



*THE EFFECTIVENESS OF CORRECTIONAL PROGRAMS  
IN THE FEDERAL BUREAU OF PRISONS:  
A SYSTEMATIC EVIDENCE-BASED  
REVIEW OF RESEARCH (2000-2022)*

*CHAPTER 15 - SUMMARY & CONCLUSIONS*

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## INTRODUCTION

In this project, the Global Corrections Group (GCG) was tasked with conducting a review of evaluation research on the effectiveness of Federal Bureau of Prisons (BOP) programming and providing an assessment of whether specific programs should be designated as either Evidence-Based Recidivism Reduction (EBRR) Programs or Productive Activity (PA) Programs. In addition, the GCG was tasked with developing descriptions of each (First Step Act) FSA approved program and offering recommendations to inform future FSA program updates and revisions. This chapter summarizes our program description and literature review findings and concludes with general recommendations related to programming in the BOP. In addition, program and category-specific recommendations are found within each applicable chapter.

As noted in Chapter 1, the BOP has continued to add new programs to its FSA Approved Programs Guide, but the GCG contract was limited to a review of 88 FSA-approved programs contained in the guide as of November 15, 2022 (BOP, 2022). The most recent edition of the FSA Approved Programs Guide, issued in October 2023, contains 21 programs not included in the contract – the BOP has classified 11 of these new programs as EBRR Programs and 10 as PA Programs (BOP, 2023). We can offer no opinion on the classification of these programs as EBRR or PA Programs.

As a reminder, we assigned BOP programs to one of thirteen programming categories (see the graphic below). A breakdown of the programs in each category is contained in each applicable chapter, and the Appendix in Chapter 1 of this report also includes a breakdown of the programs in each category.



## 15.1 Program Description Findings

In this section, we provide an overview of key findings related to the development of program descriptions for each of the BOP's 88 FSA-approved programs. Findings about individual programs are contained in the applicable core chapters of this report. In this section of our report, we offer general conclusions related to needs assessment procedures, policy and guidance, staffing, program incentives, the scope of programming, program availability and participation, and program dosage.

### 15.1.1 Needs Assessment Procedures

The Standardized Prisoner Assessment for Reduction in Criminality (SPARC-13) is the BOP's needs assessment system (RSD, 2022). SPARC-13 assesses incarcerated individuals on 13 need domains; some of these domains are consistent with criminogenic needs (e.g., antisocial peers, substance use), others are not (e.g., finance/poverty, medical). Needs assessment results are intended to inform program referrals; however, in our review we found the relationship between identified needs and programming referrals to be underdeveloped.

While we address this issue in more detail in the core programming chapters, we offer a few examples here. First, needs assessment procedures are not well-described in policy. *Program Statement 5400.01 First Step Act Needs Assessment* is quite brief, referring staff to Sallyport for additional guidance. As noted in previous chapters, a lack of policy support impacts program integrity, as staff cannot be held fully accountable for conducting assessments as intended. In addition, the needs assessment procedures outlined in guidance are incomplete, as they do not address the full range of assessments used in program referrals. For example, screening procedures for the Sex Offender Treatment Programs are outlined in *Program Statement 5324.10 Sex Offender Programs*, but they are not referenced in the broader needs assessment policy. In the context of the FSA-approved programs, they are only noted to meet cognitions and antisocial peers needs, as opposed to a very specific need to address sexual deviancy issues (PSB, 2013). As another example, the approach to assessing trauma needs in the Resolve Program, as described in the *Program Statement 5330.11 Psychology Treatment Programs*, is not entirely consistent with procedures outlined in the broader needs assessment policy. The broader needs assessment policy describes procedures which rely solely on a history of trauma for need identification. However, there are differences in personal resilience across individuals, and not everyone a history of trauma needs or wants intervention in this area. The needs assessment model within the Resolve Program is more appropriate, where treatment services are provided when a trauma-related mental disorder is diagnosed.

Second, the relationship between a need and the program(s) identified as meeting this need is not always clear. For example, the National Parenting from Prison Program is noted to address a family/parenting need; however, the family/parenting need assessment is focused on family dysfunction, whereas it would seem any individual with minor children could theoretically benefit from participation in the National Parenting from Prison Program. As another example, a large number of programs are noted to address a cognitions need, but as defined by the BOP this need appears to focus on antisocial cognitions, which the content of these programs did not address in all instances.

