First Step Act

Initial Review of the SPARC-13 Needs Assessment System

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Introduction to the Initial Review of the Needs Assessment

The First Step Act (FSA) requires annual review and validation of the risk and needs assessment system. Per section 101 of FSA, codified at 18 § U.S.C. § 3631,[1] "The Attorney General shall…on an annual basis, review, validate, and release publicly on the Department of Justice website the risk and needs assessment system." The risk-need-responsivity (RNR) model first formally articulated by Andrews, Bonta, and Hoge (1990, 19-52)[2] has developed into the gold standard for effective assessment and intervention within the correctional population. In line with the mission of the Federal Bureau of Prisons (BOP) to "protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens,"[3] RNR aims to promote public safety and provides opportunities for inmates to address identified needs through targeted interventions.[4] The BOP modeled its risk and needs assessment system on the industry standard for addressing recidivism.

Per Andrews and Bonta (2016),[5] the risk principle of RNR involves matching the intensity of services with the likelihood of reoffending. Consistent with the language of the First Step Act, high- and medium-risk inmates receive priority treatment placement. The need principle assesses identified criminogenic needs; identified needs should be the target of interventions to reduce recidivism. The responsivity principle involves general and specific responsivity and includes maximizing the inmate's ability to learn by tailoring services to individual characteristics. In sum, RNR theorizes that risk and needs should direct the strategies for addressing identified criminogenic factors.[6]

As an essential part of RNR, the need principle relies on dynamic assessment of risk factors[7] using validated tools.[8] Accurately identifying needs and providing associated treatment

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[1] Entire First Step Act available at https://www.congress.gov/115/plaws/publ391/PLAW-115publ391.pdf.

[2] D. A. Andrews, James Bonta, and R. D. Hoge, "Classification for Effective Rehabilitation: Rediscovering Psychology," *Criminal Justice and Behavior* 17, no. 1 (1990): 19-52, https://doi.org/10.1177/0093854890017001004.

[3] Federal Bureau of Prisons, "About Our Agency: Pillars," accessed August 8, 2021, https://www.bop.gov/about/agency/agency_pillars.jsp.

[4] Tony Ward, Joseph Melser, and Pamela M. Yates, "Reconstructing the Risk-Need-Responsivity Model: A Theoretical Elaboration and Evaluation," *Aggression and Violent Behavior* 12, no. 1 (2007): 208-228, https://doi.org/10.1016/j.avb.2006.07.001.

[5] James Bonta and D. A. Andrews, *The Psychology of Criminal Conduct*, 6th ed. (New York: Routledge, 2016), https://doi.org/10.4324/9781315677187.

[6] Faye S. Taxman, April Pattavina, and Michael Caudy, "Justice Reinvestment in the United States: An Empirical Assessment of the Potential Impact of Increased Correctional Programming on Recidivism," *Victims and Offenders* 9, no. 1 (2014): 50-75, https://doi.org/10.1080/15564886.2013.860934.

[7] Matthew Makarios and Edward J. Latessa, "Developing a Risk and Needs Assessment Instrument for Prison Inmates: The Issue of Outcome," *Criminal Justice and Behavior* 40, no. 12 (2013): 1449-1471, https://doi.org/10.1177/0093854813496240.

[8] Faye S. Taxman and Lindsay Smith, "Risk-Need-Responsivity (RNR) Classification Models: Still Evolving," *Aggression and Violent Behavior* 59 (2021), https://doi.org/10.1016/j.avb.2020.101459.

interventions increases the probability that inmates will acquire the skills necessary for successful reentry into society.

The BOP strives to maintain compliance with all statutory requirements and accomplished full implementation of the needs assessment system and facilitated program enrollment among its inmate population ahead of statutory requirements. This needs assessment system, made of 13 component parts, was put into use and completed for all sentenced inmates in January 2020, and it continues to be used system-wide for all sentenced inmates.

This document delineates all the work BOP has engaged in to produce a valid needs assessment system, offers early outcome data, and provides a preview of the BOP's next steps.

The BOP has long-standing procedures for assessing needs as part of the intake process, with reassessment occurring at least semi-annually throughout an individual's incarceration. With the passage of the FSA, the BOP turned its attention to formalizing and enhancing the needs assessment system. Although the FSA allows two years from the release of the risk and needs assessment system to complete this process, the BOP implemented a series of systemic improvements in 2019 and 2020 in furtherance of this goal.

In September 2019, the BOP convened a needs assessment symposium. Attendees included representatives from the BOP, the Department of Justice (DOJ), and the Independent Review Committee (IRC), as well as academic scholars and correctional leaders representing departments with strong needs assessment systems. As a result of this gathering, 12 clearly defined needs are assessed under BOP's system. Twelve needs were identified by the expert group: Anger/Hostility, Antisocial Peers, Cognitions, Education, Family/Parenting, Finance/Poverty, Medical, Mental Health, Recreation/Leisure/Fitness, Substance Use, Trauma, and Work. A thirteenth need, Dyslexia, is statutorily required by the First Step Act.

Measures or data sources for the assessment of each need were adopted or formalized. For needs that rely on historical data, information is drawn from the comprehensive legal and social history in the Presentence Investigation Report (PSR) completed by United States Probation Officers. **The PSR is a structured** report required by law to be conducted by a U.S. Probation Officer prior to a defendant's sentencing.[9] The goal of the report is to enable the sentencing court **to make "a fair sentencing decision and assist corrections and community corrections officials in managing offenders under their supervision."** [10] This narrative document contains a wealth of information from a multitude of sources including existing criminal history records, educational systems, hospitals and counseling centers, family members, associates, and others who corroborate records and reports. By virtue of this investigative report, certain needs may be identified.

Other needs require psychological or educational assessments, and the tools used to assess them are delineated below. Each of these tools was selected based on a thorough review of the research literature and in consultation with both experts internal to the BOP and those based at universities. The IRC includes in its membership a professor well-published in this subject area, and her expert consultation was sought as well. Several citations, offered as footnotes herein, provide examples of studies of the various tools, including their development and validation.

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[9] 18 U.S.C. § 3552.

[10] Office of Probation and Pretrial Services, Administrative Office of the United States Courts, Publication 107, "The Presentence Investigation Report" (Rev. March 2006) p. I-1; http://cdn.ca9.uscourts.gov/datastore/library/2013/02/26/Horvath_presentence.pdf.

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- **The Anger/Hostility** need is assessed by the Brief Anger-Aggression Questionnaire[11] (BAAQ) and is intended to measure levels of overt anger and aggression. The BAAQ is a reliable and valid six-item questionnaire that yields a score between 0 and 24. Four studies[12] were completed on a clinical outpatient population and on a nonviolent control sample to determine validity and reliability. Results suggested an acceptable level of consistency over time and competency in its measurement of levels of overt anger and aggression. **The BAAQ offers potential as a screening tool through its ability to rapidly provide a general estimate of anger dyscontrol.[13]**

- **The Antisocial Peers need** and **Cognitions need** are assessed by the Measures of Criminal Attitudes and Associates [14] (MCAA). The MCAA is a two-part self-report measure of criminal thinking style and antisocial associates. **Part A is a quantified self-report** measure of antisocial associates. **Part B contains four attitude scales:** Violence, Entitlement, Antisocial Intent, and Associates. The MCAA has demonstrated significant associations with other measures of criminal thinking style[15] and predictive validity for the outcomes of general and violent recidivism.[16]

- The **Dyslexia need** must be assessed with measures to meet certain specifications, per the FSA to identify persons with dyslexia. The BOP instituted **a two-phase screening process**. First, all inmates complete a screening instrument that examines symptoms across statutorily defined functional domains. Inmates who reach the threshold are then administered the Woodcock Johnson IV, a psychometrically robust test capable of formal diagnosis.

- **The Education need** is assessed to determine the presence or absence of a high school equivalence. Measures used for assessing achievement on core content areas are the Test of **Adult Basic Education (TABE)** and **Comprehensive Adult Student Assessments System (CASAS),** which is used exclusively for English as a Second Language learners.

- **The Family/Parenting** need is assessed to determine one's beliefs about their family's reliability, supportiveness, and acceptance. The assessment is carried out using the Family Assessment Device[17] (FAD-12). FAD-12 is a 12-item, Likert-scale questionnaire related to an individual's perception of their family's relationships. This measure has

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[11] Ronald R. Mauiro, Peter P. Vitaliano, and Timothy S. Cahn, "A Brief Measure for the Assessment of Anger and Aggression," *Journal of Interpersonal Violence* 2, no. 2 (1987): 166-178, https://doi.org/10.1177/088626087002002003.

