United States Government Accountability Office

Report to Congressional Requesters

May 2020

BUREAU OF PRISONS

Improved Planning Would Help BOP Evaluate and Manage Its Portfolio of Drug Education and Treatment Programs

GAO-20-423

GAO Highlights

Highlights of GAO-20-423, a report to congressional requesters

May 2020

BUREAU OF PRISONS

Improved Planning Would Help BOP Evaluate and Manage Its Portfolio of Drug Education and Treatment Programs

Why GAO Did This Study

BOP is responsible for managing the care and custody of approximately 175,000 federal inmates—an estimated 20 percent of whom have been diagnosed with a substance use disorder. Through its drug education and treatment programs, BOP aims to help these inmates avoid substance use after reentering society—a time when they are at a high risk of drug overdose.

GAO was asked to review BOP's efforts to provide drug treatment to federal inmates. This report (1) describes BOP's drug education and treatment programs and funding for them from fiscal years 2015 through 2019, (2) examines BOP's plans for expanding the MAT program, and (3) examines BOP's plans for evaluating and managing these programs. GAO examined program documentation and data, interviewed BOP officials regarding the provision of drug treatment, and conducted site visits that included four BOP institutions and one privately managed institution selected, in part, for the range of drug treatment programs offered.

What GAO Recommends

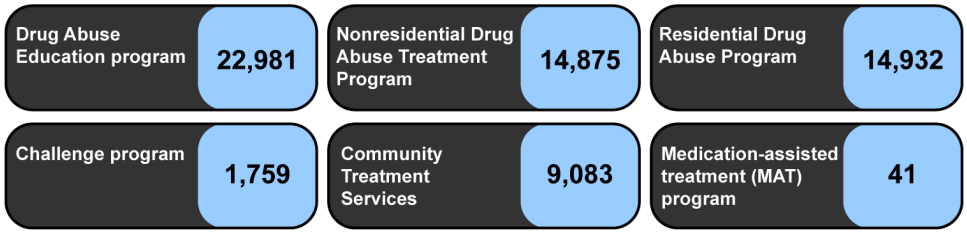
GAO is making seven recommendations to BOP, including to develop key planning elements for expanding its MAT program and to develop and implement a plan that agency leadership can use to manage its portfolio of drug treatment programs. The Department of Justice concurred with our recommendations.

View GAO-20-423. For more information, contact Gretta L. Goodwin at (202) 512-8777 or goodwing@gao.gov.

What GAO Found

The Bureau of Prisons (BOP) provides a drug education program and five drug treatment programs to federal inmates. BOP's most intensive drug treatment program—the Residential Drug Abuse Program—requires inmates to reside in a treatment unit set apart from the general population. From fiscal years 2015 through 2019, BOP obligated about $584 million for its programs. In fiscal year 2019, it implemented a new medication-assisted treatment (MAT) program for inmates with opioid use disorder. This program combines cognitive behavioral therapy with the use of medications—naltrexone, buprenorphine, and methadone.

Number of Inmates Who Participated in Each of the Bureau of Prisons' (BOP) Drug Education and Treatment Programs in Fiscal Year 2019



Source: GAO analysis of BOP information. | GAO-20-423

Notes: BOP information on participation in its drug education and treatment programs captures the total number of discrete inmates who participated in a given program at any point during fiscal year 2019. Inmates may have participated in more than one program. BOP implemented the MAT program in fiscal year 2019.

BOP is taking steps to expand its MAT program nationwide to ensure all eligible inmates have access to the program and estimates needing $76.2 million across fiscal years 2020 and 2021 to do so. However, it lacks key planning elements to ensure its significant expansion efforts are timely and effective. For example, BOP lacks documentation on its methods for determining the number of additional agency personnel it reports needing to support MAT program expansion; how it plans to recruit and onboard these personnel; and time frames and target goals for key milestones, such as when the expansion will be completed. Developing these planning elements would better position BOP to identify and complete the tasks and objectives necessary to successfully implement its MAT program.

BOP's existing plan for evaluating its drug treatment programs has not been implemented and omits key programs, including MAT. Without an updated plan for evaluating all of its programs, the agency risks continuing or implementing programs that may not be effective. BOP also lacks a plan that agency leadership can use to manage its expanded portfolio of drug education and treatment programs, particularly given the substantial financial investment of the MAT program. Developing and implementing such a plan would help ensure BOP is effectively using available resources and making informed decisions in managing its portfolio of drug education and treatment programs.

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Abbreviations

BOP	Bureau of Prisons
KYDOC	Kentucky Department of Corrections
MAT	Medication-assisted treatment
NRDAP	Nonresidential Drug Abuse Treatment Program
RDAP	Residential Drug Abuse Program
RIDOC	Rhode Island Department of Corrections
RRC	Residential reentry center
SAMHSA	Substance Abuse and Mental Health Services Administration

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May 26, 2020

Congressional Requesters

Substance use disorders, including the misuse of and addiction to opioids, represent a serious national crisis.[1] For example, in 2018, more than 67,000 people died from drug overdoses in the United States, and opioids were a main driver of these deaths, according to the latest data from the Centers for Disease Control and Prevention. The Federal Bureau of Prisons (BOP) is responsible for managing the care and custody of approximately 175,000 inmates, as of March 2020, including those with a substance use disorder.[2] BOP estimates that about 35,000 inmates—20 percent of its total inmate population—have been diagnosed with at least one substance use disorder and that 8,000 inmates (about 5 percent) have either an opioid use disorder or a history of opioid use.[3]

BOP is responsible for providing drug treatment to federal inmates within its institutions as well as when inmates are reentering society.[4]

[1]GAO, *Drug Misuse: Sustained National Efforts Are Necessary for Prevention, Response and Recovery*, GAO-20-474 (Washington, D.C.: Mar. 26, 2020).

[2]According to BOP data, 41,371 inmates were released from BOP custody in fiscal year 2019. Of these, 30,803 (75 percent) had participated in at least one drug education and treatment program at some point during their incarceration. Appendix II includes additional information on inmate participation in BOP's drug education and treatment programs. Substance use is defined as the use of a psychoactive compound with the potential to cause health and social problems and includes alcohol, illicit drugs, such as marijuana, cocaine, heroin, hallucinogens, and inhalants, as well as the nonmedical use of prescription drugs, such as opioid pain relievers. Substance use disorder is a medical illness caused by the repeated misuse of a substance or substances and is characterized by significant impairments in health and social function, among others. See U.S. Department of Health and Human Services, Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* (Washington, D.C.: November 2016).

[3]BOP likely underestimates the number of total inmates with a substance use disorder for two reasons. First, BOP only conducts a diagnostic interview for inmates who are interested in participating in BOP's residential drug treatment program rather than conducting one for all of its inmates. Second, its estimate captures inmates who had a diagnosis in fiscal year 2019 alone.

[4]Pursuant to 18 U.S.C. § 3621, BOP is required to make available appropriate substance abuse treatment for each prisoner BOP determines has a treatable condition of substance addiction or abuse. In order to carry out this requirement, BOP is required, subject to the availability of appropriations, to provide residential substance abuse treatment and make arrangements for appropriate aftercare for all eligible prisoners.

Specifically, research has shown that upon their release, former inmates face challenges, which may make them more vulnerable to substance use, as well as overdose.[5] These challenges include finding housing, employment, and transportation and avoiding associates and situations that may have contributed to their prior criminal behavior.

BOP provides a drug education program and several drug treatment programs. This portfolio includes its new medication-assisted treatment (MAT) program for treating inmates with opioid use disorder, which BOP introduced in fiscal year 2019.[6] While BOP's other drug treatment programs use cognitive behavioral therapy, its MAT program combines this therapy with the provision of certain medications approved by the Food and Drug Administration.[7]

You asked us to review BOP's efforts to provide drug education and treatment programs for federal inmates. This report (1) describes BOP's drug education and treatment programs to help inmates address substance use and funding for these programs from fiscal years 2015 through 2019, (2) examines BOP's plans for expanding its MAT program, and (3) examines the extent to which BOP has plans to evaluate and manage these programs.

To address our first and second objectives, we reviewed BOP documentation on its drug education and treatment programs, including agency policies, program-specific guidance and materials and statements of work that govern the contracts for privately managed institutions, community treatment providers, and residential reentry centers (RRC)—

[5]National Academies of Sciences, Engineering, and Medicine. *Medications for Opioid Use Disorder Save Lives*. (Washington, DC: The National Academies Press, 2019).

[6]We have previously reported on the use of MAT to treat opioid use disorder. For example, see GAO, *Opioid Use Disorder: Barriers to Medicaid Beneficiaries' Access to Treatment Medications*, GAO-20-233 (Washington, D.C.: Jan. 24, 2020), *Drug Policy: Assessing Treatment Expansion Efforts and Drug Control Strategies and Programs,* GAO-19-535T (Washington, D.C.: May 9, 2019), *Opioid Use Disorders: HHS Needs Measures to Assess the Effectiveness of Efforts to Expand Access to Medication-Assisted Treatment,* GAO-18-44 (Washington, D.C.: Oct. 31, 2017), *Opioid Addiction: Laws, Regulations, and Other Factors Can Affect Medication-Assisted Treatment Access,* GAO-16-833 (Washington, D.C.: Sept. 27, 2016).

[7]Cognitive behavioral therapy, a type of behavioral therapy, focuses on helping inmates understand the relationships between their thoughts, feelings, and behaviors.

also known as halfway houses.[8] We also reviewed documentation on BOP's plans for expanding its new MAT program. We assessed this documentation and BOP's efforts to expand its MAT program against standard program management principles.[9]

To further describe BOP's drug education and treatment programs, we obtained information on participation in these programs for inmates during fiscal years 2015 through 2019. In addition, we interviewed BOP officials and analyzed documentation to determine the processes in place to ensure the reliability of these numbers and determined the information was sufficiently reliable for the purpose of describing inmate participation numbers by fiscal year. We also obtained and analyzed funding data, including obligations and expenditures, from BOP's Financial Management Information System for fiscal years 2015 through 2019—the five most recent years for which data are available.[10] To assess the reliability of BOP's funding data, we performed electronic data testing and looked for obvious errors in accuracy and completeness and interviewed agency officials knowledgeable about BOP's budget to determine the processes in place to ensure the integrity of the data. We determined that the data were sufficiently reliable for the purpose of describing the annual amounts BOP obligated for its drug education and treatment programs during this time period and the amount the agency expended for its MAT program in fiscal year 2019.

In addition, we conducted site visits to four BOP-managed institutions and one privately managed institution. Specifically, we conducted these site

[8]Privately managed institutions are prisons operated by private contractors that house federal inmates under BOP custody. BOP contracts with community treatment providers that have access to licensed professionals—such as certified addiction counselors, psychologists, and social workers—who provide treatment to eligible inmates. RRCs provide inmates with a supervised environment, job search assistance, and other programs and services.

[9]Project Management Institute, *The Standard for Program Management* ®, Third Edition (Newton Square, PA: 2013). *The Standard for Program Management* ® describes, among other things, how resource planning; goals, milestones, and performance measures; and program monitoring and reporting are good practices that can enhance management for most programs.

[10]An obligation is a definite commitment that creates a legal liability of the government for the payment of goods and services ordered or received. An "expenditure" is defined as the actual spending of money. For the purposes of this report, obligations and expenditures represent the amount of funding BOP obligated and expended for its drug education and treatment programs from fiscal years 2015 through 2019.

visits to four BOP-managed institutions within two federal correctional complexes and one federal medical center.[11] We used the following three criteria to select a nongeneralizable sample of two BOP-managed federal correctional complexes and one federal medical center: a range of (1) drug education and treatment programs offered, (2) geographic locations of programs offered, and (3) institution security levels (e.g., minimum, low, medium, high, and administrative).[12] We also conducted one site visit to the only privately managed institution that provides BOP's residential drug treatment program to inmates. The five institutions we visited provided BOP's drug education program and four of BOP's drug treatment programs to female and male inmate populations, were located in three different states, and encompassed four security levels (low, medium, high, and administrative).

Further, we visited three RRCs and community treatment providers (located near the BOP institutions we selected for site visits) and interviewed staff to obtain perspectives on BOP's drug treatment efforts to inmates residing in community confinement in a RRC or home confinement.[13] Since we selected a nongeneralizable sample of BOP- and privately managed institutions, RRCs, and community treatment providers, the information we obtained cannot be generalized more broadly across all such entities. However, the information provides important context and insights into the drug education and treatment programs BOP provides to inmates.

To address our third objective, we reviewed relevant BOP documentation, such as its July 2017 program evaluation plan—the most recent plan available—prior BOP evaluations of selected programs, and agency policies—known as program statements—that help guide program implementation for each BOP branch. We assessed this documentation and BOP's efforts to evaluate its drug education and treatment programs

[11]Federal correctional complexes consist of multiple institutions with different missions (for example, medical, mental health, pretrial, and holdover) and different security levels. Federal medical centers provide medical and mental health care to inmates with special needs.

[12]Administrative facilities are institutions with special missions, such as the detention of pretrial offenders; the treatment of inmates with serious or chronic medical problems; or the containment of extremely dangerous, violent, or escape-prone inmates.

[13]Inmates placed in home confinement are monitored and are required to remain at home when not working or participating in programming and other approved activities.

against the American Evaluation Association framework.[14] We also evaluated BOP's efforts to manage these programs against sound planning practices and federal internal control standards.[15] Appendix I contains a more detailed description of our objectives, scope, and methodology.

We conducted this performance audit from September 2018 through May 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

As of March 2020, BOP was responsible for the care and custody of about 175,000 inmates residing in several types of facilities, including approximately:

- 146,000 inmates residing in 122 BOP-managed institutions, or prisons;
- 18,000 inmates residing in 12 privately managed institutions; and
- 11,000 inmates residing in community confinement, either in 197 RRCs or home confinement, according to BOP officials.[16]

[14]American Evaluation Association, *An Evaluation Roadmap for a More Effective Government* (Washington, D.C.: October 2016).

[15]In past reports, we have identified sound practices in planning. For example, see GAO, *Combating Terrorism: Evaluation of Selected Characteristics in National Strategies Related to Terrorism,* GAO-04-408T (Washington, D.C.: Feb. 3, 2004) and GAO, *Social Security Disability: Additional Performance Measures and Better Cost Estimates Could Help Improve SSA's Efforts to Eliminate Its Hearings Backlog,* GAO-09-398 (Washington, D.C.: Sept. 9, 2009). GAO, *Standards for Internal Control in the Federal Government,* GAO-14-704G (Washington, D.C.: September 2014).

[16]Federal Bureau of Prisons, *Inmate Population Report*, accessed March 27, 2020, https://www.bop.gov/about/statistics/population_statistics.jsp.

Questions from the Bureau of Prisons' (BOP) Intake Screening to Affirm or Deny Inmate Drug Use and Treatment

- Has your use of alcohol or drugs ever created problems for you? Which drugs have you used?
- Are you currently withdrawing from alcohol or drugs ("detoxing")?
- Do you wish to participate in drug abuse treatment?

Source: BOP's Psychology Services Intake Questionnaire. | GAO-20-423

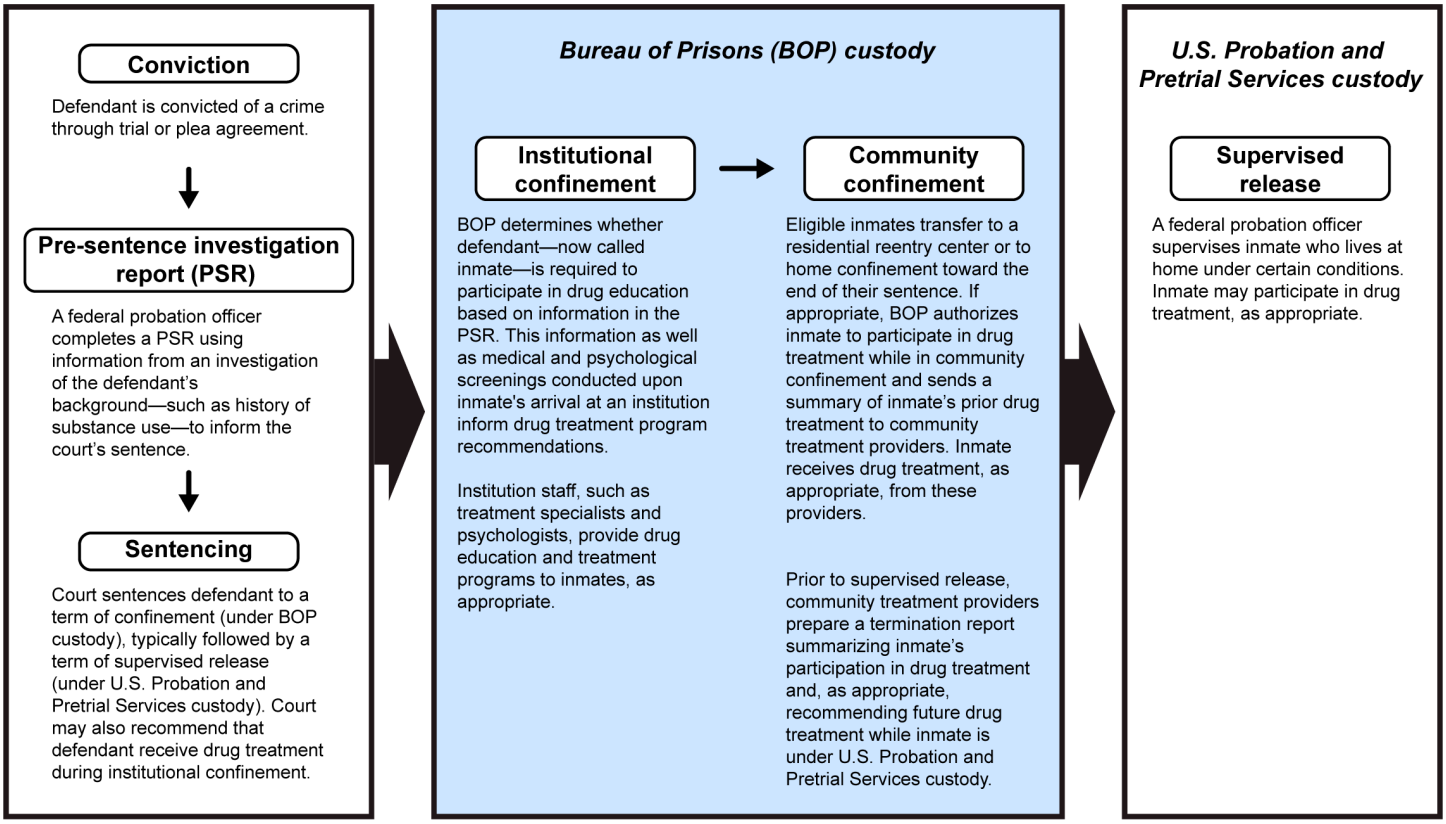
After being sentenced by a federal court, inmates enter BOP custody and may start serving their sentences in either a BOP- or privately managed institution. Within 24 hours of arriving, inmates complete a screening questionnaire—called a Psychology Services Intake Questionnaire—to determine inmates' potential drug treatment and mental health needs.[17] Following their incarceration in an institution, inmates may transfer to serve the remainder of their sentences in community confinement—either in a RRC or home confinement—while remaining in BOP's custody.[18] RRCs provide inmates with a supervised environment, job search assistance, and other programs and services. In addition, drug treatment services, among others, are provided to inmates residing in RRCs and home confinement through separate contracts with community treatment providers. Inmates placed in home confinement are monitored and are required to remain at home when not working or participating in programming and other approved activities. After being released from BOP custody, inmates may serve a term of supervised release if sentenced by a federal court, in which case they generally remain under the custody of U.S. Probation and Pretrial Services.[19] Figure 1 details the stages during which substance use can be identified and treated during a federal inmate's progression from conviction through supervised release.

[17]BOP policy requires an inmate to fill out this survey when they are newly arriving at an institution or have been away from the institution for more than 30 days. BOP does not require inmates who are in transit to other facilities—referred to as holdover inmates—to complete the Psychology Services Intake Questionnaire because they will not remain in the institution. This questionnaire contains 14 questions, of which three questions ask inmates to affirm or deny drug use and treatment.

[18]BOP may determine that an inmate should not be placed into either an RRC or home confinement because, for example, the inmate poses a significant threat to the community.

[19]During supervised release, most federal offenders are under the custody of U.S. Probation and Pretrial Services; however, offenders who are residents of the District of Columbia are under the custody of the Court Services and Offender Supervision Agency.

Figure 1: Stages during Which Substance Use Can Be Identified and Treated during an Inmate's Progression through Conviction, Sentencing, Incarceration, and Release



Source: GAO analysis of BOP and Administrative Office of the U.S. Courts documentation. | GAO-20-423

Note: During supervised release, most federal offenders are generally under the custody of U.S. Probation and Pretrial Services; however, offenders who are residents of the District of Columbia are under the custody of the Court Services and Offender Supervision Agency.

BOP Entities Responsible for Drug Education and Treatment Programs

BOP personnel and contractors are tasked with implementing BOP's portfolio of drug education and treatment programs to help inmates with substance use disorders. As shown in table 1, BOP's Psychology Services branch, National Reentry Affairs branch, and Health Services Division are responsible for managing the varied components of these

programs.[20] BOP's drug treatment personnel have a range of qualifications—such as a bachelor's degree, master's degree, or doctorate—along with classroom or professional experience in substance use counseling, according to BOP officials.

Table 1: Bureau of Prisons' (BOP) Entities Responsible for Implementing Drug Education and Treatment Programs

BOP entity	Responsibility	Programs implemented
Psychology Services	Manages drug education and treatment programs for inmates residing in BOP institutions.[a] Personnel include, among others, licensed psychologists and drug treatment specialists tasked with providing drug treatment to inmates.	• Drug Abuse Education program • Nonresidential Drug Abuse Treatment Program (NRDAP) • Residential Drug Abuse Program (RDAP) • Challenge program (for inmates who need substance use or mental health treatment) • Medication-assisted treatment (MAT) program
National Reentry Affairs	Manages community-based drug treatment programs for inmates residing in residential reentry centers or home confinement. Personnel include, among others, oversight specialists and treatment coordinators tasked with supervising drug treatment activities and managing BOP contracts with community treatment providers.[b]	• RDAP • Community Treatment Services • MAT program
Health Services Division	Manages the provision of medication to inmates participating in the MAT program. Personnel include, among others, medical staff qualified to prescribe and administer medication to inmates, among other personnel.	• MAT program

Source: GAO analysis of BOP documentation. | GAO-20-423

Notes: Psychology Services, National Reentry Affairs, and the Health Services Division work in partnership to provide the MAT program to inmates. Psychology Services and National Reentry Affairs personnel are tasked with providing the MAT program's behavioral therapy component and Health Services Division personnel are tasked with the provision of medication.

[a]BOP contracts with 12 privately managed institutions that provide selected drug education and treatment programs to inmates. Specifically, all privately managed institutions provide the drug education program, two provide NRDAP and one provides RDAP. BOP's Privatization Management Branch is responsible for overseeing the administration of these programs at all privately managed institutions.

[b]BOP has 197 residential reentry centers nationwide that are each responsible for providing housing to inmates in community confinement who are participating in Community Treatment Services and the MAT program, according to BOP officials. In addition, BOP contracts with community treatment providers that have access to licensed professionals—such as certified addiction counselors, psychologists, and social workers—who provide treatment to these inmates.

[20]BOP's Privatization Management Branch is responsible for overseeing the administration of drug education and treatment programs at the 12 privately managed institutions nationwide. All privately managed institutions provide the drug education program, two provide the Nonresidential Drug Abuse Treatment Program (NRDAP), and one provides the Residential Drug Abuse Program (RDAP).

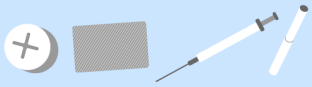
Overview of Medication-Assisted Treatment (MAT)

In October 2017, we reported that research has shown that MAT is an effective treatment for individuals with opioid use disorder, which is characterized by the misuse of or addiction to opioids.[21] Specifically, this treatment has been shown to reduce opioid use and increase treatment retention when compared with other treatments. Generally, these programs combine behavioral therapy with the use of certain medications—naltrexone, methadone, and buprenorphine—administered based on individuals' needs.[22] Figure 2 provides more information on the features of each medication the Food and Drug Administration has approved for use in MAT.

[21]GAO-18-44. Opioids include both prescription opioid pain relievers as well as illicit opioids, such as heroin.

[22]Methadone and buprenorphine suppress withdrawal symptoms in detoxification therapy and control the craving for opioids in maintenance therapy. Both drugs are opioids that activate opioid receptors and carry risks of misuse. Both drugs can also be prescribed for pain. Naltrexone is used for relapse prevention because it suppresses the euphoric effects of opioids, and it carries no known risk of misuse.

Figure 2: Food and Drug Administration-Approved Medications to Treat Opioid Use Disorder

	Naltrexone	Methadone	Buprenorphine
How it's taken	Extended-release injection or tablet 	Tablet or liquid 	Tablet, film, extended-release injection or implant 
Type of medication	Opioid antagonist, meaning it binds to opioid receptors in the brain, but does not activate them	Full opioid agonist, meaning it binds to and activates opioid receptors in the brain	Partial opioid agonist, meaning it binds to and activates opioid receptors, but not to the same degree as a full opioid agonist
What it does	Suppresses the euphoric effects of opioids	Relieves withdrawal symptoms and cravings	Relieves withdrawal symptoms and cravings
How it's used	Relapse prevention (helps to prevent use of drug after a period of detoxification)	Detoxification and maintenance therapy (ongoing administration of medication meant to prevent relapse and increase treatment retention)	Detoxification and maintenance therapy
Who can provide it?[a]	May be prescribed by any practitioner who has the authority to write prescriptions.	May generally only be dispensed or administered by qualified providers in a certified opioid treatment program.[b]	May be dispensed or administered by qualified providers in a certified opioid treatment program, or may be prescribed or dispensed in an office-based setting by a qualified provider who has obtained a waiver.[c]

Source: GAO-18-44; Substance Abuse and Mental Health Services Administration, *Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings,* (Rockville, MD: 2019). | GAO-20-423

[a]Whether a controlled substance can be prescribed, administered, or dispensed and by whom can differ when the controlled substance is used for pain management versus to treat opioid use disorder. The contents of this table refer to the requirements that apply when these medications are used to treat opioid use disorder.

[b]Opioid treatment programs are certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), accredited by an independent body, and registered with the Drug Enforcement Administration. The term opioid treatment program refers both to a program or a practitioner engaged in opioid treatment of individuals. See 42 C.F.R. § 8.2. Opioid treatment programs are also called narcotic treatment programs or, often, methadone clinics. They may offer opioid medications, counseling, and other services for individuals addicted to heroin or other opioids.

[c]Specifically, eligible providers may obtain a Drug Addiction Treatment Act of 2000 waiver from SAMHSA to dispense or prescribe buprenorphine to a limited number of patients for opioid use disorder treatment in an office-based setting.

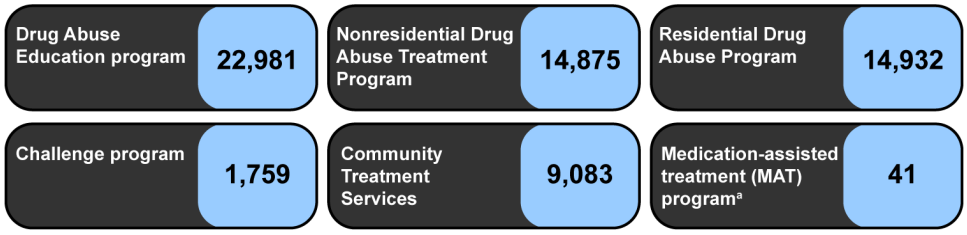
BOP Provides Drug Education and a Variety of Treatment Programs, Obligating About $584 Million from Fiscal Years 2015 through 2019

BOP Provides a Drug Education Program and Five Drug Treatment Programs to Inmates

BOP provides several programs to treat inmates for substance use at various points during their sentences. Specifically, prior to fiscal year 2019, BOP provided a Drug Abuse Education program and four drug treatment programs—the Nonresidential Drug Abuse Treatment Program (NRDAP), the Residential Drug Abuse Program (RDAP), the Challenge program, and Community Treatment Services. In fiscal year 2019, BOP added to this portfolio by implementing its MAT program for inmates with opioid use disorder.[23] Figure 3 provides an overview of inmate participation in BOP's drug education and treatment programs in fiscal year 2019. In addition, a summary of each BOP program is included below, and appendix II provides more information on these programs' key features, eligibility requirements, and participation levels.

[23]From fiscal years 2014 through 2016, BOP conducted a limited MAT field trial at three BOP institutions and did not pursue the program in fiscal years 2017 or 2018 because of a hiring freeze, according to BOP officials. Agency officials told us that they did not conduct an evaluation of the field trial because it was intended to determine the feasibility of administering MAT and to identify lessons learned. For example, BOP learned that purchasing and supplying naltrexone to inmates in the community was labor intensive and, as of February 2020, BOP contracted out the administration of this medication for inmates living in RRCs.

Figure 3: Number of Inmates Who Participated in the Bureau of Prisons' (BOP) Drug Education and Treatment Programs in Fiscal Year 2019



Source: GAO analysis of BOP information. | GAO-20-423

Notes: BOP information on participation in its drug education and treatment programs captures the total number of discrete inmates who participated in a given program at any point during fiscal year 2019. Inmates may have participated in more than one program.

[a]BOP implemented the MAT program in fiscal year 2019 and is expanding the program. For fiscal year 2019, while residing in a BOP institution, 29 inmates received naltrexone, six inmates received buprenorphine, and four inmates received methadone. Additionally, two inmates started receiving oral naltrexone while residing in a residential reentry center.

Drug Abuse Education Program Overview	
Required or voluntary	Required for inmates meeting certain criteria, including, for example, if a sentencing judge recommends an inmate participate. Voluntary for all others.
Participation in fiscal year 2019	22,981 inmates
Enrollment time frame	Within the first 12 months of an inmate's incarceration
Program length	1 to 12 weeks, according to BOP officials (12 to 15 hours total)
Program type	Group education classes
Where inmates reside	General population in an institution
Program availability	All BOP and privately managed institutions
Potential incentives for participating inmates	None

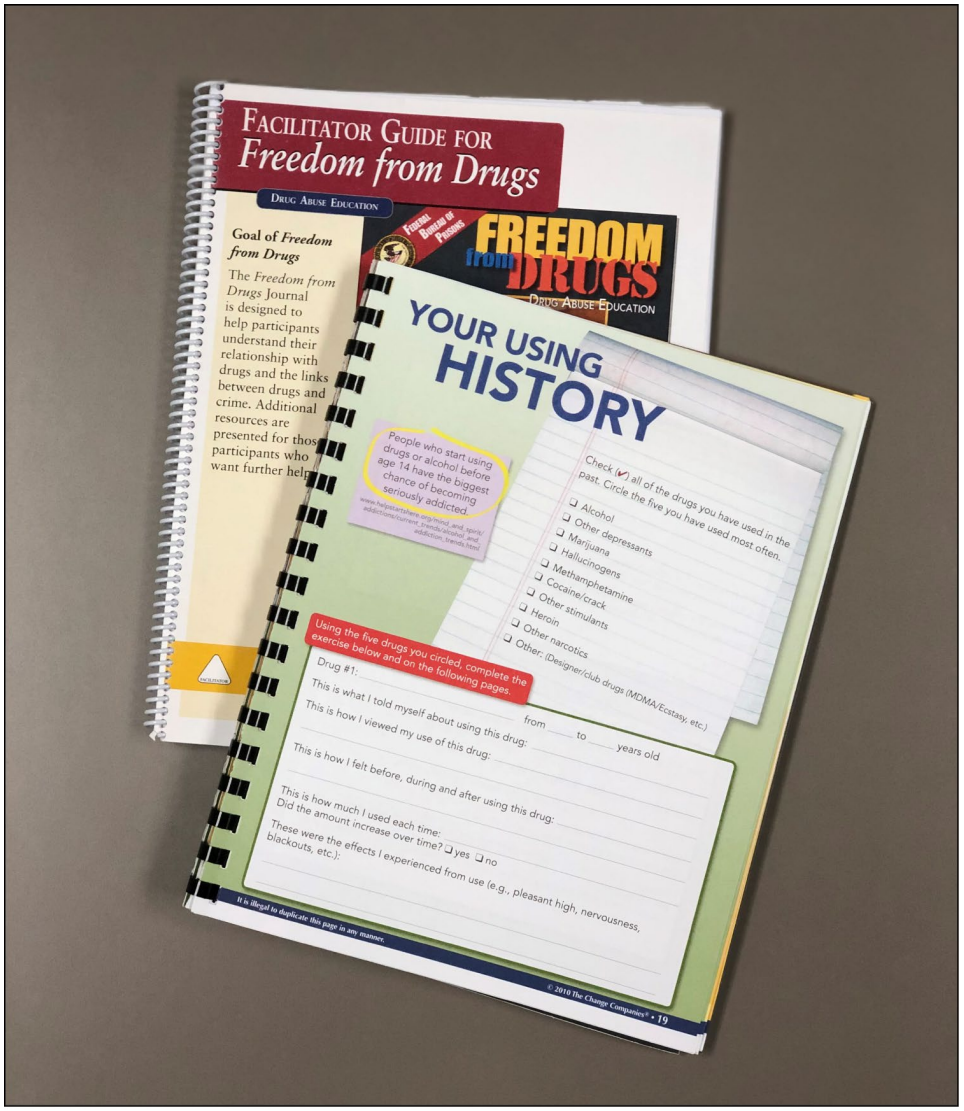
Source: GAO analysis of BOP documentation and BOP officials' statements. | GAO-20-423

Drug Abuse Education Program. BOP's Drug Abuse Education program is designed to educate and encourage inmates with a history of substance use to review and analyze their past drug use and its associated consequences. The program—which is required for certain inmates and voluntary for all others—is intended to, among other things, motivate inmates to participate in a drug treatment program.[24] The program takes place in a classroom setting and provides inmates with pertinent information, such as the signs of addiction and the relationship between drugs and crime. The program also provides inmates with an opportunity to share their personal histories and discuss the consequences of their substance use. For example, at two BOP institutions we visited, we observed participating inmates discuss, among other things, the financial and emotional consequences their substance use had on their personal lives. While BOP does not provide incentives for participating in the program, BOP officials told us that inmates who are required to participate must complete it to obtain higher wages for work within the institution.[25] Figure 4 provides examples of Drug Abuse Education program course materials.

[24]BOP policy states that inmates are required to participate if any of these four criteria are met: (1) inmate's substance use contributed to the offense committed; (2) a sentencing judge recommends an inmate to take the course; (3) inmate has a history of substance use; or (4) inmate's substance use violated either the terms of community confinement or supervised release. An inmate may also volunteer to take the course.

[25]Sentenced inmates in federal custody are required to work if they are medically able. Institution work assignments include employment in areas such as food service, plumbing, painting, or groundskeeping for which inmates earn $0.12 to $0.40 per hour. Separately, inmates may be employed through Federal Prison Industries—a government corporation that sells market-priced services and quality goods made by inmates. GAO is reviewing Federal Prison Industries' operations and business environment and plans to report on this issue later in 2020.

Figure 4: Examples of Bureau of Prisons' (BOP) Drug Abuse Education Program Course Materials



Source: GAO photo of BOP documentation. | GAO-20-423

Nonresidential Drug Abuse Treatment Program Overview	
Required or voluntary	Voluntary
Participation in fiscal year 2019	14,875 inmates
Enrollment time frame	Any time during an inmate's incarceration in an institution
Program length	12 to 24 weeks (18 to 48 hours total)
Program type	Group counseling
Where inmates reside	General population in an institution
Program availability	All Bureau of Prisons (BOP) institutions and two privately managed institutions
Potential incentives for participating inmates	$30 upon completion as well as nonmonetary items, such as writing notebooks, pens, books, or t-shirts

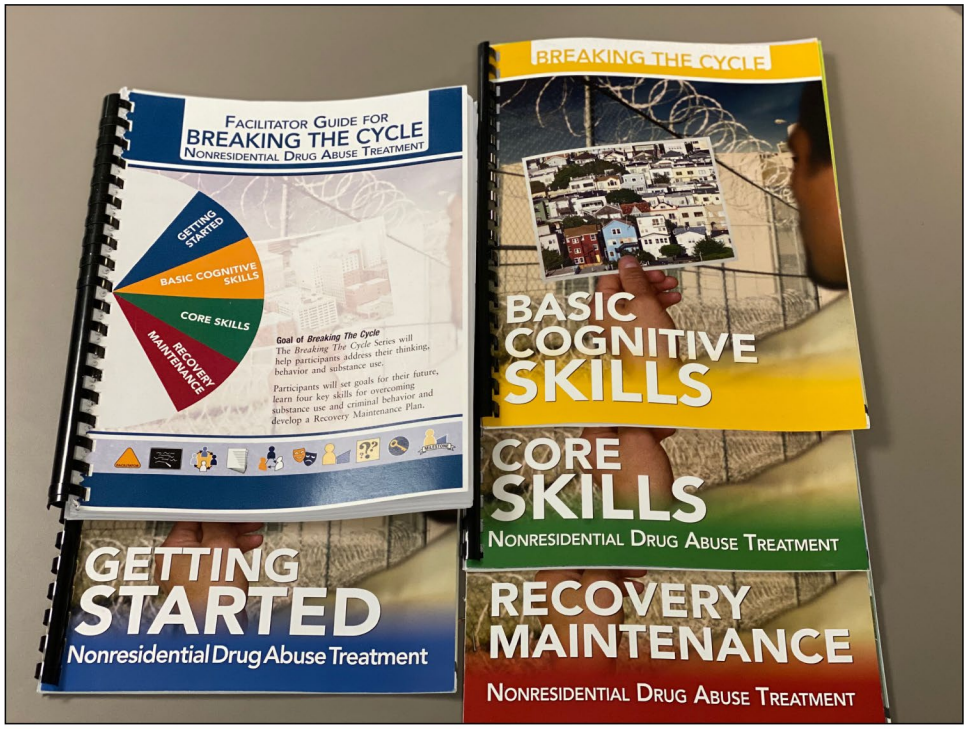
Source: GAO analysis of BOP documentation and BOP officials' statements. | GAO-20-423

Nonresidential Drug Abuse Treatment Program. NRDAP is a voluntary drug treatment program that provides treatment in a group setting to inmates with a history of substance use. Participating inmates reside in the general population of the institution and attend group sessions for 90 to 120 minutes per week. According to BOP documentation, NRDAP provides treatment to inmates who, for example, are waiting to participate in the more intensive RDAP program (described below), or those who do not meet RDAP's eligibility requirements.[26]

Through NRDAP, treatment specialists guide inmates through activities to analyze how an individual's thought processes and beliefs may influence their decisions, including drug use. Further, inmates discuss ways to reshape these thoughts and beliefs and to set goals to promote more positive behavior in the future. For example, at one institution we visited, we observed inmates present their "readiness statements," which detail the specific reasons they need to change their behavior and how their current thought processes will help them make these positive changes. Figure 5 provides examples of NRDAP program materials.

[26]Inmates must meet all of the following criteria to be admitted into RDAP: (1) have a verifiable substance use disorder supported by documentation showing a pattern of problematic substance use; (2) sign an agreement acknowledging responsibilities of the program; and (3) when beginning the program, must be able to complete all components of RDAP, including treatment provided during community confinement in a RRC or home confinement.

Figure 5: Examples of Bureau of Prisons' (BOP) Nonresidential Drug Abuse Treatment Program Materials



Source: GAO photo of BOP documentation. | GAO-20-423

Residential Drug Abuse Program (RDAP) Overview	
Required or voluntary	Voluntary
Participation in fiscal year 2019	14,932 inmates
Enrollment time frame	Typically, when an inmate has between 22 to 42 months remaining on sentence
Program length	9 to 12 months (500 hours total)
Program type	Individual and group counseling; structured community meetings to discuss daily activities, provide inmate peer feedback, and promote positive attitudes
Where inmates reside	RDAP unit, separate from general population in an institution, and community confinement
Program availability	85 units across 73 Bureau of Prisons' (BOP) institutions, and one unit at a privately managed institution
Potential incentives for participating inmates	Up to $120, nonmonetary items such as writing notebooks, mugs, or t-shirts, and up to 12 months reduction in sentence, if eligible, according to statutory requirements

Source: GAO analysis of BOP documentation and BOP officials' statements. | GAO-20-423

Residential Drug Abuse Program. BOP is required to provide residential drug treatment to inmates and does so through RDAP—its most intensive drug treatment program where inmates participate in half-day programming and half-day work, school, or vocational activities.[27] To participate, inmates must volunteer to reside in a treatment unit set apart from the general population in an institution to foster an environment that promotes positive attitudes and behaviors. Inmates must be able to participate in both program components—a BOP institutional component and the follow-on component for inmates residing in a RRC or home confinement. As such, inmates enroll in RDAP toward the end of their incarceration in a BOP institution; RDAP differs from NRDAP, which inmates may take at any point during incarceration.[28] According to BOP documentation, providing intensive drug treatment through RDAP as inmates near the transition from a BOP institution to community confinement helps inmates use the skills they have acquired and continue their treatment in the community, where the availability of drugs presents a higher risk for relapse.

The RDAP treatment model comprises a community of inmates, supported by drug treatment staff, as the mechanism for changing individual behaviors as inmates interact, engage, and support each other.[29] Participating inmates receive individual and group counseling from drug treatment specialists and other program staff and participate in structured group meetings to discuss daily activities, provide inmate peer feedback, and promote positive attitudes. According to BOP documentation, teaching inmates to use cognitive behavioral therapy skills can help them to better understand their thoughts and feelings, as well as to set and achieve goals for positive behavioral change. While residing in a BOP institution, inmates participate in and lead a daily, structured meeting where they can give each other feedback supporting positive behavior or progress in changing negative behavior. At two institutions we visited, we observed two inmates guide participants through the several components of this daily meeting. For example, we observed inmates acknowledging their responsibility for behaving in a manner inconsistent with RDAP rules—for instance, for disruptive behavior or arriving late to the meeting. BOP officials told us that these

[27]See 18 U.S.C. § 3621.

[28]According to BOP data, 12,236 inmates who were released from BOP custody in fiscal year 2019 had participated in RDAP. Of these, 4,233 inmates (35 percent) had also participated in NRDAP.

[29]BOP adopted this treatment model, called a modified therapeutic community, in 2009.

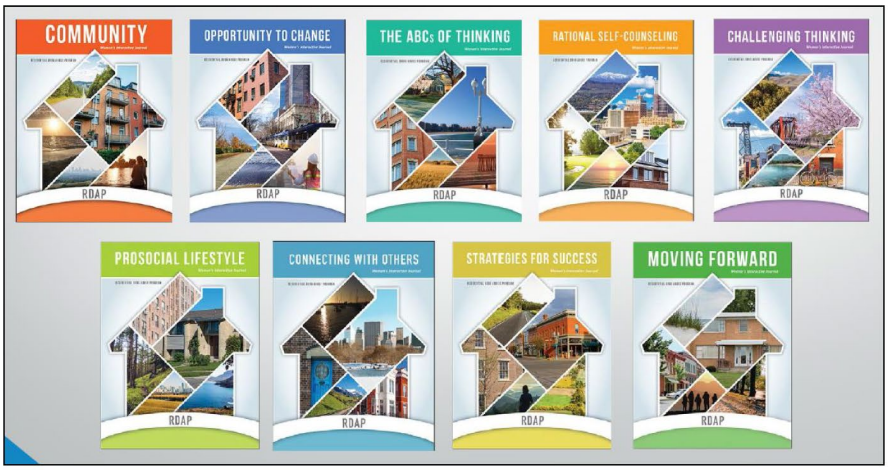
efforts to accept responsibility help officials to determine inmates' progress as they work through the program, among other things.

BOP also provides two specialized versions of RDAP to selected inmates incarcerated in BOP institutions—RDAP-Dual Diagnosis and RDAP-Spanish. First, RDAP-Dual Diagnosis provides specialized treatment services to inmates diagnosed with both substance use disorder as well as mental illness or medical problems.[30] In addition to the standard RDAP curriculum, this program aims to help inmates manage their co-occurring disorders, such as learning how to manage an inmate's prescribed medications. Second, RDAP-Spanish provides the same curriculum as RDAP but delivered in the Spanish language for Spanish-speaking inmates, according to BOP officials.[31] During a site visit, we observed a RDAP-Spanish unit in a BOP institution and meetings between drug treatment staff and Spanish-speaking inmates who discussed how their personal relationships and past traumas influenced their decision to use drugs. Figure 6 provides examples of RDAP program materials and a RDAP-Spanish unit.

[30]According to BOP data, 187 inmates participated in RDAP-Dual Diagnosis in fiscal year 2019.

[31]According to BOP data, 376 inmates participated in RDAP-Spanish in fiscal year 2019.

Figure 6: Examples of Bureau of Prisons' (BOP) Residential Drug Abuse Program (RDAP) Materials and a RDAP-Spanish Unit



Program materials used by inmates participating in RDAP.

A RDAP-Spanish unit decorated by inmates to promote positive values. Humildad, objectividad, and voluntad translate to humility, objectivity, and will, respectively.

Source: BOP. | GAO-20-423

Inmates who complete the RDAP institutional component are required to continue drug treatment in an institution for up to 12 months or until they are transferred to community confinement, according to BOP policy. This policy states that following this transfer, such inmates must continue treatment through the program for at least 4 months while residing in a RRC or home confinement.[32] BOP's Community Treatment Services, described below, provides this treatment for a maximum of 4 hours per week to each inmate, who participate in individual and group counseling sessions and, if appropriate, counseling that includes the inmate's family members.

[32]According to BOP data, in fiscal year 2019, 117 inmates completed the BOP institutional component of RDAP but did not complete the follow-on treatment in community confinement. Specifically, 53 inmates were denied placement in a RRC for administrative reasons such as having health or disciplinary issues and 64 inmates did not have the required minimum amount of time—4 months—in a RRC to complete the community confinement component.

Challenge Program Overview	
Required or voluntary	Voluntary
Participation in fiscal year 2019	1,759 inmates
Enrollment time frame	Any time, as long as inmate has at least 18 months remaining on sentence
Program length	9 to 24 months (500 hours)
Program type	Individual and group counseling; structured community meetings to discuss daily activities, provide inmate peer feedback, and promote positive attitudes
Where inmates reside	Challenge unit, separate from general population in an institution
Program availability	13 high-security Bureau of Prisons (BOP) institutions
Potential incentives for participating inmates	Up to $120, nonmonetary items such as writing notebooks or mugs, and potential for transfer to a lower security institution

Source: GAO analysis of BOP documentation and BOP officials' statements. | GAO-20-423

Challenge program. The Challenge program is designed to treat willing inmates who are residing in high-security institutions and have a history of substance use or a diagnosis of mental illness.[33] Like RDAP, the Challenge program uses cognitive behavioral therapy and participating inmates reside in a treatment unit, separate from the general population, intended to foster an environment that promotes positive attitudes and behaviors. This program also addresses how inmates' thoughts may have led to criminal behavior.

Inmates participate in individual and group counseling sessions and activities during which inmates focus on developing new skills and reducing the risk factors that may have influenced their past drug use and criminal behavior. Specifically, the Challenge program's curriculum is designed to address how inmates' thought processes can lead to criminal behavior and to help in adjusting those thought processes by facilitating an environment where inmates can acquire the positive skills to live a crime- and drug-free life, according to BOP documentation. During one of our site visits, we observed inmates describe how their drug use affected their life and how not taking drugs will benefit them. Figure 7 shows a Challenge program unit we observed during a site visit.

[33]Inmates who have a diagnosis of mental illness but do not have a history of substance use may participate in the Challenge program. Even so, BOP considers this program a drug treatment program. BOP designates institutions to one of five security levels: Minimum, Low, Medium, High, and Administrative. BOP designates inmates to a particular institution based on the level of security and supervision the inmate requires, among other factors.

Figure 7: A Bureau of Prisons' (BOP) Challenge Program Unit Decorated by Inmates to Promote Positive Values

Source: BOP. | GAO-20-423

Community Treatment Services Overview	
Required or voluntary	Voluntary
Participation in fiscal year 2019	9,083 inmates
Enrollment time frame	Within the first 10 days of inmate being transferred from an institution to a residential reentry center or home confinement
Program length	4 months minimum for inmates participating in the Residential Drug Abuse Program (RDAP); length of community confinement for all other inmates
Program type	Individual and group counseling, and counseling with family members, as appropriate
Where inmates reside	Residential reentry center (RRC) or home confinement
Program availability	Available to inmates residing in RRCs or home confinement who participated in prior drug treatment while residing in an institution or were found to use drugs in community confinement; inmates may also volunteer for the program
Potential incentives for participating inmates	For inmates who complete RDAP, up to 12 months reduction in sentence (if eligible)

Source: GAO analysis of BOP documentation and BOP officials' statements. | GAO-20-423

Community Treatment Services. Community Treatment Services provides, among other things, voluntary drug treatment to inmates residing in a RRC or home confinement.[34] According to BOP documentation, community confinement presents the highest risk to inmates for potential relapse into substance use and continued treatment through this program represents a critical element to inmates' success. Through Community Treatment Services, inmates may receive individual, group, or family substance use counseling from professional providers, including certified addiction counselors, psychologists, and social workers.

As described above, inmates who participated in RDAP while incarcerated in a BOP institution are required to participate in follow-on treatment through Community Treatment Services while residing in a RRC or home confinement. However, other inmates are also eligible to participate in Community Treatment Services, including those who volunteer, have previously participated in any BOP psychology treatment program, or have been found to use drugs while residing in a RRC or home confinement.[35] In addition, as an inmate nears the end of their sentence, Community Treatment Services personnel are to work with U.S. Probation and Pretrial Services to ensure that information on the inmate's drug treatment progress and ongoing needs is communicated to their supervising federal probation officer, according to BOP documentation.

[34]In addition to drug treatment, Community Treatment Services also provides treatment to inmates with mental illness or those sentenced for sex offenses.

[35]Psychology treatment programs include BOP's drug education and treatment programs as well as mental health treatment programs.

Medication-Assisted Treatment (MAT) Program Overview	
Required or voluntary	Voluntary
Participation in fiscal year 2019	41 inmates
Enrollment time frame	Any time while in Bureau of Prisons' (BOP) custody, as clinically determined by a health care professional
Program length	As clinically determined by a health care professional
Program type	Provision of medication and individual counseling in an institution and the community; if appropriate, inmate may also receive group counseling and counseling with family members in the community
Where inmates reside	General population in an institution and residential reentry center
Program availability	Available to inmates with an opioid use disorder or a history of opioid use
Potential incentives for participating inmates	None

Source: GAO analysis of BOP documentation and BOP officials' statements. | GAO-20-423

Medication-assisted treatment program. In fiscal year 2019, BOP began implementing its MAT program—a voluntary drug treatment program for inmates with opioid use disorder.[36] This program combines cognitive behavioral therapy with the provision of certain medications to help prevent inmates from relapsing into using opioids, especially upon reintegration into the community. As of December 2019, BOP officials told us the agency was able to administer naltrexone to all eligible inmates residing in BOP institutions. Officials said they chose to use naltrexone because it has shown to be effective for treating opioid use disorder and does not carry any known risk of misuse or addiction. Through the program, inmates receive a monthly injection while residing in a BOP institution or a RRC for as long as a health care provider determines an inmate needs this medication.[37]

Officials told us that ideally, inmates would receive two injections within a BOP institution prior to transitioning to a RRC; however, the number of injections an inmate receives is a clinical decision determined by the inmate's health care provider in consultation with the inmate. Officials also told us the agency does take steps to ensure that inmates can receive the other two MAT medications (methadone and buprenorphine) on a case-by-case basis—generally, if an inmate is already receiving either medication upon entering BOP custody.[38] BOP will transport such

[36]From fiscal year 2014 through 2016, BOP conducted a limited MAT field trial at three BOP institutions where it provided naltrexone to four participating inmates. BOP did not pursue the MAT program in fiscal years 2017 or 2018 because of a hiring freeze, according to BOP officials. Officials also told us that they began providing the MAT program in fiscal year 2019 as a result of the First Step Act of 2018 and several lawsuits regarding the provision of MAT to federal inmates.

[37]In January 2020, BOP officials told us they had not finalized draft clinical guidance for the MAT program but that BOP clinicians were operating under interim clinical guidance the agency issued in November 2019.

[38]In fiscal year 2019, four inmates received methadone and six inmates received buprenorphine.

inmates to a local opioid treatment program that is certified to prescribe and administer these medications.[39]

BOP officials estimated that it costs about $500 per month for an inmate to receive medication, therapy, and urinalysis screening at an opioid treatment program. However, they stated this estimate does not include the costs of transporting the inmate to an opioid treatment program since these costs can vary based on how far an opioid treatment program is from a BOP institution. Officials also stated that while they track overall costs associated with transporting inmates outside an institution to receive medical care, they do not track the specific reasons for these transports, such as for surgery, medical appointments, or the administration of medication for inmates participating in MAT. However, officials told us in January 2020 that they are working on a plan to track this information in the future.[40]

BOP Obligated About $584 Million for Its Drug Education and Treatment Programs from Fiscal Years 2015 through 2019

BOP obligated about $584.4 million to fund its drug education and treatment programs from fiscal years 2015 through 2019—an average of approximately $116.9 million per year. These data do not include obligations for the MAT program, which was implemented during fiscal year 2019. BOP officials told us they were not able to provide MAT program obligations because BOP does not track obligations for specific MAT medications. However, BOP was able to provide information on MAT program expenditures in fiscal year 2019, as described below. In addition, the agency does not categorize obligations by individual program, but according to whether the treatment is provided to inmates in

[39]The term "opioid treatment program" refers to either a program or a practitioner engaged in opioid treatment of individuals. See 42 C.F.R. § 8.2. Such providers are also called narcotic treatment programs or, often, methadone clinics. They may offer opioid medications, counseling, and other services for individuals addicted to heroin or other opioids. BOP is able to provide methadone to an inmate for up to 72 hours for the purpose of medically supervised withdrawal (detoxification) at any institution. BOP is also able to provide methadone for more than 72 hours to inmates for the purpose of medically supervised withdrawal or maintenance therapy through contracts with community treatment providers licensed to provide methadone for opioid use disorder. The only exception is BOP's Metropolitan Correctional Center in New York, which is able to provide methadone for more than 72 hours to, among other inmates, pregnant inmates with opioid use disorder because this institution is certified as an opioid treatment program.

[40]In June 2017, we recommended, among other things, that BOP take steps to better analyze and understand data on health care services it provides to inmates. BOP continues to take steps toward fully implementing this recommendation. See GAO, *Bureau of Prisons: Better Planning and Evaluation Needed to Understand and Control Rising Inmate Health Care Costs*, GAO-17-379 (Washington, D.C.: June 29, 2017).

a BOP institution or in a community-based environment.[41] Accordingly, obligated funding for drug treatment programs is divided between two categories—treatment provided to inmates residing in a BOP institution and treatment provided to inmates residing in a RRC or home confinement.

In fiscal year 2019, BOP obligated about $117.3 million for its drug education and treatment programs. BOP obligated the majority of this funding—74 percent (about $86.9 million)—for treatment provided to inmates residing within a BOP institution through the NRDAP, RDAP, and Challenge programs.[42] These obligations comprised staff salaries and program materials—such as treatment journals and facilitator guides—among other things.[43] BOP obligated 26 percent (about $30.4 million) through Community Treatment Services to treat inmates residing in a RRC or home confinement.[44] Table 2 provides more information on BOP obligations for selected drug education and treatment programs from fiscal years 2015 through 2019.

[41]BOP officials told us that they cannot provide distinct obligations for its drug education program and each of its drug treatment programs because the same staff within an institution are responsible for delivering more than one of these programs.

[42]Obligations include BOP funding for the Bureau Responsibility and Values Enhancement program, which is offered at two BOP institutions and is designed to help first-time inmates with sentences of 5 years or longer to adjust to the institution and to reduce incidents of misconduct. According to BOP officials, while this program is funded through obligations for drug treatment programs, BOP does not consider it a drug treatment program.

[43]These obligated amounts also include BOP funding for monetary and nonmonetary incentives for program participants as well as the Bureau Responsibility and Values Enhancement program.

[44]Obligations for community-based drug treatment programs represent costs BOP reimbursed to community treatment providers for substance use treatment provided to inmates residing in RRCs or home confinement.

Table 2: Bureau of Prisons' (BOP) Obligations for Selected Drug Education and Treatment Programs, Fiscal Years (FY) 2015–2019

Dollars in millions

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	Total
In-prison drug education and treatment programs, including monetary and nonmonetary incentives (Nonresidential Drug Abuse Treatment Program, Residential Drug Abuse Program, and the Challenge program)[a]	88.8	88.8	87.4	84.4	86.9	**436.3**
Community-based drug treatment programs (Community Treatment Services)[b]	30.4	29.7	31.3	26.3	30.4	**148.1**
Total	**119.2**	**118.5**	**118.7**	**110.7**	**117.3**	**584.4**

Source: BOP obligation data from the Financial Management Information System. | GAO-20-423

Notes: BOP officials told us they were not able to provide obligations for the medication-assisted treatment (MAT) program because BOP does not track obligations for specific medications. However, BOP was able to provide information on MAT expenditures, as described elsewhere in our report.

[a]Obligations for in-prison drug education and treatment programs include salaries, materials, inmate incentives, and other items. Obligations include BOP funding for the Bureau Responsibility and Values Enhancement program, which is offered at two BOP institutions and designed to help first-time inmates with sentences of 5 years or longer to adjust to the institution and to reduce incidents of misconduct. According to BOP officials, while this program is funded through obligations for drug treatment programs, BOP does not consider it a drug treatment program. However, since BOP cannot disaggregate obligated amounts by program, obligations for this program are included above. Obligations for monetary incentives include depositing funds into an inmate's commissary account, which is a bank account inmates can use for food, personal, and other items BOP does not regularly provide to inmates. Obligations for nonmonetary incentives include tangible items, such as pencils, mugs, or writing notebooks for personal use.

[b]Obligations for community-based drug treatment programs include costs BOP reimbursed to community treatment providers for substance use treatment provided to inmates residing in a residential reentry center or home confinement.

Although BOP officials told us they were not able to provide data on MAT program obligations for fiscal year 2019, they were able to provide some data on MAT program expenditures. In fiscal year 2019, the agency expended a total of at least $514,400 in support of its new MAT program.[45] These expenditures included the costs of staff salaries and benefits, as well as medication. Specifically, BOP expended about $328,400 on salaries and benefits for two full-time Health Services Division personnel—a pharmacist and a social worker—focused on the MAT program. These personnel were tasked with, among other responsibilities, reviewing documentation to determine whether inmates were eligible to participate in the program. Further, BOP expended almost $186,000 on naltrexone in fiscal year 2019 for inmates residing in a BOP

[45]As mentioned above, BOP is not able to determine the cost of transporting inmates from institutions to opioid treatment programs. Therefore, $514,400 underestimates the amount of funding BOP expended on MAT in fiscal year 2019.

institution. In addition, while BOP also expended funds on naltrexone for participating inmates residing in RRCs through contracts with community treatment providers, the agency was unable to provide information on these expenditures because BOP tracks total medical expenditures per inmate and therefore cannot easily determine expenditures specifically for naltrexone. BOP officials told us in January 2020 that they are working to develop a mechanism to track such MAT-specific expenditures provided by community treatment providers.

BOP Is Expanding the MAT Program but Lacks Key Planning Elements to Guide This Expansion

BOP Is Expanding the Scope and Delivery of Its MAT Program

After first implementing its MAT program, on a limited basis, in fiscal year 2019, BOP is expanding the program nationwide to ensure all eligible federal inmates have access to the treatment. While 41 inmates participated in the agency's MAT program in fiscal year 2019, officials told us this number will increase as BOP continues to ramp up the program. Specifically, BOP officials told us in December 2019 they estimate about 10 percent of inmates in BOP custody—or approximately 17,500 inmates as of March 2020—would be eligible to participate in the MAT program.[46] Given that the program is voluntary, these officials stated that the extent to which inmates will opt to participate is unknown.

To help ensure financial resources for the MAT program expansion, BOP estimates needing $76.2 million across fiscal years 2020 and 2021, according to BOP officials. Specifically, BOP allocated $2 million of its fiscal year 2020 appropriations act funding for this effort.[47] In addition to this $2 million, agency officials told us they plan to use $37.1 million in appropriated funds that BOP received to implement the First Step Act of 2018 (First Step Act) on MAT program expansion efforts during fiscal year

[46]BOP officials told us that assessments of internal agency data and discussions with other state and local correctional institutions regarding their experiences in implementing MAT informed BOP's estimated number of inmates who would be eligible to participate in the MAT program.

[47]Consolidated Appropriations Act, 2020, Pub. L. No. 116-93, 133 Stat. 2317 (Dec. 20, 2019).

2020.[48] These officials explained that this funding will be used to hire additional personnel, provide program trainings, and cover the cost of MAT medications, among other things. Further, BOP requested another $37.1 million in its fiscal year 2021 budget request to support continued MAT expansion. This requested funding includes about $5.0 million to hire 53 new positions and approximately $32.1 million to cover MAT medication costs in fiscal year 2021.

BOP officials are also taking four additional steps to expand the MAT program:

1. consulting with subject matter experts, such as officials from state or local correctional institutions with experience implementing MAT;
2. educating BOP staff and inmates about the treatment;
3. expanding access to medications; and
4. developing clinical and other program guidance.

First, BOP officials told us that in preparing for expansion, they consulted with, among others, experts in addiction medicine and community treatment, and officials from several states' departments of corrections who had experience implementing MAT. For example, BOP consulted with officials from Rhode Island, which was the first state department of corrections in the nation to offer inmates all three forms of MAT medication. BOP officials stated that these consultations enabled them to solicit information on program delivery, implementation challenges, and lessons learned. These officials also told us the discussions were useful in understanding how a state-level program operates and the types of information and outcomes states track to measure program effectiveness. For more information on the selected states' departments of corrections we contacted regarding their experiences with implementing MAT, see appendix III.

[48]The First Step Act of 2018, Pub. L. No. 115-391, 132 Stat. 5194 (Dec. 21, 2018) addressed a number of criminal justice issues. Among other things, section 607 of the First Step Act included a provision for the Director of BOP to develop a report that included a description of plans to expand access to evidence-based treatment for heroin and opioid abuse for prisoners, including access to medication-assisted treatment in appropriate cases and, thereafter, the Director was to take steps to implement these plans. According to a January 2020 Department of Justice report, the First Step Act did not come with appropriated funds in fiscal year 2019. However, BOP directed $75 million of its existing funding to implement it. As part of BOP's appropriation for fiscal year 2020, BOP was appropriated $75 million in funding to implement the First Step Act.

Second, BOP officials told us that since the MAT program represents a complex, innovative approach to drug treatment for the agency, BOP was working to educate its staff and inmates regarding the program's potential benefits, implementation challenges, and best practices in delivering treatment. According to BOP officials, prioritizing the education of agency personnel and inmates about MAT was their most important take-away from talking to state officials. To accomplish this, BOP officials told us they held numerous events where external speakers—such as staff from opioid treatment programs—presented information and context regarding the treatment. BOP officials also conducted a 2-hour webinar, which was available to all drug treatment and Community Treatment Services staff. In this webinar, these officials defined MAT medications, discussed concerns for providing these medications within BOP institutions, and discussed common misconceptions of MAT.

Third, BOP is taking steps to expand access to medications. In January 2020, BOP officials told us that eligible inmates incarcerated in all of BOP's institutions have access to naltrexone and that the agency is taking steps to ensure that all inmates residing in RRCs have access to this medication. As of February 2020, these officials stated that only 19 of the 210 community treatment providers that BOP contracts with nationwide have both the required personnel to provide an injectable medication—naltrexone—and statements of work or contracts with BOP that authorize them to do so. BOP officials told us they are in the process of modifying statements of work and contracts to include authorizations for administering medication, including naltrexone, for an additional 15 community treatment providers.[49] The remaining 176 community treatment providers BOP contracted with as of February 2020 are not able to provide injectable naltrexone. Moving forward with all future contracts, BOP officials also told us they are working to update their statement of work to include a requirement that community treatment providers have the necessary certifications to provide all three MAT medications, which will help BOP to streamline its provision of MAT medications to inmates residing in RRCs. They said they expect to have an updated statement of work completed in the spring of 2020 for use in all future contract solicitations. However, they stated that unless community treatment providers agreed to renegotiate existing contracts to include the provision of MAT medications, these contracts would remain in place until the end of the contract period. BOP officials stated they will

[49]BOP officials stated that the agency is not legally able to unilaterally modify contracts and that both parties must agree to any modification to an existing contract.

continue to rely on existing contracts for general medical services in the meantime.

In addition, BOP is pursuing certifications and waivers to allow BOP personnel to prescribe and administer methadone and buprenorphine to inmates within its institutions.[50] As of January 2020, BOP officials told us they are planning to provide these medications in-house at three institutions to concentrate resources, develop staff expertise, and apply lessons learned from these initial institutions to additional ones. However, officials stated these plans were in the early stages of development. Officials also told us that providing all MAT medications in-house would eliminate the need for the agency to transport inmates from BOP institutions to local opioid treatment programs.

Fourth, BOP officials told us in January 2020 they were in the process of developing the guidance and policies that will be used to implement the MAT program on a national scale. For example, BOP officials in the Health Services Division stated they issued interim clinical guidance in November 2019 and are in the early stages of creating specific clinical guidance to document the exact processes for providing MAT medications to participating inmates. Officials also told us that this guidance will be similar to guidance for treating other chronic diseases, such as guidance for administering medications to treat inmates with diabetes. In addition, BOP officials in the Psychology Services branch told us they had developed a draft program statement—or operational policy—for the MAT program's behavioral therapy component for inmates to complement the provision of medications. As of January 2020, BOP officials in Psychology Services told us this statement is undergoing internal review. In the meantime, officials stated they issued a resource guide, which outlines clinical and administrative practices for the MAT

[50]BOP is pursuing a certification from the Substance Abuse and Mental Health Services Administration (SAMHSA) to become an opioid treatment program to provide methadone to individuals diagnosed with opioid use disorder. As of March 2020, SAMHSA had certified or provisionally certified 1,745 opioid treatment programs. To become certified as an opioid treatment program, facilities must submit documentation, such as organizational charts, funding sources, and operational capacity. Facilities also must be accredited by an independent organization approved by SAMHSA. Medical professionals employed by the opioid treatment programs must also register with the Drug Enforcement Administration to provide this medication. Under the Controlled Substances Act, the Drug Enforcement Administration has the authority to regulate the use of methadone and buprenorphine as part of its oversight of controlled substances. Facilities may request provisional certification from SAMHSA which is valid for one year. BOP is also pursuing waivers from the Drug Enforcement Administration to provide buprenorphine to inmates. For additional information on the processes for pursuing certifications and waivers, see GAO-16-833.

program to relevant staff within BOP institutions. This resource guide lists process steps for screening inmates and determining program eligibility, among other information, while a program statement would operationalize these process steps into official BOP policy.

BOP Lacks Key Planning Elements for Expanding Its MAT Program

BOP is investing considerable budgetary and personnel resources to expand its MAT program; however, BOP lacks key planning elements to ensure this significant expansion is completed in a timely and effective manner. Historically, BOP obligated an average of about $117 million per year to fund its drug treatment efforts from fiscal years 2015 through 2019. In contrast, the agency intends to increase this funding to an estimated $155 million for fiscal years 2020 and 2021, according to its fiscal year 2021 budget request. BOP lacks the following planning elements to manage this expansion:

1. documentation or information on BOP's methods for determining the number of additional agency personnel BOP needs to support its MAT program expansion;
2. plans for the recruitment and onboarding of more than 100 new BOP personnel; and
3. time frames and target goals for key milestones, such as when the expansion will be completed.

First, BOP has not provided documentation or information on its methods for determining how many additional positions are needed to support the MAT program expansion. BOP intends to increase the number of positions supporting the MAT program from two positions in fiscal year 2019 to 108 positions by the end of fiscal year 2021, according to its fiscal year 2021 budget request. However, as of February 2020, BOP officials had not provided documentation or information outlining BOP's methods for determining that this specific number of personnel was necessary to provide the program to an increasing number of participating inmates. In addition, the number of positions BOP outlined in its fiscal year 2021 budget request was significantly lower than the estimated positions BOP officials at the branch level told us were needed to fully expand the MAT program. For example, Health Services Division officials told us in January 2020 that, among other positions, they estimated a need for 368 new personnel—or four personnel across each of 92 BOP institutions—to fully implement the MAT program, to include medical technicians and nurse practitioners responsible for administering medications to inmates. These officials were not able to explain why each institution required the same number of personnel. Further, as of February 2020, BOP had not

provided any documentation or other information supporting the need for four personnel at each institution or explaining why they had not based these estimates on specific criteria. Such criteria could have included the number of inmates at each location currently receiving drug treatment services or the staffing levels for current medical staff at these locations.

Second, BOP has not taken steps to plan for the recruitment and onboarding of more than 100 new personnel to help expand the MAT program. BOP officials stated they plan to hire more personnel into existing agency roles that have shared responsibilities across all drug treatment programs as well as hiring personnel into new positions created to support the MAT program. BOP officials in the Human Resources Management Division told us in December 2019 that they are working with relevant branches to develop descriptions for these new positions. However, branch-level officials told us in January 2020 that these descriptions were on hold until they had more clarity regarding available funding levels for new hires. In addition, branch-level officials stated they had not yet started to plan or consider options for recruiting qualified individuals for all new positions requested. Rather, they stated they were focused on higher-priority aspects of MAT program expansion, such as the development of program policies and the continued administration of naltrexone to inmates. BOP officials acknowledged that hiring and onboarding this large number of personnel presented a significant challenge. They noted that, in addition to filling these new positions, the agency was also actively working to hire and onboard personnel to fill the approximately 3,000 existing agency-wide positions vacant as of December 2019.

Despite this known challenge, and BOP's difficulties in maintaining necessary staffing levels for key positions, BOP officials in the Human Resources Management Division told us they had not developed a plan for recruiting individuals to fill these MAT positions.[51] Instead, officials said they are relying on an external contractor who is working to update

[51]In December 2017, we reported on the staffing challenges BOP faced in retaining personnel. See GAO, *Bureau of Prisons: Better Planning and Evaluation Could Help Ensure Effective Use of Retention Incentives*, GAO-18-147 (Washington, D.C.: Dec. 7, 2017). Additionally, a recent report from the Department of Justice's Office of Inspector General noted that insufficient staffing was a top management and performance challenge for BOP. See U.S. Department of Justice, Office of Inspector General, *Top Management and Performance Challenges Facing the Department of Justice – 2019* (October 2019). Further, in a November 2019 testimony, Dr. Hawk-Sawyer—the BOP Director at the time, cited fully staffing BOP institutions as among her highest priorities. GAO is reviewing BOP's staffing process and plans to report on this issue later in 2020.

the agency's recruitment approach for all its vacant positions. These officials also stated that recruitment efforts occur at the local or regional level through, for example, recruitment fairs and marketing activities. We asked BOP officials at the branch level how BOP planned to continue the MAT program expansion if the agency was not able to successfully recruit and hire individuals for necessary MAT program positions. These officials stated they would need to hire contractors—at a cost they had not estimated—to fill these roles and ensure inmates had access to MAT medications and treatment. Further, BOP officials were not able to explain how the agency would ensure it was able to hire a sufficient number of contractors to fill the agency's need.

Third, while BOP has a document outlining some time frames for completing near-term action items related to the MAT program expansion, BOP does not have documented time frames or target goals for key milestones or for when the expansion will be completed. For example, the document outlines several target dates in the summer of 2020 for providing MAT-related training to all BOP personnel working in an institution and agency officials told us in January 2020 they are actively working to organize these trainings. However, BOP officials told us they did not have a target time frame for when they expected to acquire the necessary certifications and waivers that would authorize BOP to provide buprenorphine and methadone to inmates—a key component of the MAT program expansion. BOP officials stated that this task had proven challenging because the agency did not have experience in acquiring the necessary certifications.[52] Therefore, they stated predicting accurate time frames for completing this effort was not possible. Further, BOP officials could not provide a target goal for when the MAT expansion will be completed and the program will be fully implemented. These officials stated that uncertainty regarding future program funding levels, challenges in acquiring the necessary certifications and waivers to provide all three MAT medications, and difficulties organizing the logistics associated with expanding a complex program nationwide prevented longer-term planning.

The Project Management Institute's *Standard for Program Management* calls for agencies to use key planning elements to help ensure successful program management.[53] These elements include identifying goals and

[52]As described above, BOP is working with SAMHSA and the Drug Enforcement Administration to pursue the necessary certifications and waivers.

[53]Project Management Institute, *The Standard for Program Management* ®, Third Edition.

developing a set of documented success criteria for each key milestone and decision point. These standards state that time frames or milestones should typically be incorporated as part of a roadmap to achieve a specific desired result; in this case, the expansion and full implementation of the MAT program.

BOP has not developed and documented key planning elements necessary to complete its MAT program expansion, including methods for determining its personnel needs, plans for recruiting these personnel, and time frames for completing vital tasks. Given the scale and cost of this expansion, it is unclear how BOP plans to ensure that its efforts to expand the MAT program nationwide are completed effectively and in a timely manner. Defining key planning elements will help BOP to structure its ongoing efforts. Further, developing and documenting these elements would better position BOP to ensure that it is identifying and completing the key tasks and objectives necessary to achieve its overall goal—to expand the MAT program.

BOP Lacks Plans to Evaluate and Manage Its Drug Education and Treatment Programs

BOP Developed an Evaluation Plan That Has Not Been Implemented and Does Not Include All Drug Treatment Programs

Although BOP updated its plan for prioritizing the evaluation of its programs—including selected drug education, treatment, and job training programs—in July 2017, as of February 2020, it has not been fully implemented. BOP officials told us that they had considered the 19 programs included in BOP's plan to be critical for evaluation—and developed criteria to determine the order in which each program would be assessed.[54] However, our analysis indicates that the plan does not include all drug treatment programs, such as RDAP, in which BOP makes significant investments and thousands of inmates participate. Our

[54]BOP officials stated that the agency prioritized these evaluations in response to our July 2015 recommendation that the Director of BOP prioritize its evaluation of national reentry programs by considering such factors as resources required for conducting evaluations and changing characteristics of inmates over time. See GAO, *Federal Prison System: Justice Could Better Measure Progress Addressing Incarceration Challenges,* GAO-15-454 (Washington, D.C.: July 19, 2015).

analysis also indicates that the specialized version of RDAP for Spanish-speaking inmates, called RDAP-Spanish, is also omitted.[55] In contrast, smaller programs, such as the Challenge program, are included. Further, BOP has not updated its evaluation plan to include the MAT program, which BOP introduced in fiscal year 2019. Table 3 details the drug education and treatment programs BOP listed in the July 2017 evaluation plan and the associated time frames BOP envisioned for completing these evaluations.

Table 3: Bureau of Prisons' (BOP) Planned Time Frames for Completing Drug Education and Treatment Program Evaluations According to BOP's July 2017 Evaluation Plan

Bureau of Prisons' program	Time frame for evaluation completion (fiscal year)[a]
Challenge program	2019
Nonresidential Drug Abuse Treatment Program	2020
Drug Abuse Education program	2022
Residential Drug Abuse Program (RDAP) – Dual Diagnosis	2024

Source: BOP documentation. | GAO-20-423

[a]BOP officials told us they completed an evaluation of a mental health program but did not complete an evaluation by the envisioned time frame for the Challenge program and job training programs, among others, due to staffing constraints. Additionally, BOP officials told us that as of November 2019, they would not be able to complete the evaluations of drug education and treatment programs by the time frames listed in the evaluation plan due to these constraints.

BOP officials told us in November 2019 that they would not be able to complete the evaluations of drug education and treatment programs by the time frames listed in the plan because of staffing resource constraints and that their plan omitted evaluations for certain key drug treatment programs. BOP officials told us they still plan to conduct evaluations of the programs listed in its 2017 evaluation plan according to their priority, as staffing permits, but could not estimate when they would either hire more researchers or be positioned to redirect their current evaluation staff. BOP officials also told us they did not intend to update the plan with additional programs or more feasible time frames for the current programs on the list until staffing resources became available. Further, officials also stated that the agency's future efforts to conduct evaluations

[55]BOP's evaluation plan also does not include the evaluation of its Community Treatment Services program. Since BOP contracts with about 210 community treatment providers to deliver substance use treatment for this program and does not standardize treatment across these providers, BOP officials indicated that an evaluation would be challenging to design and execute.

of certain programs would need to be guided by requirements included in the First Step Act, which tasks BOP with evaluating its risk and needs assessment—a system intended to provide certain programming to address inmates' needs, including drug treatment.

Regarding RDAP, BOP officials told us that although RDAP was not included in the 2017 evaluation plan, they have conducted an RDAP evaluation but have not finalized it.[56] BOP officials stated that as a result of sentencing changes, inmates eligible for RDAP were released from BOP's custody in 2019 prior to participating in the program. Specifically, officials told us that a number of inmates who had previously volunteered for the program were no longer eligible because there was not enough time remaining on their sentence to complete the program.[57] Therefore, BOP planned to conduct an evaluation comparing outcomes for this group of inmates to those who participated in RDAP. As of March 2020, officials told us that its evaluation was not yet final and they had not yet determined how the agency would use the results.

BOP also does not have plans for evaluating the MAT program or an estimated time frame for when such an evaluation may be completed. In light of not updating its plan to include an evaluation of the MAT program, BOP officials told us that their first step is to finalize MAT program guidance and policies and fully implement the program nationwide. Once this is complete—by a date BOP has not yet determined—BOP officials stated they will then plan to design an appropriate evaluation to assess the MAT program's effectiveness and identify any areas where implementation could be improved.

The American Evaluation Association framework to guide the development of program evaluations recommends that agencies develop and implement evaluation plans to support future decision-making.[58]

[56]BOP previously evaluated RDAP more than 20 years ago, before BOP implemented a modified therapeutic treatment approach in 2009. This study found that inmates who participated in the program had lower levels of recidivism after 3 years of release than inmates who did not go through the program. See Federal Bureau of Prisons, Office of Research and Evaluation, *TRIAD Drug Treatment Evaluation Project Final Report of Three-Year Outcomes: Part 1* (Washington, D.C.: 2000).

[57]BOP officials told us they provided these inmates with alternative drug education and treatment programs wherever feasible, such as NRDAP prior to their release to the community.

[58]American Evaluation Association, *An Evaluation Roadmap for a More Effective Government.*

Among other things, this framework specifies that programs should be evaluated throughout their life cycles for both program improvement and program effectiveness, and that an appropriate evaluation framework should be built into new programs to guide them throughout their life cycles. Further, the framework states that when only limited resources are available for evaluation, agency funding should go first to the highest-priority needs, with careful sequencing and prioritization of evaluations to provide information and insights that can guide action.

BOP has not updated its evaluation plan since July 2017 to reflect delays in conducting program evaluations or to incorporate its new MAT program. Updating its evaluation plan to include key drug treatment programs—especially RDAP and its new MAT program—and implementing it would provide BOP with more complete and valuable information on the effectiveness of its drug treatment efforts, help officials identify improvement areas, and facilitate informed decisions about future resource investments. Without timely and targeted evaluations, BOP risks continuing or implementing programs that may not be effective. Further, by not considering the goals and outcomes it wishes to attain through MAT expansion—and only considering how to evaluate the program after completing its roll-out—BOP risks designing a program whereby success cannot be quantified at all.

BOP Lacks a Plan to Manage Its Portfolio of Drug Education and Treatment Programs

With the addition of MAT, BOP now has six distinct drug education and treatment programs but does not have a plan to manage this expanded portfolio. Such a plan would help agency leadership manage this portfolio by identifying specific activities and resources necessary to obtain desired results. Instead, BOP implements each program through the use of agency policies—known as program statements. For example, the Psychology Services and National Reentry Affairs branches each have a program statement to guide their implementation of these programs, and both branches are in the process of developing new program statements dedicated to the MAT program. BOP officials in both branches told us that these program statements describe the key features of BOP's drug education and treatment programs, such as inmate eligibility requirements, enrollment timelines, and program duration.

We reviewed the program statements for BOP's drug education and treatment programs and confirmed that, as described, they do provide operational guidance. However, these program statements do not provide higher-level direction for managing BOP's portfolio of drug treatment programs. For example, the Psychology Services branch's program statement identifies reducing inmate criminality and recidivism as a key

goal in providing effective treatment to inmates. The program statement does not include any information on how BOP should measure progress toward this goal or how existing agency resources and funding should be used to achieve it.

Further, we did not find evidence in our review that BOP's program statements help facilitate the effective management and allocation of BOP resources across all of its drug treatment programs, given the expansion of the MAT program. For example, BOP officials stated that institution-level personnel were required to take on additional responsibilities to implement aspects of the new MAT program, including reviewing documentation to determine inmate eligibility and providing individual counseling to inmates. However, BOP's existing program statements do not address such changes in responsibility or provide BOP leadership with documented, clear procedures for allocating funding and staffing resources across all BOP's programs to garner the best results. When we asked BOP officials whether having a plan—to complement, not replace, program statements—would be useful for managing its expanded portfolio, they stated the program statements were sufficient and felt no compelling reason to change their approach.

To determine whether BOP documented a plan to manage its portfolio of drug treatment programs elsewhere, we also analyzed BOP's 2019 Strategic Plan—the latest available. We reviewed the plan and did not find any examples where the document provided leadership with direction for managing BOP's portfolio of drug treatment programs. For example, while this plan includes a goal to ensure that all inmates awaiting admission to RDAP are admitted into the program 30 months in advance of their projected release date, it does not specify how BOP leadership should dedicate resources to achieve this goal or how resource investments in RDAP affect the delivery of the other drug education and treatment programs. It also does not identify any broader goals for the portfolio.

However, as we have previously reported, sound planning calls for organizations to develop plans that (1) identify specific activities necessary to obtain desired results and (2) allocate resources to ensure

accountability and mitigate risks.[59] In addition, *Standards for Internal Control in the Federal Government* states that management should analyze the effect of significant changes—and, when necessary, take action to ensure the entity's effectiveness.[60] In BOP's case, the investment of considerable budgetary and personnel resources into its MAT program is a significant change to BOP's existing portfolio of drug education and treatment programs. For example, the agency may consider how the MAT program expansion will affect the duties of current drug treatment personnel, the onboarding and integration of new personnel, and the delivery of other drug education and treatment programs.

Given its large scope and scale, the MAT program represents a significant development in BOP's overall approach to providing drug treatment. Developing and implementing a plan to manage its expanded portfolio of programs that identifies specific activities and resources necessary to obtain desired results would help BOP in a number of ways. First, it would help the agency integrate the MAT program into its current portfolio of drug education and treatment programs. Second, BOP leadership could use this plan to help develop strategies, allocate resources, and inform future management decisions to ensure that its portfolio of drug education and treatment programs is being managed cohesively and achieving desired results.

Conclusions

BOP's nationwide expansion of its MAT program represents a significant development in the agency's provision of drug education and treatment programs for inmates. While 41 inmates participated in the agency's MAT program in fiscal year 2019, BOP is taking steps to expand the program to address the approximately 17,500 inmates BOP estimates will be eligible to participate. However, BOP lacks key planning elements critical to guiding the agency's expansion efforts, especially given the large scope of these efforts and the complexity of the program itself. Developing such elements—including time frames and goals for certain

[59]The components of sound planning include (1) purpose, scope, and methodology; (2) problem definition, causes, and operating environment; (3) goals, objectives, activities, and performance measures; (4) resources, investments, and risks; (5) roles, responsibilities, and coordination; and (6) integration among and with other entities. For example, see GAO-04-408T and GAO-09-398. Although there is no established set of requirements for all plans, components of sound planning are important because they define what organizations seek to accomplish, identify specific activities to obtain desired results, and provide tools to help ensure accountability and mitigate risks.

[60]GAO-14-704G.

action items and full program implementation—is critical in ensuring the effective and timely roll-out of the MAT program for eligible inmates and positioning BOP to help address a key crisis of our time—the misuse of and addiction to opioids.

Further, it is important for BOP to understand the effectiveness of all its drug education and treatment programs and appropriately plan for their implementation. While BOP developed a plan for evaluating selected programs, the agency has not updated it to include several key drug treatment programs—including its new MAT program—and has not adhered to the time frames listed in the plan. Updating and implementing its evaluation plan will allow BOP to understand the effectiveness of its drug education and treatment programs and therefore make more informed decisions regarding BOP's future investments in these programs. Additionally, while BOP uses existing branch-level policy, or program statements, to guide the implementation of its drug education and treatment programs, a higher-level plan will help to ensure that BOP leadership has the information it needs to manage the agency's portfolio of programs, particularly given the substantial financial investment in the MAT program. Developing and implementing such a plan will help ensure that BOP is effectively using available resources and making informed decisions regarding its portfolio of drug education and treatment programs.

Recommendations for Agency Action

We are making the following 7 recommendations to BOP:

The Director of BOP should develop and document the agency's methods for determining the number of additional agency personnel it reports needing to support its MAT program expansion. (Recommendation 1)

The Director of BOP should document how the agency plans to recruit and onboard additional personnel for expanding and implementing the MAT program. (Recommendation 2)

The Director of BOP should develop and document time frames and target goals for key milestones—including a completion date—for the MAT program expansion. (Recommendation 3)

The Director of BOP should update its program evaluation plan to include the MAT program and re-prioritize the time frames for evaluating all programs in the plan based on available funding and staffing levels for conducting evaluations. (Recommendation 4)

The Director of BOP should implement the revised program evaluation plan based on available funding and staffing levels for conducting them. (Recommendation 5)

The Director of BOP should develop and document a plan for managing its portfolio of drug education and treatment programs, including the MAT program. This plan should, among other components, identify specific activities and resources necessary to achieve desired results. (Recommendation 6)

The Director of BOP should implement BOP's plan for managing its portfolio of drug education and treatment programs. (Recommendation 7)

Agency Comments

We provided a draft of this report to the Department of Justice for review and comment. The Department concurred with our recommendations and told us they had no comments on the draft report. The Department did provide technical comments, which we incorporated as appropriate. We also provided a draft section of the report for review and comment to pertinent officials from the Rhode Island Department of Corrections and the Kentucky Department of Corrections. These officials provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional requesters, the BOP Director, and other interested parties. In addition, the report is available at no charge on GAO's website at https://www.gao.gov.

If you or your staff have any questions about this report, please contact Gretta Goodwin at (202) 512-8777 or GoodwinG@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix IV.

Gretta L. Goodwin
Director, Homeland Security and Justice

List of Requesters

The Honorable Sheldon Whitehouse
Ranking Member
Subcommittee on Crime and Terrorism
Committee on the Judiciary
United States Senate

The Honorable Michael F. Bennet
United States Senate

The Honorable Sherrod Brown
United States Senate

The Honorable Cory Gardner
United States Senate

The Honorable Edward J. Markey
United States Senate

The Honorable Lisa Murkowski
United States Senate

The Honorable Rand Paul
United States Senate

The Honorable Elizabeth Warren
United States Senate

Appendix I: Objectives, Scope, and Methodology

We reviewed the Bureau of Prisons' (BOP) efforts to provide drug education and treatment programs for federal inmates. This report (1) describes BOP's drug education and treatment programs to help inmates address substance use and funding for these programs from fiscal years 2015 through 2019, (2) examines BOP's plans for expanding its MAT program, and (3) examines the extent to which BOP has plans to evaluate and manage these programs.

To address our first and second objectives, we reviewed BOP documentation on its drug education and treatment programs, including agency policies, program-specific guidance and materials, and statements of work that govern the contracts for privately managed institutions, community treatment providers, and residential reentry centers (RRC).[1] We also reviewed documentation on BOP's plans for expanding its new medication-assisted treatment (MAT) program. We assessed this documentation and BOP's efforts to expand its MAT program against standard management principles for identifying goals and developing a set of documented success criteria—in other words, key planning elements.[2] In addition, we interviewed officials from BOP's Psychology Services branch, National Reentry Affairs branch, and the Health Services Division—the three entities responsible for guiding the implementation of these programs—to understand their policies, such as the eligibility requirements for inmates to participate in each program and BOP staff roles and responsibilities. We also interviewed officials from selected organizations with knowledge about federal and state prison drug education and treatment programs to understand their perspectives regarding BOP's drug education and treatment programs and drug treatment efforts more generally. We selected these organizations by confirming that their representatives are knowledgeable in the subject matter—that is, they have published position papers or research reports,

[1]Privately managed institutions are prisons operated by private contractors that house federal inmates under BOP custody. BOP contracts with community treatment providers that have access to licensed professionals—such as certified addiction counselors, psychologists, and social workers—who provide treatment to eligible inmates. RRCs provide inmates with a supervised environment, job search assistance, and other programs and services.

[2]Project Management Institute, *The Standard for Program Management* ®, Third Edition (Newton Square, PA: 2013). *The Standard for Program Management* ® describes, among other things, how resource planning; goals, milestones, and performance measures; and program monitoring and reporting are good practices that can enhance management for most programs.

for example, on drug education and treatment programs in prisons.[3] We included organizations whose officials agreed to be interviewed by us.

In addition, we conducted site visits to four BOP-managed institutions and one privately managed institution. Specifically, we conducted site visits to four out of 122 BOP-managed institutions within two federal correctional complexes and one federal medical center.[4] We used the following three criteria to select a nongeneralizable sample of BOP-managed federal correctional complexes and one federal medical center: a range of (1) drug education and treatment programs offered, (2) geographic locations of programs offered, and (3) institution security levels (e.g., minimum, low, medium, high, and administrative).[5] We also conducted one site visit to a privately managed institution in North Carolina since this was the only privately managed institution that provides BOP's residential drug treatment program to inmates. The five institutions we visited provided BOP's drug education program and four of BOP's drug treatment programs to female and male inmate populations, were located in three different states, and encompassed four security levels (low, medium, high, and administrative). At each institution, we observed selected drug education and treatment programs and interviewed program staff to obtain perspectives on BOP's programs.

Further, we visited three RRCs and community treatment providers located near the BOP institutions we selected for site visits and interviewed staff to obtain perspectives on BOP's drug treatment efforts for inmates residing in community confinement in a RRC or home confinement.[6] Since we selected a nongeneralizable sample of BOP- and privately managed institutions, RRCs, and community treatment providers, the information we obtained cannot be generalized more broadly across all such entities. However, the information provides

[3]We selected the following organizations: National Academies, The Sentencing Project, RAND, and Families Against Mandatory Minimums.

[4]Federal correctional complexes consist of multiple institutions with different missions (for example, medical/mental health, pretrial, and holdover) and different security levels. Federal medical centers have a mission to provide medical and mental health care to inmates with special needs.

[5]Administrative facilities are institutions with special missions, such as the detention of pretrial offenders; the treatment of inmates with serious or chronic medical problems; or the containment of extremely dangerous, violent, or escape-prone inmates.

[6]Inmates placed in home confinement are monitored and are required to remain at home when not working or participating in programming and other approved activities.

important context and insights into the drug education and treatment programs BOP provides to inmates.

To further describe BOP's drug education and treatment programs, we interviewed BOP officials responsible for providing these programs to participating inmates to gain perspectives on the key features, eligibility requirements, and goals for each program. We obtained information from BOP regarding the number of inmates who participated in these programs at any time during fiscal years 2015 through 2019. We also obtained information on participation in BOP's drug education and treatment programs for inmates who were released from BOP custody during these fiscal years. We interviewed BOP officials and analyzed documentation to determine the processes in place to ensure the reliability of these numbers and determined the information was sufficiently reliable for the purpose of describing inmate participation numbers by fiscal year. We also obtained and analyzed funding data, including obligations and expenditures, from BOP's Financial Management Information System for fiscal years 2015 through 2019—the five most recent years for which data are available.[7] We also interviewed officials from BOP's Administration Division, which manages its budget development and execution, and reviewed key documents such as congressional budget justifications and the sub-object classification guide.[8] To assess the reliability of BOP's funding data, we performed electronic data testing and looked for obvious errors in accuracy and completeness, and interviewed agency officials knowledgeable about BOP's budget to determine the processes in place to ensure the integrity of the data. We determined that the data were sufficiently reliable for the purpose of describing the annual amounts BOP obligated for its drug education and treatment programs and the amount BOP expended for its MAT program in fiscal year 2019.

To provide additional context for our second objective, we obtained information from several sources, including the Substance Abuse and Mental Health Services Administration, the National Institute of Drug

[7]An obligation is a definite commitment that creates a legal liability of the government for the payment of goods and services ordered or received. An "expenditure" is defined as the actual spending of money. For the purposes of this report, obligations and expenditures represent the amount of funding BOP obligated and expended for its drug education and treatment programs from fiscal years 2015 through 2019.

[8]Federal agencies use the sub-object classification guide to standardize budgetary information. Sub-object classification guide codes define the nature of services or articles obligated.

Abuse, the National Academies, and the Department of Justice's Office of Justice Programs.[9] We asked these sources to provide information on state departments of corrections that have successfully implemented a MAT program for state inmates. Using the states' departments of corrections and research studies these sources identified, we obtained 15 research studies on six states and reviewed these studies to assess for methodological rigor and identify any limitations. We determined that eight studies focused on three states represented original research of prison-based MAT programs. We also searched the websites of states' departments of corrections to obtain additional information on their prison MAT programs.

This information allowed us to identify two main criteria for the purpose of selecting states that have successfully implemented a MAT program for inmates: (1) comprehensiveness of the state MAT programs in terms of the range of medications used to treat opioid use disorders and (2) assessments or original research that identify successful or effective state MAT programs. We defined success and effectiveness of the MAT programs as inmates' engagement in treatment following release from prison and rates of reincarceration up until 12 months post-release. Using this information, we selected three state departments of corrections—Kentucky, Rhode Island, and Maryland. However, we were not able to collect and validate comparable information from Maryland and therefore omitted this state from our analysis. Information regarding MAT programs in Kentucky and Rhode Island provided important context about these programs, as well as recommendations from state officials to other correctional institutions regarding implementing MAT programs at the state level. Appendix III provides detailed information about the key features of each selected state's MAT program for inmates.

To address our third objective, we reviewed relevant BOP documentation, such as BOP's July 2017 program evaluation plan—the most recent plan available—prior BOP evaluations of selected programs, and agency policies—known as program statements—that help guide program implementation for each BOP branch. We assessed this documentation and BOP's efforts to evaluate its drug education and treatment programs against the American Evaluation Association framework.[10] In addition, we

[9]These agencies have knowledge of medication-assisted treatment programs within state departments of corrections.

[10]American Evaluation Association, *An Evaluation Roadmap for a More Effective Government* (Washington, D.C.: October 2016).

interviewed officials from BOP's Office of Research and Evaluation, Psychology Services branch, National Reentry Affairs branch, and the Health Services Division to gain perspectives regarding BOP's efforts to manage all of its drug education and treatment programs, including the MAT program. We also evaluated BOP's efforts to manage these programs against sound planning practices and federal internal control standards.[11] Although there is no established set of requirements for all plans, components of sound planning are important because they define what organizations seek to accomplish, identify specific activities to obtain desired results, and provide tools to help ensure accountability and mitigate risks.

We conducted this performance audit from September 2018 through May 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

[11]In past reports, we have identified sound practices in planning. For example, see GAO, *Combating Terrorism: Evaluation of Selected Characteristics in National Strategies Related to Terrorism,* GAO-04-408T (Washington, D.C.: Feb. 3, 2004) and GAO, *Social Security Disability: Additional Performance Measures and Better Cost Estimates Could Help Improve SSA's Efforts to Eliminate Its Hearings Backlog,* GAO-09-398 (Washington, D.C.: Sept. 9, 2009). GAO, *Standards for Internal Control in the Federal Government,* GAO-14-704G (Washington, D.C.: September 2014).

Appendix II: Key Information on the Bureau of Prisons' (BOP) Drug Education and Treatment Programs

BOP's drug education and treatment programs include different (1) programmatic features, (2) eligibility requirements, and (3) participation levels. First, BOP's programs comprise varied features, such as the period when an inmate may enroll in a program, the program's length, and potential incentives for completion, among others. Table 4 details selected key features by program.

Table 4: Selected Key Features of the Bureau of Prisons' (BOP) Drug Education and Treatment Programs

Program	Enrollment time frame	Program type/length	Where inmates reside	Potential incentives[a]
Drug Abuse Education program[b]	Within the first 12 months of an inmate's incarceration	Group education classes 1 to 12 weeks, according to BOP officials (12 to 15 hours total)	General population in an institution	None
Nonresidential Drug Abuse Treatment Program	Any time during an inmate's incarceration in an institution	Group counseling 12 to 24 weeks (18 to 48 hours total)	General population in an institution	$30 upon completion Nonmonetary items, such as writing notebooks, pens, mugs, or t-shirts
Residential Drug Abuse Program (RDAP), RDAP-Dual Diagnosis (inmates with a substance use disorder and mental illness), RDAP-Spanish (for Spanish speakers)	When an inmate has between 22 to 42 months remaining on sentence	Individual and group counseling; structured community meetings 9 to 12 months (500 hours)	RDAP unit, separate from general population in an institution, and community confinement	Up to $120 Nonmonetary items, such as writing notebooks, pens, mugs, or t-shirts Up to 12 months reduction in sentence (if eligible)
Challenge program	Any time, as long as inmate has at least 18 months remaining on sentence	Individual and group counseling; structured community meetings 9 to 24 months (500 hours)	Challenge unit, separate from general population in an institution	Up to $120 Nonmonetary items, such as writing notebooks or mugs Potential transfer from a high-security level institution to a lower security level institution
Community Treatment Services	Within the first 10 days of inmate being transferred from prison to a residential reentry center or to home confinement	Individual and group counseling, and counseling with family members, as appropriate 4 months minimum	Residential reentry center (RRC) or home confinement	For inmates who complete RDAP, up to 12 months reduction in sentence (if eligible)

Program	Enrollment time frame	Program type/length	Where inmates reside	Potential incentives[a]
Medication-assisted treatment (MAT) program	Any time while in BOP custody, as clinically determined by a health care professional In fiscal year 2019, inmates generally received MAT either upon entering an institution or a few weeks prior to transitioning to a RRC	Administration of MAT medications and individual counseling within an institution and the community; if appropriate, inmate may also receive group counseling and counseling with family members in the community As clinically determined by a health care professional	General population in an institution and a RRC	None

Source: GAO summary of BOP documentation. | GAO-20-423

[a]BOP may offer both monetary and nonmonetary incentives to inmates for completing drug treatment programs. Monetary incentives include depositing funds into an inmate's commissary account, which is a bank account inmates can use for food, personal, and other items BOP does not regularly provide to inmates. Nonmonetary incentives include, among other things, certain items—such as writing notebooks or t-shirts—as well as the potential for a reduction in sentence if the inmate is eligible.

[b]BOP's Drug Abuse Education program is a required course for inmates who meet any of the eligibility requirements—for example, if substance use contributed to the inmate's committed offense or a sentencing judge recommends the inmate take the course, among other requirements. However, an inmate may also volunteer to take the course. In contrast, BOP's drug treatment programs are voluntary for inmates who meet certain criteria.

Second, BOP's drug education and treatment programs have different eligibility requirements that federal inmates must meet to participate. For example, BOP's Drug Abuse Education program is required for inmates who meet any of four eligibility requirements while BOP's drug treatment programs are voluntary for certain eligible inmates. Table 5 provides more information on specific eligibility requirements by program.

Table 5: Bureau of Prisons' (BOP) Drug Education and Treatment Programs' Eligibility Requirements

Program	Eligibility requirements
Drug Abuse Education program	An inmate is required to participate if any of these four requirements are met. 1. Inmate's substance use contributed to the offense committed; 2. a sentencing judge recommends an inmate to take the course; 3. inmate has a history of substance use; or 4. inmate's substance use violated either the terms of community confinement or supervised release. An inmate may also volunteer to take the course.
Nonresidential Drug Abuse Treatment Program (NRDAP)	An inmate may volunteer to participate in NRDAP, as the program's purpose is to provide all inmates with the opportunity to receive drug treatment, if needed.
Residential Drug Abuse Program (RDAP), RDAP-Dual Diagnosis (inmates with a substance use disorder and mental illness), RDAP-Spanish (for Spanish speakers)	An inmate must meet all three of these requirements to participate in RDAP. 1. Inmate has a verifiable substance use disorder[a]; 2. inmate signs an agreement acknowledging the responsibilities of the program; and, 3. when beginning the program, inmate is able to complete all components of RDAP, including treatment during community confinement in a residential reentry center (RRC) or home confinement.
Challenge program	An inmate may volunteer to participate in the Challenge program if either of these requirements are met. 1. Inmate has a history of substance use or dependence; 2. inmate has a major mental illness, such as a current diagnosis of a psychotic disorder, mood disorder, anxiety disorder, or personality disorder.
Community Treatment Services	An inmate may volunteer to participate in Community Treatment Services if any of these four requirements are met. 1. Inmate completed NRDAP; 2. inmate completed a psychology treatment program (such as the Challenge program); 3. inmate has a verifiable substance use disorder; or 4. inmate was found guilty of, or admitted to, using drugs while in a RRC or home confinement.[b]
Medication-assisted treatment (MAT) program	An inmate may volunteer to participate in the MAT program if he or she is eligible to reside in a RRC and has a diagnosis of opioid use disorder or a history of opioid use. Inmates may also participate in the MAT program if they are currently receiving MAT medications when they enter BOP custody, according to BOP officials. In addition, these officials stated that an inmate may be considered for the MAT program at any point in their sentence on a case-by-case basis.

Source: GAO summary of BOP documentation. | GAO-20-423

[a]A verifiable substance use disorder refers to a substance use disorder that is supported by documentation showing a pattern of problematic substance use—for example, documentation from a medical provider who diagnosed and treated an inmate prior to an inmate's sentence.

[b]BOP conducts random and targeted urinalysis tests to monitor inmate substance use, including opioid use.

Third, inmate participation levels varied across BOP's drug education and treatment programs from fiscal year 2015 through 2019. For example,

during this five-year period, BOP's Drug Abuse Education program consistently had the highest number of participating inmates when compared to BOP's drug treatment programs. Specifically, in fiscal year 2019, approximately 23,000 inmates participated in the program.[1] During this same period, approximately 15,000 inmates participated in NRDAP, 15,000 inmates participated in RDAP, 1,800 inmates participated in the Challenge program, and 9,000 participated in Community Treatment Services.[2] Further, 41 inmates participated in the MAT program during fiscal year 2019; however, BOP officials told us this number will increase substantially as they continue to expand the program nationally. Table 6 details the number of inmates who participated in each BOP program annually from fiscal years 2015 through 2019.

Table 6: Number of Inmates Who Participated in the Bureau of Prisons' (BOP) Drug Education and Treatment Programs, Fiscal Years (FY) 2015–2019

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Drug Abuse Education program	25,226	24,224	22,317	22,649	22,981
Nonresidential Drug Abuse Treatment Program	14,988	15,154	15,293	14,712	14,875
Residential Drug Abuse Program (RDAP)	18,304	17,848	16,641	15,619	14,932
Challenge program	2,075	2,012	2,111	1,826	1,759
Community Treatment Services, Substance Use Treatment	10,844	10,083	9,356	8,903	9,083
Medication-assisted treatment (MAT) program	[a]	[a]	0	0	41
Average daily inmate population[b]	209,805	196,485	188,994	184,007	180,086

Source: BOP data. | GAO-20-423

Notes: BOP information on participation in its drug education and treatment programs captures the total number of discrete inmates who participated in a given program at any point during the fiscal year. The number of inmates participating in each program in each fiscal year cannot be totaled because the same inmates may have participated in multiple programs during the same fiscal year. Further, inmates may be double-counted in the same program across fiscal years if their participation spans more than one fiscal year. For example, an inmate who began RDAP in September 2018 and completed the program in September 2019 would be counted as a participant in both fiscal years 2018 and 2019.

[1]BOP information on participation levels for BOP's drug education and treatment programs captures the total number of discrete inmates who participated in a given program at any point during the fiscal year. Further, BOP uses a total inmate population metric to capture the average number of inmates who were incarcerated under BOP custody for any given fiscal year. To calculate this metric, BOP adds all federal inmates under BOP custody for each day of a given fiscal year and divides this total by the number of days in that year.

[2]In addition, in fiscal year 2019, approximately 6,100 inmates who had completed the RDAP institutional component participated in follow-on drug treatment in an institution while waiting to be transferred to community confinement.

[a]BOP conducted a limited MAT field trial from fiscal years 2014 through 2016. According to BOP documentation, four inmates participated in this field trial. BOP's formal MAT program was not implemented until fiscal year 2019.

[b]Average daily inmate population captures the average number of inmates who were incarcerated under BOP custody for any given fiscal year. To calculate this metric, BOP adds all federal inmates under BOP custody for each day of a given fiscal year and divides this total by the number of days in that year.

Inmate participation levels also varied across BOP's drug education and treatment programs for inmates who were released from BOP custody during fiscal years 2015 through 2019. For example, 41,371 inmates were released from BOP custody in fiscal year 2019. Of these, 30,803 (75 percent) had participated in at least one drug education and treatment program at some point during their incarceration. Table 7 provides additional information regarding participation levels by program for inmates released from BOP custody from fiscal year 2015 through 2019.

Table 7: Participation in the Bureau of Prisons' (BOP) Drug Education and Treatment Programs among Inmates Released from BOP Custody During Fiscal Years (FY) 2015–2019

Number of inmates released who participated

(Percent of total inmate releases)

	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Drug Abuse Education program	23,883	28,594	23,875	23,001	24,935
	(60.1)	(62.6)	(60.1)	(59.5)	(60.3)
Nonresidential Drug Abuse Treatment Program	9,173	11,692	10,217	10,460	11,881
	(23.1)	(25.6)	(25.7)	(27.0)	(28.7)
Residential Drug Abuse Program (RDAP)	10,259	12,316	10,546	11,144	12,236
	(25.9)	(27.0)	(26.5)	(28.8)	(29.6)
Challenge program	608	828	791	816	1,033
	(1.5)	(1.8)	(2.0)	(2.1)	(2.5)
Community Treatment Services, Substance Use Treatment	9,096	9,548	8,643	8,778	8,893
	(22.9)	(20.9)	(21.7)	(22.7)	(21.5)
Medication-assisted treatment (MAT) program[a]	a	a	a	a	6
					(0.0)
Any BOP drug education and treatment program	28,447	33,970	29,076	28,532	30,803
	(71.7)	(74.4)	(73.1)	(73.8)	(74.5)
Total number of inmate releases	**39,682**	**45,660**	**39,751**	**38,680**	**41,371**

Source: BOP data. | GAO-20-423

Notes: Inmates may have participated in more than one program. The unit of analysis for this table is the number of inmate releases. These inmates completed their federal sentence and were in BOP custody for at least one night, according to BOP officials. About 10 percent of these inmates were incarcerated and released multiple times and are counted more than once in the table. This table excludes inmates who were released to the custody of another jurisdiction, such as U.S. Immigration

and Customs Enforcement for detention or deportation purposes, among other entities, according to BOP officials.

[a]BOP implemented its MAT program in fiscal year 2019. This table does not include information on four BOP inmates who participated in a limited MAT field trial from fiscal years 2014 through 2016.

Appendix III: Overview of Selected States' Medication-Assisted Treatment (MAT) Programs

This appendix provides information on two state departments of corrections—Kentucky and Rhode Island—that implemented medication-assisted treatment (MAT) programs to state inmates and rigorously evaluated the effectiveness of these programs through partnerships with universities or research organizations.[1] MAT programs are used to treat individuals with opioid use disorder, which is characterized by the misuse of or addiction to opioids.[2] Generally, these programs combine behavioral therapy with the use of certain medications—naltrexone, methadone, and buprenorphine—prescribed based on individuals' needs.[3] Specifically, this appendix describes each state's program, provides the results of the state's program evaluations, and offers recommendations from state officials to other correctional institutions regarding implementing MAT at the state level.[4] Each of the two state's department of corrections' MAT programs vary on key aspects, such as eligibility requirements, which may explain the differences in the number of inmates who participated in each state.

[1]Appendix I contains additional information on how we selected these states.

[2]Opioids include both prescription opioid pain relievers as well as illicit opioids, such as heroin.

[3]Methadone and buprenorphine suppress withdrawal symptoms in detoxification therapy and control the craving for opioids in maintenance therapy. Both drugs are opioids that activate opioid receptors and carry risks of misuse. Both drugs can also be prescribed for pain. Naltrexone is used for relapse prevention because it suppresses the euphoric effects of opioids, and it carries no known risk of misuse.

[4]While BOP also consulted with several state departments of corrections to understand best practices for implementing MAT programs, we selected our sample independently.

Kentucky Department of Corrections' (KYDOC) Medication-Assisted Treatment Program

General background: KYDOC is responsible for inmates in prisons and jails, as well as on community supervision through probation or parole. As of February 2020, KYDOC had about 23,000 inmates confined in 13 prisons and 76 jails, according to a KYDOC official.

Goal: KYDOC's MAT program aims to facilitate the transition of inmates to an outpatient substance abuse treatment program, which employs a multi-faceted approach to treatment, combining the use of naltrexone or buprenorphine, counseling, and referral to community-based providers upon release from incarceration.

Medication used: Naltrexone for opioids and alcohol. In December 2019, KYDOC started to provide buprenorphine at three prisons.

Funding: In 2015, the Kentucky General Assembly, through Senate Bill 192, provided $1 million to KYDOC to provide MAT. According to a KYDOC official, the program is currently funded at $1 million annually and KYDOC received an additional $500,000 in grant funding in 2019 to expand its MAT program to provide buprenorphine.

Description of the program: KYDOC offers naltrexone to inmates toward the end of their incarceration and administers monthly injections while inmates are in prisons or jails for up to 2 months.[1] KYDOC makes referrals to community providers for inmates under community supervision to continue to receive injections after release from prison or jail. In December 2019, KYDOC expanded its program to provide buprenorphine at three prisons.

Eligibility requirements: According to KYDOC's protocol, inmates are eligible if they meet all of the following requirements: 1) have a substance use disorder related to alcohol or opioids; 2) have completed a substance abuse treatment program within a prison or jail; 3) are eligible for community supervision; 4) are not using drugs or alcohol, as evidenced by a drug screen; and 5) in the case of female inmates, are not pregnant.

Number of inmates who participated in MAT: From March 2016 to June 2017, 61 inmates received naltrexone while in prison and were included in the final sample of a research study. Of those inmates, 20 received at least one injection in the community. Inmates provided reasons for not continuing injections in the community, which most commonly include side effects or discomfort. Side effects for naltrexone generally may include nausea, sleepiness, and headaches. During the study's time period, KYDOC jail programs were not reporting the number of inmates who participated in MAT because, according to officials, they did not have the capability. KYDOC officials told us that they are working toward developing this capability.

Research partnership: KYDOC collaborates with the University of Kentucky to produce an annual report on KYDOC's drug treatment programs, including MAT. Specifically, KYDOC collects data on inmate characteristics and participation in drug treatment programs, among other information, using its internal data system and a web-based system. The University of Kentucky analyzes these data and drafts the annual report. A KYDOC official also told us that KYDOC reviews the draft report and publishes the final report on its website.

[1]The official name of KYDOC's program is the Supportive Assistance with Medication for Addiction Treatment program.

Kentucky Department of Corrections' (KYDOC) Medication-Assisted Treatment Program

Results: Researchers from the University of Kentucky analyzed KYDOC data and produced a report on KYDOC's MAT program.[2] Inmates who were eligible and received naltrexone prior to release from prison had lower rates of reincarceration after 12 months and reported lower rates of alcohol and drug use than eligible inmates who chose not to receive naltrexone. According to the study's authors, results are preliminary because they only present findings for the first group of inmates to receive MAT and are limited by a small sample size (see table 8).

Table 8: Kentucky Department of Corrections (KYDOC) Inmate Characteristics and Descriptive Data for Medication-Assisted Treatment, March 2016—2017

	Eligible inmates who received naltrexone	Eligible inmates who did not receive naltrexone
Number of inmates	61[a]	70
Age	39.4	37.8
Reincarcerated in 12-month follow-up window	24	34
Any self-reported illegal drug use in 12-month follow-up window	26	33
Any self-reported alcohol use in 12-month follow-up window	16	20
Any self-reported opiate use in 12-month follow-up window	15	18

Source: GAO analysis of KYDOC and University of Kentucky documentation. | GAO-20-423

Note: Inmates who responded reported that they had used drugs or alcohol during the 12-month follow-up timeframe.

[a]Sixty-four inmates who received naltrexone in prison (83 percent of all inmates who received naltrexone) were successfully located and interviewed over the phone one year post-release. However, only 61 of those inmates had lived in Kentucky for the majority of the past 12 months and were included in the final sample.

Recommendations from a KYDOC official for correctional institutions implementing MAT:

1. Do not rush to implement MAT.
2. Learn from other state departments of corrections to understand what has worked and what has not worked.
3. Educate staff, community, and families to help reduce the stigma of MAT among individuals who may support inmates after release from prison or jail.
4. Communicate with entities, such as state behavioral health and family services, which will assist inmates after release from KYDOC supervision, to help them understand how MAT is offered in the community and to help build support for MAT.

[2]E. McNees Winston and S. Johnson. *Substance Abuse Medication-Assisted Treatment: Preliminary Outcomes*, University of Kentucky Center on Drug and Alcohol Research (2019).

Rhode Island Department of Corrections' (RIDOC) Medication-Assisted Treatment Program

General background: RIDOC is responsible for individuals awaiting trial and sentenced inmates incarcerated in six co-located state institutions. RIDOC is also responsible for supervising individuals residing in the community through probation or parole. As of September 2019, RIDOC was responsible for managing a population of 671 individuals awaiting trial and 2,019 inmates.

Goal: RIDOC's MAT program aims to (1) identify individuals in need of treatment, (2) initiate MAT for patients in need, (3) increase retention in MAT treatment post-release, and (4) decrease mortality.

Medication used: Methadone, buprenorphine, and naltrexone for opioids. RIDOC's contractor and the inmate make a clinical decision on which medication to take, primarily based on the inmate's past experiences and preference, as well as logistical considerations, according to a RIDOC official.

Funding: In July 2016, the Rhode Island Legislature provided $2 million to RIDOC to support MAT. The program is currently funded at about $2 million annually.

Description of the program: RIDOC screens all inmates for substance use disorder both when they enter an institution and prior to their release. RIDOC uses a contractor to provide MAT medication to inmates, as well as the clinical, medical, and reentry services associated with the program. This contractor provides counseling services within the institution and facilitates continuation of MAT in the community by providing inmates with referrals to community treatment providers.

Eligibility requirements: RIDOC, through its contractor, provides MAT to three categories of eligible inmates: (1) inmates verified as having received these services in the community prior to entering RIDOC custody; (2) inmates initiating MAT upon entering an institution, as long as they have a diagnosis of opioid use disorder and have been determined to be clinically appropriate; and (3) inmates within 3 months of release, if at risk for relapse. Inmates with a sentence of 4 years or longer who are prescribed methadone or buprenorphine are tapered off these medications and offered the medication within 3 months of release, according to RIDOC officials.

Number of inmates who participated in MAT: From October 2016 through September 2017, RIDOC provided MAT to 1,339 inmates. Of these inmates, 59 percent received methadone, 39 percent received buprenorphine, and 2 percent received naltrexone.

Research partnership: RIDOC collaborates with researchers from Brown University to assess the effectiveness of its MAT program. These researchers track, collect, and analyze data from RIDOC and other sources, such as the Rhode Island Office of State Medical Examiners for information on overdose deaths. For example, researchers are tracking and collecting RIDOC data on the number and percent of inmates who were assessed, eligible, and started MAT to evaluate the effectiveness of the MAT program.

Rhode Island Department of Corrections' (RIDOC) Medication-Assisted Treatment Program

Results: Prior to RIDOC implementing its current MAT program, Brown University researchers, among others, conducted a study to evaluate the effectiveness of continuing MAT upon incarceration on RIDOC inmates' participation in MAT after release.[3] From 2011 to 2013, researchers conducted a study on inmates who were receiving MAT, specifically methadone, prior to incarceration.[4] To conduct this study, researchers randomly assigned 223 eligible inmates who volunteered to one of two conditions: (1) inmates who continued to receive methadone during incarceration and (2) inmates who stopped receiving methadone through reducing the amount received each day. Of those inmates who continued to receive methadone, 111 of 114 (97 percent) inmates attended a community methadone clinic within 1 month of release, compared with 77 of 109 (71 percent) inmates who had stopped receiving methadone treatment. According to the study's authors, continuing methadone after release may reduce the risk of overdose; however, the authors did not evaluate whether continuing to receive methadone reduced the number of overdoses. These authors also note a few limitations, such as a lower number of inmates than initially intended and only including inmates who were incarcerated for less than 6 months in the study.

Recommendations from a RIDOC official for correctional institutions implementing MAT:

1. