

**Written Statement from Patti Butterfield,
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For the Chuck Colson Task Force on Federal Corrections**

The Bureau is responsible for the mental health care of all inmates in its custody. To that end, all inmates are provided with mental health screening and have access to brief counseling, crisis intervention, and suicide risk assessment services. Drug treatment and sex offender treatment are available to all inmates and forensic services are provided to the courts on request. In addition, approximately 7,500 inmates have significant mental health needs that require ongoing mental health treatment based on an individualized treatment plan.

The Bureau employs more than 1,400 Psychology Services staff, including psychologists, treatment specialists, and administrative support staff. Bureau psychologists have doctoral degrees in clinical or counseling psychology and treatment specialists have bachelor or master's degrees in social science fields, such as counseling, psychology, and social work. In addition, the Bureau administers a number of staff training programs through its Psychology Services departments, including 13 pre-doctoral psychology internship training sites. Established sites (10) are accredited by the American Psychological Association and new sites (3) are actively pursuing accreditation. These sites provide students with a well-rounded educational experience and serve as a valuable recruitment tool for the agency.

Psychology Services operations are governed by Program Statements, most notably the Psychology Services Manual, Psychology Treatment Programs, Sex Offender Programs, Suicide Prevention Program, and Treatment and Care of Inmates with Mental Illness. Psychology Services departments are generally staffed with a core complement which includes a Chief Psychologist, Drug Abuse Program Coordinator, Staff Psychologist(s), Treatment Specialist(s), and a Psychology Technician or Secretary. Departments may also include additional positions for specialty programs. Psychology Services departments range from small departments with 5-10 staff to larger departments with more than 25 staff, depending on the mission of the institution. All Psychology Services departments provide routine mental health care, to include intake screenings, mental health evaluations, individual counseling sessions, and crisis intervention. Psychology Services staff work collaboratively with other departments in

our 121 prisons to ensure the provision of necessary mental health care, to include Health Services and Unit Management.

In FY 2014 Psychology Services departments conducted more than 96,000 intake/transfer intake screenings, 45,000 mental health evaluations, 108,000 individual counseling sessions, and 18,000 crisis intervention contacts.

In addition to routine mental health care, Psychology Services departments offer major programs proscribed by national policy in our program statements in three key areas: substance use disorders, serious mental illnesses, and sexual offenses. With the exception of Drug Education and the Non-Residential Drug Abuse Program (NRDAP), national programs are not available at all institutions. National programs are only provided at sites with the required staffing resources.

National Psychology Services programs share several common features: (1) clearly defined admission criteria; (2) a standardized, evidence-based treatment protocol consisting of cognitive-behavioral interventions - in the case of residential programs, these interventions are delivered within the context of a modified therapeutic community model; and (3) staff with specialized expertise. The Bureau supports these programs through remote and on-site reviews by Central Office staff and a well-developed staff training protocol. These national programs require significant staff resources and are targeted to serve offenders with the greatest needs.

At present, the Bureau offers the following national programs in Psychology Services:

- Drug Education
- Non-Residential Drug Abuse Program
- Residential Drug Abuse Program
- Challenge Program
- Skills Program
- Steps Toward Emotional Growth and Awareness (STAGES) Program
- Mental Health Step Down Units
- Resolve Program
- Non-Residential Sex Offender Treatment Program
- Residential Sex Offender Treatment Program
- Bureau Responsibility and Values Enhancement (BRAVE) Program

The attached document, "A Directory of Bureau of Prisons' National Programs," provides a brief description of each program as well as their locations (see pages 8-20). Although the Task Force inquired specifically about Psychology Services programs, national programs are not limited to offerings within Psychology Services departments. Chaplaincy Services departments, Education departments, and Federal Prison Industries also offer national programs designed to facilitate successful reentry and these programs are also described in the attached directory.

In 2013, the Bureau implemented the Inmate Model Programs Catalog as a vehicle to disseminate best practice programs to the field. At present, the catalog includes 24 programs, of which 13 are Psychology Services programs. These programs supplement the Bureau's national programs by providing evidence-based treatment. In most instances, these programs can be implemented at any prison using existing resources.

In May 2015, with issuance of the Treatment and Care of Inmates with Mental Illness Program Statement, the Bureau began requiring Psychology Services departments to offer a minimum of one outpatient treatment group, deemed a Priority Practice, per quarter. Mission-specific Priority Practices were identified for each institution, based on programs contained in the Inmate Model Programs Catalog. The Program Statement allows for expansion of Priority Practices, as new Psychology Services programs are incorporated into the catalog. Current Priority Practices include: Anger Management, Basic Cognitive Skills, Criminal Thinking, Dialectical Behavior Therapy, Emotional Self-Regulation, Illness Management and Recovery, and Seeking Safety. By offering these Priority Practices, Psychology Services departments provide services for inmates with moderate programming needs, that is, inmates who do not require residential or inpatient care.

The Psychology Services Branch is continuing to explore the professional literature and consult with subject matter experts to identify additional programs to expand the Inmate Model Programs Catalog and to identify as Priority Practices. In some cases field trials are conducted to refine a program for a correctional environment; and to develop supplemental resources such as recruitment materials, participants' and facilitators' guides, and ensure sufficient fidelity measures exist to support the program; and provides training for staff to ensure they are qualified to deliver the treatment. At present, the Branch is focusing on identifying treatment protocols for special populations and mental health conditions.

In addition to cognitive-behavioral programming within Bureau institutions, the agency also supports the delivery of cognitive-behavioral programming during an offender's transition to the community. Inmates with a need for treatment to address substance use disorders, serious mental illnesses, and sexual offenses receive cognitive-behavioral programming through Community Treatment Services' contracts with community treatment providers. These services are available when offenders transition through Residential Reentry Centers (RRCs) and Home Confinement. In addition, the Bureau's new Statement of Work for Residential Reentry Centers (RRCs) includes a requirement for RRCs to provide cognitive-behavioral programming for Bureau offenders in their care. This requirement directs the RRCs to provide programming consistent with the Bureau's cognitive-behavioral model (i.e., Criminal Thinking interventions) and to provide training in cognitive-behavioral treatment for RRC staff.

Presently, the Bureau operates 89 RDAPs in 76 institutions.¹ In FY 2014, more than 18,000 inmates participated in the RDAP, and more than 21,000 inmates participated in the NRDAP. Inmate demand for the program is high, due, in part, to the incentive for non-violent eligible inmates to earn a sentence reduction of up to 12 months.

Five of the Bureau's Medical Referral Centers (MRCs)² provide inpatient psychiatric services for our most acutely ill offenders. Sites providing inpatient psychiatric treatment include. Similar to the community, this level of care is reserved for inmates with serious mental illnesses which cannot be managed in an outpatient setting due to the severity of their current symptoms and/or the presence of a co-occurring medical condition requiring hospitalization.

The Bureau has a number of initiatives underway to expand programs. These initiatives include:

¹The Bureau's "Annual Report on Substance Abuse Treatment Programs" provides a detailed overview of RDAP, as well as the agency's other substance abuse programs - Drug Education, the Nonresidential Drug Abuse Program (NRDAP), the Challenge Program, and Community Treatment Services. This report addresses a number of topics of interest to the Task Force, to include RDAP screening, content, delivery, community-based treatment, and impact. A copy of the FY 2014 report is provided for the Task Force's review. In FY 2014, more than 18,000 inmates participated in the RDAP, and more than 21,000 inmates participated in the NRDAP. The Task Force also inquired about interest in the program. Inmate interest in the program is high, due, in part, to the incentives available for program participation, to include a sentence reduction of up to 12 months for eligible inmates.

²FMC Butner, FMC Carswell, FMC Devens, FMC Rochester, and USMCFP Springfield

- Further expansion of cognitive-behavioral programming, for inmates in general population and in restrictive housing settings;
- Further expansion of national mental health and sex offender treatment programs to ensure adequate resources are available for inmates at all security levels;
- Identification of additional evidence-based programs for inclusion in the Inmate Model Programs Catalog - not limited to Psychology Services programs; and
- Dissemination of program support resources to the field, to include participant/facilitator guides, fidelity measures, and staff training - also not limited to Psychology Services programs.



*A Directory of Bureau of
Prisons' National Programs*

May 21, 2014



FOREWARD

The Federal Bureau of Prisons (BOP) mission is to protect society and reduce crime. In addition to incarcerating offenders in prisons that are safe, secure, humane and cost-efficient, the BOP encourages inmates to participate in programs that reduce recidivism and improve reentry outcomes.

This practical guide was prepared by the BOP's Reentry Services Division to highlight the agency's national standardized programs available to inmates ranging from cognitive behavioral treatment to General Equivalency Diploma (GED) to intensive (residential) substance abuse treatment. Each program in this directory contains a Program Description, Time Frame, Admission Criteria, Program Content, Empirical Support, Applicable Policies, and Institution Locations.

This directory describes the agency's national programs in the areas of inmate treatment and education. All federal prisons also offer vocational training programs that are compiled annually in the Inmate Occupational Training Directory. These programs help inmates acquire marketable skills in a wide variety of trades. Programs vary across the country and many institutions provide registered apprenticeships. The directory can be found at:

http://www.bop.gov/inmates/custody_and_care/docs/inmate_occupational_training_directory.pdf

Finally, every federal prison offers numerous locally developed programs for inmates, especially in the areas of religious services, recreation, education, and reintegration.

Disclaimer: The Bureau of Prisons provides this list to you as a means of describing programs offered throughout the Nation to federal inmates. This list contains information which is accurate as of May 2014, but programming offered at various institutions is subject to change over time. Please understand that the Bureau of Prisons attempts to follow all judicial recommendations regarding place of incarceration, however, many factors are considered when making a designation decision and sometimes the Bureau is not able to accommodate the judicial recommendation. Also, please consider making a recommendation for the Bureau of Prisons to evaluate an offender for a type of program, rather than making a recommendation for a specific location.