[12] Ibid.

[13] George F. Ronan et al., *Practitioner's Guide to Empirically Supported Measures of Anger, Aggression, and Violence* (New York: Springer, 2014), https://doi.org/10.1007/978-3-319-00245-3.

[14] Jeremy F. Mills and Daryl G. Kroner, *Measures of Criminal Attitudes and Associates User Guide* (Kingston, Ontario, self-pub., 2001), https://doi.org/10.13140/2.1.4785.4081.

[15] Jeremy F. Mills, Daryl G. Kroner, and Adelle E. Forth, "Measures of Criminal Attitudes and Associates (MCAA): Development, Factor Structure, Reliability and Validity," *Assessment* 9, no. 3 (2002): 240-253, https://doi.org/10.1177/1073191102009003003.

[16] Jeremy F. Mills, Daryl G. Kroner, and Toni Hemmati, "The Measures of Criminal Attitudes and Associates (MCAA): The Prediction of General and Violent Recidivism," *Criminal Justice and Behavior* 31, no 6 (2004): 717-733, https://doi.org/10.1177/0093854804268755.

[17] Nathan B. Epstein, Lawrence M. Baldwin, and Duane S. Bishop, "The McMaster Family Assessment Device," *Journal of Marital and Family Therapy* 9, no. 2 (1983): 171-180, https://doi.org/10.1111/j.1752-0606.1983.tb01497.x.

been utilized in a variety of settings[18]. It is considered a dynamic measurement and can be re-administered at various points throughout the course of treatment to assess improvements in the nature of the individual's family relationships and to evaluate the effectiveness of therapeutic interventions.

- **The Finance/Poverty** need is assessed to determine an individual's financial deficits and is accomplished through a series of questions and information **drawn from the Presentence Investigation Report.**

- **The Medical** need is assessed to determine if an individual has any of acute medical concerns. The assessment is performed through a history and physical conducted by a medical practitioner at a BOP institution. The intake screening serves as an assessment of acute medical concerns; the initial physical examination consists of, but is not limited to, the following components: medical and mental health, dental care, and ordering of appropriate laboratory and diagnostic tests.

- **The Mental Health** need is assessed by requesting key mental health information in support of effective triage and long-term care. The assessment is operationalized by the diagnoses and frequency of services (using the BOP's established mental health care level system) that are **identified via the Psychology Services Inmate Questionnaire (PSIQ).** The PSIQ is a structured interview tool developed by the BOP and functions as a self-report instrument delivered to inmates upon arrival to an institution. Inmates are asked a series of questions that allow staff to identify a need for crisis care (e.g., suicide ideation), acute care (e.g., anxiety, distress), and historical conditions that would prompt routine care (e.g., history of mental health treatment).[19]

- **The Recreation/Leisure/Fitness** need is assessed to assure that individuals with ongoing medical needs can be tracked and seen by a health care provider at clinically appropriate intervals. [20] The assessment is determined through participation in a chronic care clinic. Chronic care clinics (CCCs) are an agency-wide categorization and standardization tool.

- **The Substance Use** need is assessed to determine individuals in need of substance abuse treatment. The assessment is carried out in part by review of substance use information **presented in the Presentence Investigation Report.** Substance use occupies its own section in the PSR, and it provides an overview of an inmate's recent and remote substance use history.[21] Additional assessment occurs via interviews with drug treatment staff.

- **The Trauma** need is assessed to determine if an individual has experienced trauma that may pose a risk for negative behavior. The assessment is carried out using the Adverse

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[18] Robert I. Kabacoff et al., "A Psychometric Study of the McMaster Family Assessment Device in Psychiatric, Medical, and Nonclinical Samples," *Journal of Family Psychology* 3, no. 4 (1990): 431-439, https://doi.org/10.1037/h0080547.

[19] For complete access to P5310.17, visit https://www.bop.gov/policy/progstat/5310_017.pdf.

[20] For complete access to P6031.04, visit https://www.bop.gov/policy/progstat/6031_004.pdf.

[21] Office of Probation and Pretrial Services, "The Presentence Investigation Report," II-8.

Childhood Experiences Scale (ACES). Developed by Felitti and colleagues (1998),[22] the Adverse Childhood Experiences Scale (ACES) is a widely used[23] and reliable[24] tool that measures childhood exposure to trauma: psychological, physical, or sexual abuse, neglect, mental illness, domestic violence, divorce, and having a parent in prison. Adverse childhood experiences were found to be associated with significant increases in several negative social, behavioral health, and physical health outcomes.

- **The Work need** is assessed through a series of questions and information **drawn from the Presentence Investigation Report.**

Inmates complete the assessments for Anger/Hostility, Antisocial Peers, Cognitions, and Family/Parenting on the BOP's inmate computer system (see Figure 1 for a graphic representation of the needs assessment process). Inmates are advised of the assessments at Admission and Orientation[25] and are reminded of the assessments at intake with Psychology Services. Additionally, the inmate computer system has a bulletin that details the availability of the assessments. Health Services is responsible for assessment of the Medical and Recreation/Leisure/Fitness needs as part of the intake process. Education staff assess Dyslexia, Education, and Work as part of the intake process. Unit Management assesses Substance Use during initial intake and Finance/Poverty at the first team meeting. Psychology Services is responsible for the remaining needs areas: Trauma and Mental Health, which are assessed as part of the intake process.

Continuous Improvement of the Needs Assessment

The BOP has taken important steps to improve the needs assessment system during its initial implementation. As part of building the technology infrastructure, the BOP implemented tracking systems to ensure proper recording of information. Unique identifiers were created in the agency's inmate management database for each approved program; when an inmate signs up for, participates in, and completes the program the information is recorded and archived. The BOP's case management tool, **Insight**, has been modified to display needs assessment information; the BOP's inmate management and case management systems are integrated so that needs entered in either system will display in both systems. These assignments allow the BOP to run nationwide rosters of every need, for the eventual evaluation of both staffing resource needs and program capacity.

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[22] Vincent J. Felitti et al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventive Medicine* 14, no. 4 (1998): 245-258, https://doi.org/10.1016/S0749-3797(98)00017-8.

[23] Robert H. Stensrud, Dennis D. Gilbride, and Robert M. Bruinekool, "The Childhood to Prison Pipeline: Early Childhood Trauma as Reported by a Prison Population," *Rehabilitation Counseling Bulletin* 62, no. 4 (2019): 195-208, https://doi.org/10.1177/0034355218774844.

[24] Ricardo Pinto, Liliana Correia, and Ângel Maia, "Assessing the Reliability of Retrospective Reports of Adverse Childhood Experiences among Adolescents with Documented Childhood Maltreatment," *Journal of Family Violence* 29, no. 4 (2014): 431-438, http://dx.doi.org/10.1007/s10896-014-9602-9.

[25] For complete access to P5290.14, visit https://www.bop.gov/policy/progstat/5290_014.pdf.

This improved needs assessment system, collectively known as the Standardized Prisoner Assessment for Reduction in Criminality **(SPARC-13)**, was launched in January 2020 and memorialized in BOP **Program Statement 5400.01 (PS 5400.01)**, [26] <u>First Step Act Needs Assessment</u>**[BASED ON THEIR PSR]**, issued on June 25, 2021. In January 2020, every inmate in BOP custody for over 28 days was provided with the individualized results of their risk and needs assessment, and inmates began enrolling in programs designed to address identified needs.

Practically, PS 5400.01 directs the new needs assessment process (see Figure 1 for a graphic representation of the needs assessment process), outlining staff responsibilities and providing time frames for initial needs assessment and reassessment. **Inmates [BASED ON THEIR PSR] are screened at the BOP's Designation & Sentence Computation Center (DSCC) and are designated to an institution that addresses security level and basic needs.** **Once** at **there** designated facility, inmates attend Admission and Orientation where they become acclimated with the programs the institution has to offer. Per BOP **Program Statement 5322.13**, <u>Inmate Classification and Program Review</u>, [27] inmates receive an initial risk assessment by Unit Management within 28 calendar days of designation; *Education, Health Services, Psychology Services, and Unit Management conduct needs assessments* as part of their respective intake processes. Once needs are assessed, Unit Management, in consultation with other departments, make program recommendations to the inmate that are targeted toward identified needs areas. The needs assessment process was designed to be standardized across inmates and to be dynamic and flexible to incorporate individualized planning; needs are reassessed at least every 180 calendar days by Unit Management during the routine program review (team meeting) process to account for change of circumstances, e.g., receipt of an incident report or completion of an EBRR or PA. Reassessment results are relayed by Unit Management to inmates during the team meeting; results of the reassessment are cataloged in inmates' electronic central file. This information is used in ongoing planning with the inmate, particularly regarding program referrals.