Third, we noted procedures for periodically re-assessing needs are not clearly articulated. That is, it is unclear whether the successful completion of a program results in a reassessment of need and/or elimination of needs targeted by the program. Many programs do not appear to include post-program outcome measures, e.g., knowledge tests, skills demonstrations, or psychological assessments, to demonstrate resolution of a need and support program fidelity.

### **15.1.2 Policy and Guidance**

As we noted in Chapter 1, policy support, in the form of the BOP's program statements, heightens program fidelity. A program such as the Residential Drug Abuse Program, which is described in detail in policy, is significantly more likely to be implemented as intended because staff are provided with clear direction and held accountable for any deviations from policy. The BOP's FSA-approved programs differ significantly in terms of policy support.

Nineteen of the BOP's 88 FSA approved programs have strong policy support, with a program statement clearly outlining the referral procedures, organization, structure, staffing, and content of the program. For an additional seven programs, policy support exists, but is limited to a general description of the framework for the program, with no reference to a specific program curriculum. More than 70% of the BOP's FSA-approved programs have very little policy support. Indirect references to some of these programs can be found in policies requiring programming for women, veterans, aging individuals, and individuals with disabilities, but these references do not provide any details related to referral procedures, organization, structure, staffing, and content. These policies simply note the frequency with which this type of population-specific programming must be offered. Lastly, and most concerning, 17 FSA-approved programs are not referenced in policy at all, either directly or indirectly, including 4 programs the BOP has classified as EBRR Programs – Barton Reading and Spelling System, Hooked on Phonics, Money Smart for Adults, and the Threshold Program.

This lack of policy support adversely impacts program fidelity. Chapter 1 of this report includes a full listing of relevant policies, and copies of these policies are available on the BOP's public website at [www.bop.gov](http://www.bop.gov).

### **15.1.3 Staffing**

In the BOP's Central Office, the Reentry Services Division (RSD) bears the greatest responsibility for programs contained in the FSA Approved Program Guide, administering over 70 programs (BOP, 2023). Other Central Office divisions with some degree of programming oversight responsibilities include the Correctional Programs Division (CPD), Health Services Division (HSD), and Federal Prison Industries (FPI). In the BOP's institutions, some programs have dedicated staff, whereas other programs are described as potentially facilitated by a variety staff, contractors, and/or volunteers. Programs with dedicated staff are offered on a more consistent basis, aligned with policy requires for their delivery. In addition, these dedicated staff are more likely to have the training and expertise necessary to effectively deliver the program. Some BOP programs are supported by required, robust staff training, whereas other programs offer training via a facilitator guide or no substantial training at all.

### **15.1.4 Program Incentives**

The BOP offers a variety of incentives for participation in FSA-approved programs, e.g., achievement awards, telephone and visitation privileges, preferred housing, and in the case of the Residential Drug Abuse Program a sentence reduction of up to 12-months (RSD, 2021; PSB, 2016). The most noteworthy FSA-related incentive is the opportunity to earn time credits for successfully participating in and completing approved EBRR or PA Programs (CPB, 2023). These time credits may be applied toward prelease custody or early transfer to supervised release.

As noted in the most recent FSA Annual Report, the U.S. Department of Justice has issued a time credits rule, which details procedures for the assignment of time credits (Office of the Attorney General, 2023). This rule requires individuals to "opt out" of programs rather than "opt in" to programs. If an individual is eligible to earn time credits and they have not opted out of a recommended program, they are earning time credits, regardless of whether they are currently participating in a program. Individuals earn time credits for any month in which they are in "opt in" status. This rule also allows individuals to earn time credits for participation in unstructured PA Programs, i.e., non-FSA approved PA Programs, such as hobby crafts, social visiting, and institution work programs (CPB, 2023). This approach to earned time credits effectively severs the link between program participation and time credits, which in our view appears to be inconsistent with the intention of the FSA. In Chapter 1 of this report, we provided a summary of the estimated minimum earned time credits associated with each FSA approved program.

#### 15.1.5 Scope of Programming

The BOP's programming offerings are quite comprehensive, addressing a wide variety of topics, needs, and special populations. The BOP's efforts to ensure all potential programming needs are addressed has resulted in a broad range of programming opportunities. Unfortunately, many of these programs lack empirical support, as we will address in the next section of this summary. Nevertheless, the BOP's efforts are commendable, and we can identify very few potential gaps in programming.

