Summary: Approach

Inputs
- **Stakeholder input**: Internal and external interviews and facility site visits
- **Analysis**: Review and analyze inmate data, BOP facility and operational data
- **Literature review**: Inform key elements through literature review of major pieces on recidivism

Methods
- **Context on inmate needs**
  - What programming should be provided
    - Define what makes a program and types of evidence-based programs
  - Who needs programming
    - Identify key types of inmates and their programming needs

- **BOP Execution**
  - How to provide programming
    - What is the governance for key decisions, authorities?
  - Enablers
    - Identify enablers required to provide best in class programming going forward

Outputs
- **Exercise will provide a framework of what evidence-based programming should be provided to whom and what the BOP needs to be able to affect change**
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
   Reviewed 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 unmet upon release
   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
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.
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
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
Summary: Recommendations
10 recommendations for how the BOP can improve re-entry programming

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.
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.
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.
## 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

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implication</th>
<th>All funding in $K</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Run rate</th>
<th># of inmates impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ensure a validated risk / needs assessment tool is in place</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Ensure validated tool used to identify inmate's programming needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All</td>
</tr>
<tr>
<td></td>
<td><em>Cost dependent on identification of validated risk assessment tool</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All</td>
</tr>
<tr>
<td>2</td>
<td>Evaluate and identify what works in reducing recidivism by tracking key data</td>
<td></td>
<td>$1,176</td>
<td>$1,176</td>
<td>$335</td>
<td>$316</td>
<td>$322</td>
<td>$322</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td>Build robust, integrated data infrastructure to track key data¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All</td>
</tr>
<tr>
<td>3</td>
<td>Expand access to select cognitive / behavioral programs</td>
<td></td>
<td>$1,287</td>
<td>$2,483</td>
<td>$3,719</td>
<td>$5,669</td>
<td>$7,394</td>
<td>$7,220</td>
<td>~1,700/yr</td>
</tr>
<tr>
<td></td>
<td>Expand BRAVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Create new national program for females</td>
<td></td>
<td>$911</td>
<td>$1,464</td>
<td>$2,069</td>
<td>$2,693</td>
<td>$3,473</td>
<td>$3,371</td>
<td>~1,000/yr</td>
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<tr>
<td></td>
<td>Expand access to model cognitive/behavioral programs</td>
<td></td>
<td>$2,072</td>
<td>$4,225</td>
<td>$6,428</td>
<td>$8,705</td>
<td>$10,570</td>
<td>$10,378</td>
<td>~25,000/yr</td>
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<tr>
<td>4</td>
<td>Expand access to moderate mental health care overall and intensive, residential mental health treatment for females</td>
<td></td>
<td>$3,184</td>
<td>$5,422</td>
<td>$7,797</td>
<td>$8,583</td>
<td>$9,519</td>
<td>$9,459</td>
<td>~18,000 / yr</td>
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<tr>
<td></td>
<td>Expand Moderate Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expand STAGES to Females</td>
<td></td>
<td>$479</td>
<td>$445</td>
<td>$452</td>
<td>$460</td>
<td>$467</td>
<td>$467</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expand Skills to Females</td>
<td></td>
<td>$436</td>
<td>$401</td>
<td>$408</td>
<td>$415</td>
<td>$422</td>
<td>$422</td>
<td>~100/yr</td>
</tr>
<tr>
<td></td>
<td>Expand Step Down to Females</td>
<td></td>
<td>$421</td>
<td>$386</td>
<td>$392</td>
<td>$399</td>
<td>$405</td>
<td>$405</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Increase inmates’ links to and preparation for the outside world</td>
<td></td>
<td>$4,697</td>
<td>$9,060</td>
<td>$13,573</td>
<td>$18,240</td>
<td>$23,065</td>
<td>$22,585</td>
<td>~50,000/yr</td>
</tr>
<tr>
<td></td>
<td>Expand social worker capacity assist in release planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Total Costs</em></td>
<td></td>
<td>$14,663</td>
<td>$25,062</td>
<td>$35,173</td>
<td>$45,480</td>
<td>$55,637</td>
<td>$54,629</td>
<td></td>
</tr>
</tbody>
</table>

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.
### Summary: Projected staff increase
Cumulative recommended increase in staff across the recommendations is ~450 staff positions

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implication</th>
<th>Resourcing</th>
<th>Cumulative Staff Year 1</th>
<th>Cumulative Staff Year 2</th>
<th>Cumulative Staff Year 3</th>
<th>Cumulative Staff Year 4</th>
<th>Cumulative Staff Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evaluate and identify what works in reducing recidivism by tracking key data</td>
<td>Improve data infrastructure and analytics capabilities</td>
<td>Increase no. of ORE analysts</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>2. Expand access to select cognitive/behavioral programs</td>
<td>Expand BRAVE</td>
<td>Increase no. of psychologists and treatment specialists</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>45</td>
<td>60</td>
</tr>
<tr>
<td>3. Expand access to moderate mental health care overall and intensive, residential mental health treatment for females</td>
<td>Expand Moderate Mental Health Care</td>
<td>Increase no. of psychologists</td>
<td>20</td>
<td>35</td>
<td>50</td>
<td>55</td>
<td>60</td>
</tr>
<tr>
<td>4. Increase inmates' links to and preparation for the outside world</td>
<td>Expand social worker capacity assist in release planning</td>
<td>Increase no. of social workers</td>
<td>40</td>
<td>80</td>
<td>120</td>
<td>160</td>
<td>200</td>
</tr>
</tbody>
</table>

### Total Staff

| Years | 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
Contents

Context

What programming is needed
Who needs what programming
How should it be implemented
Recommendations
Considerations for implementation
Societal expectations of prisons shift periodically

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

1950s / 1960s
"Medical Model"

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

1970s
"Nothing Works"

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

1980s
"Tough on Crime"

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

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.

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

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

“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.”

- President Obama, July 14, 2015

“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.”


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


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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

"Tough on crime" Phase
- Sentencing Reform Act of 1984
- Anti-drug Abuse Act

"Reform" Phase
- Second Chance Act
- Fair Sentencing Act
- Sentencing Reform and Corrections Act*

BOP facility growth accompanying prison population growth

Careers of current wardens in the BOP

*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.

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

While changes within the BOP are meaningful, reform also requires holistic change throughout the system.
And BOP staff must balance the emphasis on inmate rehabilitation with other priorities.

- Rehabilitating inmates through targeted re-entry programming
- Ensuring security of staff and inmates
- General administration to keep facilities running
- Structuring inmates' idle time

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

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.

---

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

---

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

- Developing the National Programs Directory and cataloging evidence-based programs in the model program catalog
- Implementation and expansion of cognitive behavioral therapies
- Establishment of Reentry Services Division in the Central Office
...with additional reforms underway to improve program delivery and the inmate experience across facilities

- Standardization of the re-entry preparation program (RPP) at a national level
- Piloting of the Children of Incarcerated Parents projects
- Piloting of "Second Chance" Pell Grants to open up higher education opportunities for inmates
- Implementation of video service at all female facilities to improve family ties
- Piloting of "core correctional communications" training for correctional officers to enhance staff communications with inmates

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

- 76.6% re-arrested for those released from state prisons
- 42.1% re-arrested for those released from federal prison

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

<table>
<thead>
<tr>
<th>Rehabilitative Intervention</th>
<th>Meta-analysis source</th>
<th>Reduction in recidivism 12-51%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anger Management</strong></td>
<td>Beck and Fernandez, 1998</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Therapeutic Community (Hard Drugs)</strong></td>
<td>Holloway, Bennett and Farrington, 2006</td>
<td>45%</td>
</tr>
<tr>
<td><strong>Sex Offender Treatment (Violent Recidivism)</strong></td>
<td>Schmucker and Losel, 2008</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Moral Reasoning Therapy</strong></td>
<td>Little, 2005; Wilson, Bouffard, and MacKenzie, 2005</td>
<td>16-35%</td>
</tr>
<tr>
<td><strong>Post-Secondary Correctional Education</strong></td>
<td>Wilson, Gallagher and MacKenzie, 2000</td>
<td>27%</td>
</tr>
<tr>
<td><strong>Cognitive Behavioral Therapy</strong></td>
<td>Lipsey, Landenberger and Wilson, 2007</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Vocational</strong></td>
<td>Wilson, Gallagher and MacKenzie, 2000</td>
<td>22%</td>
</tr>
<tr>
<td><strong>General Drug Treatment</strong></td>
<td>Holloway, Bennett and Farrington, 2006; Prendergast, Podus, Chang, and Urada, 2002</td>
<td>12-22%</td>
</tr>
<tr>
<td><strong>General Vocation/Education</strong></td>
<td>Wilson, Gallagher, and MacKenzie, 2000</td>
<td>21%</td>
</tr>
<tr>
<td><strong>Mental Health Treatment</strong></td>
<td>Martin, Dorken, Wamboldt, and Wooten, 2001</td>
<td>17%</td>
</tr>
</tbody>
</table>
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?
Our approach focused on the context around programming and then assessed BOP execution.

**Inputs**
- **Stakeholder input**
  - Internal and external interviews and facility site visits
- **Analysis**
  - Review and analyze inmate data, BOP facility and operational data
- **Literature review**
  - Inform key elements through literature review of major pieces on recidivism

**Methods**
- **Context on inmate needs**
  - What programming should be provided
    - Define what makes a program and types of evidence-based programs
- **BOP Execution**
  - How to provide programming
    - What is the governance for key decisions, authorities?
  - Enablers
    - Identify enablers required to provide best in class programming going forward
  - Who needs programming
    - Identify key types of inmates and their programming needs

**Outputs**
- Exercise will provide a framework of what evidence-based programming should be provided to whom and what the BOP needs to be able to affect change
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
### Summary of inputs included in this program assessment

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Description</th>
<th>Relevant Statistics</th>
</tr>
</thead>
</table>
| **Stakeholder input**          | • 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**   |
| **Analysis**                   | • 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**          | • 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** |
Contents

Context

What programming is needed

Who needs what programming

How should it be implemented

Recommendations

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

Inputs

- **Stakeholder input**
  - Internal and external interviews and facility site visits

- **Analysis**
  - Review and analyze inmate data, BOP facility and operational data

- **Literature review**
  - Inform key elements through literature review of major pieces on recidivism

Methods

- **Context on inmate needs**
  - What programming should be provided
    - Define what makes a program and types of evidence-based programs

- **BOP Execution**
  - How to provide programming
    - What is the governance for key decisions, authorities?

- **Outputs**
  - Exercise will provide a framework of what evidence-based programming should be provided to whom and what the BOP needs to be able to affect change

- **Who needs programming**
  - Identify key types of inmates and their programming needs

- **Enablers**
  - Identify enablers required to provide best in class programming going forward
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
The 11k+ programs vary by evidence, standardization, and access; this assessment focuses on national programs.

**Description of programs**

**18 National programs**
- Standardized across BOP facilities
- Supported by policy and dedicated resources

**38 Model programs**
- Recommended by Central Office
- Documented in catalogue shared across BOP facilities

**11,341 Local programs**
- Designed and delivered by facilities
- Least standardized
- Most variable evidence

**Execution of programs**

- **Required standardization of access**
- **Governance:** Does the program meet the criteria?
- **Governance:** Which facilities should offer the program?
- **Required quality control**

**BOP's national program offering are the most standardized across facilities with the most dedicated resourcing.**

**Model programs are reviewed to see if any can fulfill gaps in national programming; they are a good stop-gap measure, but do not replace national program needs.**

**Local programs are the BOP's "innovation engine." Programs that are proven to have great impact at this level should be elevated to model and national level.**

Source: BOP National Program Catalogue (May 2015), BOP Model Program Catalogue (March 2016)
Review of the literature & expert opinion suggests a prison system should offer programs that span multiple categories

<table>
<thead>
<tr>
<th>Education</th>
<th>Occupational Training</th>
<th>Cognitive / Behavioral</th>
<th>Life Skills and Release Preparation</th>
<th>Recreation/Leisure</th>
<th>Religious/ Spiritual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Literacy (pre-GED)</td>
<td>Occupational Education</td>
<td>Social Skills</td>
<td>Basic Life Skills</td>
<td>Wellness &amp; Fitness/Sports</td>
<td>Spiritual Practices</td>
</tr>
<tr>
<td>GED / High School</td>
<td>Vocational / Technical Training</td>
<td>Problem Solving Skills</td>
<td>• Financial Management</td>
<td>Hobby/Craft</td>
<td>• Meditation</td>
</tr>
<tr>
<td>College / Advanced Degree</td>
<td>Experience (Industry/Apprenticeship)</td>
<td>Criminal Thinking</td>
<td>• Healthy Living</td>
<td>Music</td>
<td>• Prayer Groups</td>
</tr>
<tr>
<td>Further Enrichment</td>
<td></td>
<td>Emotional Self-Regulation / Impulse Control</td>
<td>• Informational (e.g., probation, benefits)</td>
<td>Book Club</td>
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</tr>
<tr>
<td>Literacy for Non-English Speakers</td>
<td></td>
<td>Mental Health</td>
<td>• Procedural (e.g., getting a social security number)</td>
<td>Social &amp; Culture Organizations</td>
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<tr>
<td>Special Education</td>
<td></td>
<td>Trauma</td>
<td></td>
<td>Chapel Services / Studies</td>
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<tr>
<td></td>
<td></td>
<td>Victim Impact</td>
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<td>• Worship Service</td>
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<td></td>
<td>Relationship Management</td>
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<td>• Sacred scripture studies</td>
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<td>Substance Abuse Treatment</td>
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<td>Sex Offender Treatment</td>
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</tbody>
</table>

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

Evidence indicates limited impact on inmate

Limited volume of research exists

Significant volume of research exists

- 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

New ideas

Innovation critical to maintain

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.

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

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

- **High standardization, quality control and national governance required**
  - Occupational Training
  - Education
  - Cognitive / Behavioral
  - Religious / Spiritual
  - Life Skills and Release Preparation

- **Lower standardization, quality control required with local governance for programs**
  - Recreation / Leisure

**Evidence indicates limited impact on inmate**

- Limited volume of research exists
- Significant volume of research exists

**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."
- Williams, DJ, et al, "Correctional recreation on death row: Should pardon be granted?"
- Cecil, Dawn, "The Effectiveness of Adult Basic Education and Life-Skills Programs in Reducing Recidivism: A Review and Assessment of the Research", 2000
BCG reviewed national programs across those categories that require the most scrutiny to identify programming gaps.

**Breakdown of national programs by program category**

Largest share – 60% – of national programs fall under cognitive / behavioral treatment.

No national program exists—BOP provides only national level guidance leaving facilities with the discretion to design their own RPP program.

Source: BOP National Program Catalogue (May 2015)
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

- **Education**
  - Local: 35,425 (72%)
  - National: 13,835 (28%)
  - Total: 49,260
- **Occupational Training**
  - Local: 15,940 (43%)
  - National: 20,772 (57%)
  - Total: 36,712
- **Cognitive / Behavioral**
  - Local: 18,452 (60%)
  - National: 12,186 (40%)
  - Total: 30,638
- **Re-entry Preparation**
  - Local: 18,605 (100%)
  - National: 18,605 (100%)
  - Total: 37,210
- **Life Skills**
  - Local: 7,688 (40%)
  - National: 4,579 (60%)
  - Total: 12,267

#### Percent of BOP facility population enrolled in program category
- Education: 30%
- Occupational Training: 20%
- Cognitive / Behavioral: 18%
- Re-entry Preparation: 12%
- Life Skills: 5%

Lower enrollment in cognitive / behavioral programs linked in part to resource constraints; in addition, not all inmates can participate in these programs given unique admission criteria for each.

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

Inmates without a history of substance abuse have more limited access to cognitive / behavioral programs

Access to national programs across all 122 BOP Facilities

Only offered at High Security facilities

Of 16 programs, ~85% at female facilities – males with limited access

Only offered at male facilities – females with no access to residential severe mental health programs

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

**Program attributes to ensure effective delivery of and access to programs**

- **Education**
  - Programs must have significant empirical support and/or research to indicate their effectiveness in improving inmate’s lives and/or reducing their likelihood of recidivating.

- **Occupational Training**
  - Programs must be delivered at the right intensity/dosage (i.e., at the right cadence, with adequate instruction time) for programs to both realize program value and practice changed behaviors.

- **Cognitive/Behavioral**
  - Programs must be continuously vetted for accessibility to the following inmate populations (e.g., females, the elderly, the physically disabled, the cognitively disabled).

- **Life Skills and Release Preparation**
Using this framework, four different kinds of gaps in the BOP's national program offering can be identified:

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

Program attributes to ensure effective delivery of and access to programs

- **A** Evidence Base
  - Programs must have significant empirical support and research to indicate their effectiveness in improving inmate's lives and/or reducing their likelihood of recidivating.

- **B** Intensity/Dosage
  - Programs must be delivered at the right intensity/dosage (i.e., at the right cadence, with adequate instruction time) for programs to both realize program value and practice changed behaviors.

- **C** Group-specific considerations
  - Programs must be continuously vetted for accessibility to the following inmate populations (e.g., females, the elderly, the physically disabled, the cognitively disabled).

Program categories and sub-categories to define needs addressed by programs:

- **Education**
- **Occupational Training**
- **Cognitive / Behavioral**
- **Life Skills and Release Preparation**
**Recall program categories:** Only those program categories for which the evidence is most robust will be evaluated.

<table>
<thead>
<tr>
<th>Program Category</th>
<th>Specific Inmate Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Basic Literacy (pre-GED)</td>
<td></td>
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<tr>
<td>GED / High School</td>
<td></td>
</tr>
<tr>
<td>College / Advanced Degree</td>
<td>Further Enrichment</td>
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<tr>
<td>Further Enrichment</td>
<td>Literacy for Non-English Speakers</td>
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<tr>
<td>Special Education</td>
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<tr>
<td><strong>Occupational Training</strong></td>
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<tr>
<td>Occupational Education</td>
<td></td>
</tr>
<tr>
<td>Vocational / Technical Training</td>
<td>Experience (Industry/Apprenticeship)</td>
</tr>
<tr>
<td><strong>Cognitive / Behavioral</strong></td>
<td></td>
</tr>
<tr>
<td>Social Skills</td>
<td>Problem Solving Skills</td>
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<tr>
<td>Problem Solving Skills</td>
<td>Criminal Thinking</td>
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<tr>
<td>Criminal Thinking</td>
<td>Emotional Self-Regulation / Impulse Control</td>
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<tr>
<td>Emotional Self-Regulation / Impulse Control</td>
<td>Mental Health</td>
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<tr>
<td>Mental Health</td>
<td>Trauma</td>
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<tr>
<td>Trauma</td>
<td>Victim Impact</td>
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<tr>
<td>Victim Impact</td>
<td>Relationship Management</td>
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<td>Relationship Management</td>
<td>Substance Abuse Treatment</td>
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<tr>
<td>Substance Abuse Treatment</td>
<td>Sex Offender Treatment</td>
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<tr>
<td><strong>Life Skills &amp; Release Preparation</strong></td>
<td></td>
</tr>
<tr>
<td>Basic Life Skills</td>
<td>Release Planning</td>
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<tr>
<td>Financial Management</td>
<td>Informational (e.g., probation, benefits)</td>
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<tr>
<td>Healthy Living</td>
<td>Procedural (e.g., getting a social security number)</td>
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<tr>
<td>Employment Preparation</td>
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<tr>
<td>Family Ties &amp; Relationships</td>
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<tr>
<td>E.g., Parenting</td>
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</tbody>
</table>
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:

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

<table>
<thead>
<tr>
<th>Education</th>
<th>Basic Literacy (pre-GED)</th>
<th>GED / High School</th>
<th>College / Advanced Degree</th>
<th>Further Enrichment</th>
<th>Literacy for non-English Speakers</th>
<th>Special Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau Literacy Program (GED)</td>
<td>Requires standardization</td>
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<tr>
<td>Adult Continuing Education</td>
<td>Requires standardization</td>
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<tr>
<td>English as a Second Language</td>
<td>Requires standardization</td>
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</tbody>
</table>

Since 1991, the GED has been the BOP's literacy standard. For inmates who are unable to meet this standard, local facilities will help cater the program to meet their needs – there is need to standardize this effort to have a uniform program for all inmates. The BOP is piloting an effort to do this at FCI Butner and FCI Dublin.

While there is no national program for this need, many facilities offer further education through local programs (generally vis-à-vis partnerships with local technical colleges, universities). It is difficult to standardize this program given the costs inmates often incur for these courses & the variability of external providers.

<table>
<thead>
<tr>
<th>Occupational Training</th>
<th>Occupational Education</th>
<th>Vocational / Technical Training</th>
<th>Experience (Industry, Apprenticeship)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Education</td>
<td></td>
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<tr>
<td>UNICOR</td>
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</tbody>
</table>

Recent closure of many UNICOR programs limits access; UNICOR only partially covers these needs – it is largely a federal work program for inmates.

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)

<table>
<thead>
<tr>
<th>Cognitive / Behavioral</th>
<th>Social Skills</th>
<th>Problem Solving Skills</th>
<th>Criminal Thinking</th>
<th>Emotional Regulation / Impulse Control</th>
<th>Mental Health</th>
<th>Trauma</th>
<th>Victim Impact</th>
<th>Relationship Mgmt</th>
<th>Substance Abuse Treatment</th>
<th>Sex Offender Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAVE</td>
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<td>Challenge</td>
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<td>Step Down</td>
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<td>Drug Abuse Edu.</td>
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<td>Resolve</td>
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<td>SOTP- NR</td>
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<td>Skills Program</td>
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<td>STAGES</td>
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</tbody>
</table>

Drug Abuse Education is low dosage – best for "pre-treatment" prior to higher intensity programs (e.g., RDAP)

No national program exists for this need. There is one model program – Victim Impact: Listen and Learn

The BOP’s only national program for this need is the Parenting Program. More cognitive / behavioral programming related to relationships, family ties needed – particularly for those who are not parents

Gap in offering – more programs needed

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

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>No gap: program covers need and is accessible to all inmates</td>
<td>Partial gap: program may partially cover need and / or may not be accessible to all inmates</td>
<td>Program does not cover sub-category</td>
<td>Gap in offering</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Life Skills and Release Preparation</th>
<th>Basic Life Skills</th>
<th>Release Planning</th>
<th>Employment Preparation</th>
<th>Family Ties &amp; Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting Program</td>
<td></td>
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<tr>
<td><strong>Gap in offering</strong></td>
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</tr>
</tbody>
</table>

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
  - *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:

**Education**
- Basic Literacy (pre-GED)
- College / Post Secondary Education
- Special Education

**Occupational Training**
- UNICOR access limited by recent factory closures

**Cognitive / Behavioral**
- Victim Impact
- Relationship management

**Life Skills and Release Preparation**
- Basic Life Skills
- Release Planning
- Employment Preparation
- Limited national programming for Family Ties & Relationships

Some of these gaps make sense, others require action:

- **Standardization needed** – the BOP has already taken action and is piloting a program this year
- While standardization may be difficult given variability of providers, the BOP could explore larger regional contracts
- **Standardization needed** – the BOP has already taken action to better track special education needs
- As access to UNICOR becomes more limited, the Bureau may want to consider increasing its offering, access to other occupational training programs
- **Further investigation needed to determine size of need**
- **Programs needed to address wider breadth of needs** – programming only currently exists for parents
- **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 and evidence.

Program attributes to ensure effective delivery of and access to programs

<table>
<thead>
<tr>
<th>A</th>
<th>Evidence Base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs must have significant empirical support and research to indicate their effectiveness in improving inmate's lives and/or reducing their likelihood of recidivating</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B</th>
<th>Intensity/Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs must be delivered at the right intensity/dosage (i.e., at the right cadence, with adequate instruction time) for programs to both realize program value and practice changed behaviors</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Group-specific considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs must be continuously vetted for accessibility to the following inmate populations (e.g., females, the elderly, the physically disabled, the cognitively disabled)</td>
<td></td>
</tr>
</tbody>
</table>

Program categories and sub-categories to define needs addressed by programs:

- Education
- Occupational Training
- Cognitive Behavioral
- Life Skills and Release Preparation

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

<table>
<thead>
<tr>
<th>Program category</th>
<th>National Programs</th>
<th>Evidence Base</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Study conducted</td>
</tr>
<tr>
<td>Education</td>
<td>Bureau Literacy Program</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>English as a Second Language</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Adult Continuing Education</td>
<td>✓</td>
</tr>
<tr>
<td>Occupation Training</td>
<td>Occupational Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Federal Prison Industries</td>
<td>✓ Study conducted in 1998</td>
</tr>
<tr>
<td>Cognitive / Behavioral</td>
<td>Skills Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BRAVE</td>
<td>✓ Study conducted in 2000</td>
</tr>
<tr>
<td></td>
<td>STAGES</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Step Down</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Drug Abuse Education</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Residential Drug Abuse Program (RDAP)</td>
<td>✓ Study conducted in 2000</td>
</tr>
<tr>
<td></td>
<td>Non-Residential Drug Abuse Program (NRDAP)</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Sex offender treatment group (residential)</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Sex offender treatment group (non-residential)</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Resolve</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Challenge</td>
<td>✓</td>
</tr>
<tr>
<td>Life Skills and Release Preparation</td>
<td>Parenting Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Release Preparation Program (RPP)</td>
<td>This gap already identified</td>
</tr>
</tbody>
</table>

Source: BOP National Program Catalogue (May 2015)

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.
**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.

- **Low intensity:** ESL (1.5 hrs/class M-F, total varies)
- **High intensity:** GED (min. 240 hrs)

### Education
- Adult continuing education (ACE) (varies)
- Occupational Education
  - FPI/UNICOR (half-full time)
  - Occupational Education (apprenticeships: 2000+ hrs)

### Occupational Training
- Gap appears in **moderate cognitive/behavioral treatment** in national programs
- **Drug Abuse Education** (12-15 hrs)
- **Challenge** (min. 9 months)
- **BRAVE** (6 months)
- **RDAP** (500 hrs treatment, 9-12 mo)
- **Resolve** (40 wks / ~ 9 mo)
- **SOTP-NR** (9-12 mo)
- NRDAP (1.5-2 hrs/week for 12+ weeks / 3 mo)
- **MH Step Down** (12-18 months)
- **SOTP-R** (12-18 mo)
- **Skills** (12-18 mo)
- **STAGES** (12-18 mo)

### Cognitive / Behavioral

### Life Skills and Release Preparation
- **Parenting** (varies)
- No national Release Preparation Program (RPP) exists

Note: Programs mapped from low intensity to high intensity based on 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)
**Group specific considerations:** Current program allocation, eligibility criteria help to evaluate access

<table>
<thead>
<tr>
<th>Facility classification</th>
<th>Min</th>
<th>Low</th>
<th>Med</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Self-Regulation / Impulse Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim Impact</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex Offender Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility classification</td>
<td>Min</td>
<td>Low</td>
<td>Med</td>
<td></td>
</tr>
</tbody>
</table>

**Overall gaps**

1. Programs targeting substance, sex abuse are sometimes the only programs offering inmates access to basic cognitive (e.g., social, problem solving, criminal thinking, emotional-self regulation / impulse control) skills. Some model programs (e.g., Basic Cognitive Skills, Emotional Self-Regulation) exist to ensure inmates without a history of substance abuse / sex offenses still have access to programs that address these needs.