In collaboration with the IRC and DOJ, the BOP published a list of more than 70 Evidence-Based Recidivism Reduction (EBRR) programs and Productive Activities (PAs) in January 2020,[28] the most robust of which are Cognitive Behavioral Therapy (CBT) interventions for mental health and substance use disorders, anger management, and criminal thinking minimization. Literacy and nearly 200 occupational training programs are also widely available, and reentry-focused programs such as parenting are offered at all sites. Every program is mapped onto the needs it addresses. The entire goal of a needs assessment is to determine what goals and associated services should be set for each individual inmate. Thus, based on the findings, inmates discuss with staff the best ways they can target the areas identified as warranting improvement. This is generally done by the inmate completing a program or other associated task. Because of criminal thinking errors prevalent among the inmate population, the BOP has long offered incentives for the most intensive programs to

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[26] For complete access to P5400.01, visit https://www.bop.gov/policy/progstat/5400.01.pdf.

[27] For complete access to P5322.13, visit https://www.bop.gov/policy/progstat/5322_013.pdf.

[28] The list of programs and activities has been expanded to over 85; the most recent version of First Step Act Approved Programs Guide is available at https://www.bop.gov/inmates/fsa/docs/fsa_program_guide_2201.pdf.

encourage inmates to participate. Incentives were expanded under the FSA, and when an inmate completes a recommended program in an identified need area, they may be able to earn time credit or other desired tangibles.[29] The time credit rule was finalized in January 2022;[30] the policy for other desired incentives was issued July 14, 2021.

As one of the largest employers of doctoral level psychologists, as well as an employer of chaplains, teachers, and medical professionals, the agency is well-suited to identify gaps in programming and create services grounded in evidence that fit federal correctional population parameters. The BOP has expanded upon its initial FSA program offerings, and now provides over 85 structured EBRR programs and PAs to inmates across disciplines that cover all 13 need areas. Programmatically, the agency's focus continues to be on program fidelity and building capacity of existing programs.

Case Study

The following fictional information is based on the experience of actual individuals using the needs assessment system (see Figure 1 for a graphic representation of the needs assessment process). It is provided for the purpose of illustrating how the tools are part of the larger incarceration process.

Inmate Smith was sentenced to 120 months for a drug-related offense. When he arrives at the facility where he is to serve his sentence, he receives an informational handbook, basic property, and a medical screening. A few days later, he attends an Admission and Orientation session where staff from several different departments introduce themselves and explain their functions. Here, he learns in more detail about some of the programs and services available to him as well as general security procedures and institution operations.

Later, in his housing unit, inmate Smith logs into an available computer to check his email and sees that he has been asked to complete several questionnaires. He completes the one about his family, but then he decides to go play cards before dinner. The next day he is asked to go to an appointment in Psychology Services to complete a mental health screening. While there, he is reminded to complete the remaining questionnaires on the computer. He asks the psychologist why he should spend the time on this; he does not see the value. Because she is trained in motivational interviewing,[31] she explores his reasons for resisting the direction while gently challenging him using open-ended questions. He agrees to complete the assessment. He goes back to the housing unit and answers the remaining questions, which takes him about 15 minutes.

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[29] For complete access to P5220.01, visit https://www.bop.gov/policy/progstat/5220.01.pdf.

[30] For complete access to FSA Time Credits, visit https://www.federalregister.gov/documents/2022/01/19/2022-00918/fsa-time-credits.

[31] Stephen Rollnick, William R. Miller, and Christopher C. Butler, *Motivational Interviewing in Health Care: Helping Patients Change Behavior* (New York: The Guilford Press, 2008).

While the inmate is completing his remaining assessments, staff in Education and his Unit Management are also reviewing information about the inmate and using various tools to complete assessments with this information. They load the information directly into the BOP's inmate management database, while the inmate's self-reported results are sent for scoring and staff entry into the system as well.

Within four weeks, Unit Management meets with inmate Smith. They explain to him the results of the SPARC-13 assessments. He is not surprised to learn he is recommended to complete substance use treatment and engage in family programming.

Outcome Data

Prior to the enactment of the FSA, most inmate needs were assessed upon request of the inmate; many programs were provided based on request rather than need. This allowed motivated and insightful inmates to thrive but did not clear a path to success for inmates who were less motivated or willing to explore strategies to address their needs. During the two-year phase-in period, the BOP focused on implementing the needs assessment system for all inmates. This report documents such efforts through the production of initial data. It is anticipated significantly more extensive data will be available for analysis in future reports.

The BOP's systematic approach to data collection and reporting under the FSA supported the assessment of 155,551 inmates over fiscal year 2021. Of the total number of assessments completed, 113,779 inmates had all 13 assessments completed as part of the BOP's SPARC-13 system.

Table 1. Number of inmates assessed by sex

	Frequency
Female	10,916
Male	144,591
Frequency Missing = 44	

Table 2. Number of inmates assessed by race

	Frequency
Asian	2,237
Black	60,515
Native American	4,176
White	88,579
Frequency Missing = 44	

Table 3. Number of inmates assessed by ethnicity

	Frequency
Hispanic	44,445
Non-Hispanic	111,062
Frequency Missing = 44	

The BOP uses a variety of assessment measures to assess inmate needs. Some of these measures are completed by staff and do not require inmate participation; other measures require inmate participation. Five of the needs rely on inmate participation, which may result in more refusals of the assessment.

Data by needs area is presented in the table below; although there is no comparison data, the BOP believes the numbers to be an accurate reflection of the needs of its inmate population. Data will be tracked over time, and initial data will be available for analysis in future reports.

Table 4. BOP inmates by need area

	Yes Need	No Need	Refused Assessment	Self-Report Measure
Anger/Hostility	61,238	42,594	9,227	Yes
Antisocial Peers	26,088	33,453	53,503	Yes
Cognitions	45,054	21,391	46,594	Yes
Dyslexia	736	105,375	6,912	No
Education	36,644	76,834	0	No
Family/Parenting	22,664	77,211	13,711	Yes
Finance/Poverty	30,015	82,585	146	No
Medical	38,344	74,110	61	No
Mental Health	3,442	109,600	0	No
Recreation/Leisure/Fitness	63,860	48,311	175	No
Substance Use	79,761	33,132	0	No
Trauma	35,626	42,363	33,649	Yes
Work	89,930	22,948	163	No

The BOP is aware that self-report measures lower the assessment rate and is implementing a variety of creative strategies to increase participation. Notably, the BOP is exploring the use

of tablets as part of the intake process to increase participation in the self-report measures. Additionally, per section 101 of the FSA, codified at 18 § U.S.C. § 3632, the BOP worked toward implementation of incentivizing program participation; the First Step Act Incentive policy was finalized on July 14, 2021. Through incentivizing program participation in addition to existing incentive opportunities, with the time credit rules language finalized and published, and as inmates share program experiences with peers, the hope is that participation in the needs assessment process increases.

As an educative strategy to increase inmate participation, Central Office leadership provided trainings to Executive Staff at the Region and Institution level to stress the importance of minimizing refusal rates among inmates to maximize participation in the Federal Time Credits Program. Additionally, information has been broadcast to inmates through the BOP's inmate computer system and in quarterly reentry publications. Disseminated information has focused on fully participating in all aspects of the risk and needs assessment process.

There is no direct comparison to previous years for program participation due to COVID-19 and due to some programs not having previous tracking capabilities. Numbers illuminated in the table below reflect baseline numbers and will serve as reference points for tracking program participation trends for future years to come.

Table 5. Inmate participation in and completion of programs as of September 30, 2021

	# of Inmates
Inmates Participating in EBRRs/PAs	71,203
Inmates Completed EBRRs/PAs	98,792

The BOP mapped and evaluated the needs assessment and reassessment processes from intake through release from prison both as a quality assurance/audit measure and as part of this first validation review. This endeavor was completed by:

- Qualitative interviews with a random sample of case managers, psychologists, teachers, and health services staff at 10 BOP facilities;
- A comprehensive review of program referrals and placements linked to needs assessment;
- A review of relevant policy, program review guidelines, and program review reports.

Staff Interviews. The Reentry Services Division (RSD) selected 10 institutions, representing all regions, genders, and security levels, for participation in qualitative staff interviews. To comply with COVID-19 safety strategies, all interviews were conducted virtually. A select group of interviewers from the Psychology Services Branch were trained to conduct interviews using a standardized interview guide. Interviewers participated in mock interviews prior to conducting institution interviews to ensure consistency across interviewers; responses were documented consistently across interviewers.

Two members of the following departments/job titles were selected for participation in the interviews: Case Manager, Education, Health Services, and Psychology Services. A total of 80 interviews took place across the 10 institutions. Interview questions and responses were categorized into four domains: General FSA, Needs Assessment, Programming and Incentives, and Policy. Across domains, staff were comfortable with basic information and practices, but detailed understanding was somewhat elusive.

Regarding general FSA, staff across institutions reported being moderately (42.5%) to somewhat (31.3%) familiar with the First Step Act. Staff expressed a basic understanding of the law and appreciated its focus on recidivism reduction through the provision of programming. Staff were less confident about details or about the impact on those aspects of the FSA outside their areas, thus indicating a need for corrective measures to address this knowledge gap.

For needs assessment, some staff detailed the importance of targeted programming to address identified needs. One staff member described the First Step Act as a "set of programming opportunities to reduce recidivism" that "incorporates evidence-based programs to target risk and needs." Per one staff member when asked how an inmate learns about their identified needs, "When I pull them in team. First, I give them their PATTERN score, and I let them know they are assessed by the 13 needs. I highlight areas and give them specific goals to address those needs. At each team, we reevaluate to see progress."

Staff reported awareness of programming offered by their own departments. There was a basic understanding that other departments provided EBRRs and PAs as well. On the other hand, they did not seem to have necessary information about the programmatic work of other departments. Staff appreciated the process by which an inmate expresses interest in programming using the mail system internal to an institution. Staff reported general understanding of receipt of incentives for participation in EBRRs and PAs, specifically related to the receipt of time credit and additional phone, visitation, and commissary privileges.

Policies for the needs assessment process and FSA incentives were issued in June and July 2021, respectively; however, nearly half of staff interviewed reported no familiarity with or declined comment on the policy. Staff reported slightly more familiarity with FSA incentives policy, but some still expressed confusion surrounding its implementation at the institution level. This is to be expected given that policy is relatively new, training and programming efforts were hampered by the pandemic, and Program Review (internal quality assurance) metrics have not yet been implemented. To redress these deficiencies, additional training initiatives will be implemented. (See Section – "Corrective Actions" below).

Inmate Interviews. The BOP interviewed incarcerated individuals at 10 sites about their understanding of the needs assessment process, their existing needs, and the BOP programs available to address the identified needs. A standardized interview was created by the BOP to ensure consistency amongst interviews.

RSD used the same 10 institutions, representing all regions, genders, and security levels, for participation in qualitative inmate interviews. To comply with COVID-19 safety strategies, all interviews were conducted virtually. A select group of interviewers across the Community

Reentry Affairs and the Women and Special Populations Branches were trained to conduct interviews using a standardized interview guide. Interviewers participated in mock interviews prior to conducting institution interviews to ensure consistency across interviewers; responses were documented consistently across interviewers.

A total of 50 interviews, five inmates per institution, took place across the 10 institutions. Interview questions and responses were categorized into three domains: First Step Act, Needs Assessment, and Programming and Incentives.

Inmates across institutions reported being somewhat (40.0%) to moderately (26.0%) familiar with the First Step Act. Inmates detailed the implementation of the law in 2018, and they described the importance of programming to help reduce recidivism. Additionally, inmates discussed the receipt of time credit for participation in programming. One inmate stated

when describing the First Step Act, "....help people reintegrate in society. The Act was passed in 2018 to allow inmates to earn good conduct time for completing programs."

Inmates were not knowledgeable about the details of needs assessment and reported general confusion on how needs are assessed; some inmates accurately reported needs being assessed through measures on the inmate computer system. One inmate responded, "I believe it's through those survey or assessment tests on TRULINCS."

Inmates expressed an understanding of programming available at their respective institutions. Some inmates reported misinformation regarding their offense history and eligibility for earning incentives for program participation and completion. When asked about incentives for program participation, one inmate stated, "I think it's good. I wish I qualified for all of them. I think it is adequate to get people motivated." Inmates reported delay in the implementation of incentives and attributed the delay to the pandemic. To increase inmate awareness, particularly in light of the newly implemented FSA Time Credit rule, additional communications will be implemented to improve inmate awareness. (See Section – "Corrective Actions" below).

Case File Sample. The BOP reviewed the needs assessment and classification information in a random sample of inmate case files to judge the reliability and validity of current program referral and placement decisions. A standard review form was created to ensure all file reviews were consistent.

A total of 50 inmates, representing all regions, genders, and security levels, were randomly selected for case file review. Ninety-eight percent of the inmates selected (49 of 50) had all 13 assessments completed as part of the BOP's SPARC-13 system. The lone inmate without all 13 needs assessed had 12 of the 13 needs assessed and was only missing a Substance Use assessment. A total of 88 pending participation codes were entered across the 50 inmates. The majority (54.5%) of referrals matched the identified needs of the inmate for whom the referral was made. Seventy-four program completion codes were entered across the 50 inmates, with another 38 participation codes currently active in the BOP's inmate management database.

Corrective Actions

The results of these interviews and case file reviews were used to formulate plans for improvement of the needs assessment process. As of the publication of this report, many of these plans are already underway.

- **Inmate training at designation**. RSD will develop and implement a lesson plan for the First Step Act for inclusion in the institution Admission and Orientation Program. This workshop functions as the introduction to prison for all sentenced inmates. Providing accurate and standardized First Step Act information as inmates arrive at their designated institutions will minimize misunderstandings and allow inmates to ask question before they begin being assessed.
- **Leverage technology to share information**. BOP provides regular updates on the inmate computer system. Offering reminders about programming, encouraging inmates to participate in the needs assessment process, and providing FSA updates as rules language was finalized and published keeps the First Step Act on the forefront of inmates' minds.
- **Virtual Staff Training**. RSD will provide open-house style virtual sessions for all facilities with FSA and needs assessment refresher information. Additionally, RSD will coordinate and conduct regional information sessions across the six BOP regional offices to educate those staff who provide the first line of oversight to institutions. Representatives from the Correctional Programs Division (Unit Management) the Health Services Division (Health Services), the Reentry Services Division (Education and Psychology Services) will participate in the information sessions. Thereafter, regional SMEs will be able to provide educated guidance to institutions and can offer additional information sessions to institutions within their respective regions.
- **In-Person Training**. RSD will utilize a train-the-trainer model to develop skilled cadres of educators in each region who can provide intensive training when needed at individual prison sites covering FSA, needs, programming, and incentives. Sites that are struggling to meet requirements will be prioritized, as will those with high staff turnover so staff learn as they are on-boarded. This approach was effective in improving understanding of PATTERN, the risk assessment system.
- **Create internal information site**. Redesigned and improved usability of content on the BOP's First Step Act intranet webpage such that it serves a hub of FSA information. Having one centralized location of accurate and updated FSA information allows for efficient access to current FSA information. Interdepartmental collaboration occurred to ensure that the webpage displays only current and accurate information.
- **Develop Program Review Guidelines**. BOP is a policy-driven agency, and institutions are held accountable for meeting requirements through the program review auditing process. Because the FSA policies are new, compliance metrics have not yet been developed. BOP will implement these new guidelines as soon as practicable.

Future Year Validation Studies

National Institute of Justice (NIJ) released a Statement of Work (SOW) to solicit proposals from qualified individuals to complete the annual review and revalidation of PATTERN. NIJ used a similar method to solicit and make awards to qualified individuals to complete the annual review and revalidation of the BOP's SPARC-13 system. The SOW specifically requests needs assessment expertise from qualified individuals. Further, NIJ collaborated with the BOP to ensure that the content of the SOW includes accurate information about the BOP's current needs assessment process (i.e., number and types of assessments currently being used across the BOP, criminogenic needs assessed, use of public domain tools, etc.).

To complete the review and revalidation of the BOP's SPARC-13 system in calendar year 2022, an SOW was proposed for the following reasons. With an SOW, NIJ can award to qualified experts as consultants and provide funds to the consultants via a consulting agreement. NIJ can only engage in consulting agreements with qualified individuals, not businesses, academic institutions, etc. This funding avenue allows NIJ to onboard the consultants quickly and begin the Department's required background investigation and clearance process. Also, applicants to the SOW will use the traditional solicitation submission process (i.e., submission of an SF-424 to Grants.gov and then submission of required SOW materials to JustGrants). Additionally, NIJ will use its independent peer-review process to evaluate the SOW submissions. As noted in the timeline below, this process can be completed in a matter of months. Further, NIJ will coordinate efforts between the risk and needs assessment teams to ensure timely completion of the Section 3631 review and revalidation mandate.

NIJ will continue to partner with the BOP on the needs assessment activities. The following plan will be followed to complete the report for CY2022.

In collaboration with the BOP and approval from OJP OGC, an SOW was released to solicit submissions from qualified experts to complete the annual review and validation of the needs assessment system. Initially, the SOW was public for 90 days at the end of 2021. No submissions were received from the first offering. The SOW offering was then extended until February 18, 2022, and, during this period, some submissions were received; the external independent peer-review process to evaluate qualified submissions is currently underway. The plan moving forward is detailed below:

- Conduct an external independent peer review of qualified submissions.
- Based on comments from the independent peer reviewers and internal reviews by subject matter experts, discuss most qualified consultant submissions with NIJ partners (i.e., BOP, OAAG, ODAG).
- Finalize selections and make notifications.
- Upon acceptance, begin the background investigation process.
- Provide required technology to consultants, as needed.
- Work with the BOP to provide funding to support the needs assessment tasks.
- Draft data transfer agreements and/or Memorandum of Understanding(s), as needed.

The above plan ensures that the Department of Justice will fully comply with the requirements of the FSA. As well, the strategy described herein – designed to assess and regularly improve the BOP's risk and needs assessments – will ensure that the BOP's compliance is in furtherance of the larger objectives of the FSA to improve the reentry outcomes for federal inmates.

Figure 1. Needs Assessment Process
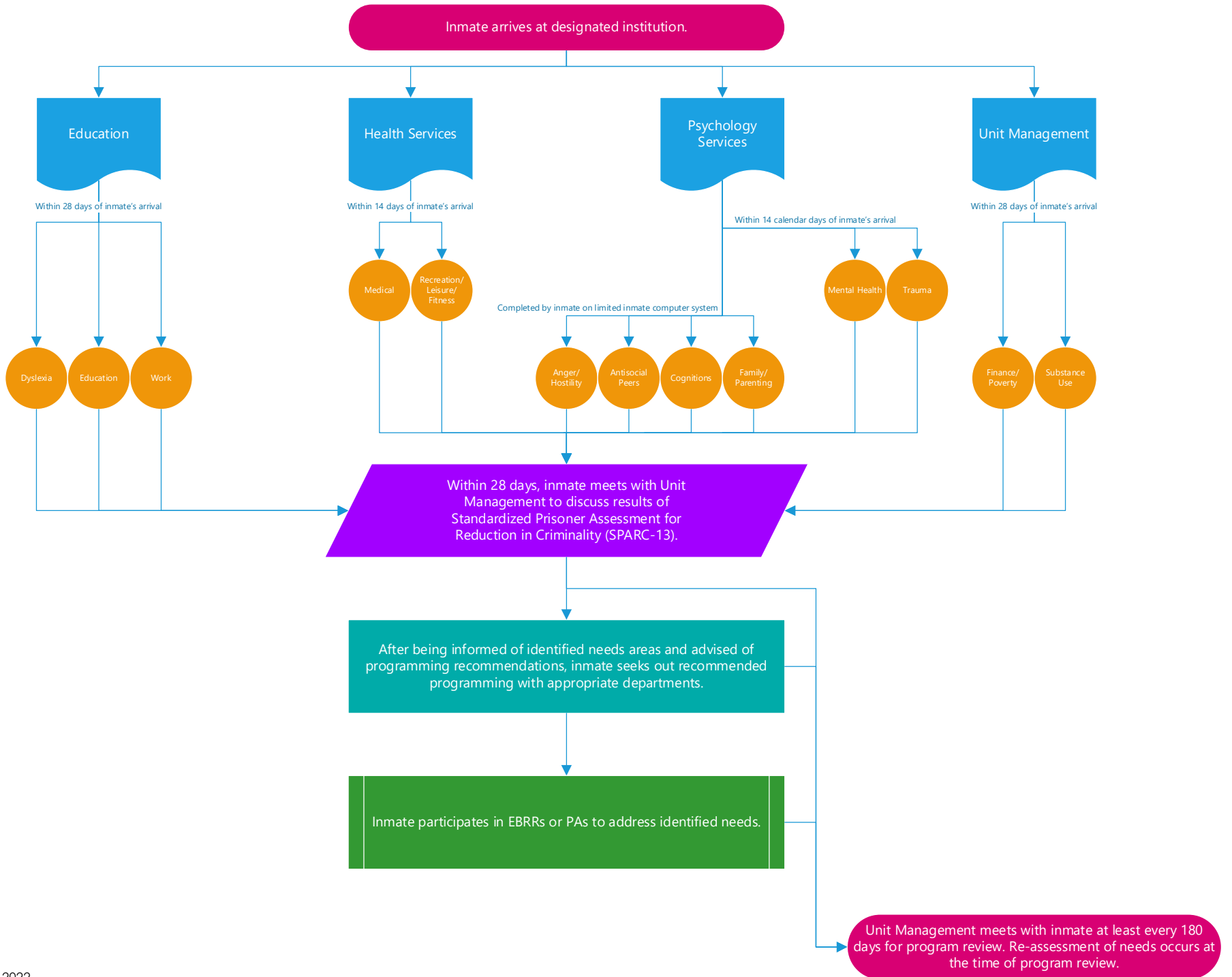
ANGER/HOSTILITY

Temperamental and antisocial personality, including anger and hostility, contributes to callous, self-indulgent, and rule-violating behavior. Such behaviors move one away from living a prosocial lifestyle and toward a life of criminality.

MEASURE OF NEED

Brief Anger-Aggression Questionnaire (BAAQ)[32]

- The BAAQ is a six-item measure used for the quick assessment of anger and aggression levels. The BAAQ has been shown to have satisfactory reliability and validity, as well as a significant relationship with another widely used anger assessment.

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Psychology Services

EBRRS AND PAS*

Anger Management   Challenge

Beyond Violence   START NOW

GOAL OF INTERVENTION

- Build problem-solving skills and practice anger management

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[32] Mauiro, Vitaliano, and Cahn, "Assessment of Anger and Aggression," 166-178.

ANTISOCIAL PEERS

Associating primarily with peers involved in criminal behavior puts one at higher risk of sharing in that behavior. Over time, incarcerated individuals lose contact with their prosocial support system, leaving them without a network to help reinforce appropriate behaviors.

MEASURE OF NEED

Measures of Criminal Attitudes and Associates (MCAA)[33]

- The MCAA is a two-part self-report measure of criminal thinking style and antisocial associates. Part A is a quantified self-report measure of antisocial associates. Part B contains four attitude scales: Violence, Entitlement, Antisocial Intent, and Associates. The MCAA has demonstrated significant associations with other measures of criminal thinking style and predictive validity for the outcomes of general and violent recidivism.

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Psychology Services

EBRRS AND PAS*

Aleph Institute	Resilience Support
BRAVE	Seeking Safety/Seeking Strength
CBT for Prison Gambling	Skills
Challenge	Social Skills Training
Criminal Thinking	Soldier On
Disabilities Education Program	SOTP-R
FIT	STAGES
Mental Health Step Down	Women's Reflections Group
PEER	Women's Relationships
RDAP	Women's Relationships II

GOAL OF INTERVENTION

- Reduce association with antisocial peers and enhance contact with prosocial support

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[33] Mills and Kroner, *Measures of Criminal Attitudes and Associates*, 25-30.

COGNITIONS

Antisocial cognitions are characterized by a belief and values system supportive of crime. Cognitive emotional states typically involve resentment and defiance.

MEASURE OF NEED

Measures of Criminal Attitudes and Associates (MCAA)[34]

- The MCAA is a two-part self-report measure of criminal thinking style and antisocial associates. Part A is a quantified self-report measure of antisocial associates. Part B contains four attitude scales: Violence, Entitlement, Antisocial Intent, and Associates. The MCAA has demonstrated significant associations with other measures of criminal thinking style and predictive validity for the outcomes of general and violent recidivism.

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Psychology Services

EBRRS AND PAS*

Access	Disabilities Education Program
Aleph Institute	Embracing Interfaith Cooperation
Anger Management	Emotional Self-Regulation
Assert Yourself for Female Offenders	FIT
Basic Cognitive Skills	Foundation
Beyond Violence	Houses of Healing
BRAVE	Mental Health Step Down
CBT for Prison Gambling	NRDAP
Challenge	RDAP
Change Plan	Resilience Support
Circle of Strength	Resolve
Cognitive Processing Therapy	Seeking Safety/Seeking Strength
Criminal Thinking	Sexual Self-Regulation
Dialectical Behavior Therapy	Skills

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[34] Mills and Kroner, *Measures of Criminal Attitudes and Associates*, 25-30.

Social Skills Training	Understanding Your Feelings
SOTP-NR	Victim Impact
SOTP-R	Women's Reflections Group
STAGES	Women's Relationships
START NOW	Women's Relationships II

GOAL OF INTERVENTION

- Reduce antisocial cognitions and learn to recognize risky thinking and feeling

DYSLEXIA

Dyslexia, a learning disorder most commonly caused by difficulty in phonological processing, is the number one cause of illiteracy. Through research studies, illiteracy has been shown to be a risk factor in criminal behavior.

MEASURE OF NEED

The BOP instituted a two-phase screening process. First, inmates complete a screening instrument that examines symptoms across functional domains. Inmates who reach the threshold are then administered the Woodcock Johnson IV, a psychometrically robust test capable of formal diagnosis.

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Education

EBRRs AND PAs*

Hooked on Phonics

GOAL OF INTERVENTION

- Improve literacy skills to foster hope

EDUCATION

Low levels of involvement and satisfaction in school can impact engagement in criminal behavior.

MEASURE OF NEED

High School Equivalence

Test of Adult Basic Education (TABE)

Comprehensive Adult Student Assessment System (CASAS)

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Education

EBRRs AND PAs*

Aleph Institute	Foundation
Bureau Literacy Program	Supported Employment
Change Plan	Ultra Key 6
English-as-a-Second Language	Women in the 21st Century Workplace

GOAL OF INTERVENTION

- Improve study skills and enhance performance rewards and incentives

FAMILY/PARENTING

Research has found links between family environment and criminal lifestyle. Arrests in family members constitute a major risk factor for poor developmental outcomes, including criminal behavior.

MEASURE OF NEED

Family Assessment Device (FAD-12)[35]

- Based on the McMaster Model of Family Functioning (MMFF), the FAD-12 is a brief, stand-alone measure of family functioning with solid psychometric properties. The FAD-12 has been widely used in both research and clinical practice. Higher scores indicate greater levels of family dysfunction.

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Psychology Services

EBRRs AND PAs*

Assert Yourself for Female Offenders	Pu'a Foundation Reentry Program
Franklin Covey 7 Habits on the Inside	Threshold Program
Life Connections	Women's Relationships
National Parenting from Prison Program	Women's Relationships II

GOAL OF INTERVENTION

- Reduce familial conflict
- Build and maintain positive relationships

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[35] Kabacoff et al., "Psychometric Study of McMaster Family Assessment Device," 431-439.

FINANCE/POVERTY

According to Becker (1968),[36] the cost of committing the crime appears lower than the benefits gained. There is direct correlation between poverty and criminality.

MEASURE OF NEED

Finance/Poverty Screen

- Unit Team review the PSR ("Financial Condition" section)
- Is there documentation of any of the following?
    - Any history of bankruptcy
    - No bank account
    - No assets or liabilities noted in PSR
    - Debts noted in credit report or other source
    - Tax liabilities/back taxes
    - Unpaid alimony/child support
    - Other indication of lack of financial management skills
- YES? NO?
    - If the answer is yes, the inmate has a Finance/Poverty Need

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Unit Management

EBRRS AND PAS*

AARP Foundation Finances

Money Smart for Adults

Money Smart for Older Adults

Square One

Women's Basic Financial Literacy Program

GOAL OF INTERVENTION

- Provide and promote opportunities for financial independence and success

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[36] Gary S. Becker, "Crime and Punishment: An Economic Approach," *Journal of Political Economy* 76, no 2 (1968): 169-217, accessed August 8, 2021, http://www.jstor.org/stable/1830482.

MEDICAL

Physical health and wellness correlate strongly with poverty and overall success, which can be indicators of risk for recidivism.

MEASURE OF NEED

Intake History
Physical Examination

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Health Services

EBRRS AND PAS*

Arthritis Foundation Walk with Ease

Brain Health as You Age

Disabilities Education Program

Getting to Know Your Healthy Aging Body

Health and Wellness Throughout the Lifespan

Healthy Steps for Older Adults

Living a Healthy Life with Chronic Conditions

Managing Your Diabetes

National Diabetes Prevention Program

Talking with Your Doctor

Women's Aging

GOAL OF INTERVENTION

- Improve awareness of and attendance to physical health issues

- Increase motivation to prevent health issues and maintain an appropriate level of physical wellness

Mental Health

Mental illness may indirectly lead to criminality. A serious mental illness may interfere with one's ability to form prosocial relationships and achieve and maintain life stability. Individuals may trend toward antisocial individuals and succumb to the criminal lifestyle.

Measure of Need

Psychology Services Inmate Questionnaire (PSIQ)

- The PSIQ is administered to every inmate as they arrive at an institution. Psychology Services is responsible for reviewing the information, entering the information into the electronic medical record, and responding to emergent responses, as appropriate.

Department Responsible for Assessment

Psychology Services

EBRRs and PAs*

Access	Mental Health Step Down
Brief CBT for Suicidal Individuals	Mindfulness-Based Cognitive Therapy
CBT for Eating Disorders	RDAP (Dual Diagnosis)
CBT for Insomnia	Resolve
Challenge	Seeking Safety/Seeking Strength
Change Plan	Skills
Circle of Strength	Social Skills Training
Cognitive Processing Therapy	Square One
Dialectical Behavior Therapy	STAGES
Emotional Self-Regulation	Supported Employment
FIT	Trauma Education
Foundation	Understanding Your Feelings
Illness Management and Recovery	Wellness Recovery Action Plan

Goal of Intervention

- Promote attendance to mental health concerns and build recovery strategies to reduce risk of relapse

RECREATION/LEISURE/FITNESS

Low levels of involvement and satisfaction in prosocial activity can contribute to criminality.

MEASURE OF NEED

Chronic Care Clinic

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Health Services

EBRRS AND PAS*

A Healthier Me

A Matter of Balance

Arthritis Foundation Walk with Ease

Brain Health As You Age

Getting to Know Your Healthy Aging Body

Health and Wellness Throughout the Lifespan

Healthy Steps for Older Adults

Living a Healthy Life with Chronic Conditions

National Diabetes Prevention Program

Service Fit

Square One

Talking with Your Doctor

Women's Aging

GOAL OF INTERVENTION

- Learn how to use free time productively and prosocially

- Promote attendance to overall health and wellness

SUBSTANCE USE

Problematic substance use associates with criminality. Individuals who use illicit substances are more likely to commit crimes; law-breaking behavior commonly involves individuals who used substances prior to crime commission, or who were using at the time of the offense.

MEASURE OF NEED

Drug Education Assignment

- Unit Management staff determine need in the area of Substance Use by reviewing an inmate's history and offenses to determine if use and/or dealing in substances exists.

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Unit Management

EBRRs AND PAs*

Alcoholics Anonymous	Narcotics Anonymous
Challenge	NRDAP
Drug Education	RDAP
FIT	Seeking Safety/Seeking Strength
K2 Awareness Program	

GOAL OF INTERVENTION

- Reduce use and enhance prosocial alternatives to use

TRAUMA

Published in 1998 as a collaboration between the Centers for Disease Control (CDC) and Kaiser Permanente, the original Adverse Childhood Experiences (ACEs) study looked at the relationship between chronic stress in childhood and adult health outcomes. Adverse childhood experiences were found to be associated with significant increases in a number of negative social, behavioral health, and physical health outcomes.