#### 15.1.6 Program Availability and Participation

The BOP's FSA-Approved Programs Guide gives the impression programming is widely available across many institutions, with 59 programs noted as available at all institutions. However, our review found many of these programs were not necessarily always available in all institutions. A more accurate statement would be to indicate these programs *could* be available in all institutions. For example, at the close of FY 2023, only 10 programs in the guide were being offered at 75% or more of the BOP's institutions: Anger Management, Apprenticeship Training, Bureau Literacy Program, Certification Course Training, English-as-a-Second Language, Money Smart for Adults, National Parenting from Prison Program, Nonresidential Drug Abuse Program, Threshold Program, and Vocational Training Program. In addition, at the close of FY 2023, 28% of the BOP's 88 FSA-approved programs were offered in less than 10% of its institutions.

We also found program participation to be more limited than anticipated. At the close of FY 2023, 37.5% of programs had enrollments of less than 150 participants BOP-wide. In addition, three programs were not being offered to anyone in the BOP at the close of FY2023: CBT for Eating Disorders, FPI Lean Basics Training, and Pu'a Foundation Reentry Programs. Looking at program participation and completions since implementation of the FSA, we find relatively low participation and completion rates for several EBRR Programs. For example, an estimated 18% of individuals with an anger/hostility need have participated in the Anger Management Program and an estimated 2% of individuals with a sexual offense history have participated in one of the two Sex Offender Treatment Programs. Programs with the highest participation rates tend to fall into one of two categories: (1) program offerings explicitly required by policy, such as the Bureau Literacy, Drug Education, and Federal Prison Industries Programs or (2) very low dose programs which are easily implemented, e.g., Brain Health as You Age (5 hours), Health and Wellness Through the Lifespan (3 hours), and Talking with Your Doctor: A Guide for Older Adults (5 hours) Programs. To our understanding program availability is limited.

### 15.1.7 Program Dosage

A significant number of the BOP's FSA-Approved programs are quite brief; 22% of the programs consist of 10 hours or less of programming. For the 38 programs the BOP has classified as EBRR Programs, 42% consist of 50 hours or less of programming. Given what we know about program dosage, these programs are unlikely to have a significant impact. The BOP's most recent FSA-Approved Programs Guide no longer indicates the number of programming hours for all programs; however, the guide does indicate approximately 17% of programs consist of at least 100 hours of programming (BOP, 2023). These programs are more likely to have a significant impact on behavior.

## 15.2 Literature Review Findings

In this section, we provide an overview of findings from our study identification procedures, research design quality rankings, and study quality rankings. At the conclusion of this overview, we provide a table detailing our findings for each of the BOP's 88 FSA-approved programs.

### 15.2.1 Study Identification Findings

In support of our literature review process, we created databases specific to each of 13 identified programming categories. To build each database, we first examined all published meta-analyses and systematic reviews of relevant prison programming published during our review period (2000-present). The next step in our study identification process was to determine whether these meta-analyses and systematic reviews perhaps missed relevant evaluations due to the search procedures employed or excluded them from their review due to their study inclusion criteria. To address these possible omissions, we searched a series of electronic databases for the period 2000-2022. Based on the nature of the programs under review, we used topic-specific terms for this systematic search. Topic-specific study selection procedures are described in detail within each relevant chapter.

Based on our review of the studies included in meta-analyses and systematic reviews and the results of our electronic database searches, we identified a set of program evaluations meeting our review criteria. Of note, most of the evaluations we reviewed did not meet our criteria and were excluded. These evaluations are described within each relevant chapter, and tables summarizing the meta-analyses, systematic reviews, and individual evaluations are contained in the chapters as well. Across the 13 programming categories, we identified 92 meta-analysis and systematic reviews and 286 unique individual studies to be included in our analysis. Some programming categories provided us with a wealth of data to review, whereas other categories were less well-researched. A breakdown of the sources identified within each programming category is provided below:



## Meta-Analyses, Systematic Reviews and Evaluations by Programming Category

<b>Education Programs</b> • 8 MA/SR • 23 Evaluations	<b>Vocational Training Programs</b> • 9 MA/SR • 17 Evaluations	<b>Prison Industry Programs</b> • 4 MA/SR • 8 Evaluations	<b>Serious Mental Illness Programs</b> • 2 MA/SR • 10 Evaluations	<b>Trauma Programs</b> • 3 MA/SR • 17 Evaluations
<b>Mental/Behavioral Disorder Programs</b> • 15 MA/SR • 43 Evaluations	<b>Substance Use Treatment Programs</b> • 11 MA/SR • 40 Evaluations	<b>Sexual Disorder Programs</b> • 21 MA/SR • 45 Evaluations	<b>Faith-Based Programs</b> • 4 MA/SR • 19 Evaluations	<b>Financial Literacy Programs</b> • 0 MA/SR • 2 Evaluations
	<b>Health &amp; Wellness Programs</b> • 4 MA/SR • 14 Evaluations	<b>Women's Programs</b> • 4 MA/SR • 6 Unique Evaluations • 59 Evaluations in Other Chapters	<b>Special Population/Unclassified Programs</b> • 7 MA/SR • 42 Evaluations	

### 15.2.2 Research Design Quality Rankings Findings

One of the most consistent findings from previous meta-analyses and systematic reviews of corrections programs is the more rigorous the evaluation design employed, the less likely we are to find support for these programs. To address this issue, we have reviewed and ranked the research design quality of each of the evaluations included in this analysis using the Scientific Methods Scale (Sherman et al., 1998). As a reminder, a copy of the Scientific Methods Scale is provided below:

### Scientific Methods Scale

**Level 5** Well-designed randomized control trials (RCTs) of corrections programs.

<b>Level 4</b>	RCTs with some design or analysis flaws, and/or small sample size; well-designed quasi-experiments with strong statistical controls and closely matched treatment and control groups.
<b>Level 3</b>	Well-designed quasi-experiments with comparable treatment and control groups and appropriate statistical analyses; adequately designed quasi-experiments with some statistical controls used to address non-equivalence.
<b>Level 2</b>	Quasi-experiment with comparison group included, but limited equivalence and/or inadequate statistical controls in place.
<b>Level 1</b>	Non-experimental design with only correlational evidence.

Using the Scientific Methods Scale, we ranked each of the program evaluations on a scale of 1 to 5, with 1 being the designation for studies with the weakest research designs and 5 being the designation for studies with the strongest research designs. Each study's ranking was assigned by the research team using the above scoring criteria, which has been adapted slightly from the original classification model (Sherman et al., 1998). A breakdown of the quality rankings by programming category for the 286 individual studies we reviewed is provided in the table below.

### Summary of Study Quality Rankings for Evaluations

Programming Category	Study Quality Rank 5	Study Quality Rank 4	Study Quality Rank 3	Study Quality Rank 2	Study Quality Rank 1
Education Programs	0	2	10	7	4
Vocational Training Programs	0	0	9	5	3
Prison Industry Programs	0	0	5	2	1
Serious Mental Illness Programs	1	4	2	3	0
Trauma Programs	3	6	3	2	3
CBT Programs for Mental & Behavioral Disorders	8	8	10	4	13
Substance Use Disorder Programs	1	8	11	15	5
Sexual Disorder Programs	0	3	21	4	17
Faith-Based Programs	0	0	8	3	8
Financial Literacy Programs	0	0	0	0	2
Health & Wellness Programs	2	2	2	1	7
Women's Programs	1	0	1	1	3
Special Population Programs	1	5	4	13	19
<b>TOTAL</b>	<b>17 Level 5</b>	<b>38 Level 4</b>	<b>86 Level 3</b>	<b>60 Level 2</b>	<b>85 Level 1</b>

As this breakdown reveals, relatively few studies were ranked at the highest level of quality, representing only 6% of the studies reviewed. When we focus on studies ranked at level three

or higher - our review standard, we found just under 50% of the studies reviewed met this criterion. This relative lack of quality research in corrections underscores the need for additional well-controlled studies in this area.

### 15.2.3 Program Effectiveness Findings

In this section, we provide an overview of the results of our systematic review of the literature for prison-based programming.

**For programs currently classified as EBRR programs,** we found the following:

The **in-prison outcomes** of 6 programs were classified as effective, 12 programs were classified as promising, 2 programs were classified as having mixed effects, 2 programs were classified as ineffective, and 16 were classified as having unknown effects.

The **post-release outcomes** of 4 programs were classified as effective, 4 programs were classified as promising, 3 programs were classified as having mixed effects, 1 program was classified as ineffective, and 26 were classified as having unknown effects.

Based on our review of the literature, we find the BOP to be on firm ground in classifying 6 of the 88 FSA-approved programs as EBRR Programs based on empirical support for their ability to effectively address one or more of the identified in-prison or post-release outcome measures.

Based on our review of the literature we find the BOP can *provisionally* classify an additional 19 programs as EBRR Programs, based on promising empirical support for their effectiveness in addressing one or more of the identified in-prison or post-release outcome measures.

For the remaining 13 programs the BOP has classified as EBRR Programs, we did not find sufficient support to make this classification.

**For programs classified as PA Programs,** the in-prison outcomes of these programs were classified as unknown in most instances, because of a lack of available research evidence. One program - Victim Impact: Listen and Learn - was identified for reclassification as a *provisional* EBRR Program.

Our review found a lack of evidence - either favorable or unfavorable - for many of the BOP's FSA-approved programs. This lack of evidence underscores the need for BOP to conduct program evaluations. In part, this lack of evidence stems from the fact many of the BOP's programs are developed in-house, such that no other entities have evaluated the program. Consequently, the burden falls on the BOP to evaluate its own programs to ensure their effectiveness. In the meantime, the remaining programs may be classified as PA Programs. However, the BOP may want to consider removing a portion of these programs from the FSA Approved Programs Guide based on one or more of the following issues: (1) the reduced likelihood of their effectiveness

based on low program dosage; (2) the lack of a defined curriculum, and/or (3) the lack of demand for the program. Specific recommendations in this regard are contained in the core programming chapters of this report.

The below tables summarize our findings for each of the 88 FSA approved programs.

### Summary of Program Evaluation Findings for BOP's EBRR Programs

BOP Program	Status of BOP Evaluations	Evidence Rating: BOP Evaluations	Evidence Rating: Outside Evaluations In-Prison Outcomes	Evidence Rating: Outside Evaluations Post-Release Outcomes	Comparability Assessment	EBRR Program Classification
Barton Reading & Spelling System Program	Planned for FY 2026	Unknown	<i>Promising</i>	Unknown	Somewhat Comparable	<i>Provisional</i> EBRR Program
Hooked on Phonics Program	Planned for FY 2026	Unknown	<i>Promising</i>	Unknown	Somewhat Comparable	<i>Provisional</i> EBRR Program
Bureau Literacy Program	Planned for FY 2025	Unknown	<i>Effective</i>	<i>Promising</i>	Comparable	EBRR Program
Post-Secondary Education Program	Planned for FY 2025	Unknown	<i>Effective</i>	<i>Effective</i>	Very Comparable	EBRR Program
English as a Second Language Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
Apprenticeship Training Program	Planned for FY 2024	Unknown	Unknown	<i>Promising</i>	Very Comparable	<i>Provisional</i> EBRR Program
Certification Course Training Program	Planned for FY 2024	Unknown	Unknown	<i>Promising</i>	Very Comparable	<i>Provisional</i> EBRR Program
Vocational Training Program	Planned for FY 2024	Unknown	Unknown	<i>Effective</i>	Very Comparable	EBRR Program
Women's Career Exploration Series Program	Planned for FY 2025	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
Federal Prison Industries Program	No Evaluation Planned	Unknown	Unknown	<i>Promising</i>	Comparable	<i>Provisional</i> EBRR Program
Skills Program	Ongoing Evaluation	Unknown	<i>Promising</i>	Unknown	Comparable	<i>Provisional</i> EBRR Program
STAGES Program	Ongoing Evaluation	Unknown	<i>Promising</i>	Unknown	Comparable	<i>Provisional</i> EBRR Program
Mental Health Step Down Program	Planned for FY 2024	Unknown	<i>Promising</i>	Unknown	Somewhat Comparable	<i>Provisional</i> EBRR Program
Illness Management and Recovery Program	Planned for FY 2024	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
Social Skills Training Program	Planned for FY 2024	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
Resolve Program	Ongoing Evaluation	Unknown	<i>Ineffective</i>	Unknown	Somewhat Comparable	Not an EBRR Program
Seeking Safety/Seeking Strength Program	Ongoing Evaluation	Unknown	<i>Ineffective</i>	Unknown	Very Comparable	Not an EBRR Program

Cognitive Processing Therapy Program	Evaluation Planned for FY 2026	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
Dialectical Behavior Therapy Program	Evaluation Planned for FY 2026	Unknown	<b>Promising</b>	Unknown	Very Comparable	<i>Provisional</i> EBRR Program
BRAVE Program	Ongoing Evaluation	<b>Promising</b>	<b>Promising</b>	Unknown	Comparable	<i>Provisional</i> EBRR Program
Challenge Program	Evaluation Planned for FY 2023	Unknown	<b>Promising</b>	Unknown	Comparable	<i>Provisional</i> EBRR Program
Anger Management Program	Ongoing Evaluation	Unknown	<b>Promising</b>	Unknown	Somewhat Comparable	<i>Provisional</i> EBRR Program
Basic Cognitive Skills Program	Evaluated Planned for FY 2023	Unknown	<b>Effective</b>	Unknown	Somewhat Comparable	<i>Provisional</i> EBRR Program
Criminal Thinking Program	Evaluated Planned for FY 2028	Unknown	<b>Effective</b>	Unknown	Comparable	EBRR Program
Emotional Self-Regulation Program	Evaluated Planned for FY 2026	Unknown	<b>Effective</b>	Unknown	Comparable	EBRR Program
Residential Drug Abuse Program	Ongoing Evaluation	Unknown	Unknown	<b>Effective</b>	Comparable	EBRR Program
Nonresidential Drug Abuse Program	Ongoing Evaluation	Unknown	<b>Mixed</b>	<b>Effective</b>	Somewhat Comparable	<i>Provisional</i> EBRR Program
Sex Offender Treatment Program - Residential	Evaluation Planned for FY 2024	Unknown	Unknown	<b>Mixed</b>	Comparable	<i>Provisional</i> EBRR Program
Sex Offender Treatment Program - Nonresidential	Ongoing Evaluation	Unknown	Unknown	<b>Ineffective</b>	Somewhat Comparable	Not an EBRR Program
Life Connections Program	Ongoing Evaluation	<b>Promising</b>	<b>Promising</b>	<b>Mixed</b>	Comparable	<i>Provisional</i> EBRR Program
Threshold Program	Ongoing Evaluation	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
Money Smart for Adults Program	Evaluation Planned for FY 2024	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
Money Smart for Older Adults Program	Evaluation Planned for FY 2024	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
Women's Basic Financial Literacy Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A	Not an EBRR Program
FIT Program	Ongoing Evaluation	Unknown	<b>Mixed</b>	<b>Mixed</b>	Comparable	<i>Provisional</i> EBRR Program
Foundation Program	Ongoing Evaluation	Unknown	<b>Promising</b>	Unknown	Not Comparable	Not an EBRR Program
Assert Yourself for Female Offenders Program	Evaluation Planned for FY 2025	Unknown	<b>Promising</b>	Unknown	Somewhat Comparable	<i>Provisional</i> EBRR Program
National Parenting from Prison Program	Evaluation Planned for FY 2025	Unknown	<b>Effective</b>	Unknown	Comparable	EBRR Program

## Summary of Program Evaluation Findings for BOP's PA Programs

BOP Program	Status of BOP Evaluations	Evidence Rating: BOP Evaluations	Evidence Rating: Outside Evaluations In-Prison Outcomes	Evidence Rating: Outside Evaluations Post-Release Outcomes	Comparability Assessment
Women in the 21 <sup>st</sup> Century Workplace Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Ultra Key 6: The Ultimate Keyboarding Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Federal Prison Industries Lean Basics Training Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Supported Employment Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Wellness Recovery Action Plan Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Trauma Education Program	Ongoing Evaluation	Unknown	Unknown	Unknown	N/A
ACCESS Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Beyond Violence Program	No Evaluation Planned	Unknown	Unknown	<b>Not Promising</b>	Very Comparable
Pu'a Foundation Reentry Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Mindfulness-Based Cognitive Therapy Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Circle of Strength Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Brief CBT for Suicidal Individuals Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
CBT for Eating Disorders Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
CBT for Insomnia Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
CBT for Prison Gambling Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
START Now Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Drug Education Program	Ongoing Evaluation	Unknown	Unknown	Unknown	N/A
K2 Awareness Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Alcoholics Anonymous Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Narcotics Anonymous Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Sexual Self-Regulation Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Aleph Institute Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Embracing Interfaith Cooperation Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Houses of Healing Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A

AARP Foundation Finances 50+ Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
A Healthier Me Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
A Matter of Balance Program	No Evaluation Planned	Unknown	<b>Effective</b>	Unknown	Not Comparable
Brain Health as You Age Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Getting to Know Your Healthy Aging Body Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Health and Wellness Through the Lifespan Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Healthy Steps for Older Adults Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Talking with Your Doctor Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Women's Aging Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Arthritis Foundation Walk with Ease Program	No Evaluation Planned	Unknown	<b>Effective</b>	Unknown	Not Comparable
Living a Healthy Life with Chronic Conditions Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Managing Your Diabetes Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
National Diabetes Prevention Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Change Plan Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Women's Reflection Group Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Women's Relationships I Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Women's Relationships II Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Understanding Your Feelings Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Square One Essentials for Women Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Resilience Support Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Service Fit Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Soldier On Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Disabilities Education Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
PEER Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A
Victim Impact Program	No Evaluation Planned	Unknown	<b>Mixed</b>	Unknown	Very Comparable
Franklin Covey 7 Habits Inside Program	No Evaluation Planned	Unknown	Unknown	Unknown	N/A

## 15.3 Recommendations

In addition to describing BOP programs, conducting a review of the evaluation research, and offering an assessment of whether specific programs should be designated as either EBRR Programs or PA Programs, we were tasked with offering recommendations to inform future FSA program updates/revisions. Our recommendations include program-specific recommendations, category-specific recommendations, and more general recommendations to broadly improve programming in the agency.

Informed by our understanding of BOP programs and our review of the literature, our recommendations focus on nine critical areas:



In this summary, we offer 20 general recommendations to broadly improve programming in the agency. In addition, category and program-specific recommendations can be found within each core chapter. Our general recommendations are as follows:

### 15.3.1 Strengthening Program Referrals

1. Update *Program Statement 5400.01 FSA Needs Assessment* to incorporate enhanced needs assessment procedures. Specifically, we recommend strengthening needs assessment procedures in a variety of domains, e.g., finance/poverty, work, mental health, trauma, cognitions (i.e., sexual disorder needs). In addition, we recommend greater clarity in policy regarding program referral procedures, program prioritization, the reassessment of needs, and procedures for determining a need has been sufficiently addressed.



2. Create a user-friendly dashboard to monitor program demand, participation, and completion. This dashboard should be available at the departmental, institution, regional, and national levels, as well as to external stakeholders. Ready access to this information would better inform program offerings, referrals, and resource allocations. Absent such a dashboard, the agency will lack a clear mechanism for directing programming resources in the most appropriate manner.

### **15.3.2 Increasing Program Availability**

3. Increase the availability of programs identified as effective or promising. The BOP has several programs which we have found to be effective or promising based on our review of the literature. A portion of these programs are not widely available or are not available to the degree necessary to serve all individuals with applicable needs. Reallocating staff to the delivery of effective and/or promising programs will represent a more cost-effective use of the BOP's limited programming resources.

### **15.3.3 Modifying Programs to Increase Effectiveness and Efficiency**

4. Bundle programs to enhance program dosage. As noted in our review, many BOP programs are low dose programs, which are less likely to elicit lasting behavior change. Combining related programs into a single integrated program is one way to increase dosage. For example, the Basic Cognitive Skills and Criminal Thinking Programs can be combined into a single program, particularly given the fact Basic Cognitive Skills is considered a prerequisite for the Criminal Thinking Program and the Criminal Thinking Program is an intervention targeted to the "big four" criminogenic needs.

5. Offer more opportunities for skills practice within existing programs to increase dosage and as a means to assess intermediate outcomes. As noted in our review, several BOP programs lack well-developed completion criteria; that is, attendance and participation alone is sufficient for program completion. Incorporating a skills practice component to applicable programs would both serve to increase program dosage and offer an immediate measure of program effectiveness in the acquisition of skills.

6. Offer periodic programs refreshers to strengthen existing programs. Federal prison sentences can be lengthy, such that program gains may not be sustained over time. To increase the likelihood program skills are retained, the BOP may want to offer periodic "booster sessions" in support of continued use of key skills, such as the skill of using RSAs developed in the BOP's CBT programs.

#### **15.3.4 Refining Program Offerings**

7. Streamline BOP programming to eliminate ineffective programs, programs with underdeveloped curriculums, low dosage programs, and programs with limited demand. Doing so would allow the BOP to make more cost-effective use of limited programming resources, bolster program fidelity, provide enhanced staff training, and develop clearer referral procedures. Simply put, the BOP should value quality over quantity.

#### **15.3.5 Incorporating Programs into Policy**

8. Incorporate programs directly into policy to enhance program fidelity. As we have noted throughout this report, relatively few BOP programs have policy in place to support program fidelity. When programs are fully addressed in policy, and supported with dedicated staff, the BOP finds success. For example, the BOP's approach to RDAP can serve as a model, i.e., a well-developed, detailed policy, program review guidelines, and program certification procedures.

#### **15.3.6 Identifying Intermediate Outcome Measures**

9. Incorporate immediate outcome measures into all programs. As suggested above, attendance and participation alone should not result in program completion. Immediate outcome metrics could significantly aid the agency in evaluating program effectiveness. For example, immediate outcome measures might include knowledge tests, skills demonstrations, fitness checks, and/or re-administration of needs assessment measures.

10. Incorporate intermediate outcome measures into all programs. Relying on recidivism reduction alone as an outcome measure requires significant time and resources. Intermediate outcome measures can aid the BOP in evaluating program effectiveness and continuing needs. For example, intermediate outcome measures might include disciplinary records, restrictive housing placement, Financial Responsibility Program participation, work performance appraisals, crisis interventions, suicide risk assessments, program participation.

#### **15.3.7 Monitoring Program Fidelity**

11. Create a program fidelity tracking system based on program-specific Program Review findings. Doing so would allow the agency to identify at-risk programs and programs in need of additional staff training or support.

12. Encourage regular program observations by supervisors, with the use of fidelity checklists. Program review findings can artificially support fidelity as staff prepare well in advance for these reviews. Ensuring programs are assessed more routinely will increase quality.

#### 15.3.8 Classifying Programs Appropriately

13. Ensure programs are appropriately classified as either EBRR Programs or PA Programs. Programs we have identified as effective can be reasonably classified as EBRR Programs. Programs we have identified as promising can be *provisionally* classified as EBRR Programs until an evaluation can be completed within the BOP. Absent this empirical support, a program should not be classified as EBRR Program. Adhering to this standard will require the BOP to reclassify 17 programs from EBRR Programs to PA Programs. In addition, the BOP can consider *provisionally* reclassifying one program from PA Programs to EBRR Programs based on our review (Victim Impact: Listen and Learn Program).

14. Create an Expert Advisory and Accreditation Panel (1) to review and classify any proposed EBRR and PA programs, including both internally and externally developed programs; and (2) to conduct bi-annual reviews of existing EBRR and PA programs to ensure they remain appropriately classified.

#### 15.3.9 Conducting Regularly Scheduled Program Evaluations

15. Evaluate all BOP programs to ensure they are appropriately classified as EBRR Programs. Very few BOP programs have been directly evaluated. More recently, the BOP has made a commitment to program evaluation with evaluations underway for several programs and a plan for future evaluations in place. We encourage the BOP to proceed with this evaluation plan. Given the resources dedicated to BOP programs, ensuring their effectiveness should be a high priority.

16. Increase BOP subject matter experts' awareness of relevant correctional programs literature. While evaluating BOP programs is vitally important, so is staying current with research in other correctional organizations. There is merit in establishing a procedure, perhaps within ORE, to provide subject matter experts with copies of any significant new research. In the interim, within each chapter, we offer a list of relevant meta-analyses, systematic reviews, and individual studies which may inform future program development. We also provide a database with links to copies of each study.

17. Conduct a series of evaluations of programs in residential reentry centers, day reporting centers, and community treatment services to determine short-term, in-program effects as well as post-release outcomes of these programs.

18. For programs with a significant aftercare component, extend program evaluations to include an evaluation of community treatment services and any relevant services offered in residential reentry centers or day reporting centers. In addition, consider partnering with U.S. Probation and Pretrial Services to further evaluate the impact of BOP programming during a term of supervision.
19. Conduct a series of evaluations to determine the impact of multiple program participation on both in-prison and post-release outcomes.
20. In all the above evaluations, require program evaluators to utilize short-term (i.e., up to one year post-custody) post-release outcome measures, including—but not limited to recidivism (arrest and/or conviction). Doing so will support evaluation findings relevant to BOP programming, as opposed to environmental/community influences which may mask or alter programming effects over time.