2. Limited moderate mental health for males, females; Females don’t have access to intensive, residential mental health treatment.

3. Males with limited access to trauma programs.

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

<table>
<thead>
<tr>
<th>Special Population</th>
<th>Need</th>
<th>Current Offering</th>
<th>Unmet need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-English Speakers</td>
<td>Non-English variant of core model, national programs</td>
<td>• Some programs offered in Spanish (e.g., Spanish RDAP)</td>
<td>• Given growing Spanish-speaking population, <strong>greatest need for Spanish variants</strong> of core national, model programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• ESL can also help prepare inmates to take programming in English</td>
<td></td>
</tr>
<tr>
<td>Cognitively Disabled</td>
<td>Customized programming across all program areas</td>
<td>• Education staff <strong>can cater current</strong> education programs for these inmates</td>
<td>• <strong>More standardized</strong> offering and guidance needed</td>
</tr>
</tbody>
</table>
In summary, the framework identified the following gaps in the BOP's current program offering:

<table>
<thead>
<tr>
<th>Program Categories</th>
<th>Needs</th>
<th>Evidence Base</th>
<th>Dosage / Intensity</th>
<th>Group-specific considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>• Need standardized programs for:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Basic Literacy (pre-GED)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Special Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– College / Further Edu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Occupational Training</strong></td>
<td>• As UNICOR decreases positions, BOP may need to increase offering of other occupational training programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cognitive / Behavioral</strong></td>
<td>• Victim Impact</td>
<td></td>
<td>Limited amount of moderate, lower dosage treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Relationship Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Life Skills and Release Preparation</strong></td>
<td>• No national RPP program</td>
<td>No evidence based program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- More standardized special education programming needed for the cognitively disabled
- 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

For all program categories, limited programming for non-English speakers and the cognitively disabled.
Key areas for improvement: What

**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
- No standardized special education program
- 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
- 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

**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.
Contents

Context
What programming is needed

Who needs what programming

How should it be implemented

Recommendations

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

Inputs
- Stakeholder input
  - Internal and external interviews and facility site visits

Analysis
- Review and analyze inmate data, BOP facility and operational data

Literature review
- Inform key elements through literature review of major pieces on recidivism

Methods
- Context on inmate needs
- BOP Execution
  - What programs should be provided
    - Define what makes a program and types of programs
  - How to provide programming
    - What is the governance for key decisions, authorities?
  - Enablers
    - Identify resources required to provide best in class programming going forward

Outputs
- Exercise will provide a framework of what programming should be provided to whom and what the BOP needs to be able to affect change

Who needs programming
- Identify key types of inmates and their programming needs
There are both static and dynamic risk factors that need to be considered to identify inmate programming needs.

<table>
<thead>
<tr>
<th>Risk category</th>
<th>Description</th>
<th>List of risk factors</th>
<th>Impact on recidivism</th>
</tr>
</thead>
</table>
| Static Risk Factors | *Cannot be changed / immutable to treatment* | 1. Age  
2. Gender  
3. Criminal History                                                                 | Younger inmates more likely to recidivate  
Male inmates more likely to recidivate  
Repeat offenders more likely to recidivate |
| Dynamic Risk Factors | *Can change over time / amenable to treatment* | 4. Anti-social personality  
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 | All of these risk factors increase the likelihood of recidivism |

Andrews & Bonta's Risk-Needs-Responsivity (RNR) model is a prominent view of how to develop, tailor effective programs for rehabilitation. The Risk Needs Responsivity Model establishes three core principles for rehabilitating inmates:

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
</tr>
</thead>
</table>
| **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"
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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Inmates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total inmate population</td>
<td>194,991</td>
</tr>
<tr>
<td>Inmates in contract facilities</td>
<td>13,672</td>
</tr>
<tr>
<td>Inmates in private facilities</td>
<td>22,613</td>
</tr>
<tr>
<td>Inmates in BOP facilities who are unsentenced / pre-trial</td>
<td>9,942</td>
</tr>
<tr>
<td>Remaining inmate population</td>
<td>148,764</td>
</tr>
</tbody>
</table>

Our population focus: ~149k inmates

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

- Higher education
- Moderate mental health treatment
- Intensive mental health treatment for females

...which SENTRY population data was able to confirm.
~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

<table>
<thead>
<tr>
<th># of inmates</th>
<th>GED Unknown</th>
<th>GED Quit</th>
<th>GED Enrolled</th>
<th>GED Earned in Prison</th>
<th>Has HS or GED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>148,763*</td>
<td></td>
<td>18%</td>
<td>2%</td>
<td>61%</td>
</tr>
<tr>
<td></td>
<td>2%</td>
<td></td>
<td>2%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

No national higher ed offering exists (although Second Chance Pell Grant is currently being piloted); ~500 local education contracts of varying sizes

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
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...

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

Care Levels reflect the staffing/resources required to meet the needs of inmates within each care level; thus Care Levels 2,3,4 only identify most severe mental health cases.

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

Although they have high need, female inmates do not have access to intensive, residential mental health programs.

Suggests the opportunity to expand access to STAGES, Skills, and Step Down to the female inmate population.
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.
This assessment used two different approaches to proxy the BOP population's aggregate criminogenic programming needs

<table>
<thead>
<tr>
<th>Source</th>
<th>&quot;RNR Simulation Tool&quot; Approach</th>
<th>&quot;PCRA&quot; Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context for Analysis</td>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>The use of this tool for the BOP population was recommended in the 2016 Charles Colson Task Force Report¹</td>
<td>The PCRA captures the criminogenic needs of each member of the release cohort</td>
</tr>
<tr>
<td>Methodology of Analysis</td>
<td>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</td>
<td>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</td>
</tr>
</tbody>
</table>

Goal

Identify the population's current criminogenic programming needs

Identify the population's criminogenic needs unmet upon release

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.

<table>
<thead>
<tr>
<th>Program need</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Dependence</td>
<td>Higher-dosage cognitive/behavioral programming to address dependence on hard drugs, e.g. opiates, opioids, crack/cocaine, amphetamines, heroin, etc</td>
</tr>
<tr>
<td>Cognitive Restructuring (Criminal)</td>
<td>Higher-dosage cognitive/behavioral programming to address criminal thinking and restructuring (focus on criminal cognitions and schemas)</td>
</tr>
<tr>
<td>Cognitive Restructuring (Young Adult)</td>
<td>Higher-dosage cognitive/behavioral programming to target decision-making skills &amp; developmental issues for those aged 18-27</td>
</tr>
<tr>
<td>Self Management and Control</td>
<td>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)</td>
</tr>
<tr>
<td>Interpersonal Skill Development</td>
<td>Cognitive/behavioral programming to target social and interpersonal skills development, e.g. communication, problem solving and conflict resolution skills</td>
</tr>
<tr>
<td>Life Skill Development</td>
<td>Focus on education, vocational training, and life skills (e.g. financial management)</td>
</tr>
<tr>
<td>Structured Time / Activities Only</td>
<td>No evidence-based recidivism programming required</td>
</tr>
</tbody>
</table>

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

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

57% of high-security and 44% of medium-security population has primary need for cognitive restructuring for criminal thinking.

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. 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.
Males were found to have a higher proportional need in cognitive restructuring and females in self mgmt and control.
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
PCRA includes variables identifying criminogenic needs; reweighting variables can proxy the current BOP population

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

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

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.

**Example: Re-weighting by gender to estimate variable X**

- Sample population
- Variable X
- Desired population

Weights
- x0.5
- x2

After applying weights, sample population mimics desired population.

Estimated proportion of variable X in desired population: 6/7 of population.

By applying weights to your sample population, you mimic your desired population; therefore all of the information on your sample population can be applied 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.
Reweighted dataset estimate suggests high employment and substance abuse needs, unmet cognitive restructuring needs.

Identified criminogenic needs of reweighted population

- **Antisocial cognition**: 32%
- **Antisocial recreation**: 28%
- **Family circumstance**: 19%
- **Antisocial associates**: 16%
- **Serious mental health**: 5%
- **Substance abuse**: 36%
- **Poor work performance**: 42%

Assesses historical data from before incarceration (proxy for current need) – shows high overall need for occupational training.

