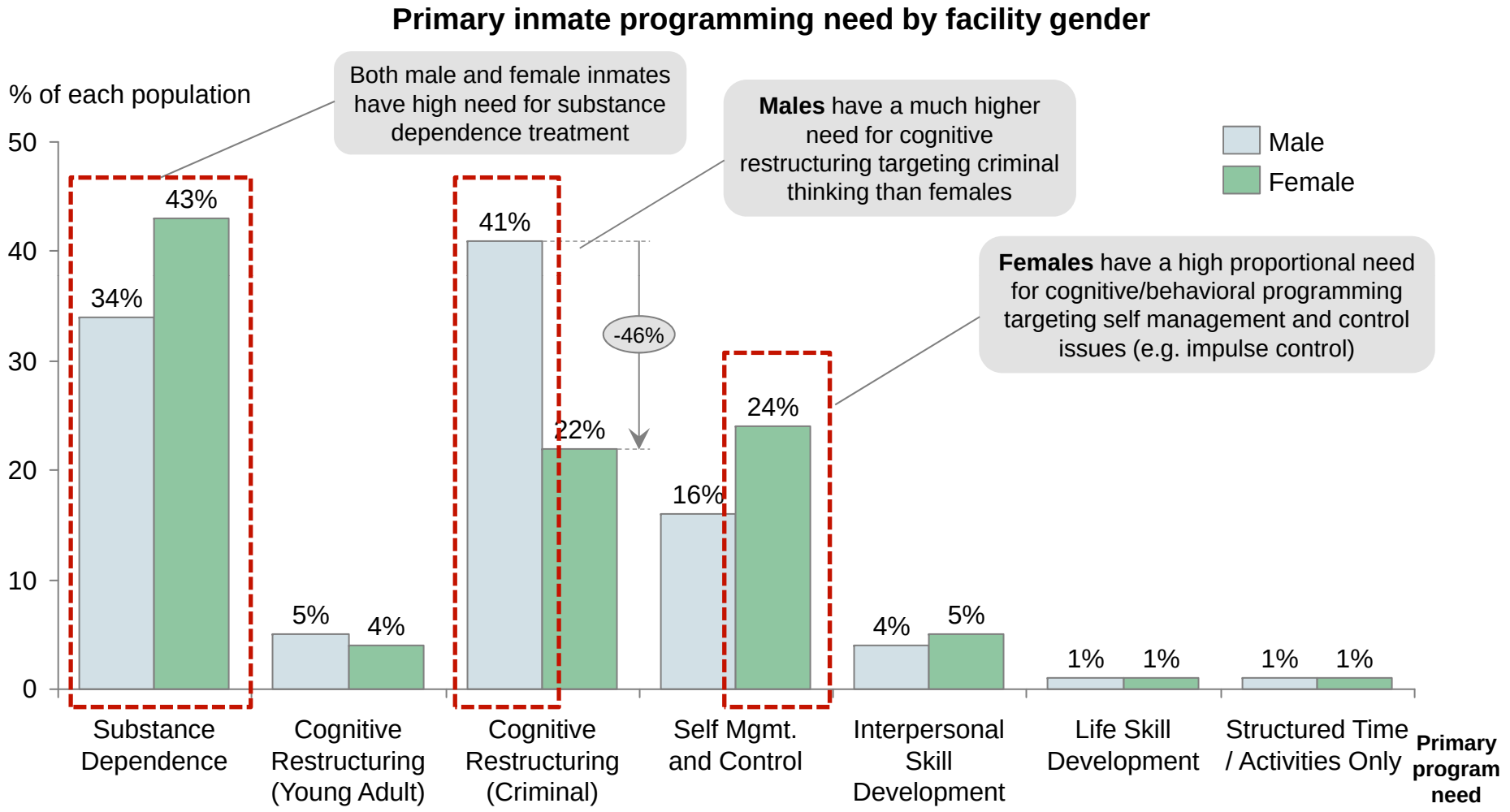
2

Males were found to have a higher proportional need in cognitive restructuring and females in self mgmt and control



Note: We did not look at facilities that house both male & female populations. If the person needs treatment/programming for substance abuse *and* criminal cognitions, they are placed in the criminal cognition category if they have more than 3 years remaining in the facility because addressing criminal lifestyles, schemas, and cognitions are important during the incarceration period.
Source: RNR Simulation Tool Analysis on current BOP inmate population, developed by Professor Faye Taxman, received August 2016

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3

The US Probation system's PCRA data provided an additional method to estimate the BOP population's needs

US probation made the results of the Post Conviction Risk Assessment (PCRA) available for the entire release cohort from the Bureau of Prisons in 2015 – 38,753 individuals

- The data differs slightly in population composition from the BOP population, as it contains information on individuals released from BOP facilities, contract facilities, and private facilities
- Release cohorts can also skew from the current inmate population in terms of variables such as sentence length, age

PCRA provides us with the criminogenic needs of the 2015 release cohort

After reweighting the dataset to look like the BOP population based on gender, sentence length, offense type, age, and race, an estimate of criminogenic need for the current BOP population could be made

- Our estimate of criminogenic need in the current BOP population can be split into two groups: criminogenic needs that are assessed after release, and thus identify needs that are unmet by programming, and criminogenic needs that include historical data on inmates, and thus provide a proxy for current criminogenic needs of the BOP population

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3

PCRA includes variables identifying criminogenic needs; reweighting variables can proxy the current BOP population

= *Need unmet while in BOP (need is identified post-release)*

Risk category	List of risk factors	Proxies using PCRA data
Criminogenic Needs Estimated by reweighted PCRA dataset	**Anti-social cognitions**	Estimate obtained using presence of elevated levels of **criminal cognition**, **unmotivated attitude** towards supervision and change and **anti-social attitude**
	Anti-social associates	Score based on **lack of positive pro-social support** in individual's life
	Family and/or marital discord	Scored based on an inmate's **unstable family circumstances** at the time of assessment
	Few pro-social leisure and/or recreation activities	Estimated obtained using lack of **engagement in pro-social activities**
	Substance Abuse	Estimated using **alcohol abuse** and **drug abuse**
	Employment	Good or poor **work assessment** is based on employment in last 12 months
Other Needs Estimated by reweighting PCRA dataset	**Mental Health Issues**	Individual flagged w/ **mental health issues** that may interfere w/ treatment or supervision

In order to obtain estimates of these needs in the BOP population, we reweight the PCRA population on offense type, sentence length, age, gender and race

Source: Andrews, D., & Bonta, J. (Eds.). (2010). *The Psychology of Criminal Conduct* (5th Edition ed.). New Providence, NJ: Matthew Bender & Company, Inc., LexisNexis Group.

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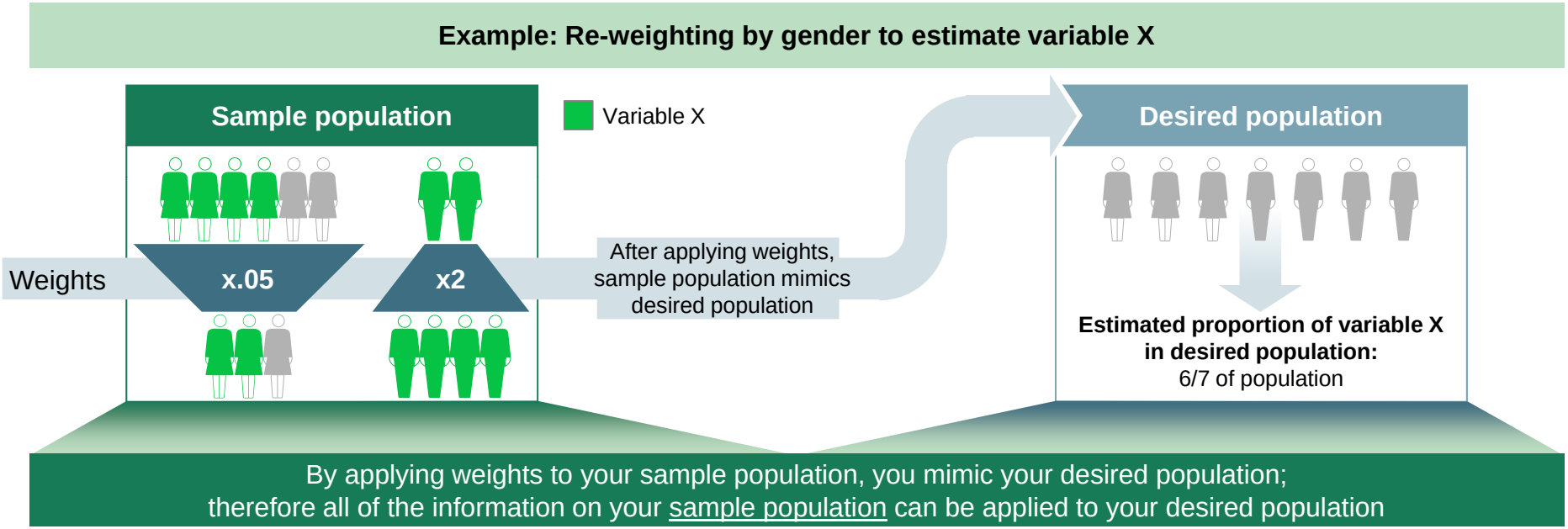
The release cohort was reweighted to resemble the current BOP population more closely

- Reweighting a sample population to look like a desired population allows you apply any findings from the sample to your desired population



PCRA re-weighing

- We reweighted the sample population – the PCRA dataset – to look like the desired population – the BOP population.
  - We re-weighted on gender, offense type, sentence length, age, and race, using RIM weighting in R
  - This allowed us to estimate criminogenic need in the BOP population

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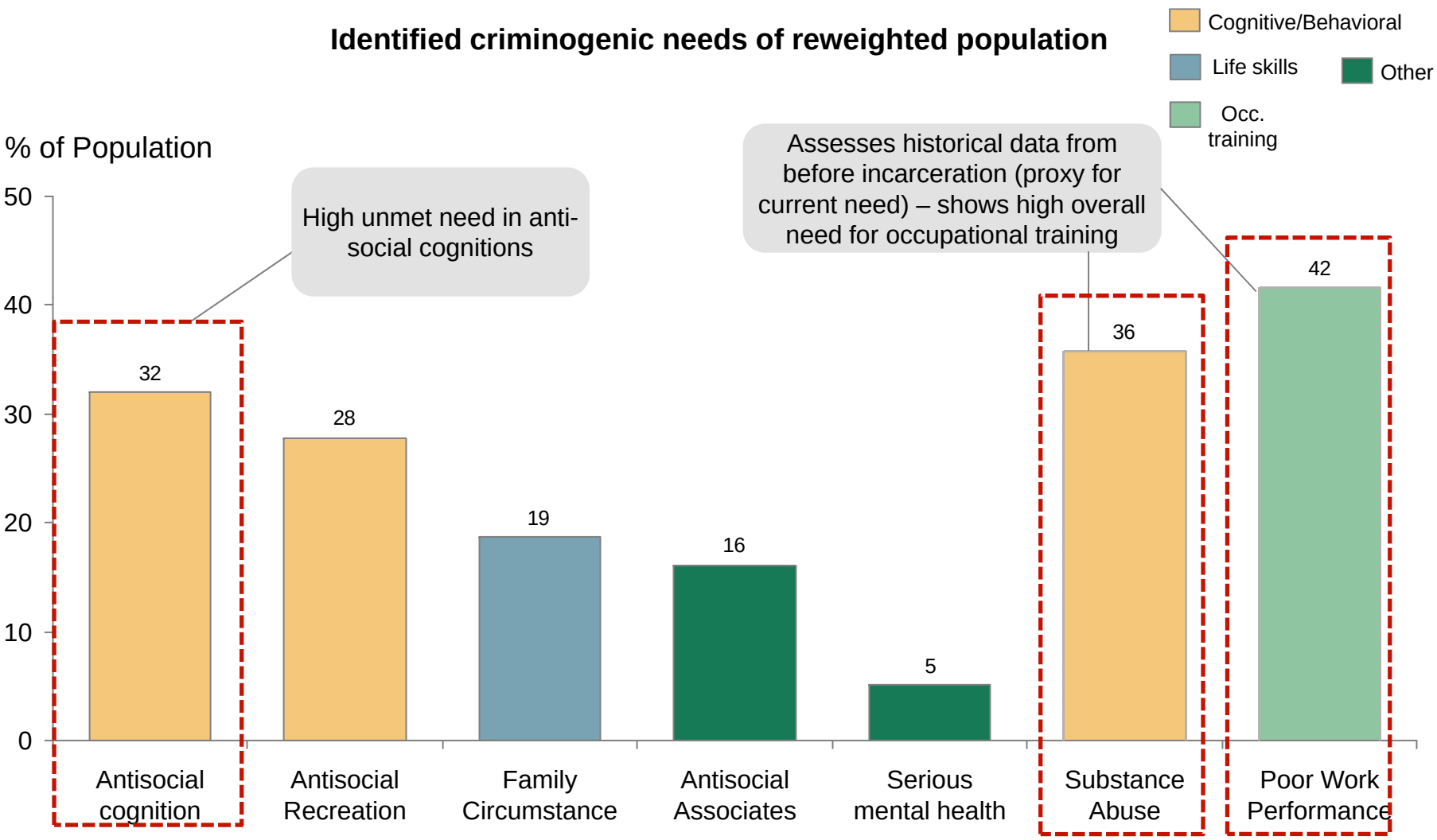
3

Reweighted dataset estimate suggests high employment and substance abuse needs, unmet cognitive restructuring needs



Note: PCRA population reweighted based on frequencies of gender, race, sentence length, offense type, and age in the BOP population data; data for substance abuse and poor work performance includes historical data for inmate
Source: Post Conviction Risk Assessment Data, 2015 Release Cohort. Received from US Probation and Pretrial Services July 28 2016.

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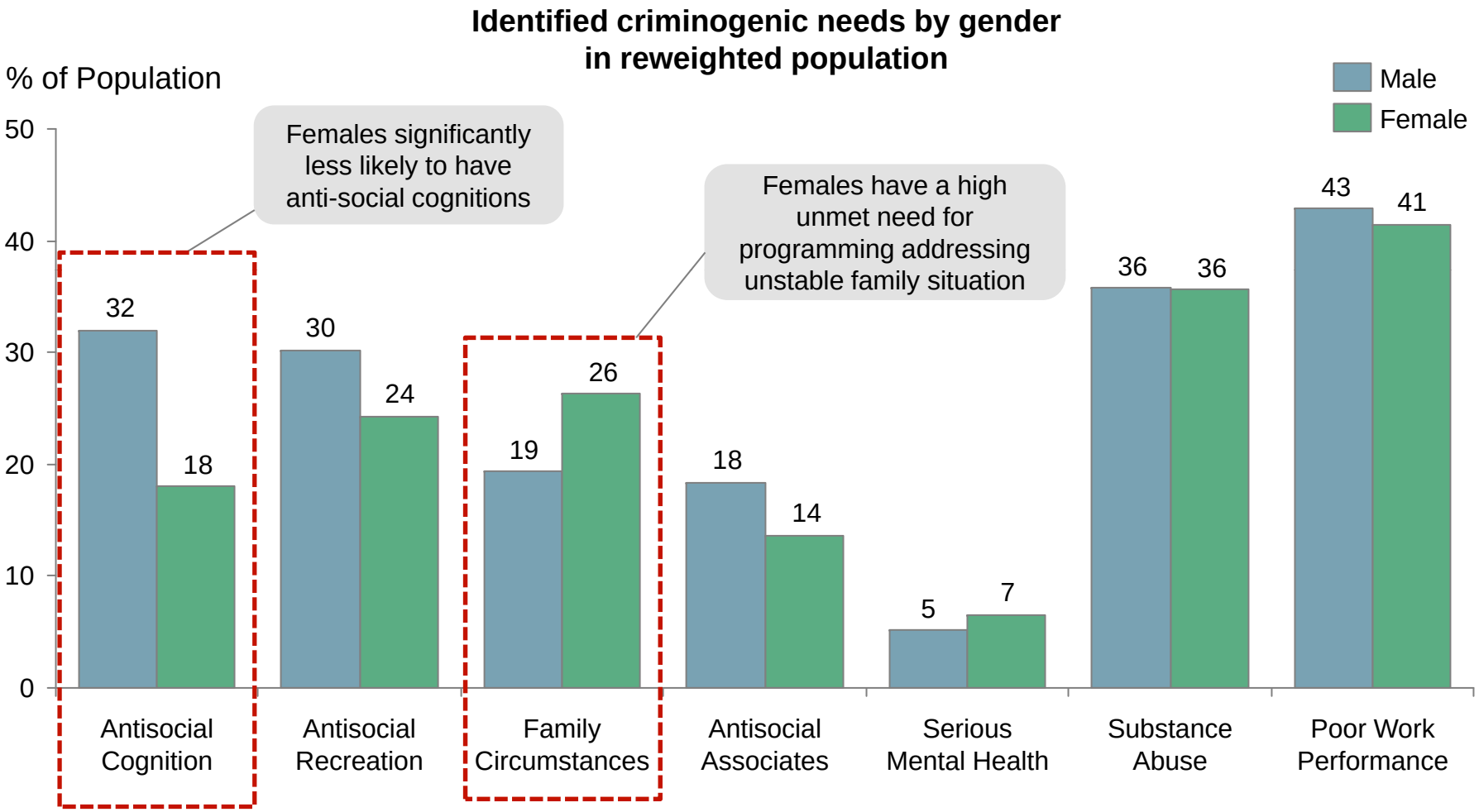
3

Female population less likely to have anti-social cognitions, more likely to have poor family circumstances



PCRA population reweighted based on frequencies of gender, race, sentence length, offense type, and age in the BOP population data.
Source: Post Conviction Risk Assessment Data, 2015 Release Cohort. Received from US Probation and Pretrial Services July 28 2016.

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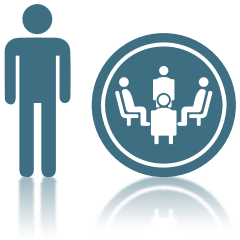
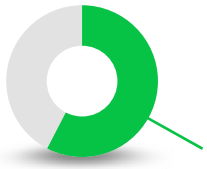
Biggest needs in male cog. restructuring, female relationships mgmt & self mgmt/control, and overall occupational training

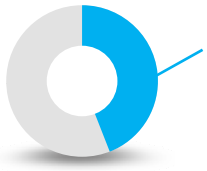
Need for cognitive restructuring for high and medium-security males



PCRA analysis reveals that anti-social cognitions is the most significant unmet need for the male BOP population, as

32% of the population still has this need upon release





RNR Simulation Tool analysis provides us with a deep-dive insight into where this need is currently concentrated, revealing that

57% of the high-security population and

44% of the medium-security population, <u>at a minimum</u>,

has a serious need for high-dosage cognitive restructuring targeting criminal cognitions

Need for relationships management and self management and control programming for females

PCRA analysis demonstrates that poor family circumstances is the biggest unmet need for the female BOP population, with

26% of females documenting poor family circumstances upon release from prison

RNR Simulation Tool analysis reveals that the biggest current need of the female BOP population is self management and control, with

24% of females requiring treatment for self management & control issues (e.g. impulse control)

Need for occupational training for the overall population

PCRA analysis illustrates that **44%** of the total population came into prison with historical poor work performance, highlighting the importance of occupational training

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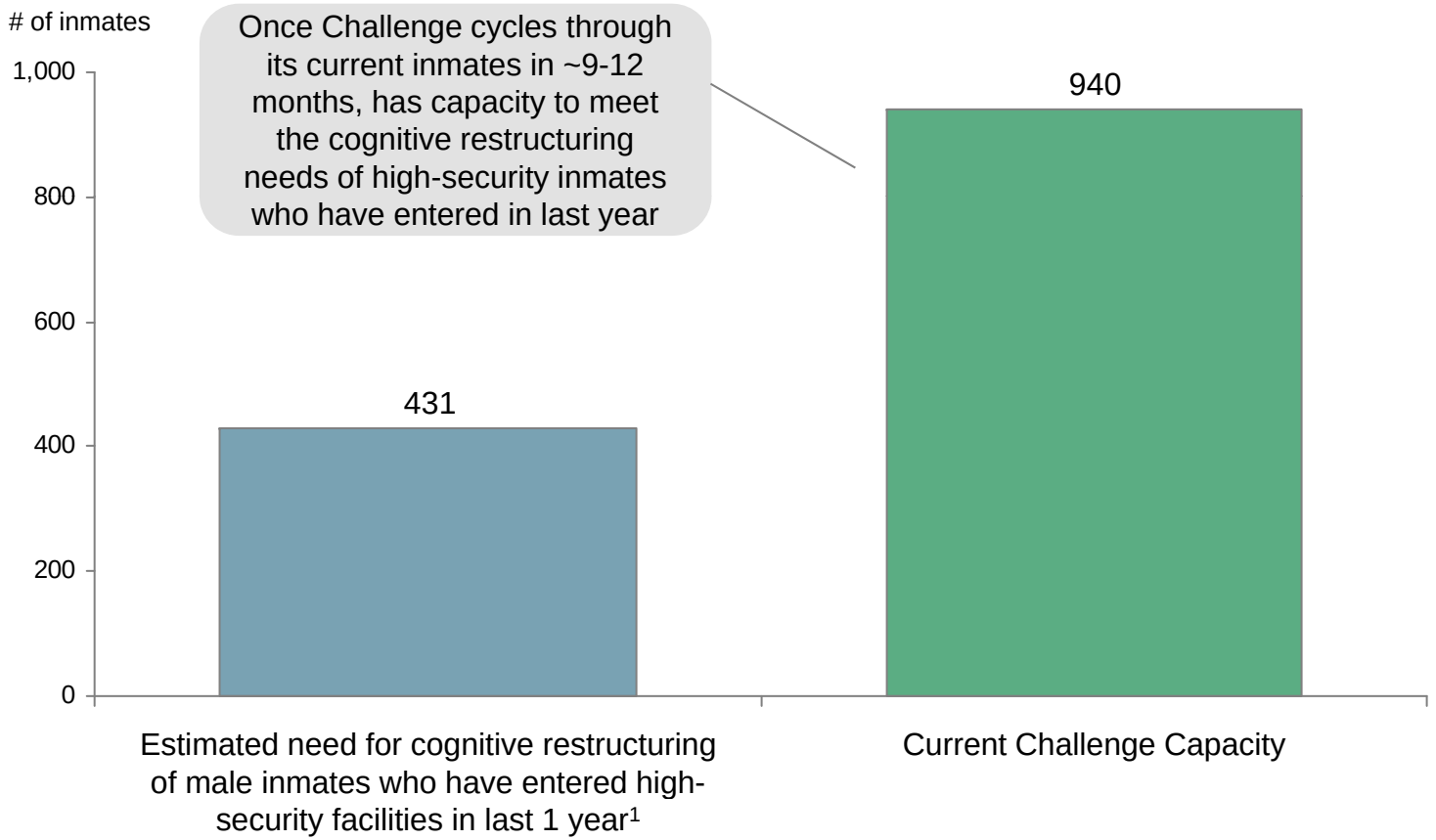
Male cognitive restructuring: Challenge has sufficient capacity to meet the high-security male population needs

High-security male cognitive restructuring need vs. Current Program Capacity



1. Based on RNR Simulation Tool Analysis that 57% of high-security population has need for cognitive restructuring targeting criminal thinking
Source: RNR Simulation Tool Analysis, developed by Professor Faye Taxman, August 2016; BOP 2015 National Program Enrollment Data, received May 2016; BOP 2016 Inmate Population Data, received May 2016. Does not include inmates in minimum security satellite camps.

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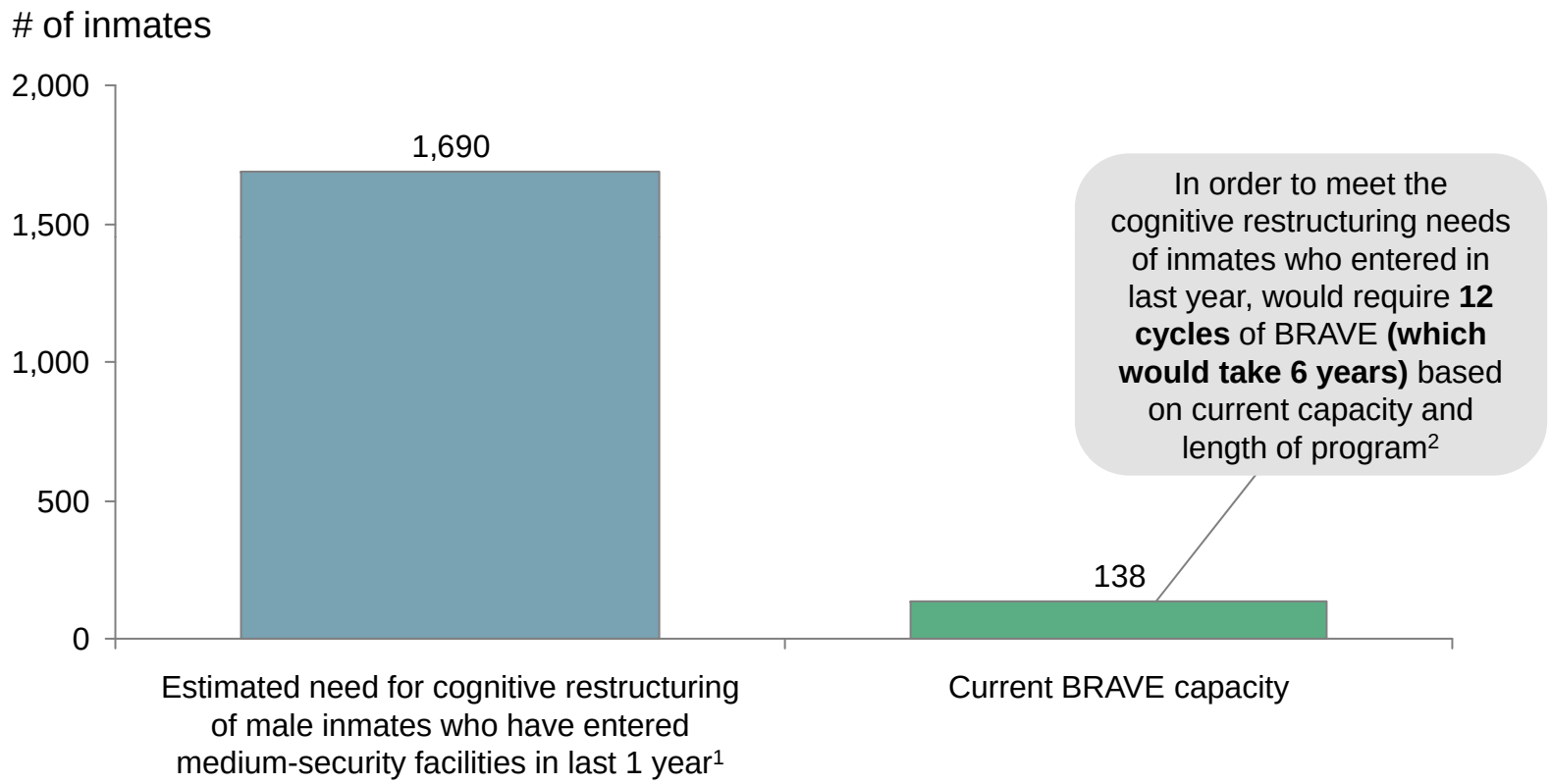
Male cognitive restructuring: BRAVE does not have sufficient capacity in its current design to meet needs

Medium-security male cognitive restructuring need vs. Current Program Capacity



1. Based on RNR Simulation Tool Analysis that 6% of med-security population requires cognitive restructuring for young adults (18-27) and 38% of med-security population requires cognitive restructuring (28 and older). Thus, we approximated ~50% of population aged <32 and ~40% of population aged >32 require cognitive restructuring. 2. BRAVE is a 6 month program. 3. BRAVE is currently only for inmates under the age of 32 and therefore was not designed to meet total population needs

Source: RNR Simulation Tool Analysis, developed by Professor Faye Taxman, August 2016; BOP 2015 National Program Enrollment Data, received May 2016; BOP 2016 Inmate Population Data, received May 2016. Does not include inmates in minimum security satellite camps.

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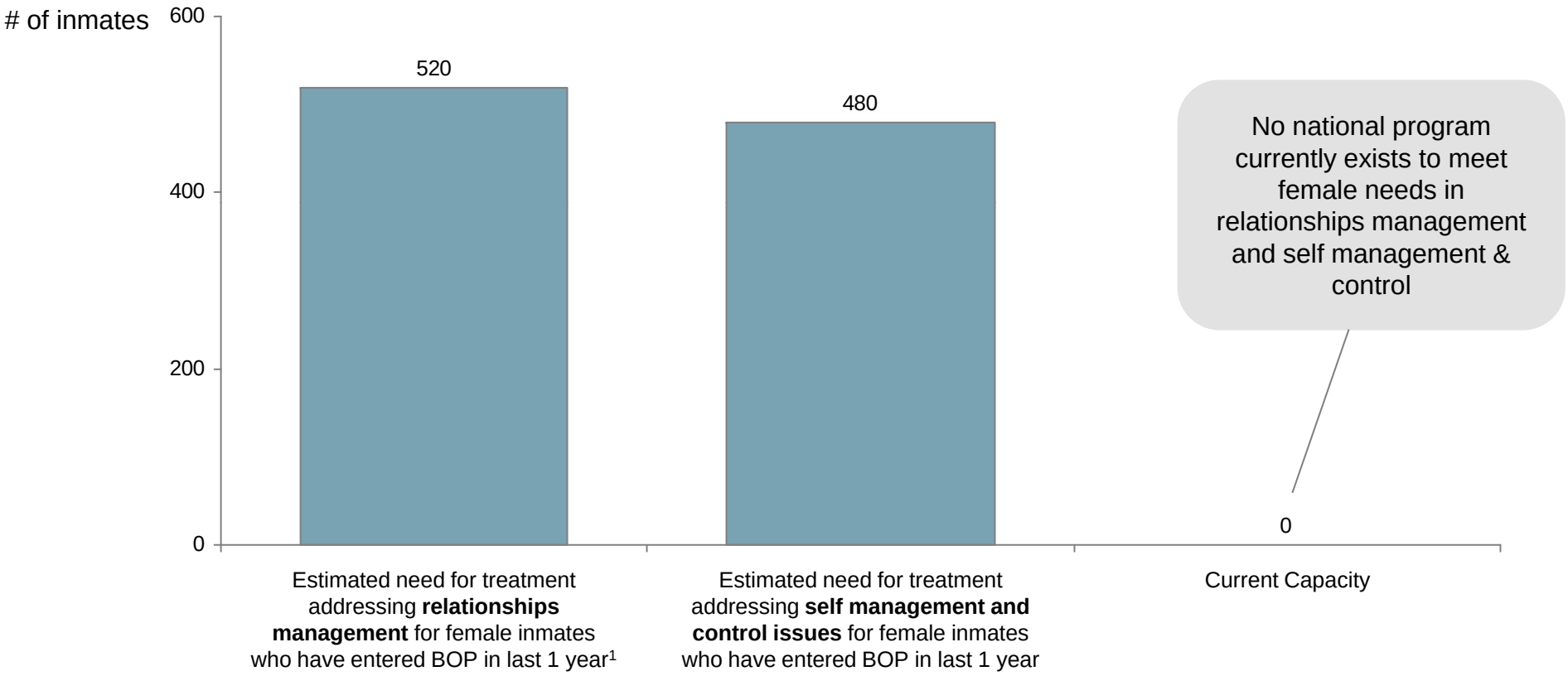
Female relationships mgmt and self mgmt/control: Analysis of programming at national level reveals gap in meeting need

Female Need for Relationships Management and Self Management & Control Programming vs. Current Program Capacity



1. Based on PCRA analysis that 26% of female cohort documents poor family circumstances upon release. 2. Based on RNR Simulation Tool Analysis that 24% of female population has self management & control issues (e.g. impulse control)
Source: Post Conviction Risk Assessment Data, 2015 Release Cohort. Received from US Probation and Pretrial Services July 28 2016; RNR Simulation Tool Analysis, developed by Professor Faye Taxman, August 2016; BOP 2015 National Program Enrollment Data, received May 2016

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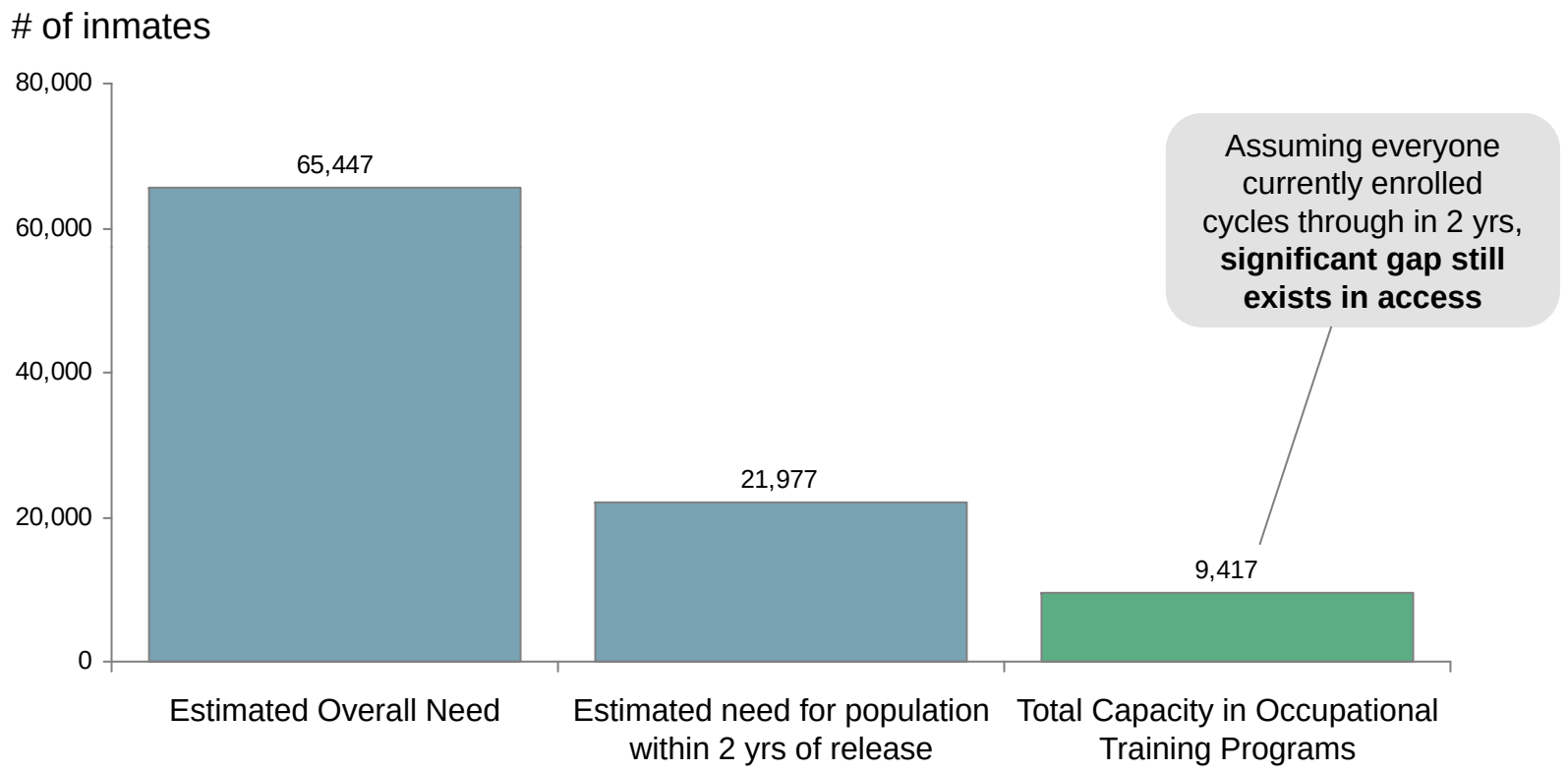
Occupational Training: Analysis of national occupational training capacity reveals a gap in meeting overall inmate need

Population Need for Job Preparation vs. Occupational Training Program Capacity[1]



1. Occupational training programs defined as occupational education classes and technical / vocational training programs with accompanying apprenticeships
UNICOR enrollment not included here as recent closures and planned closures of UNICOR factories limits access.
Source: Post Conviction Risk Assessment Data, 2015 Release Cohort. Received from US Probation and Pretrial Services July 28 2016.; BOP 2015 National Program Enrollment Data, received May 2016, Interview with BOP Staff, August 16, 2016.

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Key areas for improvement: Who

Who needs programming
–
Gaps in who is served

Key areas for improvement

E BOP does not currently have a systematic method to capture inmates' full criminogenic needs to determine programming recommendations

F Biggest unmet population needs for programming in:
- Higher education opportunities for overall population
- Moderate mental health treatment for overall population
- Intensive, residential mental health treatment for females
- Cognitive restructuring for medium-security males
- Relationships management and self management & control programming for females
- Occupational training programming for overall population

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Summary: Between the "what" and "who" sections, BCG identified a number of gaps in access to programming (I/II)

Population need		Analysis of gap		Implication
		"What" section	*"Who" section*	
Education	**Higher education**	No national program offering (although Second Chance Pell Grant is being piloted)	~78% of inmates currently have GED / high school diploma	*Expand access to higher education opportunities*
	Basic Literacy	No standardized national program offering	Insufficient data to size population need	*Pursue further study to size need and resourcing required to offer national program*
	Special education	No standardized national program offering	Insufficient data to size population need	*Pursue further study to size need and resourcing required to offer national program*
Occupational Training	**Occupational training**	Limited enrollment; industries not necessarily aligned with those likely to hire formerly incarcerated individuals	44% of inmates have poor work performance coming into BOP	*Pursue further study on opportunities to improve occupational education access / offerings*
Reentry Preparation	**Reentry preparation**	No standardized national program offering	Assumed all inmates being released in need	*Create a standardized, national reentry preparation program*

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Summary: Between the "what" and "who" sections, BCG identified a number of gaps in access to programming (II/II)

Population need		Analysis of gap		Implication
		"What" section	*"Who" section*	
Cognitive / behavioral programs	**Moderate mental health care overall**	Insufficient offering of moderate mental health treatment	~12% of inmates require moderate mental health treatment	*Expand overall access to moderate mental health treatment / therapy*
	Intensive, residential mental health care for females	No intensive, residential mental health treatment for females	~6% of female inmates require intensive mental health treatment (double the rate of males)	*Expand female access to existing national programs that offer intensive residential mental health treatment – Skills, Stages, and Secure Step Down*
	Cognitive restructuring for medium-security males	Programs exist	~44% of medium-security inmates require high-dosage cognitive restructuring; existing national program BRAVE does not have sufficient capacity to meet needs	*Expand access to existing national program – BRAVE – to medium-security males of all ages*
	Relationship mgmt. for females	No standardized national program to address relationships	26% of female inmates document poor / unstable family circumstances	*Create new national program for female inmates addressing relationships management and self management & control*
	Self management and control	No standardized national program to address impulse control needs for females	24% of female inmates require treatment for self mgmt & control issues (e.g. impulse control)	
	Victim impact treatment for inmates with domestic abuse offense	No domestic abuse treatment program	Insufficient data to size population need	*Pursue further study to size need and resourcing required to offer national program*
	Trauma treatment for males	No national trauma program for males (although Resolve has expanded to 2 male facilities)	Insufficient data to size population need	*Pursue further study to size need and resourcing required to offer national program*

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Contents

Context

What programming is needed

Who needs what programming

How should it be implemented

Recommendations

Considerations for implementation

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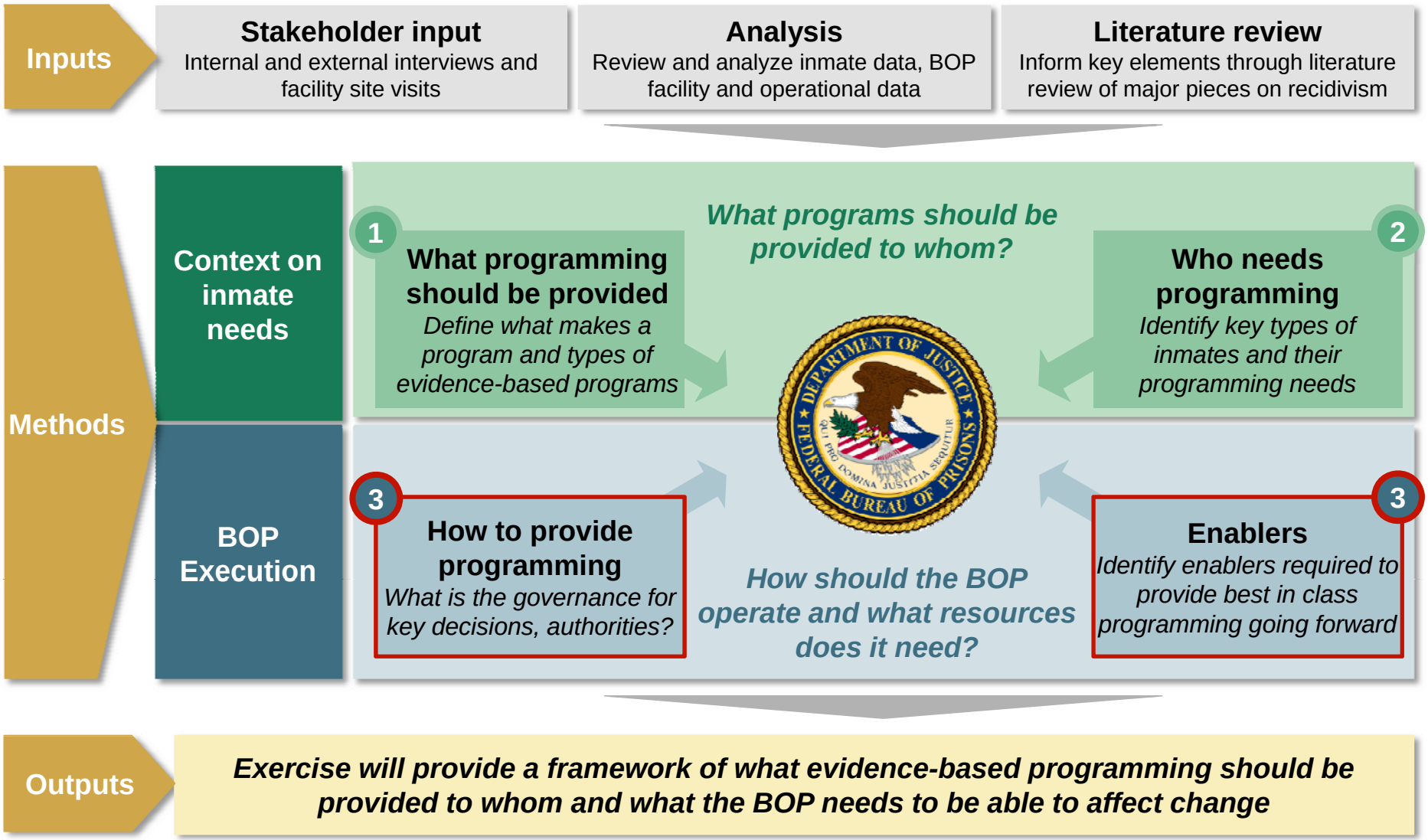
Focus of this section: how is programming currently provided and is it being executed optimally?



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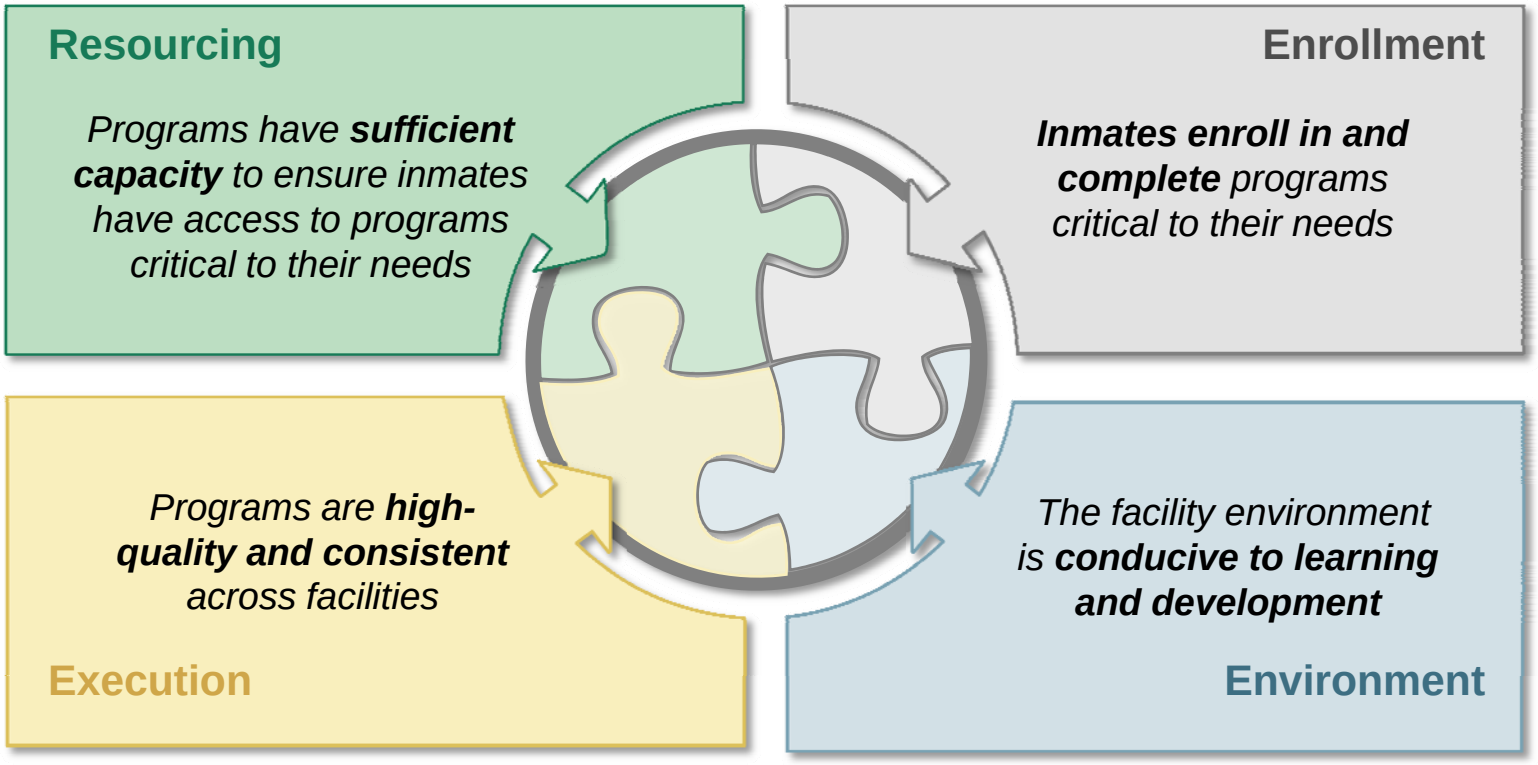
There are four dimensions to delivering effective, quality programs



BOP is well-positioned, with some room for improvement, to ensure sufficient access, robust enrollment, strong execution, and a positive programming environment to successfully prepare inmates for re-entry

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8 challenges identified in delivering programs along these four dimensions

	Key Challenges
Resourcing	1 Resources (e.g., funding, staff, space) sometimes insufficient to ensure full access to vocational training, post-secondary education, cognitive/behavioral national programs
Enrollment	2 Inconsistent use of incentives to encourage inmates to enroll in programming, and BOP constrained in using the most effective incentives
	3 Most decisions regarding programming lie with the inmate and are insufficiently supported by the case management process
Execution	4 Program offering and program quality are inconsistent across facilities, and the programming review process does not sufficiently support it
	5 Program data is limited and insufficient for monitoring who gets what programs and whether or not those programs are effective
	6 Insufficient resources, processes exist to help inmates maintain family ties and make connections to potential external providers before they are released into the community
	7 Staff are sometimes augmented (i.e., pulled away from programming to fulfill corrections officer duties) with others having an insufficient background to provide programming to which they are assigned
Environment	8 Approach to programming variable given inconsistency in staff behavior and external provider use by facility

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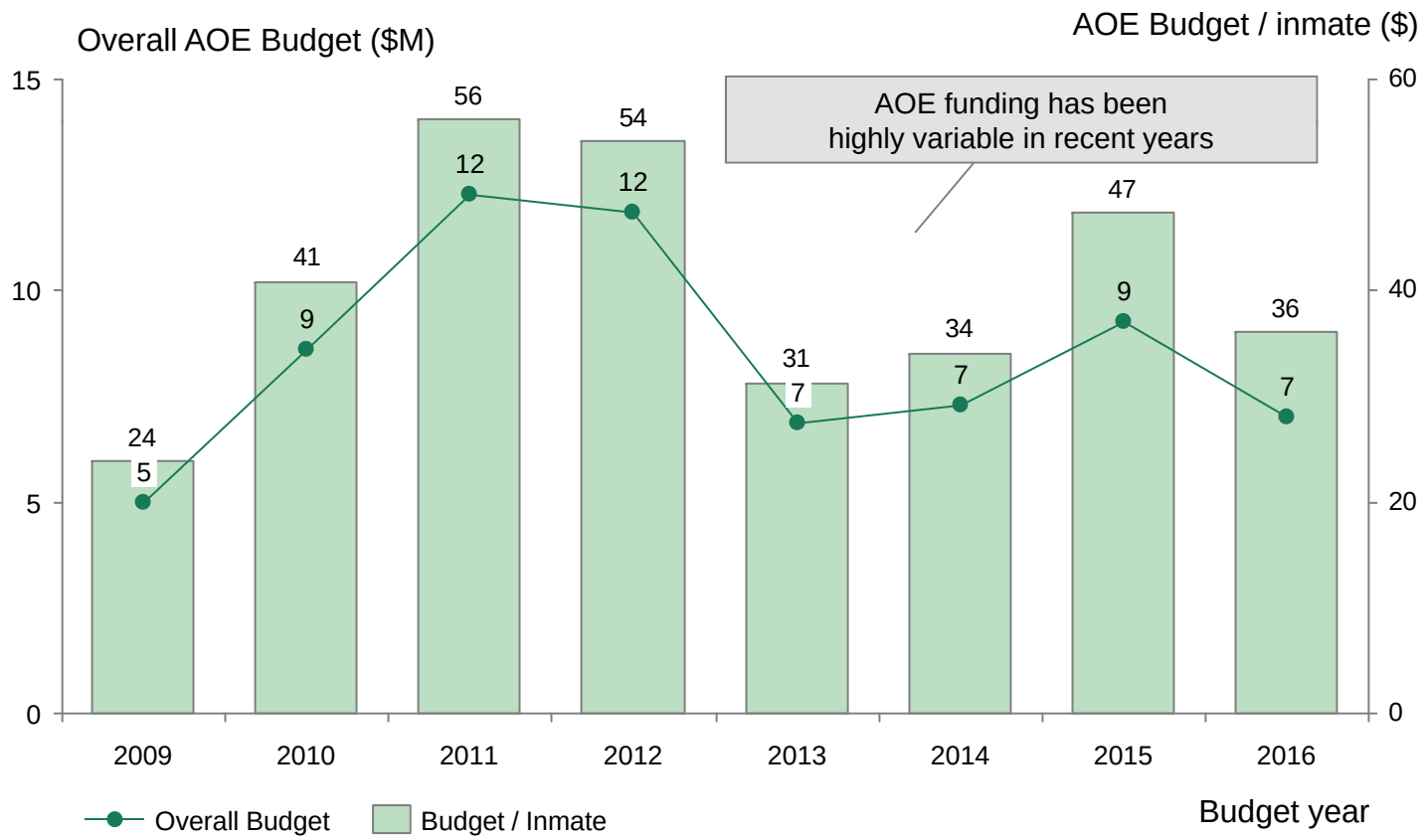
1 Availability of occupational training constrained by limited funding, particularly volatility in AOE funding

Facilities apply for Advanced Occupational Education (AOE) funding annually to fund local occupational training and education programs

AOE funding benchmarked against inmate population, funding per inmate (2009-2016)



Note: 2016 AO&E Budget is projected, official allocation not yet declared
Source: BOP Data, received August 2016

"The variability in AOE funding inhibits our ability to offer vocational training programs especially because we might get funding one year and not the next – and these programs are often very expensive and take more than a year for an inmate to complete."

– Executive assistant, medium security facility

Variability in AOE funding significantly constrains BOP ability to expand offering of apprenticeships

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1 Apprenticeship offering also constrained by limited space, variability in providers, Department of Labor restrictions

Facility space often limited

*"I have an unused UNICOR factory sitting here, but I still can't get it released. So for right now, I just don't have the kind of **space** I need to offer more vocational training."*

- Warden, medium security

*"I'd love to offer something like carpentry, but I just don't have the kind of equipment, facility or **space** to do that."*

- Warden, high security

Additional constraints to hiring staff, contracting providers

*"**Contracting** is often a problem – most rural facilities can't contract with the local community college because there's a huge up front cost in investment on their end – it's not necessarily worth it for them. We might be better off partnering with one school that can serve multiple sites."*

- Central office staff

*"It's **hard to get external contractors** to come to my facility – I'm in a rural community, there's not much out here."*

- Warden, medium security

*"There is a real constraint to expanding apprenticeships because you have to meet the staff:inmate ratio that is mandated by the DOL. The only way you can do this is to **hire more staff or ask other staff to take on collateral duties.** This isn't easy."*

- Central Office Staff

Geographic constraints to providing inmates with experience required

*"There's also a **local community constraint** – these programs require a **certain amount of experience and exposure** that not every community can provide – there's only so many sinks and wires that need fixing. There are only so many opportunities to fix things. To give inmates the right experience, we necessarily restrict the number of inmates in these programs."*

-Central Office Staff

Source: BCG Interviews with BOP Wardens, Central Office Staff, June – August 2016

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1 Funding constraints limit access to college and advanced degree programs

Roughly 75% of the BOP population have or earn the GED while in custody, but limited funding is available for advanced degree programs

After Pell grants for inmates were eliminated in 1994, the BOP introduced AOE funding– but funding was *restricted to vocational and occupational degree programs only*

Policy P5353.01: Occupational Education Programs (2003)
AOE programs must meet the following criteria:

*a. The program is related directly to **preparation for a specific occupation or vocation...***

*b. Programs **in liberal arts/general studies are not authorized,** although specific courses of a liberal arts nature may be permitted as in subsection a. above*

*c. The program is part of a certificate, or an Associate of Arts or Science degree program, **but not a four-year degree program***

Lifting restrictions on AOE funding could serve as potential funding source for advanced degree programs

Source: BOP Interviews conducted August 2016, Program Statement 5353.01, "Occupational Education Programs" (12/19/2003)

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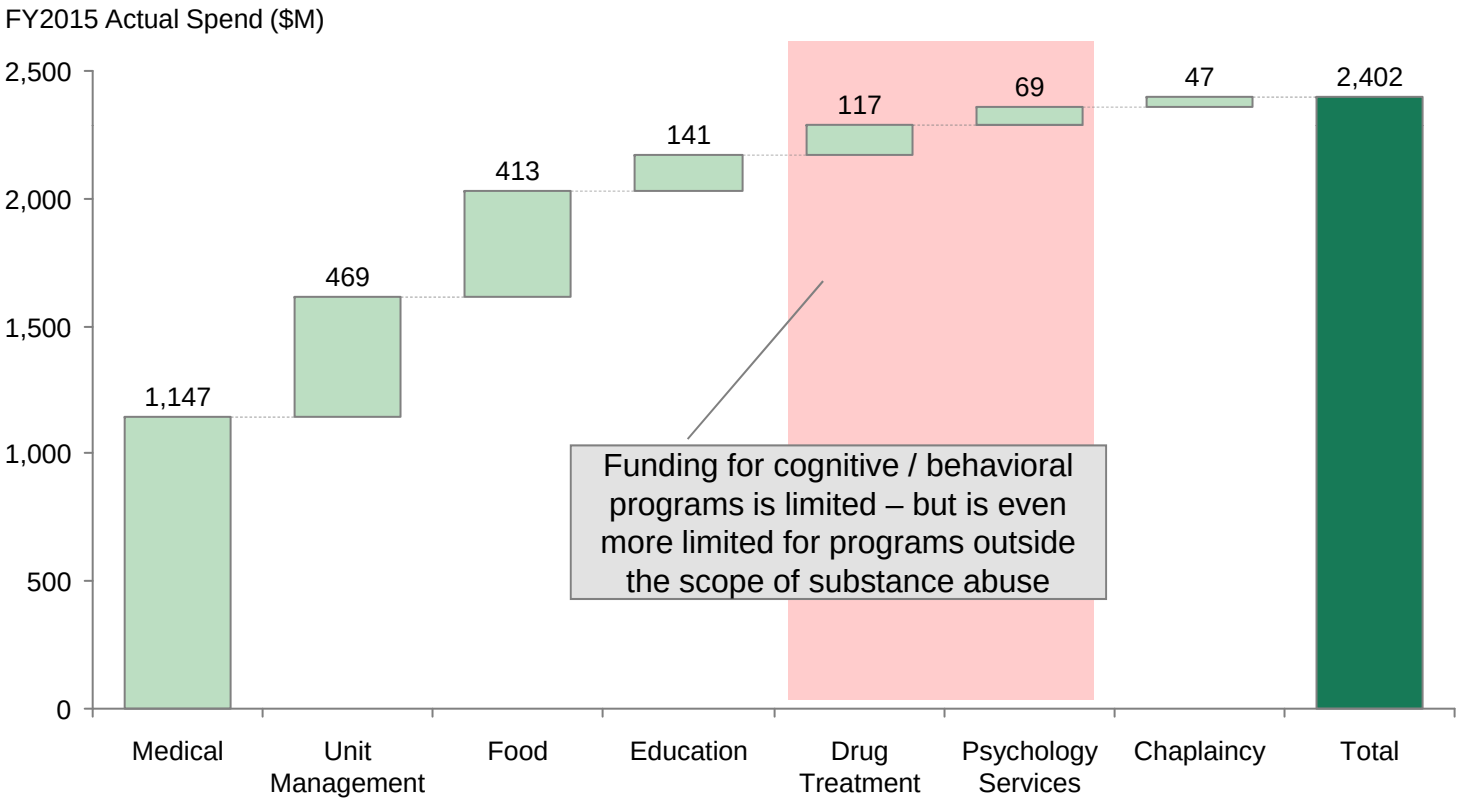
1 Limited funding for non-substance abuse related programs limits availability of some cognitive / behavioral programs

Limited funding for non-substance abuse programs; In 2015, funding for psychology services was ~60% of drug treatment funding

Breakdown of Inmate Care and Programs Budget



Source: United States Department of Justice – Federal Prison System: FY 2017 Performance Budget, Congressional Submission of Salaries and Expenses; BOP 2015 Survey data received May 2016

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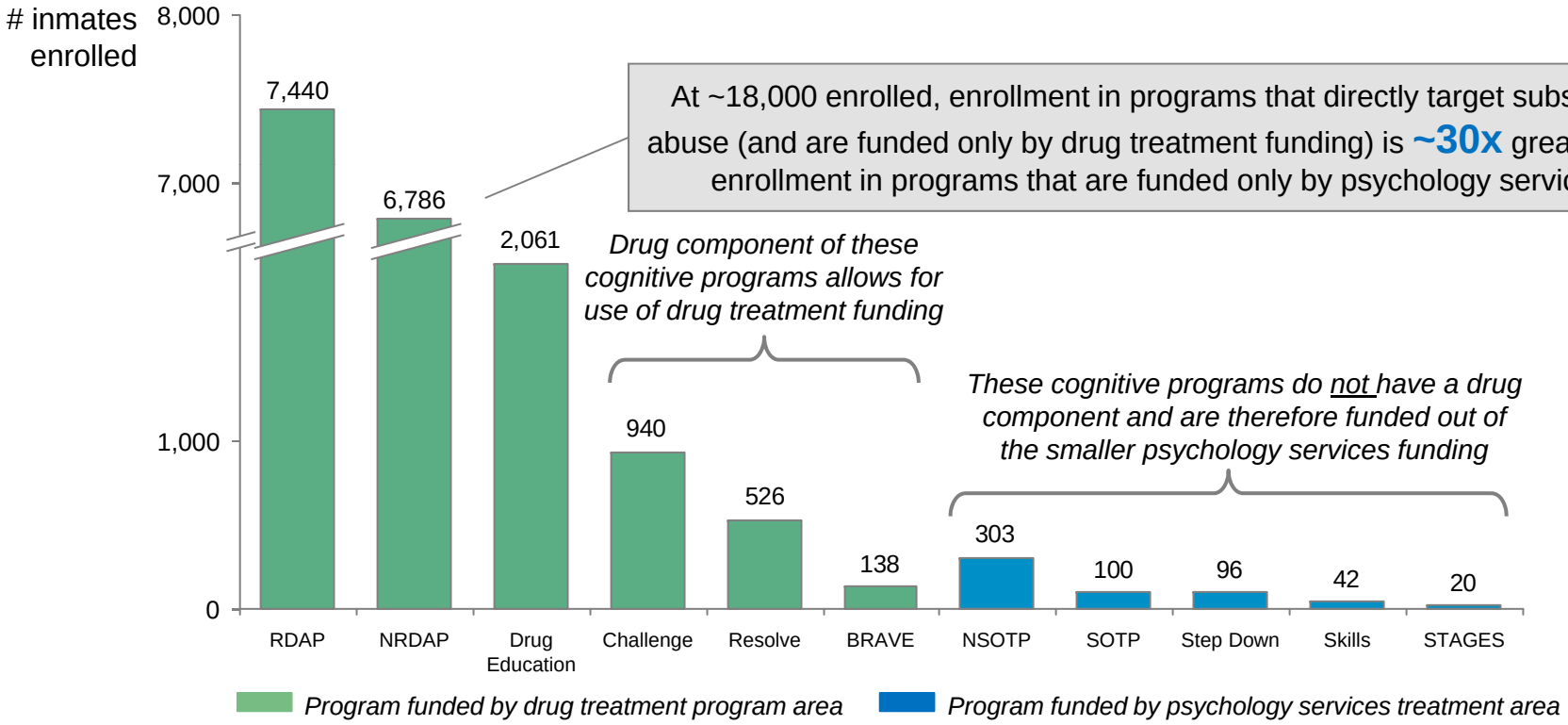
1 This results in substance abuse enrollment being significantly higher than other cognitive / behavioral programs

Funding has had a large impact on enrollment and access of cognitive / behavioral programs

Breakdown of enrollment in national cognitive / behavioral programs



In addition to funding, availability of powerful incentives such as sentence reduction – of which is also dictated by Congress – is also a large determinant of program enrollment

Source: United States Department of Justice – Federal Prison System: FY 2017 Performance Budget, Congressional Submission of Salaries and Expenses; BOP 2015 Survey data received May 2016

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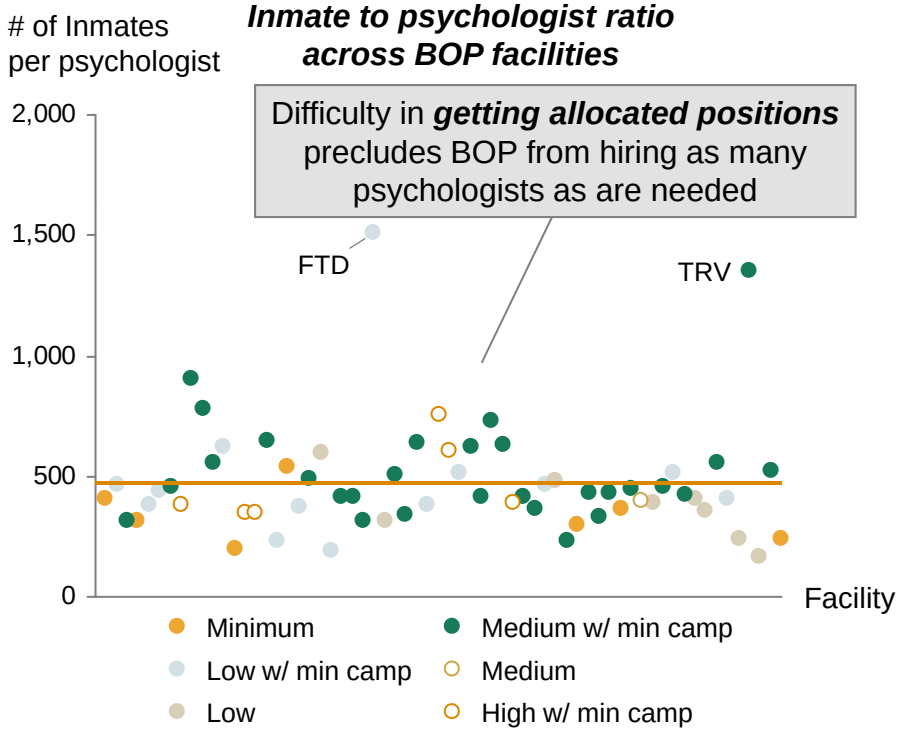
1 Expansion of cognitive / behavioral programs also constrained by limited number of staff, talent in some geographic regions

The ratio of inmates to psychologists averages ~470, with some variation

Inmate to psychologist ratio across BOP facilities

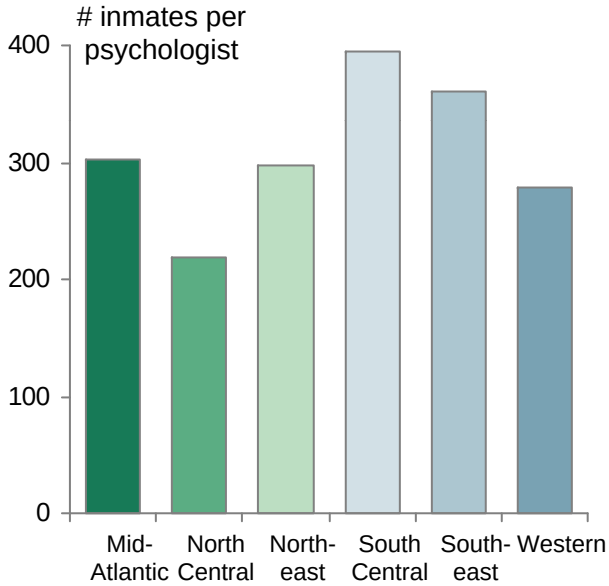


"Funding isn't a constraint for a program like RDAP – it's staff. We need more specialists. I could offer this program to so many more inmates if I just had more people."

- RDAP specialist

Harder to hire some psychologists in certain geographies

Number of inmates per psychologists by BOP region



"We're located right next to a major city so there's no way we can compete with the salaries they're offering. The psychologists who come here are just trying to get their foot in the door – then they leave."

- Warden, medium security

Note: Excludes complexes, administrative facilities, and maximum security facilities. Facilities with camps attached are flagged.
Source: BOP 2016 Staffing Information. Received on June 3, 2016.

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2 Inconsistent application of inmate incentives across the BOP system, particularly for local programs

Several incentives exist for the BOP's national programs

Program	Incentive
Bureau Literacy Program	$25 for completion
RDAP	1 year sentence reduction[1] Local institution incentives – e.g., preferred living quarters
NRDAP	$30 for completion
Challenge	$120 over the course of 9 months for completion
BRAVE	$40 for each phase of treatment

Note: This list is not exhaustive

... and the BOP permits facilities to use additional incentives for local programs

For example, BOP Policy P5330.11 holds that:

"Institutions **may offer incentives** such as preferred living quarters, early mainline, exercise equipment on the unit, a program library, a movie night, etc."

But there remains great variation in how wardens use incentives

"It's something we're thinking about, but right now we don't really use many incentives."
–Warden, High security facility

"Inmate incentives are core to my philosophy of programming. I use every incentive in my toolkit. That's where we should move as a Bureau."
–Warden, High security facility

"There shouldn't be incentives. Inmates should participate because they want to improve themselves. "
–Warden, high security facility

1. Not controlled by BOP – determined by Congress
Source: Warden Interviews July-August 2016, BOP Policy P5330.11 Psychology Treatment Programs

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2 Wardens are sometimes constrained in which incentives they use – some require approval from Congress, the union

Many incentives are currently used to encourage inmate program enrollment. Facilities are sometimes limited in which incentives they can use and use is sometimes inconsistent across facilities. Effort is needed to better standardize incentives and to expand use of those that are currently constrained by other stakeholders.

BOP Central + Union
BOP Central + Union + Congress
Warden

Toolkit of inmate incentives

Programming might be made a pre-requisite for certain decision	Negative incentives might be used to enforce participation	Positive incentives might be leveraged to reward completion
Certain programs might be made a requisite for others • e.g., GED required for most vocational training programs	**Good conduct time might be deducted for a failure to enroll, participate** • e.g., Lose 12 days of good conduct time for failure to participate in GED if required	**Sentence reduction might be offered** • e.g., 1 year reduction for completion of RDAP
An inmate's programming history might be considered when approving halfway house placement, security level reduction, transfer • Halfway house placement not always an effective incentive given limited availability of halfway house positions in some regions	**Inmate's pay grade may be lowered** • e.g., Inmates are automatically placed in lowest pay grade for any prison employment if they fail to participate in the GED, certain cognitive / behavioral programs	**Monetary compensation might be awarded** • e.g., $25 for GED completion

Source: BCG Research & Analysis. BCG Interviews with Wardens, July & August 2016.

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3 Inmates have little control over most parts of their daily lives, but are responsible for most programming decisions

Current BOP policy does not mandate any programs[1]

"We can't mandate programs – we want to encourage inmates to make their own decisions."

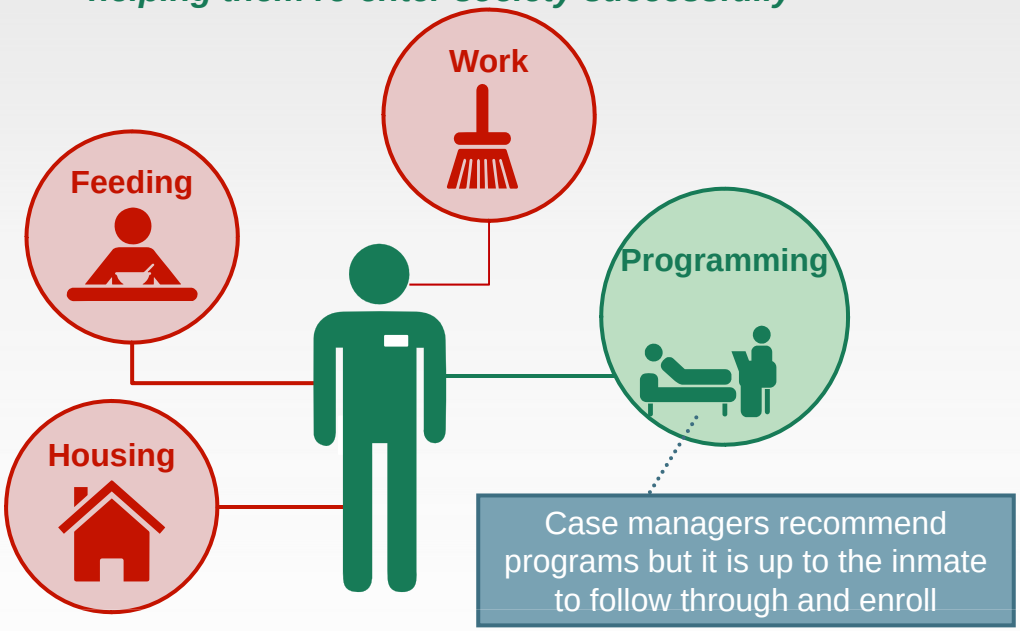
– *Associate warden, medium security facility*

"It has always been our policy to not mandate programs."

– *Assistant Director*

This means that while the BOP structures many parts of the inmate's day, the inmate has full discretion when it comes to programs

Inmates have limited decision making power for some aspects of their day but full discretion over their participation in programming, the part of their day that is especially key to reducing recidivism and helping them re-enter society successfully



1. The BOP does require that inmates complete certain programs – e.g., the Bureau Literacy Program (GED), English as a Second Language for non-English Speakers, Drug Abuse Education for inmates who have a history with substance abuse. However, the Bureau has limited means to punish inmates for not enrolling. Only for the GED does a failure to participate result in a reduction of good conduct time rewarded and possible pay scale for federal work.

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3 However, inmates are not necessarily best placed to make these programming decisions

Wardens, former inmates emphasize occupational training as one of the most popular and critical program areas

"The only thing that kept me from going back to prison was having a job out of prison. It's the most important thing that a prison can provide."

- Former male inmate

"I conduct an annual survey with my inmates asking which programs are most beneficial. Last year it was unanimous – the thing they were most concerned about was jobs. We have to help them get jobs."

- Warden at minimum security, female facility

"Vocational training is the most important – it's so hard to get a job out of prison. That kind of certification can go a long way. You can get out and start making money, start creating a stable life for yourself."

- Former male inmate

However, evidence indicates many cognitive / behavioral programs may be more effective than occupational training

Rehabilitative Intervention	Meta-analysis source	Reduction in recidivism 12–51%
Cognitive / Behavioral		
Anger Management	Beck & Fernandez, 1998	51%
Therapeutic Community (Hard Drugs)	Holloway, Bennett & Farrington, 2006	45%
Sex Offender Treatment (Violent Recidivism)	Schmucker & Losel, 2008	44%
Moral Reasoning Therapy	Little, 2005; Wilson, Bouffard & MacKenzie, 2005	16–35%
Cognitive Behavioral Therapy	Lipsey, Landenberger & Wilson, 2007	25%
General Drug Treatment	Holloway, Bennett & Farrington, 2006; Prendergast, Podus, Chang & Urada, 2002	12–22%
Mental Health Treatment	Martin, Dorken, Wamboldt & Wooten, 2001	17%
Occupational training		
Vocational	Wilson, Gallagher & MacKenzie, 2000	22%

Source: Center for Advancing Correctional Excellence. "Issue Brief: The Technical Background of the Risk, Need, Responsivity (RNR) Simulation Tool," February 2013. Warden Interviews conducted in June/July 2016

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3 The case management process, or what the BOP calls "unit teams", is critical to supporting inmates during their sentence

Enos and Southern prescribe seven stages of correctional case management[1]

Our visits to five facilities also helped us to identify several additional steps in the case management process

Intake	Assessment	Classification	Intervention	Advocacy	Evaluation	Referral
• Inmate is oriented towards programming	• Risk assessment is administered: Inmate's criminal and other history (e.g., employment, family ties, psychological condition) is reviewed	• Inmate classified according to amenability to treatment, risk assessment, security level, etc.	• Case management staff matches available resources and services to the inmate's identified needs	• Case manager can make recommendations on inmate's behalf (e.g., placement in programs, visitation with family)	• Constant review of inmate progress to ensure inmate has received services outlined in case management plan	• Case management staff refer inmate to appropriate providers(e.g., halfway house, other community and government agencies)

Recommend programs for inmate	Ensure inmate is maintaining family ties	Help inmate to secure documents for release (e.g., license, SSN)	Help inmate understand processes, procedures of outside world (RPP)	Prepare inmate for employment	Assist inmate in securing housing, medical benefits, etc.	Create release plan for inmate	Assist inmate in creating linkages to outside world (e.g., non-profit providers)

We will review the BOP's current case management process against this model to identify gaps

1. These stages roughly aligned with the stages of case management identified by other authorities in case management (e.g., Case Management Society of America)
Source: US Department of Justice, Federal Bureau of Prisons BP-S614.030 Position Description Cover Sheet, Correctional Treatment Specialist / Case Manager." BCG Interviews with Wardens, July & August 2016., Enos, Richard and Steven Southern, *Correctional Case Management*, Cincinatti, OH: Anderson Publishing Co., 1996.

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3 The literature identifies several best practices in case management

	Best Practice	Description
A	**Ensure a sustainable case load**	• Staff **should have sufficient time** to individually meet with assigned inmates, review their progress, complete paperwork, and provide support to them
B	**Hire the right staff and organize a "team of case managers"**	• Some **background in social work, psychology, etc.** ideal for case managers • Having a **team of case managers** instead of one case manager enables a division in responsibilities between supervision and rehabilitation
C	**Establish a quality control mechanism to review case plans**	• **Quality assurance controls** should exist to ensure case plans effectively prescribe programming for inmates and are effectively implemented, updated, and reviewed
D	**Constantly evaluate inmate progress**	• **Monitoring should be intensive at the beginning** of an inmate's incarceration and should be **gradually decreased** as an inmate prepares for release

We will evaluate the BOP's case management process against these best practices

Source: Healey, Kerry, "Case Management in the Criminal Justice System," *National Institute of Justice Research in Action: February 1999*. Enos, Richard and Steven Southern, *Correctional Case Management*, Cincinnati, OH: Anderson Publishing Co., 1996.

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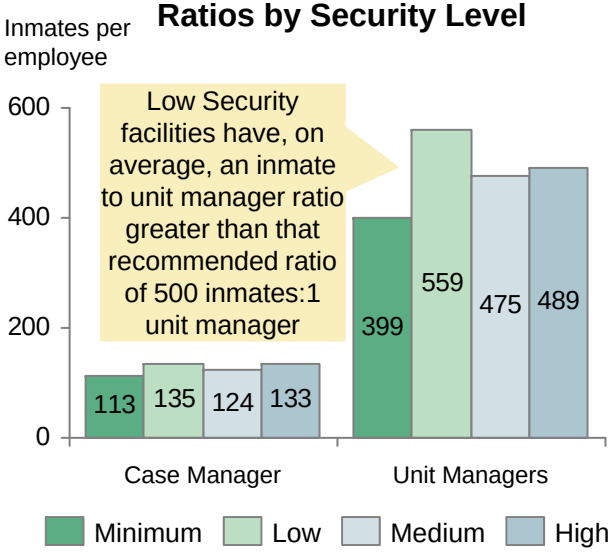
3 Majority of facilities currently meet BOP guidance on unit manager and case manager to inmate ratios

A **Ensure a sustainable case load**

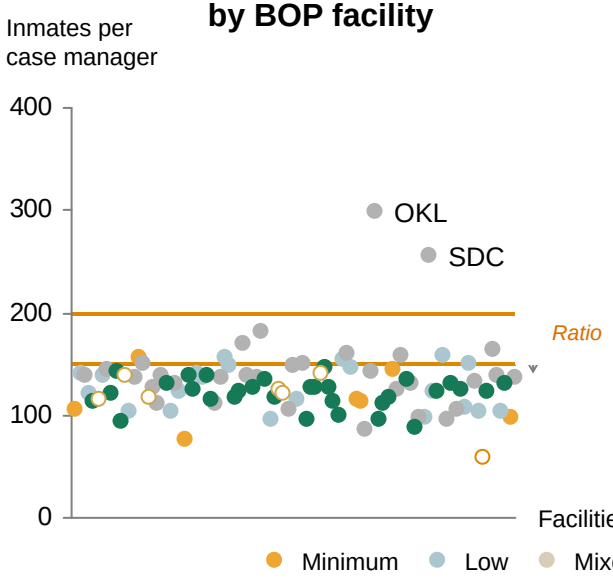
~130 inmates per case manager, ~480 inmates per unit manager across BOP

Inmate to Unit Team Employee Ratios by Security Level



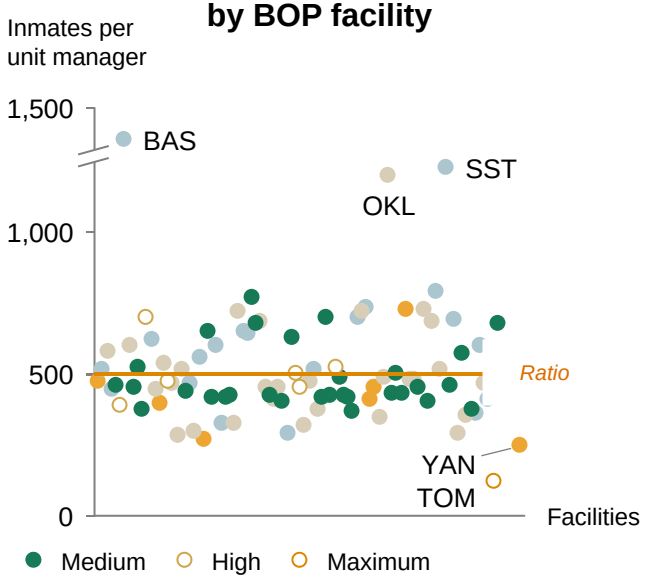
Most facilities meet recommended inmate to case manager ratio

Inmate to case manager ratio by BOP facility



Greater variability in inmate to unit manager ratio across the BOP

Inmate to unit manager ratio by BOP facility



An inmate to unit manager ratio of 500:1 and an inmate to case manager ratio of between 150:1 and 200:1 is generally accepted as reasonable to ensure a sustainable case load.[1] ***For the most part, BOP staffing is within these ratios.***

1. Per minutes from an August 2010 Labor Relations Quarterly Meeting between representatives of the Union and the Bureau, BOP representatives proposed the following resolution to concerns about Unit Team workers' caseloads: *"The unit management staff to inmate ratio are as follows: Unit Manager 1-500, Case Manager: 1 to 150-200, Counselor: 1 to 150-200, Unit Secretary: established locally"*
Source: BOP Staffing Data (Received June 2016); Federal Mediation and Conciliation Service, FMCS Union Grievance No. 14-00888, 2014. Labor Management Relations Quarterly Meeting, Washington DC – Meeting Notes (August 2010), <http://www.cpl33.info/files/lmraugust2010.pdf>.

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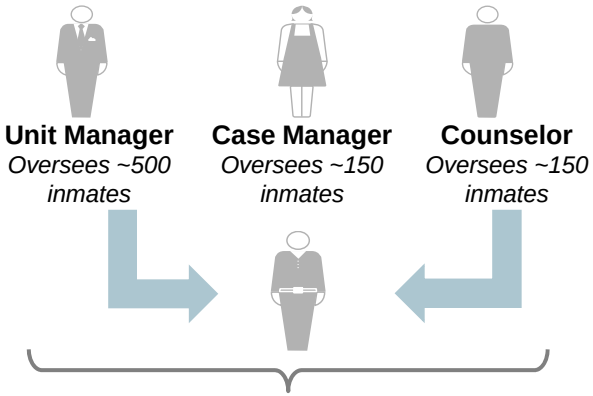
3 Room for improvement remains in teaming structure, quality control of case processes, and monitoring of inmate progress

B Hire the right staff and organize a "team of case managers"

- Unit team comprised of unit manager, case manager and counselor
- Most inmates have limited access to social workers
- Unit team (who recommends programs) reports to CPD, while those who provide programs report to RSD

Current unit team structure



Note: Process also supported by Case Management Coordinator and Secretary

C Establish a quality control mechanism to review case plans

- Quality control checks occur through random audits of case plans and release plans as well as regular operational reviews of case management process by Program Review staff

Opportunity exists to enhance accountability mechanism and quality assurance of case management meetings with inmates through random audits / sit-ins on meetings

D Constantly evaluate inmate progress

- Case managers currently required to formally review inmate progress every 6 months
- Limited accountability for monitoring inmates in between these reviews

"No red flags go up in between each 6 month review so a case manager can make a recommendation for programming, but if an inmate doesn't act on it, the case manager wouldn't address it until the next 6 month review. Sometimes we don't even have inmates for that long."

- Warden, high security facility

Source: BCG Interviews, conducted June-August 2016

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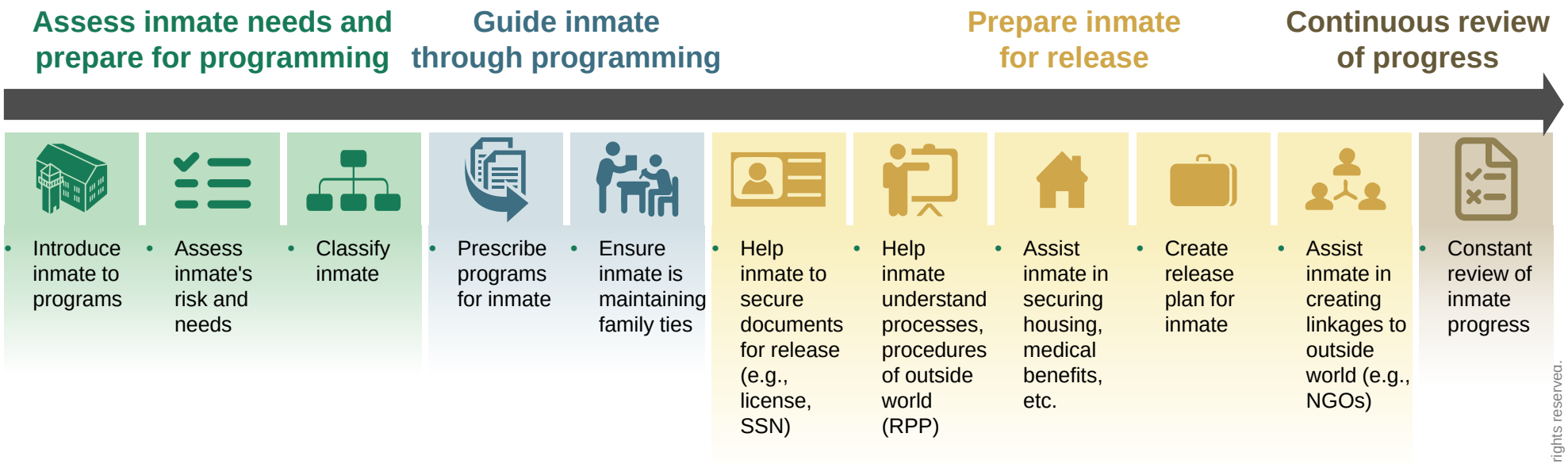
3 Several gaps in current case management process were identified via research, interviews, and facility visits



Gaps identified in current case management process

- Current risk assessment tool does not sufficiently identify inmates' criminogenic needs
- Variable guidance given for making program recommendations with limited quality control
- Social workers often develop release plans for inmates with severe medical/mental health conditions or other special needs but this process is not standardized for all inmates
- Review of inmate progress often too discontinuous (formal review is only required every six months) to ensure inmate enrollment in critical programming

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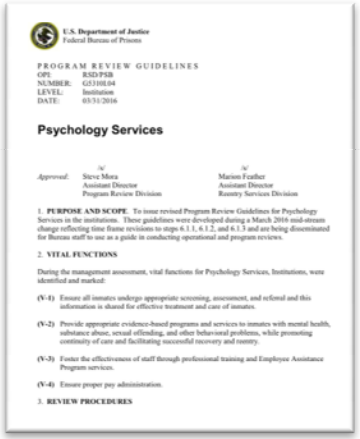
4 Additionally, an inconsistent program review process means inmates have variable experiences with programming

Note: *The BOP defines a program as "a major activity or functional area of the Bureau, such as staffing, dental care, prisoner transportation, staff training". As such these review guidelines are not just for re-entry programs but also for other key BOP functions.*

The BOP's current program review process evaluates the following for *ALL* program areas

- Compliance with laws, regulations and policy
- Adequacy of controls
- Efficiency of operations
- Effectiveness in achieving program results

Some program areas have instituted additional quality control measures



U.S. Department of Justice
Federal Bureau of Prisons

PROGRAM REVIEW GUIDELINES
OPI: RSD/PSB
NUMBER: G53101.04
LEVEL: Institution
DATE: 03/31/2016

Psychology Services

Approved: /s/ Steve Mora, Assistant Director, Program Review Division; /s/ Marion Feather, Assistant Director, Reentry Services Division

1. **PURPOSE AND SCOPE.** To issue revised Program Review Guidelines for Psychology Services in the institutions. These guidelines were developed during a March 2016 mid-stream change reflecting time frame revisions to steps 6.1.1, 6.1.2, and 6.1.3 and are being disseminated for Bureau staff to use as a guide in conducting operational and program reviews.

2. **VITAL FUNCTIONS**

During the management assessment, vital functions for Psychology Services, Institutions, were identified and marked:

(V-1) Ensure all inmates undergo appropriate screening, assessment, and referral and this information is shared for effective treatment and care of inmates.

(V-2) Provide appropriate evidence-based programs and services to inmates with mental health, substance abuse, sexual offending, and other behavioral problems, while promoting continuity of care and facilitating successful recovery and reentry.

(V-3) Foster the effectiveness of staff through professional training and Employee Assistance Program services.

(V-4) Ensure proper pay administration.

3. **REVIEW PROCEDURES**

For example, BOP Policy G53101.04 (2009) requires reviewers of psychology programs to do the following (*Note: this list is not exhaustive):*

- Examine credentials and peer reviews of all staff psychologists
- Interview chief psychologist, key staff members (e.g., drug specialist)
- Review documentation and lesson plans for previous quarters
- Review personal program plan for 20 randomly selected inmates
- Observe randomly selected treatment (e.g., Challenge, drug abuse meeting)
- Randomly select and interview inmates
- Review program schedule to ensure compliance with national policy, sufficient hours provided for treatment

However, these controls do not exist for all program areas and require standardization in the program review process

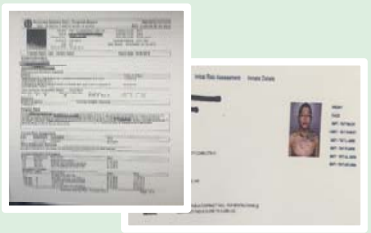
Source: BOP Policy 1210.23, "Management Control and Program Review Manual," (August 2002). BOP Policy P5330.11, "Psychology Treatment Programs," March 2009.

5 Program data is also limited and insufficient to support program quality assurance and to determine program efficacy

BOP tracks some data needed to monitor & deliver programs...

Data needed	Available?	Source / Additional Detail
Population characteristics		
Demographics, History	✓	SENTRY
Mental health needs	✓-	BEMR, PSR
Criminogenic / Program needs	✓-	SENTRY, PSR
Family ties	✓-	SENTRY, PSR
Inmate programming history		
Inmate movement	✓	SENTRY
Current enrollment	✓-	Insight, but only at a few facilities
Program enrollment		
Education, work assignments	✓	SENTRY, Insight
Program participation	✓-	SENTRY, BEMR
Sequence of programs	✓-	SENTRY
Inmate feedback on programs	✓-	Varies by facility
Success		
Recidivism, post-release employment	×	

...but data is not always usable



PSR, SENTRY capture basic demographic, criminal history information for inmates. A lot of data is not downloadable or interoperable.

SENTRY indicates education level of inmates and Insight records work assignments, some program history

Available

Available but not necessarily high quality nor at all facilities

Not available

Source: BCG Interview with BOP CTO Sonya Thompson, May 2016.

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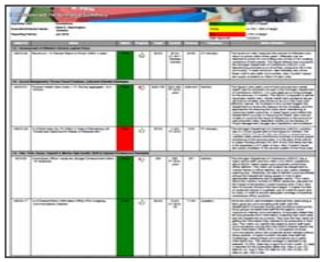
5 The BOP could adopt the practices of several states who track recidivism and are more data-driven in their decision making

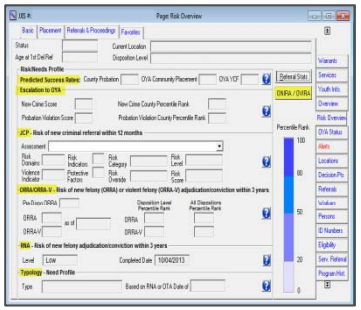
Michigan tracks recidivism in a monthly scorecard

- Scorecard tracks percentage of participants in Residential Re-entry program who return to prison within 12 months
- MDOC establishes targets and scores performance along metrics like these



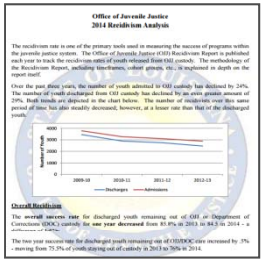
Oregon's Youth Authority has developed one state-wide information system and risk assessment tool for all juvenile inmates

- Oregon's Youth Authority partnered with the state's 36 county juvenile departments and other relevant partners to create statewide electronic system
- System tracks case information, program participation for all inmates
- System generates risk / needs profile for each inmate; profile is used to customize programming, supervision, etc. to inmate needs



Louisiana's Office of Juvenile Justice (OJJ) releases an annual recidivism analysis report

- Report measures recidivism by a variety of factors (e.g., risk & needs, geography, program participation)
- Report is actively reviewed for recidivism rate of program participants; where recidivism remains high, OJJ makes an active effort to redesign the program



Source: Council of State Governments, "Measuring and Using Juvenile Recidivism Data to Inform Policy, Practice, and Resource Allocation ,"July 2014. Michigan Department of Corrections, "Government Performance – MDOC Scorecards by Administration," http://www.michigan.gov/corrections/0,4551,7-119-1441_61220---,00.html. Oregon Youth Authority, "Youth Risk Overview," http://www.oregon.gov/oya/pages/research/jjisriskoverview.aspx. Oregon Youth Authority, "The Oregon Juvenile Justice Information System: Issue Brief," January 2015.

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6 Family ties are important for responsivity to programs, but resources do not always meet this need

While the BOP has several initiatives to help inmates maintain family ties while in prison...

- **Video service capabilities** have been piloted at a few female facilities
- All inmates have access to **TRULINCS**, a system to send emails to the outside world; inmates can also send written mail.
- Several facilities offer a **parenting program** that guides and counsels inmates as they navigate relationships with their children, both during and after their incarceration
- Most facilities host a **family day** each year for inmates to visit with family members
- Inmates can also **visit with family and friends in-person** or talk over the **phone** *(inmates are generally allocated 300 minutes of phone time per month with the potential for additional minutes during holidays)*

...there are several other state practices that the BOP could implement

- New York State Department of Corrections and Community Supervision implemented free transportation for family members who wanted to visit inmates in prisons
- The Mike Durfee State Prison in South Dakota enables inmates to have access to free video visits using Skype for 12 hours per week

Source: Rabuy, Bernadette and Danielle Kopf, "Separation by Bars and Miles: Visitation in state prisons," October 2015.

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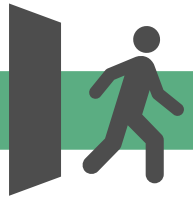
6 Resources to support inmates in making connections to the outside world are sometimes lacking

Bureau of Prisons (BOP)



US Probation

Local NGOs

Local health providers

Home

- Given limited capacity, many inmates do not get sufficient half-way house placement
- Some facilities do not have enough staff, resources to help inmates file for federal assistance with housing

Employment

- Former inmates report that many leave without a resume and without secured employment
- Wardens report that Probation and BOP do not work as effectively as possible to always ensure an inmate is placed in a half-way house that is close to where they have already gained employment

Records

- While the BOP ensures all inmates leave with some form of identification (e.g., SSN), coordination sometimes lags between the BOP, Probation, and external providers when it comes to handover of medical records and application for federal benefits

Source: BCG Interviews with former inmates, wardens, and external providers of re-entry services, July and August 2016

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6 This lack of connection to the outside world is exacerbated by the lack of social workers

Social workers help to facilitate linkages to the outside world...

Current responsibility of social workers

- Discharge and individualized re-entry planning for inmates with highest need (e.g., those with significant medical needs)
- Social support and counseling
- Ensuring transitional care / continuity of care for inmates with critical medical and/or mental health needs

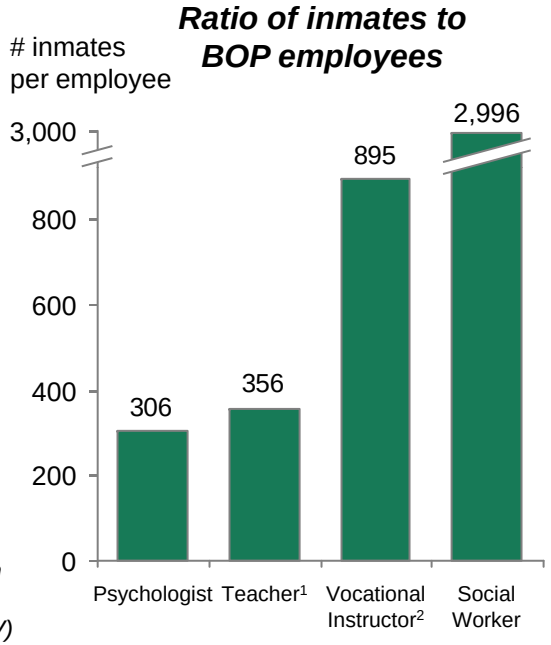
... however there are only 53 social workers across the BOP...

53
Social workers across the BOP

6
Regional social workers

~45
Facility social workers
(mostly at facilities with females, inmates who require a care level III/IV)

...and ratio of inmates to social workers far outpaces that for other staff



Expanding number of social workers would help to ensure that all inmates have access to their services

1. A "teacher" is someone who is focused specifically on *educational* programming (e.g. GED classes, ESL classes, etc)
2. A "vocational instructor" is an employee assigned specifically to be a vocational training instructor. This does not account for others from Facilities, Food Services departments within each prison who could assist in apprenticeship programs as work details

Source: BOP Resourcing data, received May 2016

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7 Staff are sometimes "augmented," meaning programming staff function in correctional officer roles at times...

Many facilities require more corrections officers

- Difficulty hiring correctional officers – limited talent pool in many areas
- Budget constraints limit facilities' ability hire new officers, ask current officers to serve overtime

Many facilities forced to augment *(i.e., when facilities are forced to ask non-custody staff to fill correctional officer posts)*

The BOP has recognized this challenge and encourages facilities to limit augmentation as much as possible

"The reality is, augmenting custody staff with non-custody staff interferes with reentry and other important work these staff perform; they are unable to complete their regularly assigned duties when they are working correctional officer posts.

Please ensure that augmentation is used only as a last resort.

-Internal BOP memo

Source: BCG Interviews with wardens, July and August 2016; "Memorandum for all Chief Executive Officers on Augmentation," June 1, 2016.

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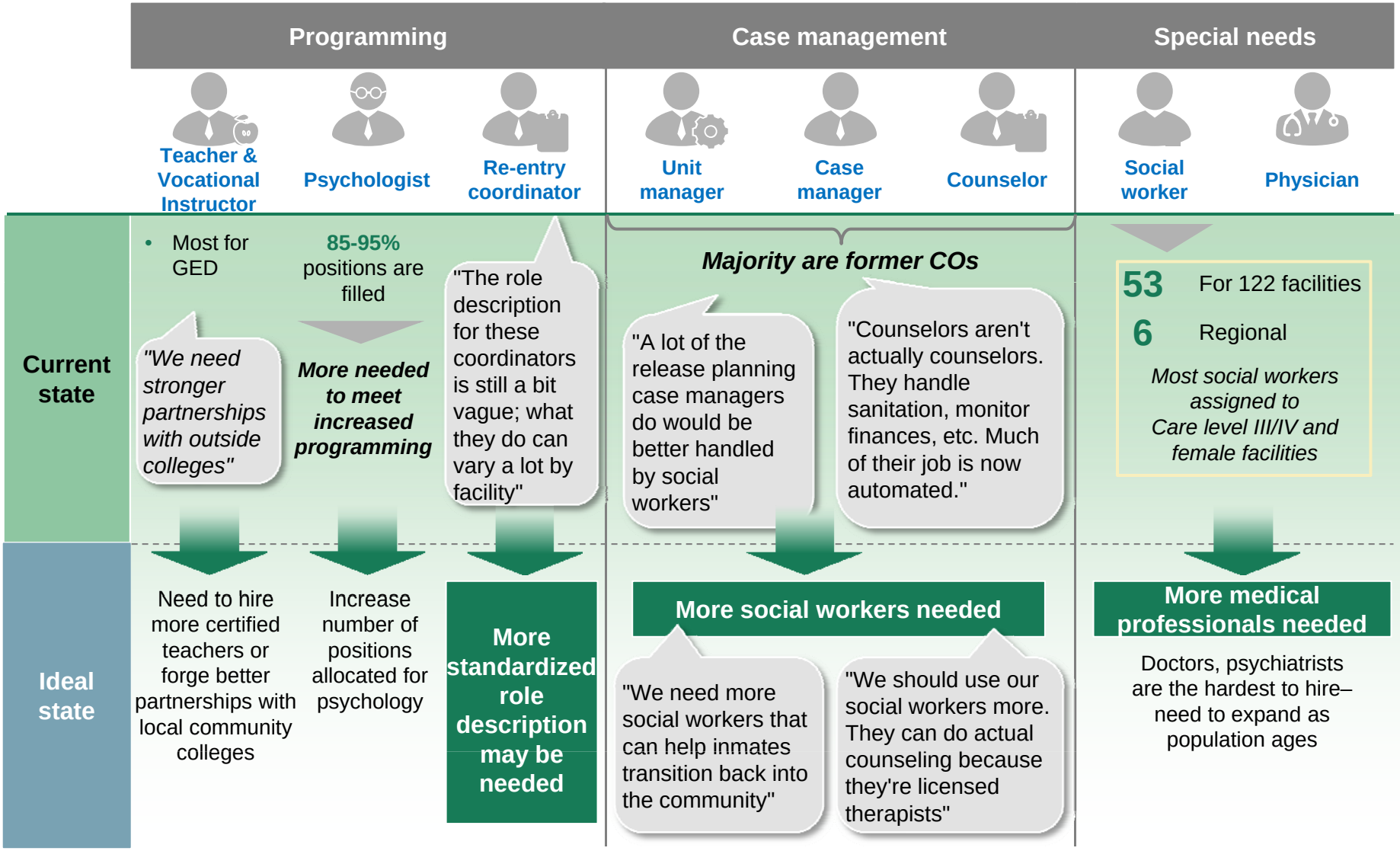
7 ... and in other cases, staff may have a mismatched background or resources to provide assigned programs



Source: BCG Interviews with former inmates and wardens, July and August 2016; BCG Research & Analysis

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8 Wardens and inmates note that staff behavior, attitudes toward programming are inconsistent

Wardens

"Every single staff member is involved in programming – it's not just the programming staff, everyone cares about it. That's a change from the past"
–Warden, male, medium security

"Some staff are not used to programming an offender ... that's not their mindset, especially if they've been around for more than 20 years. People don't like change"
–Warden, female, minimum

"There are staff who believe that their only job is to warehouse inmates. It can be very difficult to change their minds"
–Warden, Male, low security

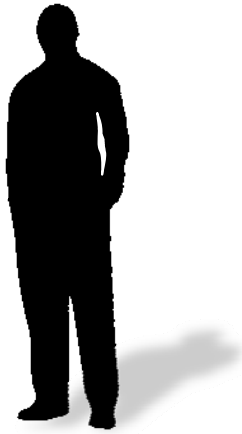
"I have a great team behind me. I'm excited about programming so they are too. They come with their own programs. They really care about our inmates."
–Warden, female, minimum security

Former inmates

"There was this instructor at Allenwood for the Challenge program who really cared about inmates. He turned their lives around. I wouldn't have got out without him."
–Former male inmate

"There was this trauma program I participated in. The psychologist for that saved me."
–Former female inmate

"The most debilitating thing to me was the staff. They were so discouraged. It was like they saw their way of life diminishing. They were apathetic, they didn't really care about us"
–Former female inmate



Source: BCG Interviews with former inmates and wardens, July and August 2016

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8 Limited structures are in place to reward staff for delivering quality programs

Programming is not an ***explicit*** goal in warden promotion criteria

Applicants for warden are rated and ranked based on the following criteria:

- Ability to identify and manage potentially disruptive situations in the institute
- Knowledge of policy, directives and regulations of the Federal Prison System
- Ability to establish and maintain working relationships with others
- Ability to communicate orally
- Ability to persuade and motivate others
- Ability to plan, organize, & determine priorities
- Ability to analyze information and establish program objectives and/or performance goals

****While not an explicit criterion for promotion, warden performance work plans do contain measures related to inmate reentry and programming***

While many staff awards exist, a limited number are specific to programs

Per BOP Policy 3451.04, several staff awards and incentive programs exist

*"The purpose of the Bureau of Prisons Incentive Awards Program is to **recognize and reward promptly employees** who **perform in an exemplary manner or make significant contributions** to the efficiency and effectiveness of Bureau operations and to honor those who have served the government faithfully and well."*

– BOP Policy 3451.04

Bureau wide awards
(note: this list not exhaustive)

- Distinguished service medal
- Assistant Director's Award for Reentry Services Division
- Reentry Services Division Special Recognition Award

Local awards[1]
(note: this list not exhaustive)

- Employee or Supervisor of the Month / Quarter / Yr
- Correctional Office of the Year
- Extra Effort – Extra Mile – Extra Step Award

1. Per Policy 3451.04, these awards are suggested made by the Bureau; "implementation [of these awards] remains optional at the local level"
Source: BOP Policy P3000.3 Human Resource Management Manual; Crime and Justice Institute (CRJ), "Restrictive Housing: Attracting Your Best Staff Where They Are Needed Most." BOP Policy 3451.04, "Bureau of Prisons Awards Program, Incentive Awards"

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8 Use of external providers highly variable – even though they are deemed to be particularly effective by inmates

Former inmates argue they found the culture of the BOP to often be overly punitive...

"There is often a negative approach to programming and less of a positive one"

- Former male inmate, medium security facilities

"It was almost like some of the staff were talking to us as if we had a character flaw and were messed up"

- Former female inmate, minimum security camp

Many argued external providers didn't exhibit this attitude & were more effective

"The care and time and effort that they put into the programming just exuded from them. They were just so charismatic and concerned about us. If you guys were going to replicate something– that's it."

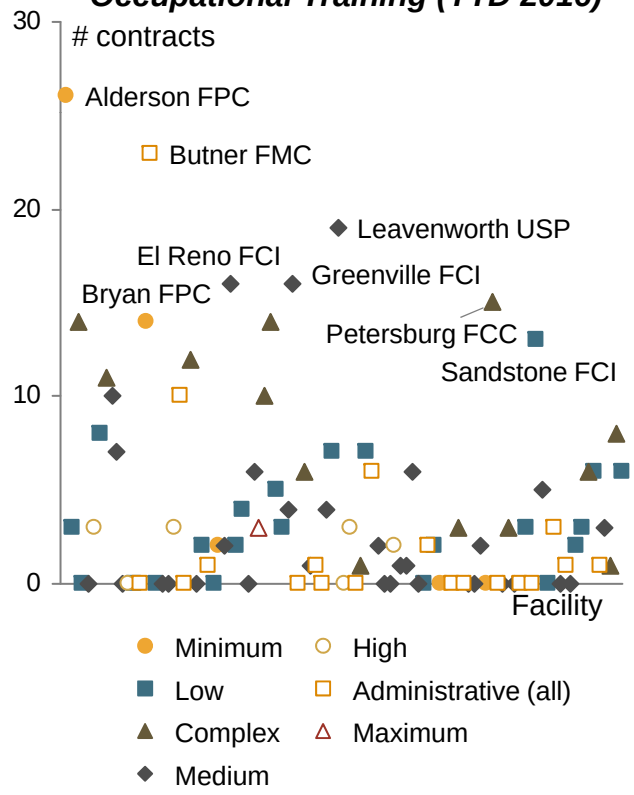
- Former female inmate, minimum security facility

"The volunteers treated us like we were normal humans. They really cared about us"

-Former male inmate, medium and low security facilities

However, contracting of external providers is highly variable across the BOP

BOP Contracts for Education and Occupational Training (YTD 2016)[1]



1. This data only reflects external contracts for the following : Tuition, Registration and Membership Fees, Vocational/Technical Training, Training/Curriculum Development, Education Services, and Other Education and Training Services. This data is collected by Central Office; smaller local contracts may not be represented if facilities have not reported them to Central Office.
Source: Education / Post-Secondary Contracts YTD 2016 data, received from BOP August 2016; BCG Interviews with former inmates and wardens, July and August 2016

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Key areas for improvement: How

How programming is provided
–
Gaps in program delivery

Key areas for improvement

- **H** Resources (e.g., funding, staff, space) sometimes insufficient to ensure full access to occupational training, further education, cognitive/behavioral national programs
- **I** Inconsistent use of inmate incentives to encourage enrollment in programs
- **J** Most decisions regarding programming lie with the inmate and are insufficiently supported by the case management process
- **K** Wide variability in the offering and quality of programs across facilities driven by inconsistent program review process across program areas and insufficient governance for some programs
- **L** Program data is insufficient and limited to monitor effectively who gets what programming and what works
- **M** Insufficient resources, processes exist to help inmates maintain family ties and make additional connections with outside providers and resources in the community
- **N** Staff "augmentation" leads to program-focused staff being pulled away into security duties and several positions could benefit from having staff with different backgrounds
- **O** Staff attitudes and approach to programming is inconsistent
- **P** Use of and access to external providers is variable across the BOP

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Contents

Context

What programming is needed

Who needs what programming

How should it be implemented

Recommendations

Considerations for implementation

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Recall: Key areas for improvement (I/II)

	Key areas for improvement
What programming is provided – Gaps in program offering	**A** ***Education:*** – No standardized basic literacy program for those who do not or cannot complete GED or for those who are mentally impaired[1] – No standardized special education program[1] – Lack of higher education opportunities for those who have a GED **B** ***Occupational training:*** – As UNICOR access becomes more limited with factory closings, BOP may need to consider expanding offering of other occupational training programs **C** ***Cognitive/behavioral:*** – No national trauma program for males[2] – No national victim impact program – Limited access to relationships programs (especially for non-parents) – Insufficient moderate mental health treatment for all inmates – Limited programs for inmates without history of substance / sex abuse – No intensive, residential mental health treatment for females **D** ***Re-entry Preparation (RPP):*** No standardized, national program[3] **E** ***Additional Special-Group Considerations:*** Across all program categories, there is limited access to programs for non-English speakers and the cognitively disabled
Who needs programming – Gaps in who is served	**F** BOP does not currently have a systematic method to capture inmates' full criminogenic needs to determine programming recommendations **G** Biggest unmet population needs for programming in: – Higher education opportunities for overall population – Moderate mental health treatment for overall population – Intensive, residential mental health treatment for females – Cognitive restructuring for medium-security males – Relationships management and self management & control programming for females – Occupational training programming for overall population

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Recall: Key areas for improvement (II/II)

How programming is provided – Gaps in program delivery

Key areas for improvement

- **H** Resources (e.g., funding, staff, space) sometimes insufficient to ensure full access to occupational training, further education, cognitive/behavioral national programs
- **I** Inconsistent use of inmate incentives to encourage enrollment in programs
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- **K** Wide variability in the offering and quality of programs across facilities driven by inconsistent program review process across program areas and insufficient governance for some programs
- **L** Program data is insufficient and limited to monitor effectively who gets what programming and what works
- **M** Insufficient resources, processes exist to help inmates maintain family ties and make additional connections with outside providers and resources in the community
- **N** Staff "augmentation" leads to program-focused staff being pulled away into security duties and several positions could benefit from having staff with different backgrounds
- **O** Staff attitudes and approach to programming is inconsistent
- **P** Use of and access to external providers is variable across the BOP

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10 recommendations outline how the BOP can improve re-entry programming

Conduct robust assessment of inmate needs and program effectiveness

1. Ensure a validated risk/needs assessment tool is in place and used to identify inmates' programming needs
2. Evaluate and identify what works in reducing recidivism by tracking key data
   - Regularly assess aggregate population needs to guide program portfolio

Expand critical programs and services

3. Expand access to select cognitive/behavioral programs (e.g., BRAVE)
4. Expand access to moderate mental health care overall and intensive, residential mental health treatment for females
5. Create a standardized, national Reentry Preparation Program (RPP)
6. Increase inmates' links to and preparation for the outside world
7. Implement more proactive and rigorous case management process

Ensure program enrollment and quality delivery

8. Ensure the right talent is in the right place to deliver on programs and services
9. Increase inmate enrollment through greater use of incentives
10. Create a programming environment conducive to inmate learning and development

Many recommendations require resources in the form of additional positions or funding; without additional resources, these reforms are at risk

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Our recommendations map to our findings on key areas for improvement

	Recommendations	Related Findings
1	Ensure a validated risk/needs assessment tool is in place and used to identify inmates' programming needs	F
2	Evaluate and identify what works in reducing recidivism by tracking key data – Regularly assess aggregate population needs to guide program portfolio	L F K
3	Expand access to select cognitive/behavioral programs (e.g., BRAVE)	C G H
4	Expand access to moderate mental health care overall and intensive, residential mental health treatment for females	C G H
5	Create a standardized, national Reentry Preparation Program	D
6	Increase inmates' links to and preparation for the outside world	M
7	implement more proactive and rigorous case management process	J
8	Ensure the right talent is in the right place to deliver on programs and services	N
9	Increase inmate enrollment through greater use of incentives	I
10	Create a programming environment conducive to inmate learning and development	O

Note: Findings A, B, and E are addressed as additional next steps that the BOP should take, outlined at the conclusion of the recommendations section

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Estimated cost of recommendations is ~$15 M in first year with run rate of ~$55M, which is <1% of total BOP budget

All funding in $K

	Recommendation	Implication	Year 1	Year 2	Year 3	Year 4	Year 5	Run rate	# of inmates impacted
1	Ensure a validated risk / needs assessment tool is in place	Ensure validated tool used to identify inmate's programming needs	*Cost dependent on identification of validated risk assessment tool*						*All*
2	Evaluate and identify what works in reducing recidivism by tracking key data	Build robust, integrated data infrastructure to track key data[1]	$1,176	$1,176	$335	$316	$322	$322	*All*
3	Expand access to select cognitive / behavioral programs	Expand BRAVE	$1,287	$2,483	$3,719	$5,669	$7,394	$7,220	*~1,700/yr*
		Create new national program for females	$911	$1,464	$2,069	$2,693	$3,473	$3,371	*~1,000/yr*
		Expand access to model cognitive/behavioral programs	$2,072	$4,225	$6,428	$8,705	$10,570	$10,378	*~25,000/yr*
4	Expand access to moderate mental health care overall and intensive, residential mental health treatment for females	Expand Moderate Mental Health	$3,184	$5,422	$7,797	$8,583	$9,519	$9,459	*~18,000 / yr*
		Expand STAGES to Females	$479	$445	$452	$460	$467	$467	*~100/yr*
		Expand Skills to Females	$436	$401	$408	$415	$422	$422	
		Expand Step Down to Females	$421	$386	$392	$399	$405	$405	
6	Increase inmates' links to and preparation for the outside world	Expand social worker capacity assist in release planning	$4,697	$9,060	$13,573	$18,240	$23,065	$22,585	*~50,000/yr*
		Total Costs	$14,663	$25,062	$35,173	$45,480	$55,637	$54,629	

1. Accounts only for project labor costs (contract staff and internal staff hires). Additional costs needed to update software infrastructure and maintain updated system not included here.

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Cumulative recommended increase in staff across the recommendations is ~450 staff positions

	Recommendation	Implication	Resourcing	Cumulative Staff Year 1	Cumulative Staff Year 2	Cumulative Staff Year 3	Cumulative Staff Year 4	Cumulative Staff Year 5
2	Evaluate and identify what works in reducing recidivism by tracking key data	Improve data infrastructure and analytics capabilities	Increase no. of ORE analysts	-	-	2	2	2
3	Expand access to select cognitive/behavioral programs	Expand BRAVE	Increase no. of psychologists and treatment specialists	10	20	30	45	60
		Create new national program for females	Increase no. of Master's Level Clinicians[1]	7	12	17	22	28
		Expand access to model cognitive / behavioral programs		18	38	58	78	94
4	Expand access to moderate mental health care overall and intensive, residential mental health treatment for females	Expand Moderate Mental Health Care	Increase no. of psychologists	20	35	50	55	60
		Expand STAGES to Females	Increase no. of psychologists, specialty coordinators, teacher, occupational therapist	3	3	3	3	3
		Expand Skills to Females		3	3	3	3	3
		Expand Step Down to Females		3	3	3	3	3
6	Increase inmates' links to and preparation for the outside world	Expand social worker capacity assist in release planning	Increase no. of social workers	40	80	120	160	200
		Total Staff		104	194	286	371	453

1. The 122 Master's Level Clinicians rolled out across facilities will run the model cognitive/behavioral programs *and* the new national program for females.

Source: BCG Analysis

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Recommendations: Conduct robust assessment of inmate needs and programming effectiveness

Conduct robust assessment of inmate needs and program effectiveness

Expand critical programs and services

Ensure program enrollment and quality delivery

This section outlines how BOP can identify the critical needs of the inmate population and optimize program offering and delivery to meet inmates' needs and reduce recidivism

1. Ensure a validated risk/needs assessment tool is in place and used to identify inmates' programming needs

2. Evaluate and identify what works in reducing recidivism by tracking key data

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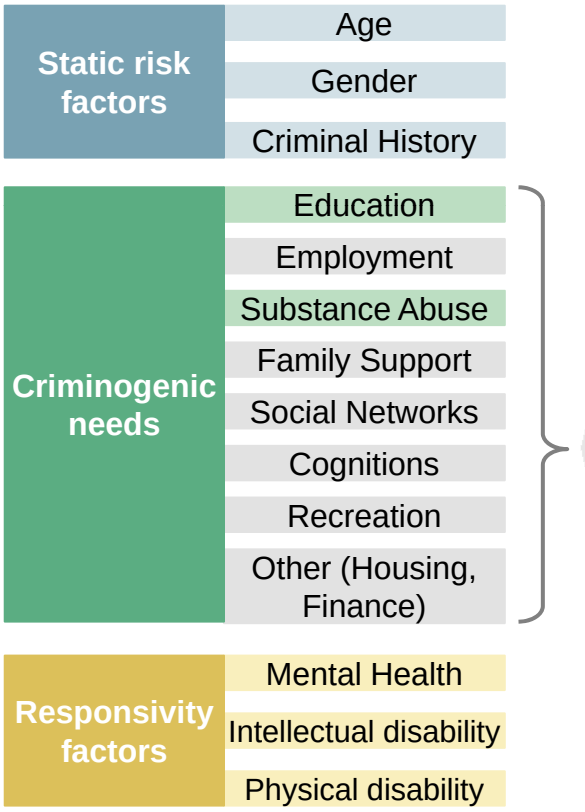
1

Ensure a validated risk/needs assessment tool available to identify individual & aggregate inmate programming needs

What BOP currently captures in SENTRY / BEMR



= Not currently captured by BOP in a systematic way or in a usable database

What BOP should systematically capture for each inmate through the risk assessment in order to target programming decisions

Through the risk assessment, the BOP should capture information for each inmate regarding all of the static risk factors, criminogenic needs, and responsivity factors, including the elements not assessed currently through BOP's risk assessment:

Employment
- Unemployment in past 12-24 months before incarceration

Family Support
- Unstable family situation

Social Networks
- Lack of positive pro-social support

Cognitions
- Anti-social attitudes/values

Recreation
- Recreation presents criminal risk or no form of recreation

Other (Housing/Finance)
- No/unstable home
- Financial stressors / expenses exceed income

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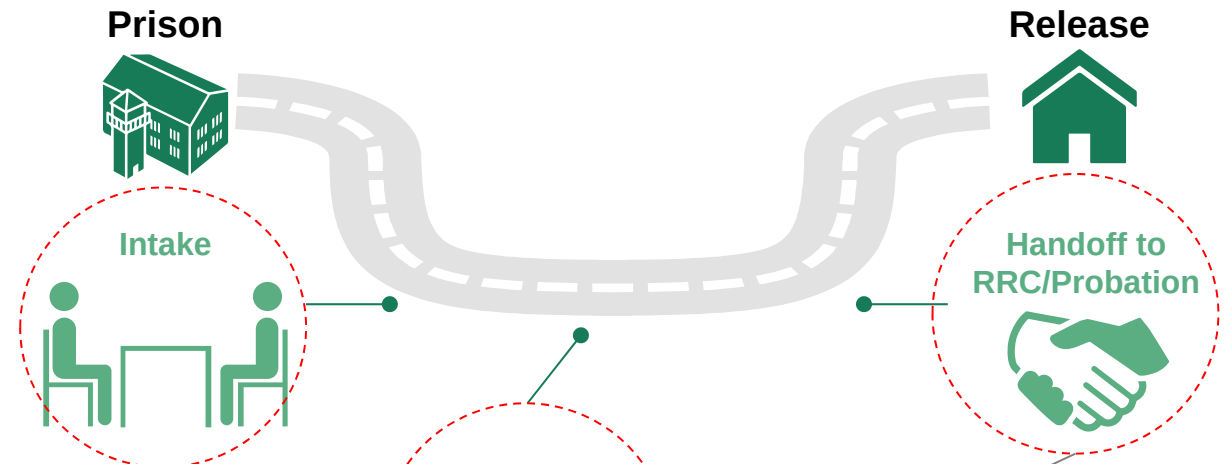
1

This assessment should be used to guide case planning & programming from beginning through end of supervision

What BOP's assessment should do

- **Capture criminogenic needs**, which are critical to targeting programming
- **Incorporate responsivity factors** (inmate's motivation and abilities) to maximize impact of programming treatment
- **Ensure inter-rater reliability** (i.e. different officers can administer the assessment for an inmate and arrive at similar conclusions)
- **Ensure consistency in interpretation** of needs/measures with RRCs, Probation

How the assessment should be used



The assessment should be administered by the unit team upon inmate's entry to target programming recommendations for the inmate based on his/her identified needs

Coordination with RRC/Probation is critical to improve information sharing and understanding of inmate's needs before reentry to the community

Inmates' needs / changes in dynamic risk factors should be periodically assessed throughout time incarcerated in order to re-direct programming recommendations

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2

Improve data infrastructure to better evaluate and identify what works in reducing recidivism in the BOP population

Capture key programming data during incarceration

For each inmate, capture:

- *Demographics*
- *Static risk factors*
- *Criminogenic Needs*
- *Program Enrollment*
- *Program Attendance*
- *Program Completion*
- *Program Sequencing*

Capture recidivism data post-release

After each inmate is released, track and capture:

- *Re-arrest rate at federal/state level within 8 years*
- *Re-conviction rate at federal/state level within 8 years*
- *Re-incarceration rate at federal/state level within 8 years*

Conduct data analytics / studies

Conduct population-level data analytics to determine:

- *Which programs are most effective at reducing recidivism*
- *Which programs work best for which types of inmates*
- *How program sequencing impacts recidivism (e.g., impact of cognitive/behavioral programs at beginning of sentence vs. end of sentence)*

Captured | **Captured but not at all facilities and / or not always in usable format** | **Not currently captured**

Some effort required to capture data currently not captured;
Greatest effort required to integrate all data in one centralized and analyzable database

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2

Work with states and other relevant federal agencies to improve data and information sharing

Information sharing across the criminal justice life cycle is critical – from pre-trial documentation through post-release supervision reports – in order to allow agencies full transparency and complete, accurate data to make better decisions

In order to collect complete recidivism statistics once individuals leave the BOP system, the BOP should also investigate better linkages to state departments of corrections in order to collect data from state DOCs when individuals formerly incarcerated in federal prisons enter the state system

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2

BOP will need to update current data infrastructure and develop predictive analytics solution

Several next steps required to update data infrastructure

- **Update** current data infrastructure to capture inputs not currently captured
- **Establish partnership with state, federal agencies** to track re-arrest, re-conviction, and re-incarceration of federal inmates
- **Develop predictive analytics solution** to ensure continuous review of inmate needs, program effectiveness

Projected resource requirements estimated to cost ~2 M

Primary cost for labor, additional costs may be incurred for software development

- 1 Project Manager
- 1 Data Architect
- 2 Engineers
- 2–4 Other (e.g., designer)

Estimated cost **~$2 M (over 2 yrs)**

**Cost contingent on time needed to complete project. Some costs may be shared with other US agencies*

Additional resources required for maintenance

Additional cost for software maintenance and continuous updating, quality assurance of data at Central Office

- 2 Additional research Analyst for Office of Research and Evaluation (GS-13)

Estimated cost **~$325k/ year[1]**

1. This reflects expected salary and hiring costs for GS-13 ORE analyst in 2017; Salaries expected to increase by ~1.6%/year thereafter
Note: These costs include costs for project labor. Additional costs may be needed to update software infrastructure and maintain updated system. These costs have not been estimated here
Source: BCG Analysis; Gartner for IT Leaders Toolkit: Application and Technology Consulting Services Labor Rate Database, 2015

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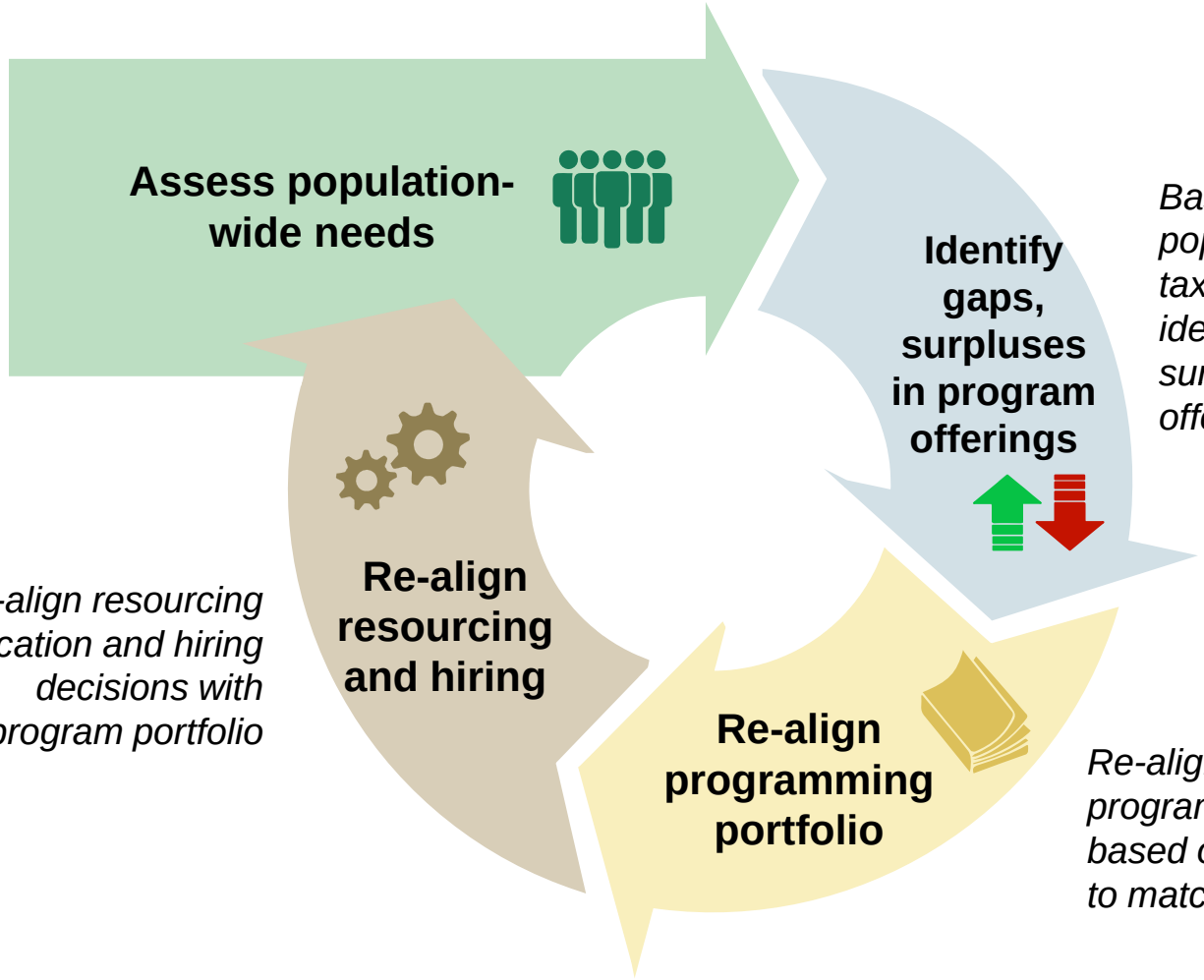
2

BOP should also reassess population needs every 2-3 yrs to determine if adjustments are needed in program portfolio

Systematically and routinely aggregate population-wide needs identified through risk/needs assessment



Based on changing population needs and taxonomy of programs, identify gaps and surpluses in program offerings

Re-align BOP's programming portfolio based on gap analyses to match inmate needs

Re-align resourcing allocation and hiring decisions with program portfolio

Recognizing that the make-up of the BOP population and its needs can change over time, this process ensures programming portfolio is consistently aligned with inmate needs

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Recommendations: Expand critical programs and services

This section outlines how BOP can expand critical programs and services to effectively meet inmate re-entry needs

3. Expand access to select cognitive / behavioral programs (e.g., BRAVE)
4. Expand access to moderate mental health care overall and intensive mental health treatment for females
5. Create a standardized, national RPP program
6. Increase inmates' links to and preparation for the outside world
7. Implement more proactive and rigorous case management process

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3

Synthesis of population needs reveals a need to expand program access, eligibility, and shift sequencing

Need identified	Program exists to address need?	Gap in access to program?	Change in eligibility required?	Change in sequencing required?
Cognitive restructuring for high-security males	• Yes; Challenge, an existing national program	• No; Challenge has sufficient capacity to meet inmate needs	• No; ensure access to all newly incarcerated inmates	• Yes; automatically enroll at beginning of sentence
Cognitive restructuring for medium-security males	• Yes; BRAVE, an existing national program	• Yes; only youth eligible and insufficient capacity to meet population needs	• Yes; Expand to ~50% of inmates <32 yrs of age and ~40% of inmates >32 yrs of age (as identified with need through risk assessment)	• No; continue to automatically enroll at beginning of sentence
Relationships management and self management / control for females	• No national program • We recommend creating a new non-residential national program that could combine modules of Women's Relationships, Emotional Self-Regulation, and Foundation model programs	• Yes; no national program exists to meet need	• New non-residential program: for females with identified need for relationships management and self management / control. At minimum, est. need exists for ~25-50% of population	• New non-residential program; automatically enroll at beginning of sentence

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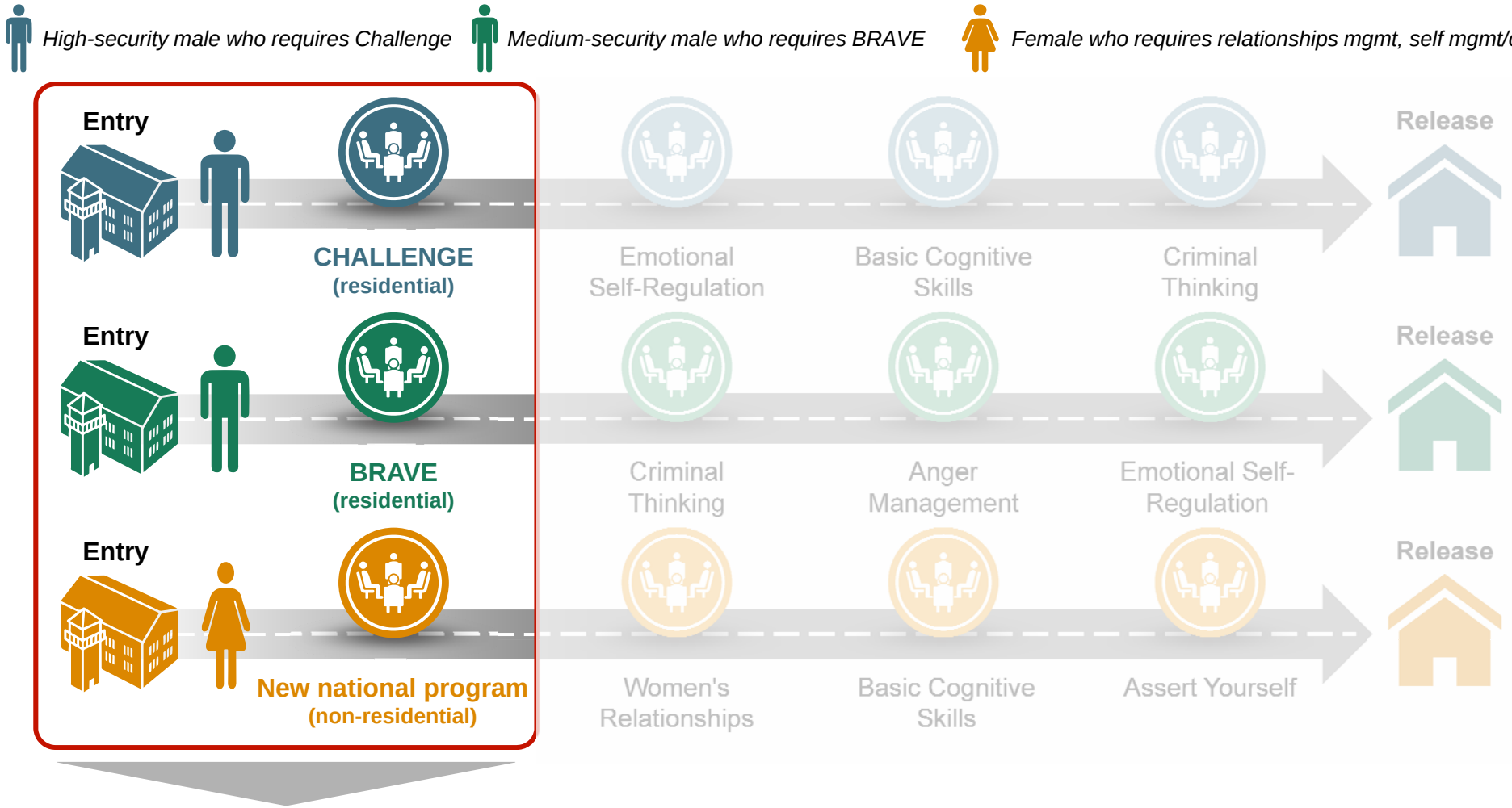
Ensure inmates with need are automatically enrolled in Challenge, BRAVE, and new national female program...



In order to encourage inmate enrollment in these critical programs:

1. Implement **automatic enrollment** into these programs, with option to opt-out from program after 4 weeks
2. Consider making completion of these programs a **pre-requisite for enrolling in occupational training programs**

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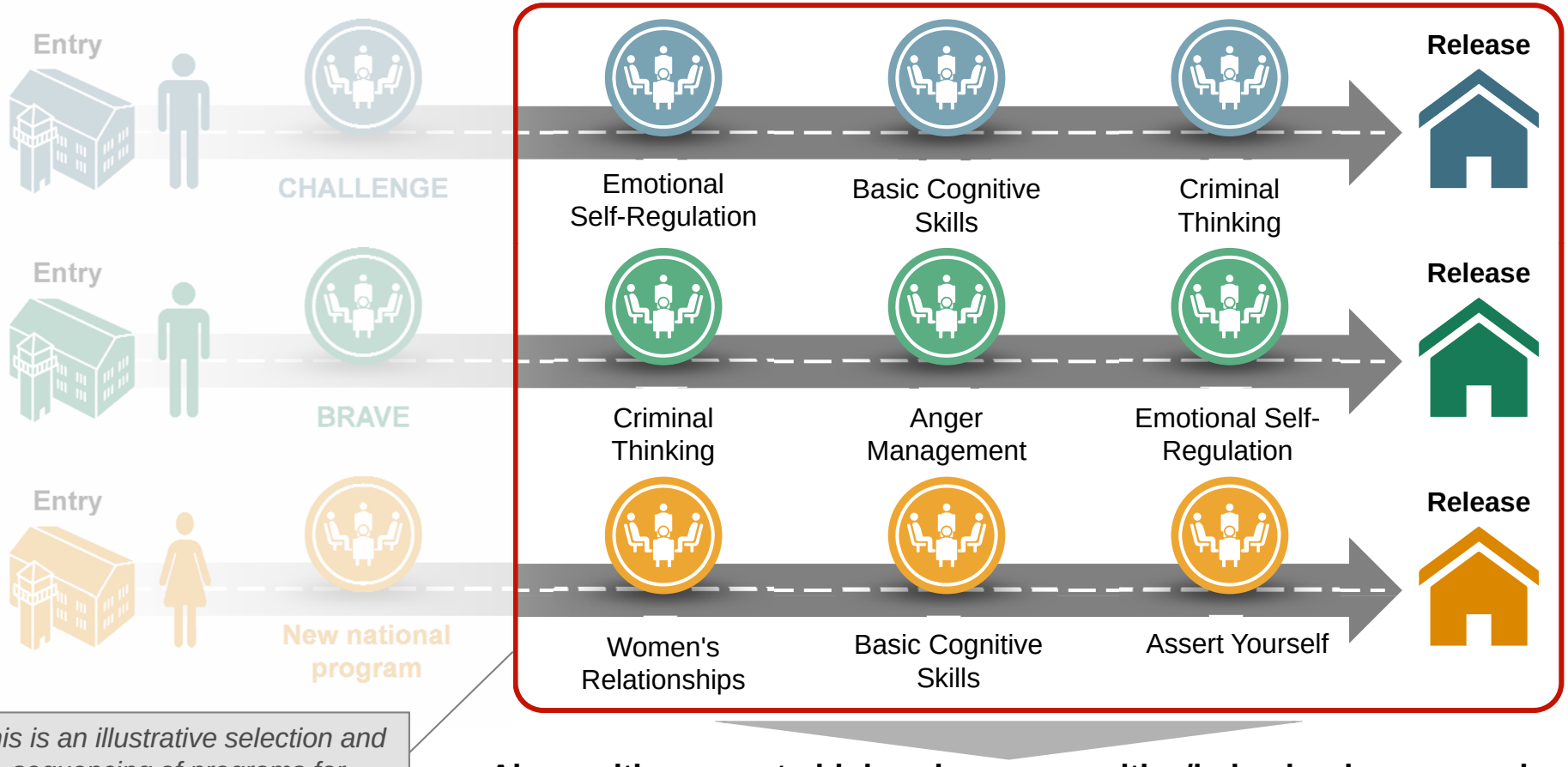
3

...with access to "booster shots" of lower-dosage cognitive programming throughout rest of sentence based on need

High-security male who requires Challenge

Medium-security male who requires BRAVE

Female who requires relationships mgmt, self mgmt/control



This is an illustrative selection and sequencing of programs for example inmates; this would ultimately be dependent on individual inmate's identified needs

Along with access to higher-dosage cognitive/behavioral programming at the beginning of an inmate's sentence, it is important to ensure "booster shots" of cognitive/behavioral programs throughout the rest of the inmate's time in prison

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To bolster access to booster shots, the following model programs should be expanded to be offered at *all* facilities

Model programs to offer at all male facilities

Programs
- Basic Cognitive Skills
- Criminal Thinking
- Anger Management
- Emotional Self-Regulation

Rationale
These programs target critical cognitive behavioral skills

Model programs to offer at all female facilities

Programs
- Basic Cognitive Skills [gender-specific version available]
- Emotional Self-Regulation
- Women's Relationships
- Assert Yourself

Rationale
These programs target critical cognitive behavioral skills and some programs have been tailored for the female population's unique needs

In order to roll these out across all facilities . . .

In the short-term . . .
- BOP should consider a **widespread information campaign across facilities** to encourage Wardens to adopt these model programs

In the long-term . . .
- BOP should consider **moving these programs into national policy** in order to ensure standardized access across facilities

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3

Expand access to BRAVE and new national female program to fill key population gaps in need, at cost of ~$11 M

Gap in need	Recommendation to fill gap	5 yr resourcing expansion	Est. run rate	# of inmates impacted
Cognitive restructuring for medium-security males	**Expand BRAVE to medium-security males of all ages (~50% of inmates <32 and ~40% of inmates>32)**	Expand to **12** additional facilities Requires **12** additional psychologists Requires **48** additional treatment specialists	~$7.2 M	~1,700/yr
Relationships management and self management and control treatment for females	**Create new national program that addresses relationships management and self management and control**	Expand to **28** facilities that house female inmates Requires **28** additional Master's Level Clinicians* **(can either be from psychology or social work background)*	~$3.4 M	~1,000/yr

Source: BCG Analysis. Challenge has sufficient access so no additional resources needed for expansion. BRAVE: Assumes 1 GS-13 psychologist paid at $143,747 annually with $12K in hiring costs & $1000 in annual certification costs, 4 GS-11 treatment specialists paid at $101,120 annually with $12K in hiring costs; overall program start-up costs of $5K,& annual operating costs of $20K. New national female program: Assumes 1 GS-11 Master's Level Clinician paid at $103,125 annually with $12K in hiring costs, $500 in annual certification costs; overall program start-up costs of $5K,& annual operating costs of $20K. For all staff salaries, assumes1.6% increase in salary and 2.0% increase in benefits per year

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3

Model cognitive/behavioral programs can be run by Master's Level Clinicians, added at cost of ~$10 M

Gap in need	Recommendation to fill gap	5 yr resourcing expansion	Est. run rate	# of inmates impacted
Access to "booster shot" model cognitive / behavioral programs across all facilities	**Roll out one Master's Level Clinician to each facility in order to run the model cognitive / behavioral programs**	Expand to **122** additional facilities Requires **94** additional Master's Level Clinicians* **(can either be from psychology or social work background)*	**~$10.4 M**	**~25,000/yr**

Note: *The staff resourcing here is <u>in addition to</u> the staff increase required to run the new non-residential national program for females that addresses relationships management and self management and control (outlined on previous page); those 28 Master's Level Clinicians added there would also help run booster shot programs*

Source: BCG Analysis; Assumes addition of 1 Master's Level Clinician per facility. Assumes Master's Level Clinician GS-11 fully-loaded salary of $100,852, with $12K in hiring costs & $500 in annual certification costs. For all staff salaries, assumes 1.6% increase in salary and 2.0% increase in benefits per year

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3

In order to steer these critical cognitive/behavioral programs, must track data on effectiveness and test sequencing

For every inmate who participates in Challenge, Brave, and new female national program, should track/test the following...

Track	
Institutional Misconduct Rates	• *A comparison of misconduct rates of program participants vs. comparison group*
Changes in criminogenic needs	• *A pre- and post-assessment of each inmate to capture change in criminogenic needs*
Recidivism	• *The recidivism rates of program participants when released*
Test	
Sequencing	• *Pilot program at beginning of sentence for inmates and compare to those who had historically participated in program later in sentence (e..g for Challenge) to determine which timing is most effective*

...in order to determine:

- ❑ ***Is the program effective in reducing inmate misconduct rates while incarcerated?***
- ❑ ***Is the program effective in impacting the criminogenic needs of the inmate?***
- ❑ ***Long-term: Is the program effective in reducing recidivism?***
- ❑ ***Is the program more effective when offered at the beginning of the inmate's sentence or later in the sentence? Does this vary by type of inmate (e.g. by risk level)?***

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4

Synthesis of population needs based on gap analysis identifies need to expand access to mental health services

Need identified	Program / service exists to address need?	Gap in access to program / service?
Moderate mental health care for overall population (~12% of population)	• Yes; counseling / therapy	• Yes; the Care Level system identifies only the most severely mentally ill inmates (i.e. Care Levels 2, 3, 4) because of limited treatment resources; thus inmates with moderate mental health illnesses who are Care Level 1 have less access to counseling / therapy
Intensive, residential mental health for females	• Yes; STAGES, Skills, Mental Health Step Down	• Yes; these programs are not offered to female inmates

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4

Expand access to moderate mental health treatment overall, at cost of ~$8-9.5 M

Gap in need	Recommendation to fill gap	5 yr resourcing expansion	Est. run rate	# of inmates impacted
Moderate mental health treatment for ~12% of population	Expand psychologist capacity to provide counseling / therapy to inmates with moderate mental health care needs	Requires **50-60** additional psychologists	~$8-9.5 M	~18,000/yr

Source: BCG Analysis. Assumes projected drop in overall population of ~5%/yr over the next 5 yrs according to Colson Task Force Report projection. Assumes an inmates to psychologists ratio of 100:1 for treatment of moderate mental health population. Accounts for existing number of psychologists available to treat Care Level 2 inmates at 50:1 ratio, Care Level 3 inmates at 25:1 ratio, and Care Level 4 inmates at 20:1 ratio, and remaining general population at 300:1 ratio. Assumes 1 GS-13 psychologist paid at $143,747 annually with $12K in hiring costs & $1000 in annual certification costs. For all staff salaries, assumes1.6% increase in salary and 2.0% increase in benefits per year

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4

Expand access to intensive, residential mental health treatment for females, at cost of ~$1.3 M

Gap in need	Recommendation to fill gap	5 yr resourcing expansion	Est. run rate	# of inmates impacted
Intensive, residential mental health treatment for females	Expand STAGES to the female population	Expand to 1 facility Requires 2 psychologists Requires 1 specialty coordinator	~$470K	*Estimated impact across all three programs is ~100 inmates / yr*
	Expand Skills to the female population	Expand to 1 facility Requires 1 psychologist Requires 1 specialty coordinator Requires 1 teacher	~$420K	
	Create Mental Health Step Down for female population	Expand to 1 facility Requires 1 psychologist Requires 1 specialty coordinator Requires 1 occupational therapist	~$400K	

Source: BCG Analysis. Assumes GS-13 psychologist paid at $143,747 annually with $12K in hiring costs & $1000 in annual certification costs; GS-12 specialty coordinator paid at $121,204 annually with $12K in hiring costs; GS-11 teacher paid at $102,598 annually with $12K in hiring costs; GS-09 Occupational Therapist paid at $87,747 annually with $12K in additional 1st yr costs; Annual operating costs for each program at $20K. For all staff salaries, assumes1.6% increase in salary and 2.0% increase in benefits per year

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5

Create a national, standardized Reentry Preparation Program (RPP) *[currently in progress]*

BOP should offer a standardized, multi-day orientation with intro classes in each of the following areas for all inmates within 12 mos. of release...

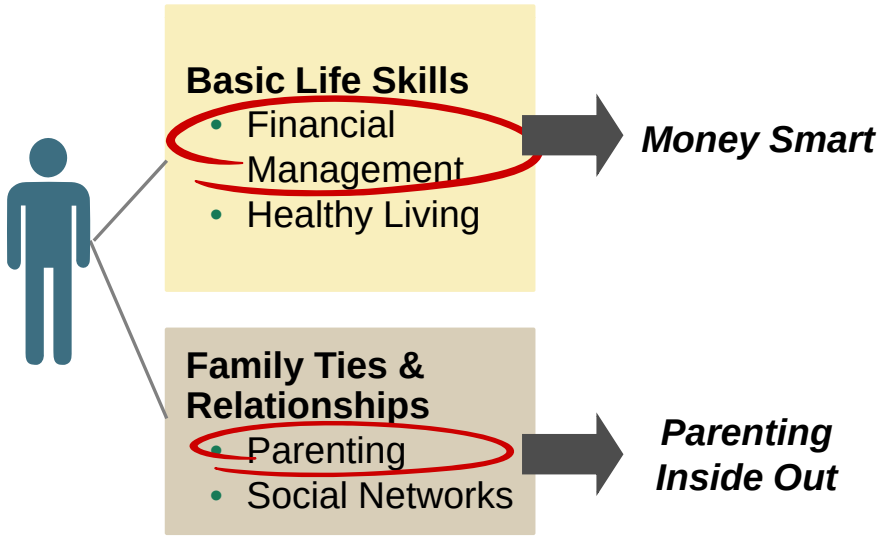
Basic Life Skills
- Financial Management
- Healthy Living

Release Planning
- Informational (e.g., probation, benefits)
- Procedural (e.g., getting a SSN)

Employment Preparation
- Applying for a job

Family Ties & Relationships
- Parenting
- Social Networks

...with the opportunity for inmates to participate in deep-dive programs after the RPP orientation based on identified need from their RPP experience



*Coming out of RPP, each inmate should be **flagged for any areas where he/she requires further preparation and should be automatically enrolled** in existing model/national programs at the facility covering these areas (with option to opt-out)*

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5

A critical component of RPP should be connection to mentors in communities to which inmates will be released

Start of RPP program

- Re-entry Affairs Coordinator (RAC) and social worker **match releasing inmates with a community organization / NGO** in their release communities
- **Community organizations then match releasing inmates with mentors** in local community

Release to Community

- **Mentors build a mentoring relationship with mentees while they are still incarcerated**, whether by phone, TRULINCS, or in person if mentor/community is close to release institution

Transition back to Community

- Mentors **provide a safe, welcoming environment for mentee** to make a successful transition back to the community, foster the mentoring relationship through weekly meetings and check-ins

We recommend leveraging the mentoring model of the Life Connections Program and applying this model to the new national RPP by piloting in the top 5 cities to which inmates are being released

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6

Leverage an increase in social workers to assist in release planning and discharge, at cost of ~$23M

Gap in need	Recommendation to fill gap	5 yr resourcing expansion	Est. run rate	# of inmates impacted
Only 53 social workers across the entire BOP system; existing social workers serve reentry needs of special populations (mentally ill, those with medical problems, females), but general population does not have access to social workers	• **Roll out social workers to serve the general population in release planning:** – Assist with individualized release case planning – Ensure inmates are connected to housing and benefits upon release – Assist inmates in creating linkages to outside world (community organizations, NGOs)	Requires **200** additional "Reentry" Social Workers[1]	**~$23M**	**~50,000/yr**

1. Assuming ~50,000 will be released from the 122 BOP facilities within 2 years, and assuming a case load of 200:1, ~250 social workers would be needed to serve overall population; BOP already has 53 social workers, so an estimated additional ~200 social workers are needed. The no. of social workers per facility should be allocated depending on the volume of individuals being released at each facility, which may depend on security level of the facility

Source: BCG Analysis; Assumes GS-11 fully-loaded salary of $103,135, with $12K in hiring costs & $500 in annual certification costs

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6

BOP should also consider a national standard for a "reentry resource center" deployed across all facilities

"Re-entry Resource Center"

- Housing / shelter resources
- Employers likely to hire justice-involved individuals
- ACA updates / resources
- Health / mental health clinics
- Benefits / welfare resources
- Local NGOs/community contacts

- Should contain **standardized information for all 50 states** accessible on a computer in the facility library
- Would ensure that all inmates are **connected to robust resources** even if they are being released to **states far away from their release institution**
- Be **updated regularly** with the latest information / resources

In order to implement and facilitate access, the BOP could consider "white-listing" re-entry resource websites that contain community-specific resources on employment, housing, healthcare, benefits, etc that are searchable by city/state (e.g. "Fair Shake Reentry Resource Center")

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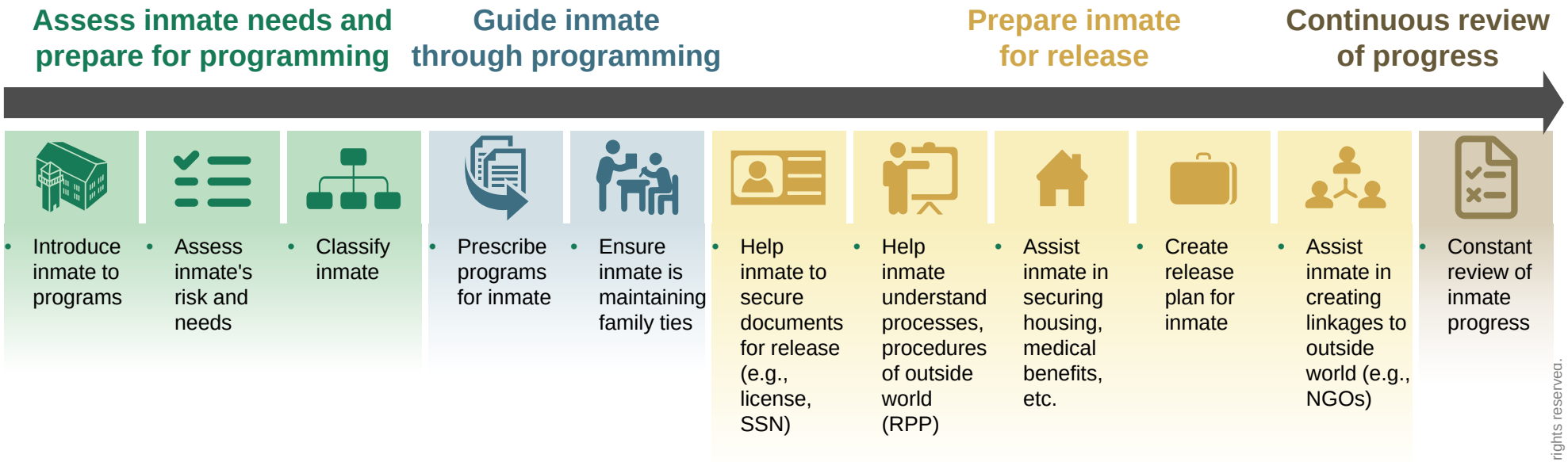
Recall: This assessment identified several gaps in the BOP's current case management ("unit team") process



Gaps identified in current case management process

- Current risk assessment tool does not sufficiently identify inmates' criminogenic needs
- Variable guidance given for making program recommendations with limited quality control
- Social workers often develop release plans for inmates with severe medical/mental health conditions or other special needs but this process is not standardized for all inmates
- Review of inmate progress often too discontinuous (formal review is only required every six months) to ensure inmate enrollment in critical programming

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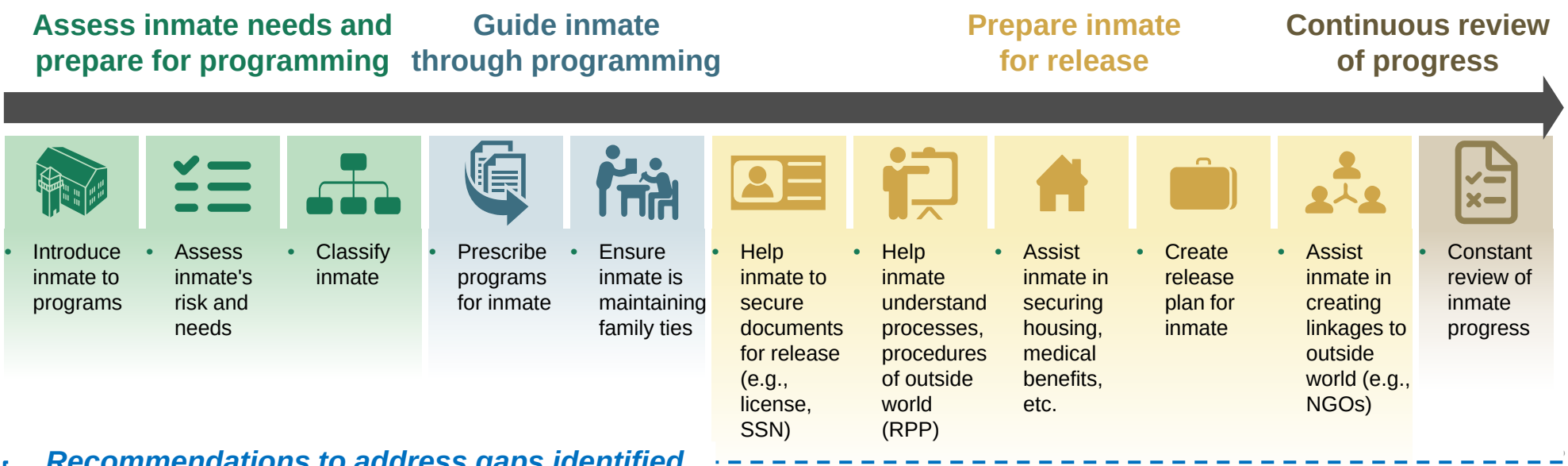
7

Capacity building, greater accountability & quality control needed to ensure more effective case management process



Recommendations to address gaps identified

Capacity building and training will be required to ensure case managers understand validated risk assessment tool and can effectively use it to assess inmate needs

Case manager coordinator should **randomly audit case management meetings** in order to enhance quality control / accountability mechanisms

Additional social workers should be hired *(Recommendation #7)* to support the case management process, specifically the development of individualized release plans for each inmate

In order to enable **more frequent review of inmate progress**, we recommend that case mgr and social worker check in with inmate **every 3 mos. once inmate is within 24 mos. from release** (rather than within12 mos. from release)

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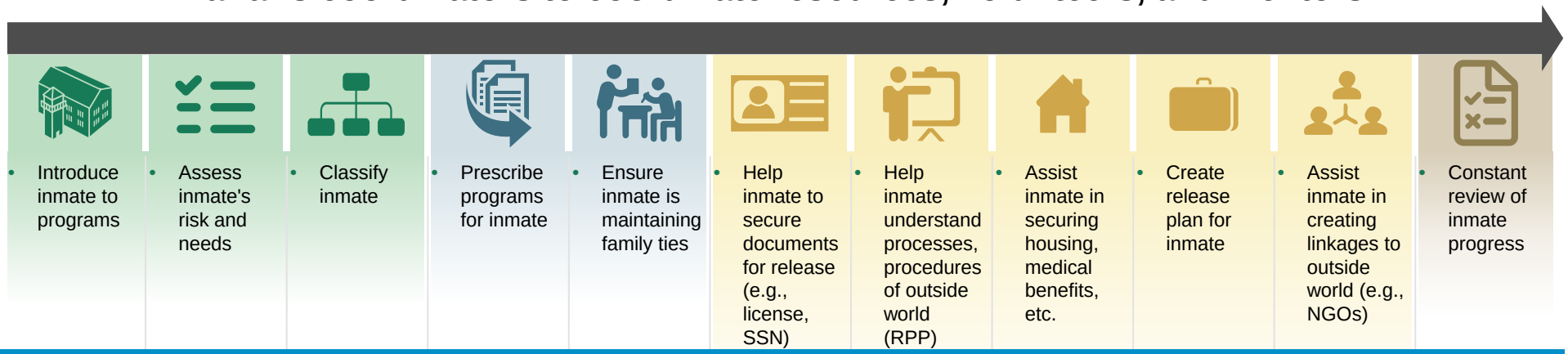
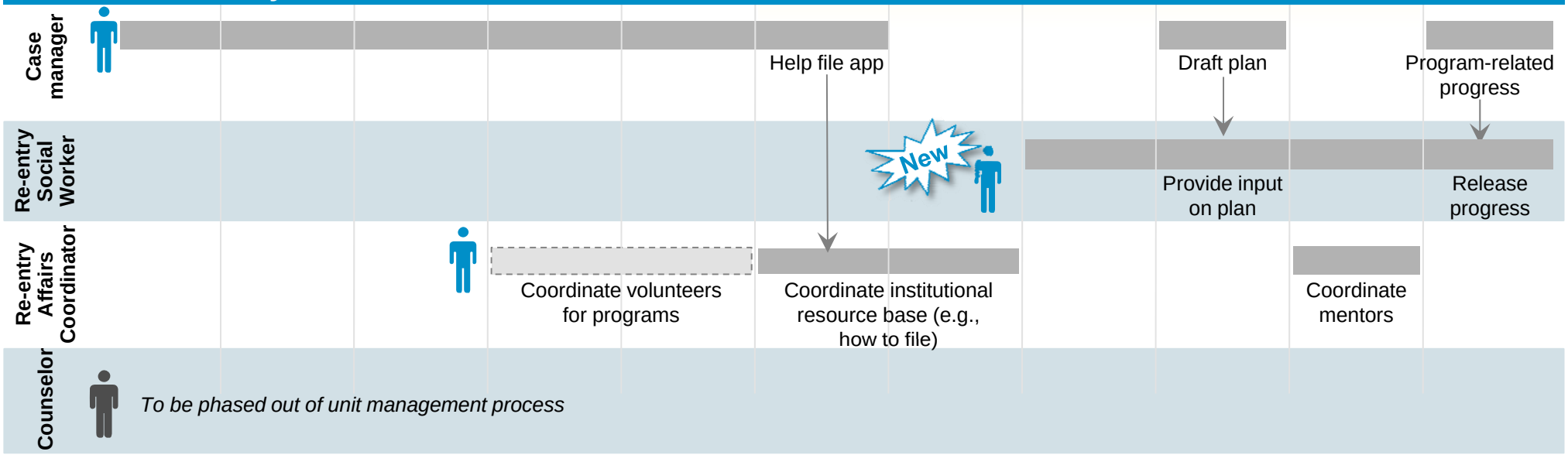
7

Newly hired social workers, re-entry affairs coordinators should support case management process

Newly hired social workers to support release planning; re-entry affairs coordinators to coordinate resources, volunteers, and mentors



Staff accountability



7

Recommendations for improving the case management process require clarifying scope of the positions involved

Position	*Division to which position reports*	*Change in role of position*
Counselor	Correctional Programs Division (CPD)	• Phase out the role from unit teams, since many duties (e.g. managing phone and visitation lists) have become automated
Case manager	Correctional Programs Division (CPD)	• Focus more on programming; leverage social worker to assist with release planning
Reentry Social Worker	Reentry Services Division (RSD)	• New position: assist with individualized release planning for inmates
Reentry Affairs Coordinator	Reentry Services Division (RSD)	• No change, just standardization in role: coordinate volunteers, resources, mentors
Case Management Coordinator	Correctional Programs Division (CPD)	• Additional duty: conduct random audits of case management meetings (~50/yr)
Unit Manager	Correctional Programs Division (CPD)	• N/A
Reentry Affairs Administrator	Reentry Services Division (RSD)	• Supervise Reentry Social Workers and Reentry Affairs Coordinators

BOP may want to consider realigning unit team reporting from CPD to RSD in order to align with the other branches that provide programming

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Recommendations: Ensure program enrollment and effective program delivery

This section outlines how the BOP can better ensure program enrollment and effective program delivery

8 Ensure the right talent is in the right place to deliver on programs and services

9 Increase inmate enrollment through greater use of incentives

10 Create a programming environment conducive to inmate learning and development

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8

Ensure the right talent is in the right place to deliver on programs and services

Recommendations call for an overall staff increase of ~450 over 5 years

76 Psychologists
- To run BRAVE *(recommendation #3)*
- To run expanded moderate mental health treatment overall and intensive residential mental health treatment for females *(recommendation #4)*

48 Treatment Specialists
- To assist with BRAVE *(recommendation #3)*

122 Master's Level Clinicians
- To run new national program for females (*recommendation #3)*
- To run expanded model cognitive/behavioral programs (*recommendation #3)*

200 Reentry Social Workers
- To assist in release planning *(recommendation #7)*

7 Other staff (coordinators, teacher, ORE analysts, etc.)
- To run intensive residential mental health treatment for females *(recommendation #4)*
- To bolster data analysis infrastructure (*recommendation #2)*

Bringing these new staff on and equipping existing staff will require a dynamic HR strategy

Hiring
- Develop position descriptions to **attract and recruit the right talent** to enhance programming operations
- Appropriately identify and **match talent to special populations** (e.g., appropriately matching staff backgrounds to female inmate population)

Equipping
- Train case managers to **administer risk/needs assessment** to identify inmates' criminogenic needs and robustly target programming recommendations
- Train **social workers for the general population** (to account for the fact that their previous focus/scope was special populations)

Enabling
- Enable all staff to take ownership of the value of re-entry to BOP's mission through **enhanced information sharing and awareness campaigns** (e.g., monthly programming newsletters, warden/RAC hosting monthly meetings at facility level to discuss re-entry topics, etc.)

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In order to accommodate these large staff increases, need to clarify supervisory structures at facility level

Direct supervisor	***Chief Psychologist***	***Chief Psychologist***	***Chief Psychologist***	***Regional Reentry Affairs Administrator***
Staff member	***Psychologist***	***Treatment Specialist***	***Master's Level Clinician***	***Reentry Social Worker***
Structure of supervision	The psychologists and treatment specialists will oversee the expansion in psychological services (BRAVE, moderate mental health, intensive residential mental health for females) and report up through their **normal line of supervision to the Chief Psychologist**		Master's Level Clinicians in each facility **will work closely with psychologists** to design/oversee the new national program for females and the expanded model cognitive behavioral programs, **thus reporting up to the Chief Psychologist**	The Reentry Social Worker in each facility **will work closely with the unit team and Reentry Affairs Coordinator** to assist in rigorous individual release planning for inmates, and should **ultimately report up to Regional Reentry Affairs Administrator**

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9

Incentives currently in use across most facilities for several programs

Positive incentives are a key evidence based principle in re-entry programming

"When learning new skills and making behavioral changes, human beings appear to respond better and maintain learned behaviors for longer periods of time, **when approached with carrots rather than sticks**."

– Bogue et al. (2004)[1]

"Research indicates that **positive reinforcements should be used four times as often as negative sanctions** to enhance individual motivation toward positive behavior change and **reduced recidivism**"

– Solomon et al (2004)[2]

"If we combined the Canadians' theory of rehabilitation with the U.S. program evaluation data on 'what works,' we would design prison reentry programs [where]... as the individual changed his or her thinking patterns, he or she would be provided with vocational training and other job-enhancing opportunities. **Positive reinforcers would outweigh negative reinforcers in all program components**."

– Petersilia (2004)[3]

Per policy, BOP facilities currently offer several incentives

Recall: **BOP already uses incentives for several programs**

Positive reinforcement (e.g., certificates, praise from peers and staff, graduation ceremonies)

Sentence reduction, good conduct time

Other Rewards (e.g., gift mugs, extra TV time)

1. Bogue, Brad, Nancy Campbell, Mark Carey, Elyse Clawson, Dot Faust, Kate Florio, Lore Joplin, George Keiser, Billy Wasson, and William Woodward. 2004. Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention. Washington, DC: National Institute of Corrections. http://www.nicic.org/pubs/2004/019342.pdf.
2. Solomon, Amy L., Jenny W. L. Osborne, Laura Winterfield, Brian Elderbroom, Peggy Burke, Richard P. Stroker, Edward E. Rhine, and William D. Burrell. 2008. Putting Public Safety First: 13 Parole Supervision Strategies to Enhance Reentry Outcomes. Washington, DC: Urban Institute. http://www.urban.org/research/publication/putting-public-safety-first-13-parole-supervision-strategiesenhance-reentry-outcomes-paper; 3. Petersilia, Joan. 2004. "What Works in Prisoner Reentry? Reviewing and Questioning the Evidence." Federal Probation 68 (2): 3–9. http://canatx.org/rrt_new/professionals/articles/PETERSILIA-WHAT%20WORKS.pdf

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Standardization, expansion of some incentives could improve program enrollment significantly

Some incentives require standardization, others should be expanded

	Incentive	Description	Action required
Should be standardized	***Automatic enrollment***	• Inmates are automatically enrolled in programs with the option to opt out after 4 weeks	• **Change to national policy for key cognitive / behavioral programs**
Should be expanded	***Sentence reduction, good conduct time***	• Reduction of time spent in BOP custody (through rewarding of good conduct time) • Commutation of sentence – E.g., RDAP participants are permitted a sentence reduction of up to 12 mo.	• **Change to national policy** ***Would require approval from Congress***
	Special rewards	• Rewards to recognize program participation and / or completion (e.g., certificates, mugs, gift cards to the commissary, graduation)	• **Change to national policy / staff guidance**
	Peer Mentors	• Past program participants, chosen to encourage peers to enroll, participate in programs	• **Adjust position description for current re-entry resource coordinators to include identifying and matching inmates to potential mentors**

Incentives should be targeted towards inmates with greatest need and / or those least likely to enroll

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10

Opportunity exists to better incentivize staff to deliver quality programming...

Make facility programming performance more transparent

"League tables" of program metrics can be published to incentivize facilities to improve programming performance

Metric	Description
Needs Assessment	% of population with assessment completed
Enrollment	% of population enrolled in programs *recommended by assessment*
Completion	Average % completion rate of programs across facility
Employment	% of inmates employed 180 days after release
Recidivism	% return to prison within 3 yrs

These metrics are illustrative – modifications and rigorous review of each will be needed to ensure fair and appropriate comparisons across facilities

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...and continue to celebrate the value and criticality of re-entry programming to the BOP's mission

Recall: **BOP has several awards to recognize staff excellence**

Bureau wide awards

- Distinguished service medal
- Meritorious service medal
- Commendation medal
- Assistant Director's Award for the Reentry Services Division
- Reentry Services Division Special Recognition Award
- Assistant Director's Award for Industries, Education and Vocational Training

Local awards[1]

- Employee or Supervisor of the Month / Quarter / Year
- Rookie of the Month / Year
- Correctional Office of the Year
- Extra Effort – Extra Mile – Extra Step Award

Note: *This list is not exhaustive*

Moving forward, there is opportunity to develop additional national awards that help to institutionalize further a culture that celebrates the value and criticality of re-entry programming

Recognizing a staff member who has gone above and beyond to deliver high-quality programming

Recognizing a warden who has significantly improved program enrollment and the programming environment at his / her facility

Recognizing a facility that has performed the best on metrics established in the league table (e.g., enrollment)

1. Per Policy 3451.04, these awards are suggested made by the Bureau; "implementation [of these awards] remains optional at the local level"
Source: BOP Policy 3451.04, "Bureau of Prisons Awards Program, Incentive Awards" ; "Bureau-Wide Awards Program" Information provided by BOP September 12, 2016.

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In addition to our recommendations, this assessment identified several next steps that the BOP should take

These next steps reflect key areas of concern outside the scope of this project but still critical for ensuring quality programming for inmates

A

Pursue opportunity to expand access to higher education opportunities

B

Conduct deep-dive study on opportunities to improve occupational training access/offerings

C

Pursue further study on additional programming gaps for special populations

D

Once new national programs in place, conduct study to determine which resources go to local non-recreation, non-religious programs

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A B

Two of these next steps contingent on findings from the Bronner group

The Bronner Group reviewed the BOP's current education and occupational training program

- Specifically, the goal of the Bronner Group was to prescribe a strategy that would:

> *"**Improve the education and job training programs** in the prison system to equip individuals with the necessary skills, certification, and experience to re-enter society with dignity and a chance for economic success"*

- We identified two recommendations in alignment with this goal, specifically with the following imperatives identified by the Bronner Group:
  - **Imperative #2**: *Create a **technology instructional management system** that can provide the IT needed to expand quality occupational education and occupational training options and to provide program support*
  - **Imperative #5**: *Adopt a strategy of **expanding external partnerships and associations** to access additional resources and enhance education and job training opportunities*

Their findings will have implications for two of the 'next steps' that we prescribe

A

Pursue opportunity to expand access to higher education opportunities

B

Conduct deep-dive study on opportunities to improve occupational training access/offerings

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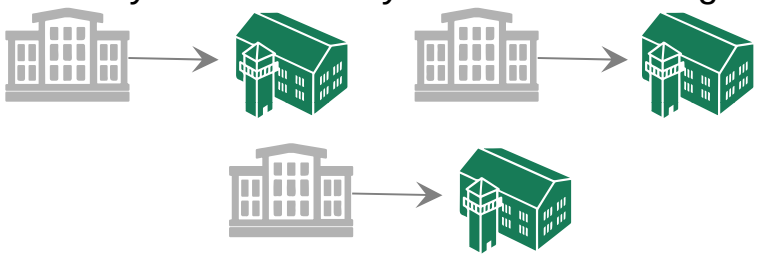
A

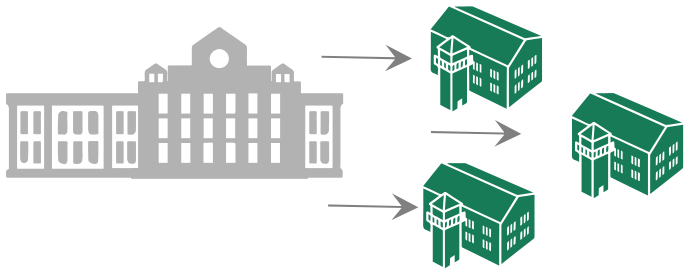
Expand access to higher education by modifying the current contracting process and leveraging technology

Modify the contracting process to leverage contracts with larger universities...

Currently, the BOP awards multiple contracts within a region to lots of small colleges to individually serve a variety of facilities in a region...



To optimize geographic reach of a contract, BOP should award 1 contract to a larger state university that has the resources/staff to serve multiple facilities in a region



...and leverage technology to expand access to higher education materials

Ohio Department of Rehabilitation and Corrections successfully introduced Android-based tablets for ***secure delivery of asynchronous community college coursework***

Students reported increased digital literacy skills and confidence, with >80% course completion rate[1]

- Mitigates **staffing constraints**, allowing inmates to work at their own pace with minimal instruction from staff
- Overcomes **geographic constraints** such as distance from local universities

1. US Department of Education (2015). "Educational Technology in Corrections" https://www.edpubs.gov/document/ed005580p.pdf

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B

Conduct deep-dive study in 3 areas in order to improve access to and offering of occupational training programs

1 ***Identify industries likely to hire justice-involved individuals***

2 ***Determine the governance required for occupational training offering***

3 ***Identify the additional resources needed to expand access***

Initial BCG diligence from interviews and analysis in these 3 areas suggests the following:

- There are four **factors that should be prioritized** when choosing what occupational training programs to offer:

1. High demand for profession
  - National presence
  - Need for personnel

2. Enables self-sufficiency
  - Can be own boss
  - Low start-up costs

3. Ability to get certification
  - Easy to implement and attain certification

4. Geography & gender considerations
  - Aligned with industries hiring in nearby geography of facility
  - Cognizant of female-specific needs

- **Need to implement standardized, national guidance** across BOP facilities on which industries most likely to hire returning citizens
- Central Office to provide direction to facilities on **how to re-align portfolio** with these industries

- Need to conduct a **sizing of gap in access to occupational training opportunities** for inmates within 2 yrs of release, and an estimation of the **resources required to close this gap** in access
- Initial BCG analysis suggests opportunity to expand ~8,000 occupational training positions. At the current 53:1 student to instructor ratio, suggests ~160 instructors needed

160 additional instructors needed *(BCG estimate)*

Costing of space, capital equipment, operating costs, etc.

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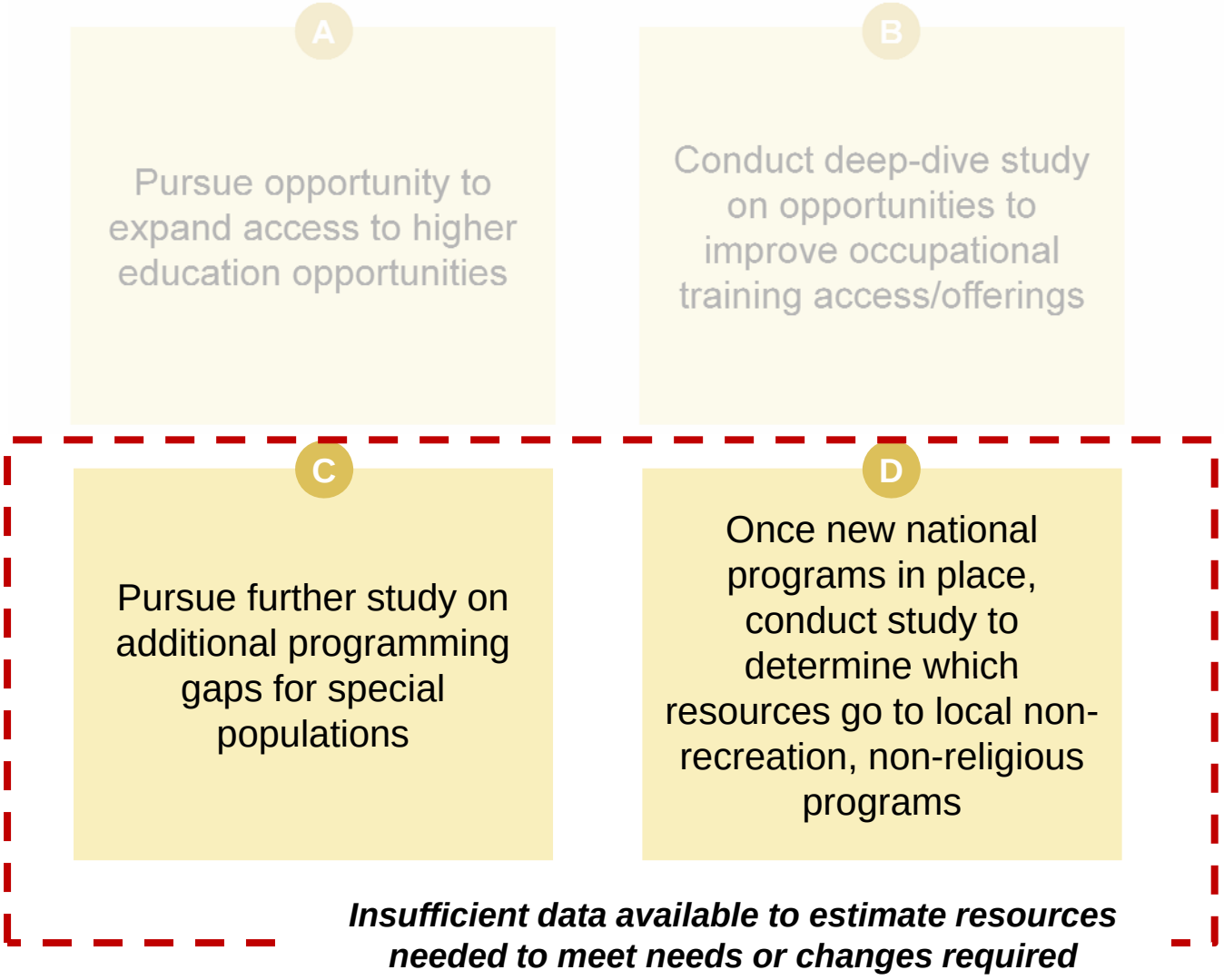
C D

Remaining next steps require further investigation and data collection (I/II)



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C

Additional data needed on inmate population to assess need for additional programming gaps identified

Recall: This assessment found the following gaps in the BOP's national program offering

Education	• Basic Literacy (pre-GED)
	• Special Education
Cognitive Behavioral	• Victim impact treatment for inmates with domestic abuse history
	• Treatment for males who have experienced trauma *(note: Programs at 2 male facilities have commenced)*

... but data constraints precluded us from determining the degree of need for each gap

Further investigation needed to determine

1. ***Size population need*** *in each of these areas*
2. ***Size resourcing required to implement national program offering*** *in each area based on size of need*

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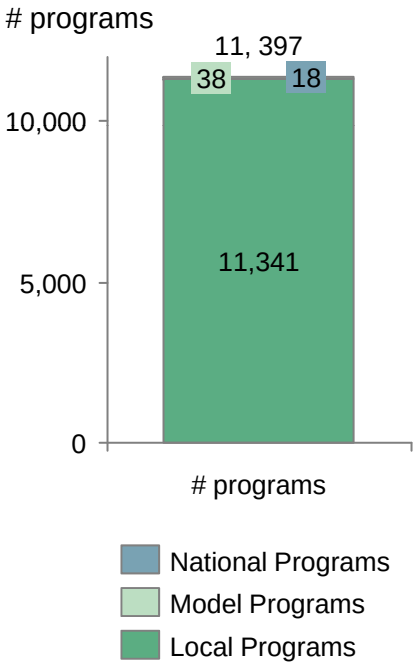
D

Additional data needed on BOP's local programming to ensure optimal allocation of resources for all programs

Recall: BOP has >11,000 local programs

Breakdown of BOP program offering (2015)



The BOP should undertake several next steps to determine quality of these programs and resources required to provide them

Improve data capture and program evaluation	Implement recommended national programs	Review data on efficacy of local, model programs	Re-designate some local programs as model programs	Consider phasing out certain local programs
• Leverage data to identify which programs are effective in reducing recidivism and which programs address identified inmate needs	• Implement recommended expansion of CBT programs, moderate mental health care • Implement new national program for females	• Evaluate local program offering, enrollment / participation, and quality of delivery *Note: Recreation, religious / spiritual services programs have different purposes and should not be subject to the same level of scrutiny*	• Add highest quality local programs to model program catalogue • These programs should be retained; expansion to other facilities may be considered	• Programs that are effective in reducing inmate recidivism can be retained • Select programs that are critical to boosting inmate morale, structuring inmate time, or improving facility security, can be considered • Others should be phased out

Note: Data is based on facility responses to BOP survey administered in December of 2015. Respondents were asked "Do you currently offer this program?" for all national and model programs. Respondents were also asked "how many different programs do you *currently* offer in this area" for a number of prescribed local program areas. As such, this data represents program offering as a snapshot in time (i.e., what was "currently" offered at facilities on December 2015)
Source: 2015 BOP Program Survey, received from BOP May 2016

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Contents

Context

What programming is needed

Who needs what programming

How should it be implemented

Recommendations

Considerations for implementation

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Some of these recommendations will require more time to implement, reflected in the following proposed roadmap

	In next 2-3 years	Up to 5 years
Understanding needs and conducting robust assessment	• Update data infrastructure to track key inmate, program data	Continuously review programs to identify what works
	• Commission external group to validate risk / needs assessment tool • Ensure proper guidance is issued, training is conducted for effective implementation of validated risk assessment tool	Dynamically assess aggregate population needs in order to guide program portfolio
Expanding critical programs and services	• Submit funding request in next budget cycle for: – expansion of cognitive/behavioral programs and staff – moderate mental health treatment – new female national program – social workers • Prioritize facilities for expansion of cognitive behavioral programs	• Hire staff (e.g., treatment specialists, psychologists, social workers) needed • Start rollout of selected cognitive/behavioral programs to 1-2 facilities
		Steady state expansion
	• Finalize new RPP curriculum • Update and standardize position description for re-entry affairs coordinator with respect to RPP, facilitating linkages to outside world	• Pilot RPP at select facilities • Issue national policy and program guidance
		Roll-out RPP to all facilities, continuously re-assess and adjust
	• Update quality control processes for case management • Issue new guidance requiring case managers to check in with inmates every 3 months in the 2 years prior to release	• Offer training / "refresh" for case managers to ensure proper implementation of validated risk assessment tool
		Continuously review case management process, update training as needed
Ensure program enrollment and quality delivery	• Expand use of inmate incentives – solicit approval from Congress, Union where necessary	
		Continuously re-assess, re-train staff as needed
	• Introduce and standardize new staff awards specific to programming	• Introduce league tables to compare facility performance in programming when data in place

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