MEASURE OF NEED

Adverse Childhood Experiences Scale

- Developed by Felitti and colleagues (1998),[37] the Adverse Childhood Experiences Scale (ACES) measures childhood exposure to trauma: psychological, physical, or sexual abuse, neglect, mental illness, domestic violence, divorce, and having a parent in prison.

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Psychology Services

*EBRRS AND PAS**

Access	Seeking Safety/Seeking Strength
Circle of Strength	Soldier On
Cognitive Processing Therapy	STAGES
Dialectical Behavior Therapy	Trauma Education
FIT	Understanding Your Feelings
Pu'a Foundation Reentry Program	Women's Relationships II
Resolve	

GOAL OF INTERVENTION

- Provide trauma-informed care that is safe, collaborative, and compassionate

- Build on strengths and resilience of inmates

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[37] Felitti et al., "Adverse Childhood Experiences (ACE) Study," 245-258.

WORK

Low levels of involvement and satisfaction in work can impact engagement in criminal behavior.

MEASURE OF NEED

Vocational Screen

- Education reviews the PSR and any other available official documents
- Item One: Is there evidence the inmate been employed for at least one year in a legitimate job
  - YES? NO?
- Item Two: Does the inmate have any certifications or credentials that would assist in obtaining a job?
  - YES? NO?
- If the answer to either item is no, the inmate has a Work Need

DEPARTMENT RESPONSIBLE FOR ASSESSMENT

Education

EBRRs AND PAs*

Apprenticeship Training	Foundation
Certification Course Training	Post-Secondary Education
Change Plan	Supported Employment
English-as-a-Second Language	Ultra Key 6
Federal Prison Industries	Vocational Training
Federal Prison Industries Lean Basic Training	Women in the 21st Century Workplace
FIT	Women's Career Exploration Series

GOAL OF INTERVENTION

- Foster employment-seeking and maintenance skills

EVIDENCE-BASED RECIDIVISM REDUCTION (EBRR) PROGRAMS & PRODUCTIVE ACTIVITIES (PAs) BY NEED AREA	
PRODUCTIVE ACTIVITIES IN ITALICS	
FSA NEED AREA	**PROGRAM ADDRESSING NEED AREA**
Anger/Hostility	**Anger Management** (Psychology)
	Beyond Violence (SPPC)
	Challenge (Psychology)
	START NOW (Contractors, Education, Health Services, Psychology, SPPC, Unit Team, Volunteers)
Antisocial Peers	*Aleph Institute* (Volunteers)
	Bureau Rehabilitation and Values Enhancement (BRAVE) (Psychology)
	CBT for Prison Gambling (Psychology)
	Challenge (Psychology)
	Criminal Thinking (Psychology)
	Disabilities Education Program (RAC, SPPC)
	Female Integrated Treatment (FIT) (Education, Psychology)
	Mental Health Step Down (Psychology)
	PEER (SPPC, Unit Team)
	Residential Drug Abuse Program (RDAP) (Psychology)
	Resilience Support (RAC, SPPC, Unit Team, Volunteers)
	Seeking Safety/Seeking Strength (Psychology)
	Sex Offender Treatment Program (SOTP-R) (Psychology)
	Skills (Psychology)
	Social Skills Training (Psychology)
	Soldier On (Contractors, SPPC, Unit Team, Volunteers)
	STAGES (Psychology)
	Women's Reflections Group (SPPC, RAC)
	Women's Relationships (Contractors, Education, SPPC, Volunteers)
	Women's Relationships II (Contractors, Education, SPPC, Volunteers)
Cognitions	*Access* (SPPC)
	Aleph Institute (Volunteers)
	Anger Management (Psychology)
	Assert Yourself for Female Offenders (SPPC, Unit Team)
	Basic Cognitive Skills (Psychology)
	Beyond Violence (SPPC)
	Bureau Rehabilitation and Values Enhancement (BRAVE) (Psychology)
	CBT for Prison Gambling (Psychology)
	Challenge (Psychology)

	Change Plan (Contractors, Education, Health Services, Psychology, SPPC, Unit Team, Volunteers)
	Circle of Strength (Psychology, SPPC, Unit Team)
	Cognitive Processing Therapy (Psychology)
	Criminal Thinking (Psychology)
	Dialectical Behavior Therapy (Psychology)
	Disabilities Education Program (RAC, SPPC)
	Embracing Interfaith Cooperation (Chaplaincy, Contractors, Volunteers)
	Emotional Self-Regulation (Psychology)
	Female Integrated Treatment (FIT) (Education, Psychology)
	Foundation (RAC, Social Worker, SPPC)
	Houses of Healing (Chaplaincy, Contractors, Volunteers)
	Mental Health Step Down (Psychology)
	Non-Residential Drug Abuse Program (NRDAP) (Psychology)
	Non-Residential Sex Offender Treatment Program (SOTP-NR) (Psychology)
	Residential Drug Abuse Program (RDAP) (Psychology)
	Resilience Support (RAC, SPPC, Unit Team, Volunteers)
	Resolve (Psychology)
	Seeking Safety/Seeking Strength (Psychology)
	Sex Offender Treatment Program (SOTP-R) (Psychology)
	Sexual Self-Regulation (Psychology)
	Skills (Psychology)
	Social Skills Training (Psychology)
	STAGES (Psychology)
	START NOW (Contractors, Education, Health Services, Psychology, SPPC, Unit Team, Volunteers)
	Understanding Your Feelings (Education, Health Services, SPPC)
	Victim Impact (Health Services, Unit Team)
	Women's Reflections Group (SPPC, RAC)
	Women's Relationships (Contractors, Education, SPPC, Volunteers)
	Women's Relationships II (Contractors, Education, SPPC, Volunteers)
Dyslexia	*Hooked on Phonics* (Contractors, Education, Volunteers)
Education	*Aleph Institute* (Volunteers)
	Bureau Literacy Program (Contractors, Education)
	Change Plan (Contractors, Education, Health Services, Psychology, SPPC, Unit Team, Volunteers)
	English-as-a-Second Language (Contractors, Education, Volunteers)
	Foundation (RAC, Social Worker, SPPC)
	Supported Employment (Psychology)

	Ultra Key 6 (Contractors, Education)
	Women in the 21st Century Workplace (Contactors, Education, FPI, SPPC, Volunteers)
Family/Parenting	**Assert Yourself for Female Offenders** (SPPC, Unit Team)
	Franklin Covey 7 Habits on the Inside (Unit Team)
	Life Connections (Chaplaincy, Contractors, Volunteers)
	National Parenting from Prison Program (RAC, Social Worker, SPPC, Unit Team)
	Pu'a Foundation Reentry Program (Contractors, Education, Unit Team, Volunteers)
	Threshold Program (Chaplaincy, Contractors, Volunteers)
	Women's Relationships (Contractors, Education, SPPC, Volunteers)
	Women's Relationships II (Contractors, Education, SPPC, Volunteers)
Finance/Poverty	**AARP Foundation Finances** (Unit Team, Volunteers)
	Money Smart for Adults (Business Office, Contractors, Unit Team, Volunteers)
	Money Smart for Older Adults (Business Office, Contractors, Unit Team, Volunteers)
	Square One (Business Office, Contractors, Education, Health Services, SPPC, Unit Team, Volunteers)
	Women's Basic Financial Literacy Program (Business Office, Education, SPPC)
Medical	*Arthritis Foundation Walk with Ease* (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Brain Health as You Age (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Disabilities Education Program (RAC, SPPC)
	Getting to Know Your Healthy Aging Body (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Health and Wellness Throughout the Lifespan (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Healthy Steps for Older Adults (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Living a Healthy Life with Chronic Conditions (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Managing Your Diabetes (Health Services, Volunteers)
	National Diabetes Prevention Program (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Talking with Your Doctor (Education, Health Services)
	Women's Aging (SPPC, Volunteers)
Mental Health	*Access* (SPPC)
	Brief CBT for Suicidal Individuals (Psychology)
	CBT for Eating Disorders (Psychology)
	CBT for Insomnia (Psychology)
	Challenge (Psychology)
	Change Plan (Contractors, Education, Health Services, Psychology, SPPC, Unit Team, Volunteers)
	Circle of Strength (Psychology, SPPC, Unit Team)
	Cognitive Processing Therapy (Psychology)
	Dialectical Behavior Therapy (Psychology)
	Emotional Self-Regulation (Psychology)

	Female Integrated Treatment (FIT) (Education, Psychology)
	Foundation (RAC, Social Worker, SPPC)
	Illness Management and Recovery (Psychology)
	Mental Health Step Down (Psychology)
	Mindfulness-Based Cognitive Therapy (Psychology)
	Residential Drug Abuse Program (RDAP-Dual Diagnosis) (Psychology)
	Resolve (Psychology)
	Seeking Safety/Seeking Strength (Psychology)
	Skills (Psychology)
	Social Skills Training (Psychology)
	Square One (Business Office, Contractors, Education, Health Services, SPPC, Unit Team, Volunteers)
	STAGES (Psychology)
	Supported Employment (Psychology)
	Trauma Education (Psychology)
	Understanding Your Feelings (Education, Health Services, SPPC)
	Wellness Recovery Action Plan (Psychology)
Recreation/Leisure/Fitness	*A Healthier Me* (Recreation, SPPC, Unit Team)
	A Matter of Balance (Health Services, Recreation)
	Arthritis Foundation Walk with Ease (Contactors, Health Services, Recreation, Unit Team, Volunteers)
	Brain Health As You Age (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Getting to Know Your Healthy Aging Body (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Health and Wellness Throughout the Lifespan (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Healthy Steps for Older Adults (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Living a Healthy Life with Chronic Conditions (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	National Diabetes Prevention Program (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Service Fit (Contractors, Health Services, Recreation, Unit Team, Volunteers)
	Square One (Business Office, Contractors, Education, Health Services, SPPC, Unit Team, Volunteers)
	Talking with Your Doctor (Education, Health Services)
	Women's Aging (SPPC, Volunteers)
Substance Use	*Alcoholics Anonymous* (Contractors, Volunteers)
	Challenge (Psychology)
	Drug Education (Psychology)
	Female Integrated Treatment (FIT) (Education, Psychology)
	K2 Awareness Program (Contractors, Custody, Education, Health Services, Unit Team, Volunteers)
	Narcotics Anonymous (Volunteers)
	Non-Residential Drug Abuse Program (NRDAP) (Psychology)

	Residential Drug Abuse Program (RDAP) (Psychology)
	Seeking Safety/Seeking Strength (Psychology)
Trauma	*Access* (SPPC)
	Circle of Strength (Psychology, SPPC, Unit Team)
	Cognitive Processing Therapy (Psychology)
	Dialectical Behavior Therapy (Psychology)
	Female Integrated Treatment (FIT) (Education, Psychology)
	Pu'a Foundation Reentry Program (Contractors, Education, Unit Team, Volunteers)
	Resolve (Psychology)
	Seeking Safety/Seeking Strength (Psychology)
	Soldier On (Contractors, SPPC, Unit Team, Volunteers)
	STAGES (Psychology)
	Trauma Education (Psychology)
	Understanding Your Feelings (Education, Health Services, SPPC)
	Women's Relationships II (Contractors, Education, SPPC, Volunteers)
Work	**Apprenticeship Training** (Education, Journeymen)
	Certification Course Training (Contractors, Education, FPI, Volunteers)
	Change Plan (Contractors, Education, Health Services, Psychology, SPPC, Unit Team, Volunteers)
	English-as-a-Second Language (Contractors, Education, Volunteers)
	Federal Prison Industries (FPI) (UNICOR)
	Federal Prison Industries (FPI) Lean Basic Training (FPI)
	Female Integrated Treatment (FIT) (Education, Psychology)
	Foundation (RAC, Social Worker, SPPC)
	Post-Secondary Education (Contractors, Education)
	Supported Employment (Psychology)
	Ultra Key 6 (Contractors, Education)
	Vocational Training (Contractors, Education, FPI, Volunteers)
	Women in the 21st Century Workplace (Contactors, Education, FPI, SPPC, Volunteers)
	Women's Career Exploration Series (Education, SPPC)

BOP FIRST STEP ACT NEEDS ASSESSMENT SELF-AUDIT

Inmate Interview Form

INMATE NAME:	****ATTACH PP44****
REGISTER NUMBER:	
DATE OF INTERVIEW:	
NAME OF INTERVIEWER:	

FACILITY:	**PRD:**	**ASSESSED RISK LEVEL:**

MODERATOR INTRODUCTION:

Thank you for taking the time to talk with us about the First Step Act needs assessment process.

Our goal is to understand your thoughts on the process of identifying and assessing needs as a requirement of the First Step Act. Additionally, we are looking to gather information on available programs to address your identified needs.

This conversation will be documented for internal reference to make sure we capture all relevant information appropriately. The information will remain confidential and will be used in combination with other interviews.

Document all responses as closely to verbatim as possible.

PART 1: FIRST STEP ACT

1. How familiar are you with the First Step Act?

Not at all familiar   Slightly familiar   Somewhat familiar   Moderately familiar   Extremely familiar

2. What is your understanding of the First Step Act?

3. Where did you learn your information about the First Step Act?

Admission & Orientation   BOP staff member   Family/Friends   Attorney/Advocacy Group   Other

PART 2: NEEDS ASSESSMENT PROCESS

4. How are needs identified for the First Step Act?

5. Did you take the inmate surveys on TRULINCS? If Yes, do you have any feedback about how they were presented? If No, why didn't you complete the surveys?

6. Are you aware of your identified needs under the First Step Act?

7. Who told you about your First Step Act needs? How were you told?

PART 3: FIRST STEP ACT PROGRAMMING

8. What First Step Act programs are available at your institution?

9. How do you go about expressing interest in a program?

10. Are you pending participation for any programs? If Yes, what programs are you waiting to complete?

11. Have you completed any programs? If Yes, what programs have you completed?

12. What are your thoughts on the incentives available for program participation?

BOP FIRST STEP ACT NEEDS ASSESSMENT SELF-AUDIT

Staff Interview Form

JOB TITLE:	**DEPARTMENT:**
DATE OF INTERVIEW:	
NAME OF INTERVIEWER:	
FACILITY:	

MODERATOR INTRODUCTION:

Thank you for taking the time to talk with us about the First Step Act needs assessment process.

Our goal is to understand your thoughts on the process of identifying and assessing needs as a requirement of the First Step Act. Additionally, we are looking to gather information on available programs to address identified needs at your institution.

This conversation will be documented for internal reference to make sure we capture all relevant information appropriately. The information will remain anonymous and will be used in combination with other interviews.

Document all responses as closely to verbatim as possible.

PART 1: FIRST STEP ACT

1. How familiar are you with the First Step Act?

Not at all familiar   Slightly familiar   Somewhat familiar   Moderately familiar   Extremely familiar

2. What is your understanding of the First Step Act?

3. Where did you learn your information about the First Step Act?

    Annual Training   Sallyport   Institution Familiarization   BOP.gov   Other

PART 2: NEEDS ASSESSMENT PROCESS

4. How are needs identified for the First Step Act?

5. What need(s) is your department responsible for assessing?

6.   How does an inmate learn about their identified needs?

7. What are your thoughts on Program Statement 5400.01, First Step Act Needs Assessment?

PART 3: FIRST STEP ACT PROGRAMMING

8. What First Step Act programs are available at your institution?

9. How does an inmate go about expressing interest in a program offered by your department?

10. What are your thoughts on Program Statement 5220.01, First Step Act Program Incentives?

11. What incentives does your institution offer for program participation?

BOP FIRST STEP ACT NEEDS ASSESSMENT SELF-AUDIT

Case File Review Form

	Disposition	Date	Comments
Identifying Information			
Institution			
Register Number			
Date of Birth			
Age			
Sex			
Race			
Ethnicity			
Projected Release Date			
Security Level			
PATTERN Risk Level			
FSA Needs	**Yes/No/Refuse**		
Anger/Hostility			
Antisocial Peers			
Cognitions			
Dyslexia			
Education			
Family/Parenting			
Finance/Poverty			
Medical			
Mental Health			
Recreation/Leisure/Fitness			
Substance Use			
Trauma			
Work			
Reassessment	**Yes/No or N/A**		
Reassessment Completed			
Program Referrals	**Yes/No or N/A**		
Pending Participation			

Referral Match Need(s)			
Program Completions	**Yes/No**		
In-Progress			
Completed			