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.

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

Identified criminogenic needs by gender in reweighted population

- Females have a high unmet need for programming addressing unstable family situation
- Females significantly less likely to have anti-social cognitions

PCRA population reweighted based on frequencies of gender, race, sentence length, offense type, and age in the BOP population data.


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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
  - 44% of the medium-security population, at a minimum, 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
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

Once Challenge cycles through its current inmates in ~9-12 months, has capacity to meet the cognitive restructuring needs of high-security inmates who have entered in last year.

Estimated need for cognitive restructuring of male inmates who have entered high-security facilities in last 1 year: 431

Current Challenge Capacity: 940

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.
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

In order to meet the cognitive restructuring needs of inmates who entered in last year, would require 12 cycles of BRAVE (which would take 6 years) based on current capacity and length of program

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.
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

- Estimated need for treatment addressing **relationships management** for female inmates who have entered BOP in last 1 year: 520
- Estimated need for treatment addressing **self management and control issues** for female inmates who have entered BOP in last 1 year: 480
- Current Capacity: 0

No national program currently exists to meet female needs in relationships management and self management & control

---

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
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

Assuming everyone currently enrolled cycles through in 2 yrs, significant gap still exists in access

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 limit access.


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Key areas for improvement: Who

Key areas for improvement

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

- 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

Who needs programming
- Gaps in who is served
**Summary:** Between the "what" and "who" sections, BCG identified a number of gaps in access to programming (I/II)

<table>
<thead>
<tr>
<th>Population need</th>
<th>Analysis of gap</th>
<th>Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&quot;What&quot; section</td>
<td>&quot;Who&quot; section</td>
</tr>
<tr>
<td></td>
<td>No national program offering (although Second Chance Pell Grant is being piloted)</td>
<td>~78% of inmates currently have GED / high school diploma</td>
</tr>
<tr>
<td>Education</td>
<td>Higher education</td>
<td></td>
</tr>
<tr>
<td>Basic Literacy</td>
<td>No standardized national program offering</td>
<td>Insufficient data to size population need</td>
</tr>
<tr>
<td>Special education</td>
<td>No standardized national program offering</td>
<td>Insufficient data to size population need</td>
</tr>
<tr>
<td>Occupational Training</td>
<td>Occupational training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Limited enrollment; industries not necessarily aligned with those likely to hire formerly incarcerated individuals</td>
<td>44% of inmates have poor work performance coming into BOP</td>
</tr>
<tr>
<td>Reentry Preparation</td>
<td>Reentry preparation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No standardized national program offering</td>
<td>Assumed all inmates being released in need</td>
</tr>
</tbody>
</table>
## Summary

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

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

Context
What programming is needed
Who needs what programming
How should it be implemented
Recommendations
Considerations for implementation
Focus of this section: how is programming currently provided and is it being executed optimally?

Inputs
- Stakeholder input
  - Internal and external interviews and facility site visits
- Analysis
  - Review and analyze inmate data, BOP facility and operational data
- Literature review
  - Inform key elements through literature review of major pieces on recidivism

Methods
- Context on inmate needs
- BOP Execution
  - What programs should be provided
    - Define what makes a program and types of evidence-based programs
  - Who needs programming
    - Identify key types of inmates and their programming needs
  - How to provide programming
    - What is the governance for key decisions, authorities?
  - Enablers
    - Identify enablers required to provide best in class programming going forward

Outputs
- Exercise will provide a framework of what evidence-based programming should be provided to whom and what the BOP needs to be able to affect change
There are four dimensions to delivering effective, quality programs

**Resourcing**
Programs have **sufficient capacity** to ensure inmates have access to programs critical to their needs

**Enrollment**
Inmates **enroll in and complete** programs critical to their needs

**Execution**
Programs are **high-quality and consistent** across facilities

**Environment**
The facility environment is **conducive to learning and development**

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
8 challenges identified in delivering programs along these four dimensions

### Key Challenges

<table>
<thead>
<tr>
<th>Resourcing</th>
<th>1. Resources (e.g., funding, staff, space) sometimes insufficient to ensure full access to vocational training, post-secondary education, cognitive/behavioral national programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>2. Inconsistent use of incentives to encourage inmates to enroll in programming, and BOP constrained in using the most effective incentives</td>
</tr>
<tr>
<td></td>
<td>3. Most decisions regarding programming lie with the inmate and are insufficiently supported by the case management process</td>
</tr>
<tr>
<td>Execution</td>
<td>4. Program offering and program quality are inconsistent across facilities, and the programming review process does not sufficiently support it</td>
</tr>
<tr>
<td></td>
<td>5. Program data is limited and insufficient for monitoring who gets what programs and whether or not those programs are effective</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Environment</td>
<td>8. Approach to programming variable given inconsistency in staff behavior and external provider use by facility</td>
</tr>
</tbody>
</table>
Resourcing

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)

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

Note: 2016 AOE Budget is projected, official allocation not yet declared
Source: BOP Data, received August 2016
### Apprenticeship offering also constrained by limited space, variability in providers, Department of Labor restrictions

<table>
<thead>
<tr>
<th>Facility space often limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;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.&quot;</td>
</tr>
<tr>
<td>&quot;I'd love to offer something like carpentry, but I just don't have the kind of equipment, facility or space to do that.&quot;</td>
</tr>
<tr>
<td>- Warden, medium security</td>
</tr>
<tr>
<td>- Warden, high security</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional constraints to hiring staff, contracting providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;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.&quot;</td>
</tr>
<tr>
<td>&quot;It's hard to get external contractors to come to my facility – I'm in a rural community, there's not much out here.&quot;</td>
</tr>
<tr>
<td>- Warden, medium security</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Geographic constraints to providing inmates with experience required</th>
</tr>
</thead>
</table>
| "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
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.
Limited funding for non-substance abuse related programs limits availability of some cognitive / behavioral programs

In 2015, funding for psychology services was ~60% of drug treatment funding

Breakdown of Inmate Care and Programs Budget

- Medical: $1,147M
- Unit Management: $469M
- Food: $413M
- Education: $141M
- Drug Treatment: $117M
- Psychology Services: $69M
- Chaplaincy: $47M
- Total: $2,402M

Funding for cognitive / behavioral programs is limited – but is even more limited for programs outside the scope of substance abuse

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:

<table>
<thead>
<tr>
<th>Program Funded by Drug Treatment Program Area</th>
<th>Program Funded by Psychology Services Treatment Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>RDAP</td>
<td>7,440</td>
</tr>
<tr>
<td>NRDAP</td>
<td>6,786</td>
</tr>
<tr>
<td>Drug Education</td>
<td>2,061</td>
</tr>
<tr>
<td>Challenge</td>
<td>940</td>
</tr>
<tr>
<td>Resolve</td>
<td>526</td>
</tr>
<tr>
<td>BRAVE</td>
<td>138</td>
</tr>
<tr>
<td>NSOTP</td>
<td>303</td>
</tr>
<tr>
<td>SOTP</td>
<td>100</td>
</tr>
<tr>
<td>Step Down</td>
<td>96</td>
</tr>
<tr>
<td>Skills</td>
<td>42</td>
</tr>
<tr>
<td>STAGES</td>
<td>20</td>
</tr>
</tbody>
</table>

At ~18,000 enrolled, enrollment in programs that directly target substance abuse (and are funded only by drug treatment funding) is \(~30x\) greater than enrollment in programs that are funded only by psychology services.

Drug component of these cognitive programs allows for use of drug treatment funding.

These cognitive programs do not have a drug component and are therefore funded out of the smaller psychology services funding.

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.

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.

Number of inmates per psychologist by BOP region

<table>
<thead>
<tr>
<th>Region</th>
<th># of Inmates per Psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-Atlantic</td>
<td>400</td>
</tr>
<tr>
<td>North Central</td>
<td>300</td>
</tr>
<tr>
<td>North Central</td>
<td>200</td>
</tr>
<tr>
<td>South Central</td>
<td>350</td>
</tr>
<tr>
<td>South Central</td>
<td>300</td>
</tr>
<tr>
<td>Western</td>
<td>250</td>
</tr>
</tbody>
</table>

Difficulty in getting allocated positions precludes BOP from hiring as many psychologists as are needed.

"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

"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.
# Inconsistent application of inmate incentives across the BOP system, particularly for local programs

Several incentives exist for the BOP's national programs and the BOP permits facilities to use additional incentives for local programs. There remains great variation in how wardens use incentives.

<table>
<thead>
<tr>
<th>Program</th>
<th>Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bureau Literacy Program</td>
<td>$25 for completion</td>
</tr>
<tr>
<td>RDAP</td>
<td>1 year sentence reduction¹</td>
</tr>
<tr>
<td></td>
<td>Local institution incentives – e.g., preferred living quarters</td>
</tr>
<tr>
<td>NRDAP</td>
<td>$30 for completion</td>
</tr>
<tr>
<td>Challenge</td>
<td>$120 over the course of 9 months for completion</td>
</tr>
<tr>
<td>BRAVE</td>
<td>$40 for each phase of treatment</td>
</tr>
</tbody>
</table>

Note: This list is not exhaustive

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1. Not controlled by BOP – determined by Congress

Source: Warden Interviews July-August 2016, BOP Policy P5330.11 Psychology Treatment 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."

"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
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.

### Toolkit of Inmate Incentives

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

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.
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

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

| Occupational training                         |                                                                                      |                         |
| Vocational                                    | Wilson, Gallagher & MacKenzie, 2000                                                 | 22%                     |

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. Enrollment
   - Inmate is oriented towards programming
2. Intake
   - Risk assessment is administered: Inmate's criminal and other history (e.g., employment, family ties, psychological condition) is reviewed
3. Assessment
   - Inmate classified according to amenability to treatment, risk assessment, security level, etc.
4. Classification
   - Case management staff matches available resources and services to the inmate's identified needs
5. Intervention
   - Inmate is oriented towards programming
6. Advocacy
   - Case manager can make recommendations on inmate's behalf (e.g., placement in programs, visitation with family)
7. Referral
   - Case management staff refer inmate to appropriate providers (e.g., halfway house, other community and government agencies)

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

- 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).
### The literature identifies several best practices in case management

<table>
<thead>
<tr>
<th>Best Practice</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ensure a sustainable case load</strong></td>
<td>• Staff <em>should have sufficient time</em> to individually meet with assigned inmates, review their progress, complete paperwork, and provide support to them</td>
</tr>
</tbody>
</table>
| **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 |
| **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 |
| **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**


20160919_BOP Programming assessment_Final submission vSent.pptx
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
- Most facilities meet recommended inmate to case manager ratio
- Greater variability in inmate to unit manager ratio across the BOP

Inmate to Unit Team Employee Ratios by Security Level

<table>
<thead>
<tr>
<th>Security Level</th>
<th>Case Manager</th>
<th>Unit Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum</td>
<td>113</td>
<td>399</td>
</tr>
<tr>
<td>Low</td>
<td>135</td>
<td>559</td>
</tr>
<tr>
<td>Medium</td>
<td>124</td>
<td>475</td>
</tr>
<tr>
<td>High</td>
<td>133</td>
<td>489</td>
</tr>
</tbody>
</table>

Inmate to case manager ratio by BOP facility

<table>
<thead>
<tr>
<th>Facility</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>OKL</td>
<td>100</td>
</tr>
<tr>
<td>SDC</td>
<td>150</td>
</tr>
<tr>
<td>BAS</td>
<td>200</td>
</tr>
<tr>
<td>SST</td>
<td>300</td>
</tr>
<tr>
<td>YAN</td>
<td>350</td>
</tr>
</tbody>
</table>

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. 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.nps.gov/files/cm/umaugust2010.pdf>.
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

**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

**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

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

"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

**Current unit team structure**

- **Unit Manager**
  - Oversees ~500 inmates
- **Case Manager**
  - Oversees ~150 inmates
- **Counselor**
  - Oversees ~150 inmates

Note: Process also supported by Case Management Coordinator and Secretary

Source: BCG Interviews, conducted June-August 2016
Several gaps in current case management process were identified via research, interviews, and facility visits.

| Enroll | 3 |  
| --- | --- | --- |

### 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.**

---

**Assess inmate needs and prepare for programming**
- Introduce inmate to programs
- Assess inmate’s risk and needs
- Classify inmate

**Guide inmate through programming**
- Prescribe 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)
- Assist inmate in securing housing, medical benefits, etc.
- Create release plan for inmate
- Assist inmate in creating linkages to outside world (e.g., NGOs)
- Constant review of inmate progress

**Prepare inmate for release**
- Introduce inmate to programs
- Assess inmate’s risk and needs
- Classify inmate

**Continuous review of progress**
- Introduce inmate to programs
- Assess inmate’s risk and needs
- Classify inmate
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.

For example, BOP Policy G5310.04 (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.

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...

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

...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.
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 statewide 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

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

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

- **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**

- **Former inmates report that many leave without a resume and without secured employment**
- **Warden reports 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**

- **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
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...

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

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

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

![53 Social workers across the BOP]

![6 Regional social workers](mostly at facilities with females, inmates who require a care level III/IV)

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

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

<table>
<thead>
<tr>
<th>Programming</th>
<th>Case management</th>
<th>Special needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher &amp; Vocational Instructor</td>
<td>Psychologist</td>
<td>Re-entry coordinator</td>
</tr>
<tr>
<td>Unit manager</td>
<td>Case manager</td>
<td>Counselor</td>
</tr>
<tr>
<td>Social worker</td>
<td>Physician</td>
<td></td>
</tr>
</tbody>
</table>

- **Current state**
  - Most for GED positions are filled.
  - 85-95% of positions are filled.
  - The role description for these coordinators is still a bit vague; what they do can vary a lot by facility.

- **Ideal state**
  - Need to hire more certified teachers or forge better partnerships with local community colleges.
  - Increase number of positions allocated for psychology.

- **Majority are former COs**
  - A lot of the release planning case managers do would be better handled by social workers.

- **More social workers needed**
  - More social workers that can help inmates transition back into the community.
  - "We need more social workers that can help inmates transition back into the community."

- **More medical professionals needed**
  - Doctors, psychiatrists are the hardest to hire—need to expand as population ages.

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

**53** For 122 facilities

**6** Regional

- Most social workers assigned to Care level III/IV and female facilities
Wardens and inmates note that staff behavior, attitudes toward programming are inconsistent

<table>
<thead>
<tr>
<th>Wardens</th>
<th>Former inmates</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;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.&quot; —Warden, male, medium security</td>
<td>&quot;There was this trauma program I participated in. The psychologist for that saved me.&quot; —Former female inmate</td>
</tr>
<tr>
<td>&quot;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&quot; —Warden, female, minimum</td>
<td>&quot;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.&quot; —Former male inmate</td>
</tr>
<tr>
<td>&quot;There are staff who believe that their only job is to warehouse inmates. It can be very difficult to change their minds.&quot; —Warden, male, low security</td>
<td>&quot;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.&quot; —Warden, female, minimum security</td>
</tr>
</tbody>
</table>

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

---

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 awards¹ (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”

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)

# contracts
- Alderson FPC
- Butner FMC
- El Reno FCI
- Bryan FPC
- Greenville FCI
- Leavenworth USP
- Petersburg FCC
- Sandstone FCI

Minimum Complex
Low Maximum
Administrative (all)
Complex Maximum Medium

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
Key areas for improvement: How

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
Contents

Context
What programming is needed
Who needs what programming
How should it be implemented

Recommendations
Considerations for implementation
### Key areas for improvement

#### 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

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

#### 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

#### Re-entry Preparation (RPP):
- No standardized, national program\(^3\)

#### 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

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

- 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
**Recall: Key areas for improvement (II/II)**

<table>
<thead>
<tr>
<th>Key areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H</strong> Resources (e.g., funding, staff, space) sometimes insufficient to ensure full access to occupational training, further education, cognitive/behavioral national programs</td>
</tr>
<tr>
<td><strong>I</strong> Inconsistent use of inmate incentives to encourage enrollment in programs</td>
</tr>
<tr>
<td><strong>J</strong> Most decisions regarding programming lie with the inmate and are insufficiently supported by the case management process</td>
</tr>
<tr>
<td><strong>K</strong> 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</td>
</tr>
<tr>
<td><strong>L</strong> Program data is insufficient and limited to monitor effectively who gets what programming and what works</td>
</tr>
<tr>
<td><strong>M</strong> Insufficient resources, processes exist to help inmates maintain family ties and make additional connections with outside providers and resources in the community</td>
</tr>
<tr>
<td><strong>N</strong> Staff &quot;augmentation&quot; leads to program-focused staff being pulled away into security duties and several positions could benefit from having staff with different backgrounds</td>
</tr>
<tr>
<td><strong>O</strong> Staff attitudes and approach to programming is inconsistent</td>
</tr>
<tr>
<td><strong>P</strong> Use of and access to external providers is variable across the BOP</td>
</tr>
</tbody>
</table>
10 recommendations outline how the BOP can improve re-entry programming

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.
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.
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.
Our recommendations map to our findings on key areas for improvement

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

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

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implication</th>
<th>All funding in $K</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Run rate</th>
<th># of inmates impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ensure a validated risk / needs assessment tool in place</td>
<td>Ensure validated tool used to identify inmate's programming needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>All</td>
</tr>
<tr>
<td>2. Evaluate and identify what works in reducing recidivism by tracking key data</td>
<td>Build robust, integrated data infrastructure to track key data¹</td>
<td>$1,176</td>
<td>$1,176</td>
<td>$335</td>
<td>$316</td>
<td>$322</td>
<td>$322</td>
<td></td>
<td>All</td>
</tr>
<tr>
<td>3. Expand access to select cognitive / behavioral programs</td>
<td>Expand BRAVE</td>
<td>$1,287</td>
<td>$2,483</td>
<td>$3,719</td>
<td>$5,669</td>
<td>$7,394</td>
<td>$7,220</td>
<td>~1,700/yr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Create new national program for females</td>
<td>$911</td>
<td>$1,464</td>
<td>$2,069</td>
<td>$2,693</td>
<td>$3,473</td>
<td>$3,371</td>
<td>~1,000/yr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expand access to model cognitive/behavioral programs</td>
<td>$2,072</td>
<td>$4,225</td>
<td>$6,428</td>
<td>$8,705</td>
<td>$10,570</td>
<td>$10,378</td>
<td>~25,000/yr</td>
<td></td>
</tr>
<tr>
<td>4. Expand access to moderate mental health care overall and intensive, residential mental health treatment for females</td>
<td>Expand Moderate Mental Health</td>
<td>$3,184</td>
<td>$5,422</td>
<td>$7,797</td>
<td>$8,583</td>
<td>$9,519</td>
<td>$9,459</td>
<td>~18,000 / yr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expand STAGES to Females</td>
<td>$479</td>
<td>$445</td>
<td>$452</td>
<td>$460</td>
<td>$467</td>
<td>$467</td>
<td>~100/yr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expand Skills to Females</td>
<td>$436</td>
<td>$401</td>
<td>$408</td>
<td>$415</td>
<td>$422</td>
<td>$422</td>
<td>~100/yr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expand Step Down to Females</td>
<td>$421</td>
<td>$386</td>
<td>$392</td>
<td>$399</td>
<td>$405</td>
<td>$405</td>
<td>~100/yr</td>
<td></td>
</tr>
<tr>
<td>5. Increase inmates’ links to and preparation for the outside world</td>
<td>Expand social worker capacity assist in release planning</td>
<td>$4,697</td>
<td>$9,060</td>
<td>$13,573</td>
<td>$18,240</td>
<td>$23,065</td>
<td>$22,585</td>
<td>~50,000/yr</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Implication</th>
<th>Resourcing</th>
<th>Cumulative Staff Year 1</th>
<th>Cumulative Staff Year 2</th>
<th>Cumulative Staff Year 3</th>
<th>Cumulative Staff Year 4</th>
<th>Cumulative Staff Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Evaluate and identify what works in reducing recidivism by tracking key data</td>
<td>Improve data infrastructure and analytics capabilities</td>
<td>Increase no. of ORE analysts</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3. Expand access to select cognitive/behavioral programs</td>
<td>Expand BRAVE</td>
<td>Increase no. of psychologists and treatment specialists</td>
<td>10</td>
<td>20</td>
<td>30</td>
<td>45</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Create new national program for females</td>
<td>Increase no. of Master's Level Clinicians¹</td>
<td>7</td>
<td>12</td>
<td>17</td>
<td>22</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Expand access to model cognitive / behavioral programs</td>
<td></td>
<td>18</td>
<td>38</td>
<td>58</td>
<td>78</td>
<td>94</td>
</tr>
<tr>
<td>4. Expand access to moderate mental health care overall and intensive, residential mental health treatment for females</td>
<td>Expand Moderate Mental Health Care</td>
<td>Increase no. of psychologists</td>
<td>20</td>
<td>35</td>
<td>50</td>
<td>55</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Expand STAGES to Females</td>
<td>Increase no. of psychologists, specialty coordinators, teacher, occupational therapist</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Expand Skills to Females</td>
<td></td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Expand Step Down to Females</td>
<td></td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>6. Increase inmates' links to and preparation for the outside world</td>
<td>Expand social worker capacity assist in release planning</td>
<td>Increase no. of social workers</td>
<td>40</td>
<td>80</td>
<td>120</td>
<td>160</td>
<td>200</td>
</tr>
</tbody>
</table>

**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
Recommendations: Conduct robust assessment of inmate needs and programming effectiveness

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

What BOP currently captures in SENTRY / BEMR

<table>
<thead>
<tr>
<th>Static risk factors</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gender</td>
</tr>
<tr>
<td></td>
<td>Criminal History</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Criminogenic needs</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employment</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse</td>
</tr>
<tr>
<td></td>
<td>Family Support</td>
</tr>
<tr>
<td></td>
<td>Social Networks</td>
</tr>
<tr>
<td></td>
<td>Cognitions</td>
</tr>
<tr>
<td></td>
<td>Recreation</td>
</tr>
<tr>
<td></td>
<td>Other (Housing, Finance)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsivity factors</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intellectual disability</td>
</tr>
<tr>
<td></td>
<td>Physical disability</td>
</tr>
</tbody>
</table>

= 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
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

1. **Prison**
   - **Intake**: 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.
   - **Regular Reviews**: Inmates' needs / changes in dynamic risk factors should be periodically assessed throughout time incarcerated in order to re-direct programming recommendations.

2. **Release**
   - **Handoff to RRC/Probation**: Coordination with RRC/Probation is critical to improve information sharing and understanding of inmate's needs before reentry to the community.
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)

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

Some effort required to capture data currently not captured; Captured but not at all facilities and / or not always in usable format; Not currently captured.
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.
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**

<table>
<thead>
<tr>
<th>Role</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Manager</td>
<td>1</td>
</tr>
<tr>
<td>Data Architect</td>
<td>1</td>
</tr>
<tr>
<td>Engineers</td>
<td>2</td>
</tr>
<tr>
<td>Other (e.g., designer)</td>
<td>2–4</td>
</tr>
</tbody>
</table>

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

- 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

- Estimated cost: **~$325k/year**

**Additional resources**

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

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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.
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.
- 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.

**Assess population-wide needs**

**Identify gaps, surpluses in program offerings**

**Re-align resourcing allocation and hiring decisions with program portfolio**

**Re-align programming portfolio**
**Recommendations:** Expand critical programs and services

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

1. **Understand needs and conduct robust assessment**
2. **Expand critical programs and services**
3. **Ensure program enrollment and quality delivery**

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

<table>
<thead>
<tr>
<th>Need identified</th>
<th>Program exists to address need?</th>
<th>Gap in access to program?</th>
<th>Change in eligibility required?</th>
<th>Change in sequencing required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive restructuring for high-security males</td>
<td>• Yes; Challenge, an existing national program</td>
<td>• No; Challenge has sufficient capacity to meet inmate needs</td>
<td>• No; ensure access to all newly incarcerated inmates</td>
<td>• Yes; automatically enroll at beginning of sentence</td>
</tr>
<tr>
<td>Cognitive restructuring for medium-security males</td>
<td>• Yes; BRAVE, an existing national program</td>
<td>• Yes; only youth eligible and insufficient capacity to meet population needs</td>
<td>• Yes; Expand to ~50% of inmates &lt;32 yrs of age and ~40% of inmates &gt;32 yrs of age (as identified with need through risk assessment)</td>
<td>• No; continue to automatically enroll at beginning of sentence</td>
</tr>
<tr>
<td>Relationships management and self management / control for females</td>
<td>• 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</td>
<td>• Yes; no national program exists to meet need</td>
<td>• 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</td>
<td>• New non-residential program; automatically enroll at beginning of sentence</td>
</tr>
</tbody>
</table>
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**
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.
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
3

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

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

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, assumes 1.6% increase in salary and 2.0% increase in benefits per year.

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

<table>
<thead>
<tr>
<th>Gap in need</th>
<th>Recommendation to fill gap</th>
<th>5 yr resourcing expansion</th>
<th>Est. run rate</th>
<th># of inmates impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to &quot;booster shot&quot; model cognitive/behavioral programs across all facilities</td>
<td>Roll out one Master's Level Clinician to each facility in order to run the model cognitive/behavioral programs</td>
<td>Expand to 122 additional facilities</td>
<td>~$10.4 M</td>
<td>~25,000/yr</td>
</tr>
</tbody>
</table>

Note: The staff resourcing here is in addition to 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.
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...

<table>
<thead>
<tr>
<th>Track</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Misconduct Rates</td>
<td>• A comparison of misconduct rates of program participants vs. comparison group</td>
</tr>
<tr>
<td>Changes in criminogenic needs</td>
<td>• A pre- and post-assessment of each inmate to capture change in criminogenic needs</td>
</tr>
<tr>
<td>Recidivism</td>
<td>• The recidivism rates of program participants when released</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sequencing</td>
<td>• 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</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Need identified</th>
<th>Program / service exists to address need?</th>
<th>Gap in access to program / service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate mental health care for overall population (~12% of population)</td>
<td>• Yes; counseling / therapy</td>
<td>• 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</td>
</tr>
<tr>
<td>Intensive, residential mental health for females</td>
<td>• Yes; STAGES, Skills, Mental Health Step Down</td>
<td>• Yes; these programs are not offered to female inmates</td>
</tr>
</tbody>
</table>
## Expand access to moderate mental health treatment overall, at cost of ~$8-9.5 M

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

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, assumes 1.6% increase in salary and 2.0% increase in benefits per year.
Expand access to intensive, residential mental health treatment for females, at cost of ~$1.3 M

<table>
<thead>
<tr>
<th>Gap in need</th>
<th>Recommendation to fill gap</th>
<th>5 yr resourcing expansion</th>
<th>Est. run rate</th>
<th># of inmates impacted</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expand STAGES to the female population</td>
<td>Expand to 1 facility</td>
<td></td>
<td>~$470K</td>
</tr>
<tr>
<td></td>
<td>Requires 2 psychologists</td>
<td>Requires 1 specialty coordinator</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Expand Skills to the female population</td>
<td>Expand to 1 facility</td>
<td></td>
<td>~$420K</td>
</tr>
<tr>
<td></td>
<td>Requires 1 psychologist</td>
<td>Requires 1 specialty coordinator</td>
<td>Requires 1 teacher</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Create Mental Health Step Down for female population</td>
<td>Expand to 1 facility</td>
<td></td>
<td>~$400K</td>
</tr>
<tr>
<td></td>
<td>Requires 1 psychologist</td>
<td>Requires 1 specialty coordinator</td>
<td>Requires 1 occupational therapist</td>
<td></td>
</tr>
</tbody>
</table>

Estimated impact across all three programs is ~100 inmates / yr

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, assumes 1.6% increase in salary and 2.0% increase in benefits per year.
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

- **Employment Preparation**
  - Applying for a job

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

- **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.

**Identified Need post-RPP**
(Example)

**Deep-dive class**
(Example)

- **Basic Life Skills**
  - Financial Management
  - Healthy Living

- **Family Ties & Relationships**
  - Parenting
  - Social Networks

**Money Smart**

**Parenting Inside Out**

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

<table>
<thead>
<tr>
<th>Gap in need</th>
<th>Recommendation to fill gap</th>
<th>5 yr resourcing expansion</th>
<th>Est. run rate</th>
<th># of inmates impacted</th>
</tr>
</thead>
</table>
| 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 Workers¹ | ~$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.
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")
**Recall:** This assessment identified several gaps in the BOP's current case management ("unit team") process.

<table>
<thead>
<tr>
<th>Assess inmate needs and prepare for programming</th>
<th>Guide inmate through programming</th>
<th>Prepare inmate for release</th>
<th>Continuous review of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Introduce inmate to programs</td>
<td>• Assess inmate’s risk and needs</td>
<td>• Help inmate to secure documents for release (e.g., license, SSN)</td>
<td>• Constant review of inmate progress</td>
</tr>
<tr>
<td>• Assess inmate’s risk and needs</td>
<td>• Classify inmate</td>
<td>• Ensure inmate is maintaining family ties</td>
<td></td>
</tr>
<tr>
<td>• Prescribe programs for inmate</td>
<td>• Guide inmate through programming</td>
<td>• Help inmate understand processes, procedures of outside world (RPP)</td>
<td></td>
</tr>
<tr>
<td>• Ensure inmate is maintaining family ties</td>
<td></td>
<td>• Assist inmate in securing housing, medical benefits, etc.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Assess inmate needs and prepare for programming</th>
<th>Guide inmate through programming</th>
<th>Prepare inmate for release</th>
<th>Continuous review of progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Introduce inmate to programs</td>
<td>• Recommend case manager training</td>
<td>• Help inmate to secure documents for release (e.g., license, SSN)</td>
<td>• Constant review of inmate progress</td>
</tr>
<tr>
<td>• Assess inmate’s risk and needs</td>
<td>• Prescribe programs for inmate</td>
<td>• Help inmate understand processes, procedures of outside world (RPP)</td>
<td></td>
</tr>
<tr>
<td>• Classify inmate</td>
<td>• Ensure inmate is maintaining family ties</td>
<td>• Assist inmate in securing housing, medical benefits, etc.</td>
<td></td>
</tr>
</tbody>
</table>

**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 manager and social worker check in with inmates every 3 mos. once inmate is within 24 mos. from release (rather than within 12 mos. from release).
Newly hired social workers, re-entry affairs coordinators should support case management process

<table>
<thead>
<tr>
<th>Role</th>
<th>Tasks</th>
</tr>
</thead>
</table>
| Newly hired social workers | - Introduce inmate to programs  
- Assess inmate's risk and needs  
- Classify inmate  
- Prescribe programs for inmate  
- Help inmate to secure documents for release (e.g., license, SSN)  
- Help inmate understand processes, procedures of outside world (RPP)  
- Assist inmate in securing housing, medical benefits, etc.  
- Create release plan for inmate  
- Assist inmate in creating linkages to outside world (e.g., NGOs)  
- Constant review of inmate progress |
| Re-entry Affairs Coordinator | - 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)  
- Assist inmate in securing housing, medical benefits, etc.  
- Create release plan for inmate  
- Assist inmate in creating linkages to outside world (e.g., NGOs)  
- Constant review of inmate progress |
| Re-entry Social Worker      | - Prescribe programs for inmate  
- Help inmate to secure documents for release (e.g., license, SSN)  
- Help inmate understand processes, procedures of outside world (RPP)  
- Assist inmate in securing housing, medical benefits, etc.  
- Create release plan for inmate  
- Assist inmate in creating linkages to outside world (e.g., NGOs)  
- Constant review of inmate progress |
| Counselor                   | - Provide input on plan  
- Draft plan  
- Program-related progress  
- Release progress |

Staff accountability

- Case manager
  - Help file app
- Draft plan
- Program-related progress
- Release progress

- Re-entry Social Worker
  - Coordinate volunteers for programs

- Re-entry Affairs Coordinator
  - Coordinate institutional resource base (e.g., how to file)

- Counselor
  - To be phased out of unit management process
Recommendations for improving the case management process require clarifying scope of the positions involved

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

BOP may want to consider realigning unit team reporting from CPD to RSD in order to align with the other branches that provide programming
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
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.)
In order to accommodate these large staff increases, need to clarify supervisory structures at facility level

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.
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)

“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”

“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.”

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)

Standardization, expansion of some incentives could improve program enrollment significantly

Some incentives require standardization, others should be expanded

<table>
<thead>
<tr>
<th>Incentive</th>
<th>Description</th>
<th>Action required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should be standardized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automatic enrollment</td>
<td>• Inmates are automatically enrolled in programs with the option to opt out after 4 weeks</td>
<td>• Change to national policy for key cognitive / behavioral programs</td>
</tr>
</tbody>
</table>
| 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
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

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Assessment</td>
<td>% of population with assessment completed</td>
</tr>
<tr>
<td>Enrollment</td>
<td>% of population enrolled in programs <em>recommended by assessment</em></td>
</tr>
<tr>
<td>Completion</td>
<td>Average % completion rate of programs across facility</td>
</tr>
<tr>
<td>Employment</td>
<td>% of inmates employed 180 days after release</td>
</tr>
<tr>
<td>Recidivism</td>
<td>% return to prison within 3 yrs</td>
</tr>
</tbody>
</table>

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

- **Re-entry Programming Employee of the Month**
  Recognizing a staff member who has gone above and beyond to deliver high-quality programming

- **Re-entry Programming Warden of the Year**
  Recognizing a warden who has significantly improved program enrollment and the programming environment at his / her facility

- **Re-entry Programming Facility of the Year**
  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”

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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td><strong>B</strong></td>
</tr>
<tr>
<td>Pursue opportunity to expand access to higher education opportunities</td>
<td>Conduct deep-dive study on opportunities to improve occupational training access/offerings</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td><strong>D</strong></td>
</tr>
<tr>
<td>Pursue further study on additional programming gaps for special populations</td>
<td>Once new national programs in place, conduct study to determine which resources go to local non-recreation, non-religious programs</td>
</tr>
</tbody>
</table>
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
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 rate¹

- 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

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

   • 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

2. Determine the governance required for occupational training offering

   • 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

3. Identify the additional resources needed to expand access

   • 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.

---

Initial BCG diligence from interviews and analysis in these 3 areas suggests the following:
Remaining next steps require further investigation and data collection (I/II)

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

Insufficient data available to estimate resources needed to meet needs or changes required
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
Additional data needed on BOP's local programming to ensure optimal allocation of resources for all programs

Recall: BOP has >11,000 local programs

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

1. **Improve data capture and program evaluation**
   - Leverage data to identify which programs are effective in reducing recidivism and which programs address identified inmate needs.

2. **Implement recommended national programs**
   - Implement recommended expansion of CBT programs, moderate mental health care.
   - Implement new national program for females.

3. **Review data on efficacy of local, model programs**
   - Evaluate local program offering, enrollment / participation, and quality of delivery.

4. **Re-designate some local programs as model programs**
   - Add highest quality local programs to model program catalogue.
   - These programs should be retained; expansion to other facilities may be considered.

5. **Consider phasing out certain local programs**
   - 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
Contents

Context

What programming is needed
Who needs what programming
How should it be implemented
Recommendations

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

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