TABLE OF CONTENTS

Industries, Education and Vocational Training

Adult Continuing Education (ACE) Classes.....	1
Bureau Literacy Program	2
English-as-a-Second Language Program	3
Federal Prison Industries	4-5
Occupational Education Programs.....	6
Parenting Program.....	7

Psychology Services

Bureau Rehabilitation and Values Enhancement (BRAVE) Program	8
Challenge Program.....	9
Drug Abuse Education.....	10
Mental Health Step Down Program.....	11
Nonresidential Drug Abuse Program	12
Residential Drug Abuse Program (RDAP).....	13-14
Resolve Program	15
Sex Offender Treatment Program – Nonresidential.....	16
Sex Offender Treatment Program – Residential.....	17
Skills Program.....	18
Steps Toward Emotional Growth and Awareness (STAGES) Program.....	19-20

Religious Services

Life Connections Program (LCP).....	21
-------------------------------------	----

Adult Continuing Education (ACE) Classes	
Program Description	<p>ACE includes formal instructional classes of special interest. ACE classes enhance an inmate’s general knowledge of various subjects.</p> <p>ACE classes are designed and offered based on the needs and/or interests of the inmate population. Classes vary from institution to institution. An inmate completes an ACE class when he/she meets the participation and achievement standards established for the class.</p>
Time Frame	ACE classes are offered for a varied length of time based on the program requirements established at the local institution. ACE classes are usually offered during the evening and weekend hours.
Admission Criteria	All inmates are afforded the opportunity to participate in ACE classes. Since class offerings vary from institution-to-institution, prerequisites (e.g., completing a basic class before enrolling in an intermediate class) may exist.
Program Content	<p>Similar to non-credit personal enrichment classes (e.g., Microsoft Word and Personal Finance) offered at local community colleges, ACE classes enhance inmates’ general knowledge of various subjects such as consumer education, typing, keyboarding, business skills, conversational Spanish, and refresher basic skills classes. The ACE program also includes reentry type classes to assist in preparing inmates for release. Popular reentry classes include job interview, job search, and resume writing classes.</p> <p>Upon completion, inmates receive a Certification of Completion from the local institution’s Education Department. ACE classes may be taught by a staff member or an inmate tutor.</p>
Empirical Support	Information gathered in a recidivism study of three states (Maryland, Minnesota, and Ohio) indicated inmates who participated in education programs while incarcerated exhibited lower rates of recidivism after three years. In each state the three measures of recidivism, re-arrest, re-conviction and re-incarceration were significantly lower. The employment data shows that in every year, for the three years that the study participants were followed, the wages reported to the state labor departments were higher for the education participants compared to the non-participants (Steurer, Smith, and Tracy; 2001).
Applicable Policies	5300.21 Education Training and Leisure Time Program Standards.
Institution Locations	All Bureau facilities offer Adult Continuing Education Classes.

Bureau Literacy Program	
Program Description	The Literacy Program is designed to help inmates develop foundational knowledge and skill in reading, math, and written expression, and to prepare inmates to get a General Educational Development (GED) credential. The completion of the Literacy Program is often only the first step towards adequate preparation for successful post-release reintegration into society.
Time Frame	Depending on student needs, students participate in literacy classes for a varied length of time. Literacy classes are scheduled Monday through Friday. Each literacy class session meets a minimum of 1 1/2 hours per day. With few exceptions, inmates without a confirmed GED or high school diploma are required to enroll and participate in the Literacy Program for a minimum of 240 instructional hours or until they achieve a GED credential.
Admission Criteria	<p>All inmates without a GED or a high school diploma are enrolled in literacy classes in Bureau correctional facilities.</p> <p>The following inmates are not required to attend the Literacy Program: (1) pretrial inmates; (2) inmates committed for purpose of study and observation under the provisions of 18 U.S.C. 4205(c), 4241(d), or, effective November 1, 1987, 18 U.S.C. 3552(b); (3) sentenced deportable aliens; and (4) inmates determined by staff to be temporarily unable to participate in the Literacy Program due to special circumstances beyond their control (e.g., due to a medical condition, transfer on writ, on a waiting list for initial placement). However, these inmates are required to participate when the special circumstances are no longer applicable.</p>
Program Content	<p>Program content focuses on developing foundational knowledge and skill in reading, math, and written expression, and preparing inmates to get a GED.</p> <p>Inmates withdrawing from literacy programs prior to obtaining a GED will be restricted to the lowest pay and have an inability to vest or earn the maximum amount of Good Conduct Time. Occupational training programs generally require a GED/High School Diploma or concurrent enrollment in a Literacy Program.</p>
Empirical Support	Research has shown that passing the GED test increases earnings for some dropouts, but that labor market payoffs take time (Murnane, Willett, & Tyler, 2000; Tyler, 2004; Tyler & Berk, 2008; Tyler, Murnane, & Willett, 2000, 2003). GED credentials provide a pathway into postsecondary education, and finishing even a short-term program offers important economic benefits to GED recipients (Patterson, Zhang, Song & Guison-Dowdy, 2010).
Applicable Policies	5350.28 Literacy Program (GED Standard). 5300.21 Education Training and Leisure Time Program Standards. 5353.01 Occupational Education Programs.
Institution Locations	All Bureau facilities offer the Literacy Program.

English-as-a-Second Language Program	
Program Description	The English-as-a-Second Language (ESL) Program is designed to help limited English proficient inmates improve their English until they function at the equivalency of the eighth grade level in listening and reading comprehension.
Time Frame	Depending on English skills and motivation, inmates participate in the ESL program for a varied length of time. ESL classes are scheduled Monday through Friday. Each class session meets a minimum of 1 ½ hours per day. With few exceptions, limited English proficient inmates are required to participate in the ESL program until they function at the eighth grade level as measured by standardized reading and listening assessment tests.
Admission Criteria	<p>All limited English proficient inmates in the Bureau’s correctional facilities are required to participate in the ESL program.</p> <p>The following inmates are exempt from the mandatory ESL participation requirement: (1) pretrial inmates; (2) inmates committed for the purpose of study and observation under the provisions of 18 U.S.C. 4205(c) or, effective November 1, 1987, 18 U.S.C. 3552 (b); (3) sentenced aliens with a deportation detainer; and (4) other inmates whom, for documented good cause, the Warden may excuse from attending the ESL program. Such inmates, however, shall be required to participate when the special circumstances are no longer applicable.</p> <p>Although exempted from mandatory ESL participation requirement, all limited proficient English speaking inmates are strongly encouraged to participate in the ESL program.</p>
Program Content	Program content primarily focuses on developing functional English listening and reading comprehension skills such as locating and utilizing resources (e.g., libraries, public transportation, drug stores, grocery stores, employment opportunities).
Empirical Support	<p>Research has shown that individuals who are literate only in a language other than English are more likely to have non-continuous employment and earn less than those literate in English (Greenberg, Macias, Rhodes, & Chan, 2001). Data from the 2000 U.S. Census on immigrant earnings revealed a positive relation between earnings and English skill ability (Chiswick & Miller, 2002).</p> <p>An analysis of higher quality research studies has shown that on average, inmates who participated in correctional education programs (to include ESL instruction) had a 43 percent lower recidivism rate than those inmates who did not (Davis et al., 2014). Lower quality research studies revealed a 13 percent lower recidivism rate for those inmates who participated in correctional education programs than those inmates who did not participate (Davis et al., 2014). The same research study also has shown that correctional education is cost effective (a savings of \$5.00 on re-incarceration costs for every dollar spent on correctional education).</p>
Applicable Policies	5300.21 Education, Training, and Leisure Time Program Standards. 5350.24 English-as-a-Second Language Program (ESL).
Institution Locations	All Bureau facilities offer the ESL Program.

Federal Prison Industries Program	
Program Description	<p>The mission of Federal Prison Industries, (FPI) Inc. is to protect society and reduce crime by preparing inmates for successful reentry through job training.</p> <p>FPI (also known by its trade name UNICOR) is a critical component of the Bureau of Prisons’ comprehensive efforts to improve offender reentry. By providing inmates the skills needed to join the workforce upon release, FPI reduces recidivism and helps curb the rising costs of corrections.</p> <p>FPI was established in 1934 by statute and executive order to provide opportunities for training and work experience to federal inmates. (18 U.S.C. § 4121, et seq.) FPI does not rely on tax dollars for support; its operations are completely self-sustaining. FPI is overseen by a Presidentially-appointed Board of Directors. It is one of the Bureau of Prisons’ most critical programs in support of reentry and recidivism reduction.</p>
Time Frame	Employment opportunities are dependent upon institutional needs, FPI requirements, and the inmate employment waiting list.
Admission Criteria	Inmate workers are ordinarily hired through waiting lists. A renewed emphasis has been placed on the use of job share and half- time inmate workers. This will allow for an increase in the number of inmates who benefit from participating in the FPI program. FPI has placed emphasis on prioritizing inmates on the waiting list within two years of release for available FPI positions, with the aim that these inmates should be hired at least six months prior to release. FPI has also placed an emphasis on prioritizing inmates on the waiting list who are military veterans, as well as those with financial responsibilities.
Program Content	FPI is, first and foremost, a correctional program. Its impetus is inmate release preparation and helping offenders acquire the skills necessary to successfully make the transition from prison to law-abiding, tax paying, productive members of society. The production of items and provision of services are necessary by-products of those efforts, as FPI does not receive any appropriated funds with which to operate.
Empirical Support	<p>Rigorous research, as outlined in the Post-Release Employment Project (PREP Study), demonstrates that participation in prison industries and vocational training programs has a positive effect on post-release employment and recidivism. The research revealed that inmates who worked in prison industries were 24 percent less likely to recidivate than non-program participants and 14 percent more likely to be gainfully employed. These programs had an even greater positive impact on minority offenders who are at the greatest risk of recidivism.</p> <p>A Washington State Institute for Public Policy study concluded that correctional industries programs, such as FPI, generate significant savings of taxpayer dollars. For every \$1.00 spent on correctional industry programs, \$4.74 is saved in future criminal justice costs (arrests, conviction, incarceration, post-release supervision, and crime victimization) due to the demonstrated reduction in recidivism among inmates who work in these programs.</p>
Applicable Policies	<ul style="list-style-type: none"> 8120.02 Work Programs for Inmates – FPI. 1600.10 Environmental Management Health. 5180.05 Central Inmate Monitoring System. 5251.06 Work and Performance Pay Program, Inmate. 5290.14 Admission and Orientation Program. 5353.01 Occupational Education Programs. 5350.28 Literacy Program (GED Standard). 5380.08 Financial Responsibility Program, Inmate. 8000.01 UNICOR Corporate Policy and Procedures.

**Institution
Locations**

The Federal Prison Industries Program is available at the following facilities:

Mid-Atlantic Region	North Central Region	North East Region
FCI Ashland, KY-Low FCI Beckley, WV-Medium USP Big Sandy, KY-High FCC Butner, NC-Complex FCI Cumberland, MD-Medium FCI Gilmer, WV-Medium USP Lee, VA-High FMC Lexington, KY-Med. Ctr. FCI Manchester, KY-Medium FCI Memphis, TN-Medium FCC Petersburg, VA-Complex	FCI Englewood, CO-Low FCC Florence, CO-Complex FCI Greenville, IL-Medium USP Leavenworth, KS-Medium USP Marion, IL-Medium FCI Milan, MI-Low FCI Pekin, IL-Medium FCI Sandstone, MN-Low FCC Terre Haute, IN-Complex FCI Waseca, MN-Low	FCC Allenwood, PA-Complex FCI Danbury, CT-Low FCI Elkton, OH-Low FCI Fairton, NJ-Medium FCI Fort Dix, NJ-Low USP Lewisburg, PA-High FCI Loretto, PA-Low FCI Otisville, NY-Medium FCI Ray Brook, NY-Medium FCI Schuylkill, PA-Medium
South Central Region	South East Region	Western Region
FCI Bastrop, TX-Medium FCC Beaumont, TX-Complex FPC Bryan, TX-Minimum FCI El Reno, OK-Medium FCC Forrest City, AR-Complex FCI La Tuna, TX-Low FCC Oakdale, LA- Complex FCC Pollock, LA- Complex FCI Seagoville, TX-Low FCI Texarkana, TX-Low	USP Atlanta, GA-Medium FCC Coleman, FL-Complex FCI Edgefield, SC-Medium FCI Jesup, GA-Minimum FCI Marianna, FL-Medium FCI Miami, FL-Low FPC Montgomery, AL-Minimum FPC Pensacola, FL-Minimum FCI Talladega, AL- Medium FCI Tallahassee, FL-Low FCC Yazoo City, MS -Complex	USP Atwater, CA-High FCI Dublin, CA-Medium FCC Lompoc, CA-Complex FCI Phoenix, AZ-Medium FCI Safford, AZ-Low FCI Sheridan, OR-Medium FCI Terminal Island, CA - Low FCC Tucson, AZ-Complex FCC Victorville, CA-Complex

	Occupational Education Programs
Program Description	<p>The Occupational Education Program is designed to help inmates acquire marketable skills in a wide variety of trades. Programs which vary from institution to institution are provided by either career civil-service vocational training instructors or through contracts with colleges and technical schools. Many institutions also provide registered apprenticeships through the United States Department of Labor’s Office of Apprenticeship. An Inmate Occupational Training Directory, outlining the specifics for programs offered at each institution was published in September 2013. The Directory is accessible via: http://www.bop.gov/inmates/custody_and_care/docs/inmate_occupational_training_directory.pdf</p>
Time Frame	<p>Program length varies with the provider and the complexity of the program. Upon completion of a marketable occupational education program, inmates may earn an AA, AS, AAS degree and/or an industry recognized certification. Apprenticeship programs are usually 2,000+ hours and may take three to four years to complete.</p>
Admission Criteria	<p>All inmates are eligible to participate in an institution’s occupational education program. The inmate’s unit team, in consultation with the Education Department, determines if a particular course of study is suited to the inmate’s needs. Inmates with a demonstrated need for occupational training may have their enrollments deferred until the latter part of their sentence, to ensure their training is current upon release. Occupational education programs typically require an inmate to have a GED or high school diploma or concurrent enrollment in the Literacy Program.</p> <p>Inmates under orders of deportation, exclusion, or removal may participate in an institution’s occupational education program if institution resources permit after meeting the needs of other eligible inmates.</p>
Program Content	<p>Program content focuses on developing the skills necessary for entry-level employment in a given trade.</p>
Empirical Support	<p>Evidence shows a relationship between correctional education program participation before release and lower odds of recidivating after release (Davis et al., 2014; Saylor and Gaes, 1996; Aos, Phipps, Barnoski and Lieb, 2001). In a study conducted in Maryland, Minnesota and Ohio, correctional education participants had lower recidivism rates in the categories of re-arrest, re-conviction, and re-incarceration (Steurer, Smith and Tracy, 2001). There is some evidence that in-prison vocational education is effective in improving individuals’ likelihood of post-release employment (Davis et al., 2014).</p>
Applicable Policies	<p>5353.01 Occupational Education Programs. 5300.21 Education, Training and Leisure Time Program Standards.</p>
Institution Locations	<p>All Bureau facilities are mandated to offer Occupational Training with the following exceptions: metropolitan correctional centers, metropolitan/federal detention centers, the Federal Transportation Center, satellite camps, and the administrative maximum facility.</p>

	Parenting Program
Program Description	The Parenting Program provides inmates information and counseling through directed classes on how to enhance their relationship with their children even while incarcerated. All parenting programs include a classroom component and relationship building visitation activities. In addition, social services outreach contacts are often established to facilitate the provision of services to the inmate parent, visiting custodial parent, and children.
Time Frame	Inmates may participate in the Parenting Program at any point during their sentence. The duration of the program varies by institution-to-institution.
Admission Criteria	All inmates are afforded the opportunity to participate in the Parenting Program.
Program Content	The Parenting Program varies in length, depth, and content from institution-to-institution. Providers of Parenting Program components may include educational staff, as well as volunteers from a community group and/or a social service organization. However, the program's curriculum is recommended to address parenting skills, skills for family support, family literacy education, substance abuse education, and prenatal care information for expectant mothers.
Empirical Support	Research has shown parenting programs for incarcerated parents can improve their self-esteem, parenting attitudes, and institutional adjustment.
Applicable Policies	5355.03 Parenting Program Standards. 5267.08 Visiting Regulations. 5300.20 Volunteers and Citizen Participation Programs. 5300.21 Education Training and Leisure Time Program Standards.
Institution Locations	All Bureau facilities offer the Parenting Program.

Bureau Rehabilitation and Values Enhancement (BRAVE) Program					
Program Description	The BRAVE Program is a cognitive-behavioral, residential treatment program for young male offenders, serving their first federal sentence. Programming is delivered within a modified therapeutic community environment; inmates participate in interactive groups and attend community meetings. The BRAVE Program is designed to facilitate favorable institutional adjustment and reduce incidents of misconduct. In addition, the program encourages inmates to interact positively with staff members and take advantage of opportunities to engage in self-improvement activities throughout their incarceration.				
Time Frame	The BRAVE Program is a six-month program. Inmates participate in treatment groups for four hours per day, Monday through Friday. As the BRAVE Program is designed to facilitate a favorable <i>initial</i> adjustment to incarceration, inmates are assigned to the program at the beginning of their sentence.				
Admission Criteria	Program admission criteria are as follows: medium security male offender, 32 years of age or younger, a sentence of 60 months or more, and new to the federal system.				
Program Content	Program content focuses on developing interpersonal skills; behaving pro-socially in a prison environment; challenging antisocial attitudes and criminality; developing problem solving skills; and planning for release.				
Empirical Support	Research found BRAVE Program participants had a misconduct rate that was lower than the comparison group and BRAVE Program graduates had a misconduct rate that was also lower. The BRAVE Program utilizes cognitive behavioral treatment within a modified therapeutic community; these interventions have been found to be effective with an incarcerated population in the reduction of recidivism.				
Applicable Policies	5330.11 Psychology Treatment Programs.				
Institution Locations	<p>The BRAVE Program is available at the following facilities:</p> <table border="1"> <thead> <tr> <th>Mid-Atlantic Region</th> <th>Western Region</th> </tr> </thead> <tbody> <tr> <td>FCI Beckley, WV-Medium</td> <td>FCI Victorville, CA-Medium</td> </tr> </tbody> </table>	Mid-Atlantic Region	Western Region	FCI Beckley, WV-Medium	FCI Victorville, CA-Medium
Mid-Atlantic Region	Western Region				
FCI Beckley, WV-Medium	FCI Victorville, CA-Medium				

	Challenge Program		
Program Description	The Challenge Program is a cognitive-behavioral, residential treatment program developed for male inmates in penitentiary settings. The Challenge Program provides treatment to high security inmates with substance abuse problems and/or mental illnesses. Programming is delivered within a modified therapeutic community environment; inmates participate in interactive groups and attend community meetings. In addition to treating substance use disorders and mental illnesses, the program addresses criminality, via cognitive-behavioral challenges to criminal thinking errors. The Challenge Program is available in most high security institutions.		
Time Frame	Inmates may participate in the program at any point during their sentence; however, they must have at least 18 months remaining on their sentence. The duration of the program varies based on inmate need, with a minimum duration of nine months.		
Admission Criteria	A high security inmate must meet one of the following criteria to be eligible to participate in Challenge Program: a history of substance abuse/dependence or a major mental illness as evidenced by a current diagnosis of a psychotic disorder, mood disorder, anxiety disorder, or personality disorder.		
Program Content	The Challenge Program focuses on the reduction of antisocial peer associations; promotion of positive relationships; increased self-control and problem solving skills; and development of pro-social behaviors. The program places a special emphasis on violence prevention. In addition, there are separate supplemental protocols for inmates with substance use disorders and inmates with serious mental illnesses.		
Empirical Support	Interventions utilized in the Challenge Program (i.e., cognitive-behavioral protocols and a modified therapeutic community model) have been demonstrated to be effective in other treatment programs, such as the Bureau’s Residential Drug Abuse Program and BRAVE Program. Specifically, they have been noted to reduce misconduct, substance abuse/dependence, and recidivism. The mental health interventions selected for the Challenge Program also have strong empirical support and appear in multiple evidence-based programs (EBPs) registries.		
Applicable Policies	5330.11 Psychology Treatment Programs.		
Institution Locations	The Challenge Program is available at the following facilities:		
	Mid-Atlantic Region	North Central Region	North East Region
	USP Big Sandy, KY-High USP Hazelton, WV-High USP Lee, VA-High USP McCreary, KY-High	USP Terre Haute, IN-High	USP Allenwood, PA-High USP Canaan, PA-High
	South Central Region	Western Region	
	USP Beaumont, TX-High USP Coleman I, FL-High USP Coleman II, FL-High USP Pollock, LA-High	USP Tucson, AZ-High USP Atwater, CA-High	

Drug Abuse Education	
Program Description	Drug Abuse Education is designed to encourage offenders with a history of drug use to review the consequences of their choice to use drugs and the physical, social, and psychological impacts of this choice. Drug Abuse Education is designed to motivate appropriate offenders to participate in nonresidential or residential drug abuse treatment, as needed; Drug Abuse Education is not drug treatment. Drug Abuse Education is available in all Bureau institutions.
Time Frame	Drug Abuse Education is a 12-15 hour educational course. Class lengths and times are varied to meet the scheduling needs of each institution. Since the goal of Drug Abuse Education is to motivate offenders to participate in treatment, inmates are given the opportunity to participate in the course at the beginning of their sentence, ordinarily within the first 12 months.
Admission Criteria	Inmates are required to participate in Drug Abuse Education if any of the following criteria are met: their substance use contributed to the instant offense; their substance use resulted in a supervised release violation; a significant substance use history is noted; or a judicial recommendation for substance abuse treatment is noted. Additionally, any inmate may volunteer to take the course.
Program Content	Participants in Drug Abuse Education receive information on what distinguishes drug use, abuse, and addiction. Participants in the course also review their individual drug use histories, explore evidence of the nexus between drug use and crime, and identify negative consequences of continued drug abuse.
Empirical Support	Research has demonstrated psycho-educational techniques are effective motivational strategies, particularly in moving individuals toward seriously considering a significant life change.
Applicable Policies	5330.11 Psychology Treatment Programs.
Institution Locations	All Bureau facilities offer the Drug Abuse Education Program.

Mental Health Step Down Program					
Program Description	The Mental Health Step Down Program is a residential treatment program offering an intermediate level of care for male and female inmates with serious mental illnesses. The program is specifically designed to serve inmates who do not require inpatient treatment, but lack the skills to function in a general population prison setting. The program uses an integrative model that includes an emphasis on a modified therapeutic community cognitive-behavioral therapies, and skills training. The goal of the Step Down Program is to provide evidence based treatment to chronically mentally ill inmates in order to maximize their ability to function and minimize relapse and the need for inpatient hospitalization.				
Time Frame	The Mental Health Step Down Program is conducted over 12-18 months. Inmates may participate in the program at any point in their sentence. Formal programming is facilitated half-days, five days a week with the remaining half-day dedicated to an institution work assignment or other programming, as participants are able.				
Admission Criteria	Inmates with serious mental illnesses, who would benefit from intensive residential treatment, are considered for the program. Male inmates with a primary diagnosis of Borderline Personality Disorder are referred to the STAGES Program, as opposed to the Mental Health Step Down Unit Program. Program participants must volunteer for the program and must not be acutely mentally ill (i.e., they must not meet criteria for inpatient mental health treatment).				
Program Content	Mental Health Step Down Programs operate as modified therapeutic communities and utilize cognitive-behavioral treatments, cognitive rehabilitation, and skills training. Criminal thinking is addressed through the identification of criminal thinking errors and engagement in pro-social interactions with staff and peers. The programs work closely with Psychiatry Services to ensure participants receive appropriate medication and have the opportunity to build a positive relationship with the treating psychiatrist. Program content is designed to promote successful reentry into society at the conclusion of their term of incarceration, and program staff collaborate with community partners to facilitate reentry.				
Empirical Support	The mental health interventions selected for this program have strong empirical support and appear in multiple evidence-based programs (EBPs) registries.				
Applicable Policies	5330.11 Psychology Treatment Programs.				
Institution Locations	<p>Mental Health Step Down Programs are available at the following facilities:</p> <table border="1"> <thead> <tr> <th>Mid-Atlantic Region</th> <th>South East Region</th> </tr> </thead> <tbody> <tr> <td>MH Step Down Unit FCI Butner, NC-Medium</td> <td>Secure MH Step Down Unit USP Atlanta, GA-High</td> </tr> </tbody> </table>	Mid-Atlantic Region	South East Region	MH Step Down Unit FCI Butner, NC-Medium	Secure MH Step Down Unit USP Atlanta, GA-High
Mid-Atlantic Region	South East Region				
MH Step Down Unit FCI Butner, NC-Medium	Secure MH Step Down Unit USP Atlanta, GA-High				

Nonresidential Drug Abuse Program	
Program Description	The Nonresidential Drug Abuse Program is a flexible, moderate intensity cognitive-behavioral treatment program. The program is designed to meet the needs of a variety of inmates including: inmates with relatively minor or low-level substance abuse impairment; inmates with a drug use disorder who do not have sufficient time remaining on their sentence to complete the intensive Residential Drug Abuse Program (RDAP); and inmates with longer sentences who are in need of treatment and are awaiting future placement in the RDAP. The Nonresidential Drug Abuse Program is available in all Bureau institutions.
Time Frame	The Nonresidential Drug Abuse Program is comprised of 90-120 minute weekly group treatment sessions, for a minimum of 12 weeks and a maximum of 24 weeks. Treatment staff may offer treatment beyond the 12 week minimum based upon the treatment needs of the inmate and supplemental treatment services available at the facility.
Admission Criteria	An inmate must have a history of drug abuse as evidenced by self-report, Presentence Investigation Report (PSR) documentation, or incident reports for use of alcohol or drugs to be eligible to participate in the program.
Program Content	The Bureau's treatment of substance abuse includes a variety of clinical activities organized to treat complex psychological and behavioral problems. The activities are unified through the use of Cognitive Behavioral Therapy (CBT), which was selected as the theoretical model because of its proven effectiveness with the inmate population.
Empirical Support	The Nonresidential Drug Abuse Program utilizes cognitive-behavioral interventions, which have been proven to be effective in the treatment of substance use disorders. The group treatment format used in this program also offers empirically supported benefits from pro-social peer interaction among participants.
Applicable Policies	5330.11 Psychology Treatment Programs.
Institution Locations	All Bureau facilities offer the Nonresidential Drug Abuse Program.

Residential Drug Abuse Program (RDAP)	
Program Description	<p>The RDAP provides intensive cognitive-behavioral, residential drug abuse treatment. Programming is delivered within a modified therapeutic community environment; inmates participate in interactive groups and attend community meetings. The RDAP is currently available to Spanish speaking inmates at two facilities. In addition, Dual Diagnosis RDAPs provide specialized treatment services for the inmate with co-occurring substance abuse and mental illness and/or medical problems.</p> <p>Inmates who successfully complete the RDAP and meet other criteria (e.g., sufficient time remaining on their sentence, no precluding offense convictions) may be eligible for up to a 12 month sentence reduction.</p>
Time Frame	The RDAP consists of a minimum of 500 hours of treatment programming delivered over the course of 9 to 12 months. In order to facilitate a successful transition to the community, most inmates participating in the RDAP have between 22 and 42 months remaining on their sentence when they begin the program.
Admission Criteria	In order to gain admission to the RDAP an inmate must meet all of the following admission criteria: US citizen; the presence of a verifiable substance use disorder within the 12 months prior to their arrest for the instant offense(s); able to participate in all three phases of the program, including transitional treatment in the Residential Reentry Center/home confinement; and a signed agreement acknowledging program responsibility.
Program Content	Program content focuses on reducing the likelihood of substance abuse through cognitive-behavioral interventions and relapse prevention strategies. The program also focuses on challenging antisocial attitudes and criminality. In addition, the program facilitates the development of interpersonal skills and pro-social behavior.
Empirical Support	In coordination with the National Institute on Drug Abuse (NIDA), the Bureau conducted a rigorous three-year outcome study of the RDAP, which was published in 2000. The study revealed that male participants were 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly situated inmates who do not participate in residential drug abuse treatment for up to 3 years after release. The analysis also found that female inmates who participate in RDAP are 18 percent less likely to recidivate than similarly situated female inmates who do not participate in treatment.
Applicable Policies	5330.11 Psychology Treatment Programs. 5331.02 Early Release Procedures Under U.S.C. 3621(e).

Institution Locations

The Residential Drug Abuse Program (RDAP) is available at the following facilities:

Mid-Atlantic Region	North Central Region	North East Region
<p>Males FCI Beckley, WV-Medium FPC Beckley, WV-Minimum USP Big Sandy, KY-High FCI Butner, NC-Medium (2) FCI Cumberland, MD-Medium FPC Cumberland, MD-Minimum FCI Lexington, KY-Low FCI Memphis, TN-Medium FPC Morgantown, WV-Minimum FCI Petersburg, VA-Medium FCI Petersburg, VA-Low</p> <p>Females FPC Alderson, WV-Minimum (2) FCI Hazelton, WV-Low</p> <p>Dual Diagnosis FMC Lexington, KY-Low</p>	<p>Males FCI Duluth, MN-Minimum FCI Englewood, CO-Low FCI Florence, CO-Medium FPC Florence, CO-Minimum FCI Leavenworth, KS-Medium FPC Leavenworth, KS-Minimum FCI Marion, IL-Medium FCI Milan, MI-Low FCI Oxford, WI-Medium FPC Pekin, IL-Minimum MCFP Springfield, MO-Admin. FCI Sandstone, MN-Low FCI Terre Haute, IN-Medium FPC Yankton, SD-Minimum (2)</p> <p>Females FPC Greenville, IL-Minimum FCI Waseca, MN-Low</p>	<p>Males FCI Allenwood, PA-Low FCI Allenwood, PA-Medium USP Canaan, PA-High FCI Danbury, CT-Low (Activating) FCI Elkton, OH-Low FCI Fairton, NJ-Medium FCI Fort Dix, NJ-Medium (2) FPC Lewisburg, PA-Minimum FPI McKean, PA-Minimum FCI Schuylkill, PA-Medium</p>
South Central Region	South East Region	Western Region
<p>Males FCI Bastrop, TX-Low FCI Beaumont, TX-Low FCI Beaumont, TX-Medium FPC Beaumont, TX-Minimum USP Beaumont, TX-High FCI El Reno, OK-Medium FCI Forrest City, AR-Medium FCI Forrest City, AR-Low FCI Fort Worth, TX-Low (2) FCI La Tuna, TX-Low FCI Seagoville, TX-Low (2) FPC Texarkana, TX-Minimum</p> <p>Females FPC Bryan, TX-Minimum</p> <p>Dual Diagnosis FMC Carswell, TX-Med. Ctr.</p> <p>Spanish FMC Carswell, TX-Low</p>	<p>Males FCI Coleman, FL-Low USP Coleman, FL-High FPC Edgefield, SC-Minimum FCI Jesup, GA-Medium FPC Miami, FL-Minimum FCI Marianna, FL-Medium FPC Montgomery, AL-Minimum (2) FPC Pensacola, FL-Minimum FPC Talladega, AL-Minimum FCI Yazoo City, MS-Low</p> <p>Females FCI Tallahassee, FL-Low</p> <p>Spanish FCI Miami, FL-Low</p>	<p>Males FCI Herlong, CA-Medium FPC Lompoc, CA-Minimum FCI Phoenix, AZ-Medium FCI Safford, AZ-Low FCI Sheridan, OR-Medium FPC Sheridan, OR-Minimum (2) FCI Terminal Island, CA-Low</p> <p>Females FCI Dublin, CA-Low FPC Dublin, CA-Minimum FPC Phoenix, AZ-Minimum</p> <p>Dual Diagnosis FCI Terminal Island, CA-Low</p>

Resolve Program							
Program Description	The Resolve Program is a cognitive-behavioral program designed to address the trauma related mental health needs of female offenders. Specifically, the program seeks to decrease the incidence of trauma related psychological disorders and improve inmates' level of functioning. In addition, the program aims to increase the effectiveness of other treatments, such as drug treatment and healthcare. The program utilizes a standardized treatment protocol consisting of three components: an initial psycho-educational workshop (Trauma in Life); a brief, skills based treatment group (Seeking Safety); and either Dialectical Behavioral Therapy (DBT), Cognitive Processing Therapy (CPT), and/or Skill Maintenance Group which are intensive, cognitive-behavioral treatment groups to address persistent psychological and interpersonal difficulties. The Resolve Program is available in many female institutions. The Bureau is also piloting a gender-specific of the program in a male facility in FY 2014.						
Time Frame	In most instances, inmates are expected to participate in the Resolve Program during their first 12 months of incarceration. The full Resolve Program protocol takes approximately 40 weeks to complete; however, scheduling conflicts may extend the length of the program. Inmates also have the option of continuing to participate in the Skills Maintenance Group indefinitely to continue practicing healthy coping skills.						
Admission Criteria	The Resolve Program is for female inmates with a mental illness diagnosis due to trauma. While the Trauma in Life workshop is the first stage of the Resolve Program, other female inmates without a history of trauma may participate in this workshop if institution resources permit.						
Program Content	The program content focuses on the development of personal resilience, effective coping skills, emotional self-regulation, and healthy interpersonal relationships. These skills are attained through the use of educational, cognitive, behavioral, and problem-solving focused interventions.						
Empirical Support	Empirical support for the interventions utilized in the Resolve Program is well-established. Seeking Safety, CPT, and DBT appear in multiple evidence-based programs (EBP) registries. These protocols are also used in the Veterans Administration, the country's largest provider of trauma-related treatment.						
Applicable Policies	5330.11 Psychology Treatment Programs.						
Institution Locations	<p>The Resolve Program is available at the following facilities:</p> <table border="1"> <thead> <tr> <th>Mid-Atlantic Region</th> <th>North Central Region</th> <th>North East Region</th> </tr> </thead> <tbody> <tr> <td>FPC Alderson, WV-Minimum SFF Hazelton, WV -Low FPC Lexington, KY-Minimum (Effective 12/2014)</td> <td>FCI Greenville, IL-Medium FCI Waseca, MN-Low</td> <td>FCI Danbury, CT-Low (Effective 7/2014) (Males)</td> </tr> </tbody> </table>	Mid-Atlantic Region	North Central Region	North East Region	FPC Alderson, WV-Minimum SFF Hazelton, WV -Low FPC Lexington, KY-Minimum (Effective 12/2014)	FCI Greenville, IL-Medium FCI Waseca, MN-Low	FCI Danbury, CT-Low (Effective 7/2014) (Males)
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Sex Offender Treatment Program – Nonresidential													
Program Description	The Sex Offender Treatment Program – Nonresidential (SOTP-NR) is a moderate intensity program designed for low to moderate risk sexual offenders. The program consists of cognitive-behaviorally based psychotherapy groups, totaling 4-6 hours per week.												
Time Frame	Inmates are ordinarily placed in the SOTP-NR during the last 36 months of their sentence and, prioritized by release date. The typical duration of the SOTP-NR is 9-12 months.												
Admission Criteria	Most participants in the SOTP-NR have a history of a single sex crime; many are first time offenders serving a sentence for an Internet Sex Offense. The program is voluntary. Prior to placement in the SOTP-NR, prospective participants are screened with a risk assessment instrument to ensure their offense history is commensurate with moderate intensity treatment.												
Program Content	The SOTP-NR was designed to target dynamic risk factors associated with re-offense in sex offenders, as demonstrated by empirical research. These factors include: sexual self-regulation deficits and sexual deviancy; criminal thinking and behavior patterns; intimacy skills deficits; and, emotional self-regulation deficits. The program employs cognitive-behavioral techniques, with a primary emphasis on skills acquisition and practice.												
Empirical Support	The SOTP-NR was designed to conform to the characteristics of sex offender treatment programs with proven effectiveness in reducing re-offense as demonstrated by outcome research. These characteristics include: 1) stratification of treatment into separate tracks for high and low/moderate risk offenders; 2) targeting empirically demonstrated dynamic risk factors; and 3) training and oversight to ensure fidelity with the program model.												
Applicable Policies	PS 5324.10 Sex Offender Programs.												
Institution Locations	<p>Nonresidential Sex Offender Treatment Programs are available at the following facilities:</p> <table border="1"> <thead> <tr> <th>Mid-Atlantic Region</th> <th>North Central Region</th> <th>North East Region</th> </tr> </thead> <tbody> <tr> <td>FCI Petersburg- Medium</td> <td>FCI Englewood, CO-Low USP Marion, IL-Medium</td> <td>FCI Elkton, OH-Low</td> </tr> <tr> <th>South Central Region</th> <th>South East Region</th> <th>Western Region</th> </tr> <tr> <td>FMC Carswell, TX-Med. Ctr. (Females) FCI Seagoville, TX-Low</td> <td>FCI Marianna, FL-Medium</td> <td>USP Tucson, AZ-High</td> </tr> </tbody> </table>	Mid-Atlantic Region	North Central Region	North East Region	FCI Petersburg- Medium	FCI Englewood, CO-Low USP Marion, IL-Medium	FCI Elkton, OH-Low	South Central Region	South East Region	Western Region	FMC Carswell, TX-Med. Ctr. (Females) FCI Seagoville, TX-Low	FCI Marianna, FL-Medium	USP Tucson, AZ-High
Mid-Atlantic Region	North Central Region	North East Region											
FCI Petersburg- Medium	FCI Englewood, CO-Low USP Marion, IL-Medium	FCI Elkton, OH-Low											
South Central Region	South East Region	Western Region											
FMC Carswell, TX-Med. Ctr. (Females) FCI Seagoville, TX-Low	FCI Marianna, FL-Medium	USP Tucson, AZ-High											

Sex Offender Treatment Program – Residential					
Program Description	The Sex Offender Treatment Program - Residential (SOTP-R) is a high intensity program designed for high risk sexual offenders. The program consists of cognitive-behaviorally based psychotherapy groups, totaling 10-12 hours per week, on a residential treatment unit employing a modified therapeutic community model.				
Time Frame	Inmates are ordinarily placed in the SOTP-R during the last 36 months of their sentence, prioritized by release date. The typical duration of the SOTP-R is 12-18 months.				
Admission Criteria	Participants in the SOTP-R have a history of multiple sex crimes, extensive non-sexual criminal histories, and/or a high level of sexual deviancy or hypersexuality. The program is voluntary. Prior to placement in the SOTP-R, prospective participants are screened with a risk assessment instrument to ensure their offense history is commensurate with high intensity treatment.				
Program Content	The SOTP-R was designed to target dynamic risk factors associated with re-offense in sex offenders, as demonstrated by empirical research. These factors include: sexual self-regulation deficits and sexual deviancy; criminal thinking and behavior patterns; intimacy skills deficits; and emotional self-regulation deficits. The program employs cognitive-behavioral techniques, with a primary emphasis on skills acquisition and practice. The modified therapeutic community model is employed to address pro-offending attitudes and values.				
Empirical Support	The SOTP-R was designed to conform to the characteristics of sex offender treatment programs with a proven effectiveness in reducing re-offense as demonstrated by outcome research. These characteristics include: 1) stratification of treatment into separate tracks for high and low/moderate risk offenders; 2) targeting empirically demonstrated dynamic risk factors; and 3) training and oversight to ensure fidelity with the program model. In addition, the Office of Research and Evaluation is conducting an evaluation project on the SOTP-R.				
Applicable Policies	PS 5324.10 Sex Offender Programs.				
Institution Locations	Residential Sex Offender Treatment Programs are available at the following facilities: <table border="1" data-bbox="305 1318 1528 1491"> <thead> <tr> <th>North Central Region</th> <th>North East Region</th> </tr> </thead> <tbody> <tr> <td>USP Marion, IL-Medium/High</td> <td>FMC Devens, MA-Med. Ctr.</td> </tr> </tbody> </table>	North Central Region	North East Region	USP Marion, IL-Medium/High	FMC Devens, MA-Med. Ctr.
North Central Region	North East Region				
USP Marion, IL-Medium/High	FMC Devens, MA-Med. Ctr.				

Skills Program					
Program Description	The Skills Program is a residential treatment program designed to improve the institutional adjustment of male inmates with intellectual disabilities and social deficiencies. The program uses an integrative model which includes a modified therapeutic community, cognitive-behavioral therapies, and skills training. The goal of the program is to increase the academic achievement and adaptive behavior of cognitively impaired inmates, thereby improving their institutional adjustment and likelihood for successful community reentry.				
Time Frame	The Skills Program is conducted over 12-18 months. Participation in the program during the initial phase of an inmate's incarceration is recommended; however, inmates may participate in the program at a later time. Formal programming is facilitated half-days, five days a week with the remaining half-day dedicated to an institution work assignment or receiving tutorial assistance.				
Admission Criteria	Male inmates with significant functional impairment due to intellectual disabilities, neurological deficits, and/or remarkable social skills deficits are considered for the program. Participants must be appropriate for housing in a low or medium security institution. Inmates must volunteer for the program, have no history of sexual predatory violence, and be no less than 24 months from release when beginning the program.				
Program Content	The Skills Program operates as modified therapeutic communities and utilizes cognitive-behavioral treatments, cognitive rehabilitation, and skills training. The program employs a multi-disciplinary treatment approach aimed at teaching participants basic educational and social skills. Criminal thinking is addressed through the identification of criminal thinking errors and engagement in pro-social interactions with staff and peers. Program content is designed to promote successful reentry into society at the conclusion of their term of incarceration. Program staff collaborate with community partners to facilitate reentry.				
Empirical Support	The cognitive-behavioral, cognitive rehabilitation, skills training, and modified therapeutic community interventions selected for this program have sound empirical support and consistently appear in evidence-based programs (EBPs) registries.				
Applicable Policies	5330.11 Psychology Treatment Programs.				
Institution Locations	<p>The Skills Program is available at the following facilities:</p> <table border="1"> <thead> <tr> <th>North East Region</th> <th>South East Region</th> </tr> </thead> <tbody> <tr> <td>FCI Danbury, CT-Low (Effective 9/2014)</td> <td>FCI Coleman, FL-Medium</td> </tr> </tbody> </table>	North East Region	South East Region	FCI Danbury, CT-Low (Effective 9/2014)	FCI Coleman, FL-Medium
North East Region	South East Region				
FCI Danbury, CT-Low (Effective 9/2014)	FCI Coleman, FL-Medium				

Steps Toward Emotional Growth and Awareness (STAGES) Program			
Program Description	The STAGES Program is a residential treatment program for male inmates with serious mental illnesses and a primary diagnosis of Borderline Personality Disorder. The program uses an integrative model which includes a modified therapeutic community, cognitive behavioral therapies, and skills training. The program is designed to increase the time between disruptive behaviors, foster living within the general population or community setting, and increase pro-social skills.		
Time Frame	The STAGES Program is conducted over 12-18 months. Inmates may participate in the program at any time during their sentence. Formal programming is facilitated half-days, five days a week with the remaining half-day dedicated to an institution work assignment or other programming.		
Admission Criteria	Inmates referred to the STAGES Program have a primary diagnosis of Borderline Personality Disorder and a history of unfavorable institutional adjustment linked to this disorder. Examples of unfavorable institutional adjustment include multiple incident reports, suicide watches, and/or extended placement in restrictive housing. Inmates designated to the STAGES Program must volunteer for treatment and be willing to actively engage in the treatment process. Willingness to engage in the treatment is assessed through a brief course of pre-treatment in which the inmate learns basic skills at the referring institution.		
Program Content	The program curriculum is derived from Dialectical Behavior Therapy (DBT) and takes place in a modified therapeutic community. There is also an emphasis on basic cognitive-behavioral skills consistent with other Bureau treatment programs; for example, criminal thinking is addressed through the identification of criminal thinking errors and engagement in pro-social interactions with staff and peers. Program content is designed to prepare inmates for transition to less secure prison settings and promote successful reentry into society at the conclusion of their term of incarceration. Program staff collaborate with community partners to facilitate reentry.		
Empirical Support	DBT is an evidence-based practice for the treatment of Borderline Personality Disorder, with strong empirical support. In addition, the cognitive-behavioral interventions and modified therapeutic community model employed in the program are well supported in the professional literature. These interventions appear in a number of evidence-based programs (EBPs) registries.		
Applicable Policies	5330.11 Psychology Treatment Programs.		
Institution Locations	<p>The Stages Program is available at the following facilities.</p> <div style="background-color: #800000; color: white; text-align: center; padding: 5px;">North Central Region</div> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 10px;"> STAGES Program FCI Terre Haute, IN-Medium </td> <td style="width: 50%; vertical-align: top; padding: 10px;"> Secure STAGES Program USP Florence, CO-High (Effective 9/2014) </td> </tr> </table>	STAGES Program FCI Terre Haute, IN-Medium	Secure STAGES Program USP Florence, CO-High (Effective 9/2014)
STAGES Program FCI Terre Haute, IN-Medium	Secure STAGES Program USP Florence, CO-High (Effective 9/2014)		

	South Central Region	South East Region	Western Region
	<p>FPC Bryan, TX-Minimum FMC Carswell, TX-Med. Ctr.</p>	<p>FCI Aliceville, AL-Low FPC Coleman, FL-Minimum (Effective 12/2014) FPC Marianna, FL-Minimum FCI Tallahassee, FL-Low</p>	<p>FCI Dublin, CA-Low FPC Victorville, CA-Minimum (Effective 12/2014)</p>

Life Connections Program (LCP)						
Program Description	The LCP is a residential faith-based program offered to inmates of all faith traditions, including for those who do not hold to a religious preference. This program is available to offenders at low, medium, and high security facilities. The goal of LCP is to provide opportunities for the development and maturation of the participants' commitment to normative values and responsibilities, resulting in overall changed behavior and better institutional adjustments. In addition, the participants receive life skills and practical tools and strategies to assist them in transitioning back to society once released from federal custody.					
Time Frame	LCP is an 18 month program in which participants attend classes and meetings, Monday through Friday afternoons for approximately four hours per day, as well as evening mentoring sessions and seminars. In addition, the participants participate in their respective faith services and chapel programs during the evening and weekend hours.					
Admission Criteria	<p>Program admission criteria are as follows:</p> <ul style="list-style-type: none"> - Low and medium security male offenders within 24 to 36 months of their projected release date. - High security male offenders with 30 months or more prior to their projected release date. - Low security female offenders with 30 months or more prior to their projected release date. - Must not have a written deportation order. - Must not be on Financial Responsibility Program (FRP) Refuse status. - Must have met English as a Second Language (ESL) and GED obligations. - Must receive recommendation from relevant staff (Chaplain, Unit Team, and Associate Warden) and approval from the Warden. 					
Program Content	The objectives of the program are to use secular outcome-based objectives that foster personal growth and responsibility, and to correct inmates' relationships with their victim(s) and the community. The program facilitates the practice of one's personal belief system, whether secular or religious, to bring reconciliation and restoration, and to take responsibility for their criminal behavior. In addition, community organizations and volunteers at the inmates' release destinations serve as mentors to assist and support the participants upon their release.					
Empirical Support	The LCP materials and workbooks are based on interactive journaling which was listed on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).					
Applicable Policies	Operations Memorandum 003-2013 (5325).					
Institution Locations	The Life Connections Program is available at the following facilities:					
	<table border="1"> <thead> <tr> <th>Mid-Atlantic Region</th> <th>North Central Region</th> <th>South Central Region</th> </tr> </thead> <tbody> <tr> <td>FCI Petersburg, VA-Low</td> <td>USP Leavenworth, KS-Medium FCI Milan, MI-Low USP Terre Haute, IN-High</td> <td>FMC Carswell, TX-Med. Ctr. (Female)</td> </tr> </tbody> </table>	Mid-Atlantic Region	North Central Region	South Central Region	FCI Petersburg, VA-Low	USP Leavenworth, KS-Medium FCI Milan, MI-Low USP Terre Haute, IN-High
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**THE FEDERAL BUREAU OF PRISONS
ANNUAL REPORT ON SUBSTANCE ABUSE TREATMENT
PROGRAMS FISCAL YEAR 2014**

**REPORT TO THE JUDICIARY COMMITTEE
UNITED STATES CONGRESS**

As Required by the Violent Crime Control and Law Enforcement Act of 1994



December 2014

TABLE OF CONTENTS

Introduction	3
The Bureau of Prisons Substance Abuse Treatment Programs and Admission Criteria	3
Drug Abuse Education	3
Admission Criteria	4
Program Content	4
Nonresidential Drug Abuse Treatment	4
Admission Criteria	4
Program Content	5
Residential Drug Abuse Treatment	5
Overview	6
Admission Criteria	6
Program Content	6
RDAP Treatment Evaluation	7
The Challenge Program	7
Overview	7
Admission Criteria	8
Program Content	8
Community Treatment Services	8
Compliance with the Requirements of Title 18 USC § 3621(e)	9
Meeting the Demand for Treatment	9
Providing an Early Release	9
Coordinating with the Office of National Drug Control Policy	9
Summary and Future Goals	10
Attachment I -- Definition of Drug Use Disorders	12
Attachment II -- Inmate Participation in Drug Abuse Treatment Programs: Fiscal Years 1990-2014	13
Attachment III -- Residential Drug Treatment Program Locations	14

INTRODUCTION

The Federal Bureau of Prisons (Bureau) has prepared this report for the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives as required by Title 18 U.S.C. § 3621(e) (3). As required by statute, this report provides the following:

- A description of the substance abuse treatment programs provided by the Bureau;
- An explanation of how eligibility for the programs is determined; and
- The Bureau's compliance with the requirements of Title 18 U.S.C. § 3621(e).

I. THE BUREAU OF PRISONS SUBSTANCE ABUSE TREATMENT PROGRAMS AND ADMISSION CRITERIA

The Bureau places strong emphasis on preparing inmates for reentry. We continue to support the principle that post-release success is as important to public safety as is inmates' secure incarceration. As such, drug abuse education and substance abuse treatment is available in each of the Bureau's 119 institutions, and these highly interactive programs have been designed using the most recent evidence based practices.

The Bureau's drug abuse treatment strategy includes four main areas. All inmates at every institution have the **Drug Abuse Education** program available to them. **Nonresidential Drug Abuse Treatment** is available for inmates who have short sentences, those who may not meet the criteria for the Residential Drug Abuse Program (RDAP), and those awaiting RDAP. The **Residential Drug Abuse Program** is the Bureau's most intensive treatment program in which participants live in a housing unit separate from the general population; participate in half-day programming and half-day work, and participate in school or vocational activities. Inmates can also participate in **Community Treatment Services** that ensure inmates receive continued treatment while remaining in Bureau custody during their placement in a Residential Reentry Center or Home Confinement. This approach parallels community drug abuse treatment regimens and allows the Bureau to provide the appropriate treatment intensity to its substance using, abusing, and dependent population.

Drug Abuse Education

Drug abuse education is available at every Bureau institution through the Psychology Services Department. It is not drug abuse treatment, but rather an educational course to encourage offenders with a history of drug use to review the choices they have made and the consequences of their choices including their choice to use drugs. They must review how those choices have affected them physically, socially, and psychologically. Drug abuse education takes the offender through the cycle of drug use and crime and offers compelling evidence of how continued drug use can lead to a further criminality and related consequences. Drug abuse education is designed to motivate appropriate offenders to participate in nonresidential or residential drug abuse treatment, as needed.

Admission Criteria

Upon entry into a Bureau facility, unit staff assesses offenders' records to determine if they meet the criteria for drug abuse education. If the criteria for admission are met, the offender is required to participate. The criteria are:

- There is evidence that alcohol or other drug use contributed to the commission of the offense;
- Alcohol or other drug use was a reason for violation either of supervised release (including parole) or Bureau community status; that is, Residential Reentry Center (RRC) or Home Confinement (HC) placement;
- There was a recommendation for drug programming during incarceration by the sentencing judge; or
- There is evidence of a history of alcohol or other drug use.

Program Content

Participants in drug abuse education review their individual drug use histories and are shown evidence of the nexus between drug use and crime. Participants also receive information on what distinguishes drug use, abuse, and addiction. Those participants who require drug abuse treatment are referred for nonresidential drug abuse treatment or residential drug abuse treatment programs.

A revised drug abuse education protocol was implemented in 2009. The streamlined protocol improves offender engagement and allows Psychology Services personnel to spend more time providing drug abuse treatment to inmates. In fiscal year 2014, 26,314 inmates participated in drug abuse education. (See Attachment II for a breakdown of participants by program and fiscal year).

Nonresidential Drug Abuse Treatment

Nonresidential drug abuse treatment is available in every Bureau institution through the Psychology Services Department, which is staffed with at least one Drug Abuse Program Psychologist and one Drug Abuse Treatment Specialist. Nonresidential drug abuse treatment is a flexible program designed to meet the specific individualized treatment needs of the inmates.

Admission Criteria

Specific populations targeted for nonresidential drug abuse treatment include:

- Inmates with a relatively minor or low-level substance abuse impairment;
- Inmates with a drug use disorder who do not have sufficient time remaining on their sentence to complete the intensive Residential Drug Abuse Treatment Program;
- Inmates with longer sentences who are in need of treatment and are awaiting placement in the residential program; and

- Inmates who completed the unit-based component of the Residential Drug Abuse Treatment Program and are required to continue with “aftercare” treatment upon their transfer back to the general inmate population.

Program Content

The Bureau’s treatment of substance abuse includes a variety of clinical activities organized to treat complex psychological and behavioral problems. The activities are unified through the use of Cognitive Behavioral Therapy (CBT), which was selected as the theoretical model because of its proven effectiveness with the inmate population.

A drug abuse treatment specialist, under the supervision of a psychologist, develops an individualized treatment plan based on a psychosocial assessment of the inmate. Inmates participate in nonresidential drug abuse treatment for a minimum of 12 weeks and a minimum of 1-1/2 to 2 hours per week. Treatment staff may increase these minimum requirements depending upon the needs of the inmate and the ability of the institution to provide services. Self-help groups, such as Alcoholics Anonymous and Narcotics Anonymous, are available to inmates to support the Bureau’s nonresidential treatment regimen.

Nonresidential drug abuse treatment in the form of aftercare is also required for inmates who have completed the unit-based component of the RDAP and who are not immediately transferred to a Residential Reentry Center (RRC). This aftercare treatment is conducted for a minimum of 1-1/2 hours per month for 12 months or until his/her transfer to an RRC.

In fiscal year 2014, 21,369 inmates participated in Nonresidential Drug Abuse Treatment. (See Attachment II for a breakdown of participants by fiscal year).

Residential Drug Abuse Treatment

The Residential Drug Abuse Treatment Program (RDAP) was originally developed in 1989 based on the correctional drug abuse treatment research and literature of that time. Since 1989, the Bureau has enhanced the program, incorporating treatment approaches that are based on the CBT model of treatment. At present, 89 RDAPs operate in 76 Bureau institutions and one contract facility, Rivers Correctional Institution, North Carolina (See Attachment III for program locations). Three of these institutions, the Federal Medical Center (FMC) at Carswell, Texas (for women), Federal Correctional Institution (FCI) at Terminal Island, California (for men), and FMC Lexington, Kentucky, (for men) also provide specialized treatment services for inmates with co-occurring substance abuse and mental illness and/or medical problems. One facility, the United States Medical Center for Federal Prisoners (USMCFP) Springfield, Missouri, provides drug abuse treatment to male inmates with specific medical problems (e.g., kidney disease requiring dialysis provided at the USMCFP).

In FY 2013, two Spanish-speaking RDAPs were added for inmates who are US Citizens and cannot speak English. The RDAP for Spanish-speaking male inmates is located at FCI Miami, Florida and the program for Spanish-speaking females is at FMC Carswell, Texas. Also, in FY 2013 the Bureau opened four RDAPs

at high security institutions. The programs are located at USP Beaumont (TX), USP Big Sandy (KY), USP Canaan (PA), and USP Coleman (FL). All of the new RDAPs added in FY 2013 were “phased in” over a nine month period and for this reason, the full impact of the program expansion was not realized until June 2014, when the new programs reached full capacity. This significant expansion allows a greater number of the Bureau’s highest risk inmates to participate in this important treatment program.

Overview

The RDAP provides intensive drug abuse treatment to inmates diagnosed with a drug use disorder as defined by the American Psychiatric Association. Programs are staffed by a doctoral-level psychologist (the Drug Program Coordinator) who supervises the treatment staff. The ratio of drug abuse treatment staff to inmates is 1 to 24.

Inmates in the residential program are housed together in a treatment unit that is set apart from the general population. Consistent with drug abuse treatment research on program effectiveness, treatment is provided for a minimum of 500 hours over 9 to 12 months.

Admission Criteria

Prior to acceptance into an RDAP, inmates are screened and assessed by the RDAP clinical staff to determine if they meet the diagnostic criteria (see Attachment I) for a substance use disorder. Inmates must enter residential treatment voluntarily and must sign an agreement to participate in the RDAP and abide by the rules regarding the behavior that is expected within and outside the treatment unit. Participants are informed of how the Bureau measures treatment success and what behaviors are required to successfully complete the RDAP.

Inmates are admitted into the RDAP based on their nearness to release. Providing inmates with intensive treatment as they near release ensures the skills acquired in treatment are fresh in their mind as they transition to their communities where the availability of drugs and/or alcohol puts them at higher risk for relapse. This system also ensures all eligible inmates who volunteer for the RDAP receive intensive treatment before they are released from custody, and are able to seamlessly continue their treatment with a community-based treatment provider when transferred to an RRC while still in Bureau custody.

Program Content

As noted above, the Bureau’s theoretical model of change is CBT, which targets behaviors that reduce anti-social peer associations; promote positive relationships; increase self-control, self-management, and problem solving skills; end drug use; and replace lying and aggression with pro-social alternatives. The residential treatment unit is operated as a modified therapeutic community, where attitudes and behaviors, thoughts and feelings, connectedness and alienation are viewed as if under a magnifying glass. The therapeutic community is designed to enable individual members to view themselves from other perspectives, and in roles different from the ones they have carved out for themselves. Each person is everyone else’s mirror, reflecting the positive and negative back to one another in a supportive and caring way.

To date, the Bureau's residential drug abuse treatment protocol has been requested by all 50 States and 9 foreign countries. In addition, a number of local correctional agencies, contract correctional agencies and community-based treatment providers have ordered the Bureau's treatment protocol. The Bureau's protocol is available through the National Institute of Corrections (NIC) Information Center.

Challenge Program Locations

Mid-Atlantic Region –
USP Big Sandy (KY)
USP Hazelton (WV)
USP Lee (VA)
USP McCreary (KY)

North Central Region –
USP Terre Haute (IN)

Northeast Region –
USP Allenwood (PA)
USP Caanan (PA)

South Central Region –
USP Beaumont (TX)
USP Pollock (LA)

Southeast Region –
USP Coleman I (FLA)
USP Coleman II (FLA)

Western Region –
USP Atwater (CA)
USP Tucson (AZ)

In fiscal year 2014, 18,102 inmates participated in the RDAP. (See Attachment II for a breakdown of participants by fiscal year).

RDAP Treatment Evaluation

Beginning in 1991, in coordination with the National Institute on Drug Abuse, the Bureau conducted a rigorous 3-year outcome study of the RDAP.¹ The evaluation was superior to any prior drug abuse treatment assessment to that point because of the size of the treatment population assessed, the opportunity to evaluate the effect of treatment on both male and female inmates (1,842 men and 473 women), and a methodology developed to address the problem of selection bias found in other evaluations.

The study revealed that male participants were 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly-situated inmates who do not participate in residential drug abuse treatment for up to 3 years after release. The analysis also found that female inmates who participate in RDAP are 18 percent less likely to recidivate than similarly situated female inmates who do not participate in treatment. This study demonstrates that the Bureau's RDAP makes a positive difference in the lives of inmates and improves public safety.

The Challenge Program

The Challenge Program is a unit-based, residential program developed for inmates in penitentiary settings. The Challenge Program provides treatment to inmates with substance abuse problems and/or mental illness.

Overview

Located in 13 United States Penitentiaries (USPs), the Challenge Program also offers CBT treatment programming wrapped within the therapeutic community model. Inmates may participate in the program at any point during their sentence; however, they must have

¹ Federal Bureau of Prisons (2000). [TRIAD Drug Treatment Evaluation Project Final Report of Three-Year Outcomes: Part I](#). ORE Report.

at least 18 months remaining on their sentence. The duration of the program varies, based on inmate need, with a minimum duration of 9 months. The Challenge Program staff to inmate ratio is 1-to-20.

Admission Criteria

An inmate must meet one of the following criteria to be admitted into the Challenge Program:

- A history of drug abuse as evidenced by self-report, Presentence Investigation Report (PSI) documentation, or incident reports for use of alcohol or drugs.
- A major mental illness as evidenced by a current diagnosis of a psychotic disorder, mood disorder, anxiety disorder, or personality disorder.

Program Content

The Challenge Program content is similar to the RDAP with three exceptions. First, the protocol was developed specifically for high security inmates and includes treatment activities geared to this high risk population, including a component focusing on violence prevention. Second, there is a separate protocol for those inmates with severe mental illness who require day-to-day self-management skills, medication management and basic daily living skills. Third, the “program completion awards” do not include early release. However, if an inmate successfully completes the Challenge Program, his security point level may drop sufficiently to enable him to transfer to a medium security institution where he may (if he meets the RDAP qualification) be admitted to an RDAP.

Community Treatment Services

Community Treatment Services (formerly known as Community Transition Drug Abuse Treatment) has been a component of the Bureau’s drug abuse treatment strategy since 1991. Research has repeatedly demonstrated that continued supervision (while designated to an RRC or home detention) combined with treatment decreases the risk of relapse and other behavioral problems, thereby reducing the likelihood of an offender’s return to custody. Thus, all inmates who participate in the RDAP are required to continue participation in the Community Treatment Services component to successfully complete the RDAP. The opportunity to continue treatment in the community is also available to participants in the Challenge Program, Sex Offender Treatment Program, and inmates with co-occurring substance abuse and mental illness. Inmates who did not volunteer for drug abuse treatment in an institution may request drug abuse treatment upon transfer to an RRC or may be required to participate in community-based treatment as part of their reentry programming plan.

Effective continuity of care is an important component of Community Treatment Services. To facilitate this care, a treatment summary, which includes information on the inmate and his/her participation in the institution portion of RDAP, is provided to the community-based treatment providers to assist them in developing an appropriate treatment regimen for the inmate’s transition into the community. The inmate’s supervising authority (typically, either the Court Services and Offender Supervision Agency (CSOSA) for D.C. offenders or the United States Probation for Federal offenders) also receives a copy of the treatment summary.

To further the continuum of treatment after completing their term of incarceration, participants in Community Treatment Services often continue drug abuse, mental health, and sex offender treatment during their period of supervised release under the auspices of the inmate's supervising authority (e.g., CSOSA or the United States Probation Office). These inmates frequently remain with the same treatment provider, ensuring continuity in treatment and accountability during this period of community reentry and supervision.

In fiscal year 2014, 12,704 inmates participated in transition treatment. (See Attachment II for a breakdown of participants by fiscal year).

II. COMPLIANCE WITH THE REQUIREMENTS OF TITLE 18 USC § 3621(e)

Meeting the Demand for Treatment

Title 18 U.S.C. § 3621(e)(1) requires the Bureau (subject to the availability of funds) to provide residential substance abuse treatment to *all* eligible inmates. In FY 2014 the Bureau met the requirement to treat 100 percent of the eligible inmate population, with 18,102 inmates participating in the RDAP.

Providing an Early Release

Title 18 U.S.C. § 3621(e)(2) allows the Bureau to grant a non-violent offender up to one year off his/her term of imprisonment for successful completion of the RDAP. In fiscal year 2014, 5,229 inmates received a reduction in their term of imprisonment based on this law (average reduction was 10.4 months).

Coordinating with the Office of National Drug Control Policy

In 2011, the Office of National Drug Control Policy (ONDCP) added a new Action Item to the Drug Control Strategy -- to improve and advance substance abuse treatment in prisons. As the lead agency for this item, the Bureau works with the Bureau of Justice Assistance (BJA) and the National Institute of Corrections (NIC) to ensure evidence-based treatment services are provided to prisoners. BJA and the Substance Abuse, Mental Health Services Administration (SAMHSA) provide training and technical assistance to State Residential Substance Abuse Treatment (RSAT) programs with the intent of maximizing the use of evidence-based substance abuse treatment and aftercare for inmates in need of such treatment. In 2014 the latest evidence-based practices and aftercare research was made available through the RSAT Training and Technical Assistance website. To this end, the website provided an interactive forum to discuss current issues on correctional and substance abuse treatment. For example, a recent forum focused on how state officials can determine if correctional treatment programs are "evidenced-based." This advances the field of residential substance abuse treatment for current grantees as well as for directors, key correctional personnel, and treatment providers implementing or planning to implement residential treatment.

In FY 2014, ONDCP established the Treatment Coordination Group. Member representatives from a wide array of government agencies met periodically throughout the year to identify ways to ensure

support for and/or expand access to medication-assisted treatment (MAT), for people with opioid use disorders , and ensure people on MAT have access to the continuum of recovery and support services. As part of the Treatment Coordination Group, the Bureau made significant strides in FY 14 in the area of MAT. During the year, all Bureau Clinical Directors and Chief Dentists were trained on the proper use and prescribing of opioid medications for pain management. A field trial using MAT for offenders as they return to the community began in October 2014. The Bureau anticipates expanding its use of MAT as part of its reentry services.

III. SUMMARY AND FUTURE GOALS

The Bureau continues to develop a strong and comprehensive drug abuse treatment strategy consisting of drug abuse education, non-residential drug abuse treatment programming, residential drug abuse treatment programming, and community treatment services. In FY 2013, the Bureau expanded the RDAP in an effort to afford more eligible inmates the opportunity to receive a full 12 month reduction in their term of imprisonment for successful completion of the program. The expansion consisted of 18 additional RDAPs, including an additional dual diagnosis program, four high security RDAPs, and two Spanish speaking RDAPs. The resources received in previous budgets were essential to the expansion of drug treatment capacity. By expanding the capacity of the RDAP, inmates are able to enter the program at an earlier date and consequently be eligible for a lengthier sentence reduction. Affording more inmates a full 12 month reduction in their term of imprisonment assists the agency to reduce crowding and costs. As a result of the program expansion the Bureau was able to accommodate an additional 2,211 participants in the RDAP in FY 2014.

The Bureau's comprehensive and expansive approach to drug treatment provides the offender with the greatest opportunity for success as they re-enter society, thereby enhancing public safety. The Bureau remains committed to these critical reentry programs for Federal offenders, and committed to its role as a leader in evidence-based correctional substance abuse programming.

DEFINITION OF DRUG USE DISORDERS

In 2013, the American Psychiatric Association issued the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, also known as the DSM-5. The DSM-5 changed the classification of Substance-Related disorders from two groups (Substance Dependence and Substance Abuse) to a broad range of severity, from mild to severe, with severity based on the number of symptom criteria endorsed. As a general estimate of severity, a mild substance use disorder is suggested by the presence of two to three symptoms, moderate by four to five symptoms, and severe by six or more symptoms. The diagnosis of a substance use disorder is based on a problematic pattern of substance use leading to significant impairment or distress, as manifested by two (or more) of the following, occurring within a 12-month period:

- (1) The substance is often taken in larger amounts or over a longer period than was intended.
- (2) There is a persistent desire or unsuccessful efforts to cut down or control the substance use.
- (3) A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- (4) Craving, or a strong desire or urge to use the substance.
- (5) Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
- (6) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
- (7) Important social, occupational, or recreational activities are given up or reduced because of substance use.
- (8) Recurrent substance use in situations in which it is physically hazardous.
- (9) Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
- (10) Tolerance, as defined by either of the following:
 - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of the substance.
- (11) Withdrawal, as manifested by either of the following:
 - a. The characteristic withdrawal syndrome for the substance as set forth in the DSM-5.
 - b. The substance is taken to relieve or avoid withdrawal symptoms.

Severity:

Mild: Presence of 2-3 symptoms.

Moderate: Presence of 4-5 symptoms.

Severe: Presence of 6 or more symptoms.

Taken from the Diagnostic and Statistical Manual of Mental Disorders, DSM-5. Fifth Edition. American Psychiatric Association, 2013.

Attachment II

INMATE PARTICIPATION IN DRUG ABUSE TREATMENT PROGRAMS (Fiscal Years 1990 – 2014)

PROGRAM	1990	1991	1992	1993	1994*	1995	1996	1997	1998
DRUG									
EDUCATION	5,446	7,644	12,500	12,646	11,592	11,681	12,460	12,960	12,002
NON									
RESIDENTIAL			644	1,320	1,974	2,136	3,552	4,733	5,038
RESIDENTIAL	441	1,236	1,135	3,650	3,755	4,839	5,445	7,895	10,006
COMMUNITY									
TRANSITION			123	480	800	3,176	4,083	5,315	6,951

PROGRAM	1999	2000	2001	2002	2003	2004	2005	2006	2007
DRUG									
EDUCATION	12,460	15,649	17,216	17,924	20,930	22,105	22,776	23,006	23,596
NON									
RESIDENTIAL	6,535	7,931	10,827	11,506	12,023	13,014	14,224	13,697	14,392
RESIDENTIAL	10,816	12,541	15,441	16,243	17,578	18,278	18,027	17,442	17,549
COMMUNITY									
TRANSITION	7,386	8,450	11,319	13,107	15,006	16,517	16,503	15,466	15,432

PROGRAM	2008	2009	2010	2011	2012	2013	2014	TOTAL
DRUG								
EDUCATION	23,230	30,775	47,885	41,243	33,646	29,270	26,314	506,956
NON								
RESIDENTIAL	14,208	14,613	14,507	15,211	20,141	19,636	21,369	243,231
RESIDENTIAL	17,523	18,732	18,868	18,527	14,482**	15,891	18,102	304,442
COMMUNITY								
TRANSITION	15,466	16,123	16,912	16,873	12,464**	12,624	12,704	243,280

* In fiscal year 1994, the drug abuse education policy changed to allow for a waiver if an inmate volunteered for and entered the residential drug abuse treatment program. In addition, data for community transition drug abuse treatment was tabulated by average daily population.

** In Fiscal Year 2012, the Bureau developed a more refined methodology to calculate RDAP and Community Transition participation, with significantly less potential for duplication. Accordingly, the apparent decline in participation does not in fact reflect any decreased participation. Rather, it is a result of different counting rules.

RESIDENTIAL DRUG TREATMENT PROGRAM LOCATIONS

RESIDENTIAL DRUG TREATMENT PROGRAM LOCATIONS	NORTH CENTRAL REGION	SOUTHEAST REGION
NORTHEAST REGION	FPC Duluth (MN)	FCI Coleman (FL)
FCI Allenwood-L (PA)	FCI Englewood (CO)	USP Coleman II (FL)
FCI Allenwood-M (PA)	FPC Florence (CO)	FPC Edgefield (SC)
FCI Berlin (NH)	FCI Florence (CO)	FCI Jesup (GA)
USP Canaan (PA)	FPC Greenville (IL) *	FCI Marianna (FL)
FCI Danbury (CT) *	FPC Leavenworth (KS)	FCI Miami (FL) §
FCI Elkton (OH)	USP Leavenworth (KS)	FPC Miami (FL)
FCI Fairton (NJ)	USP Marion (IL)	FPC Montgomery (AL)
FCI Fort Dix (NJ)	FCI Milan (MI)	FPC Pensacola (FL)
FPC Lewsiburg (PA)	FCI Oxford (WI)	FCI Talladega (AL)
FPC McKean (NJ)	FPC Pekin (IL)	FCI Tallahassee (FL) *
FCI Schuylkill (PA)	FCI Sandstone (MN)	FCI Yazoo City (MS)
	USMCFP Springfield (MO) ★	
	FCI Terre Haute (IN)	
	FCI Waseca (MN) *	
	FPC Yankton (SD)	
MID-ATLANTIC REGION	SOUTH CENTRAL REGION	WESTERN REGION
FPC Alderson (WV) *	FCI Bastrop (TX)	FCI Dublin (CA) *
FPC Beckley (WV)	FPC Beaumont (TX)	FPC Dublin (CA) *
FCI Beckley (WV)	FCI Beaumont – Med (TX)	FCI Herlong (CA)
USP Big Sandy (KY)	FCI Beaumont – Low (TX)	FPC Lompoc (CA)
FCI Butner (NC)	FCI Beaumont – Low (TX)	FPC Phoenix (AZ) *
FPC Cumberland (MD)	USP Beaumont (TX)	FCI Phoenix (AZ)
FCI Cumberland (MD)	FPC Bryan (TX) *	FCI Safford (AZ)
SFF Hazelton (WV) *	FMC Carswell (TX) *★§	FPC Sheridan (OR)
FCI Morgantown (WV)	FCI El Reno (OK)	FCI Sheridan (OR)
FMC Lexington (KY) ★	FCI Forrest City - Low (AK)	FCI Terminal Island (CA)
FCI Memphis (TN)	FCI Forrest City - Med (AK)	
FCI Petersburg – Low (VA)	FMC Fort Worth (TX)	
FCI Petersburg – Med (VA)	FCI La Tuna (TX)	
	FCI Seagoville (TX)	
	FPC Texarkana (TX)	
CONTRACT FACILITY		
RCI Rivers (NC)		
KEY		
FCI = Federal Correctional Institution	MCFP = Medical Center for Federal Prisoners	* = Female Facility
FMC = Federal Medical Center	USP = United States Penitentiary	★ = Co-Occurring Disorder Program
FPC = Federal Prison Camp	RCI = Rivers Correctional Institution	§ = Spanish Program
FSL = Federal Satellite Low		



U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, DC 20534

March 18 2015

The Honorable Charles E. Grassley
Chairman
Committee on the Judiciary
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

Section 32001 of the Violent Crime Control and Law Enforcement Act of 1994, titled "Substance Abuse Treatment in Federal Prisons," requires the Bureau of Prisons (BOP) to transmit an annual report to the Committees on the Judiciary of the Senate and the House of Representatives describing the substance abuse treatment programs in the BOP. The report contains an explanation of eligibility requirements for these treatment programs and a statement regarding the extent to which the BOP has achieved compliance with the requirements established by Section 32001 (18 U.S.C. § 3621(e)). A copy of the 2014 report is enclosed.

Sincerely,


Charles E. Samuels, Jr.
Director

Enclosure



U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, DC 20534

March 18, 2015

The Honorable Patrick J. Leahy
Ranking Minority Member
Committee on the Judiciary
United States Senate
Washington, DC 20510

Dear Senator Leahy:

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Sincerely,

A handwritten signature in black ink that reads "Charles E. Samuels, Jr." in a cursive style.

Charles E. Samuels, Jr.
Director

Enclosure



U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, DC 20534

March 18, 2015

The Honorable Bob Goodlatte
Chairman
Committee on the Judiciary
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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Sincerely,

A handwritten signature in cursive script, reading "Charles E. Samuels, Jr.", is positioned above the typed name.

Charles E. Samuels, Jr.
Director

Enclosure



U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, DC 20534

March 18, 2015

The Honorable John Conyers, Jr.
Ranking Minority Member
Committee on the Judiciary
U.S. House of Representatives
Washington, DC 20515

Dear Congressman Conyers:

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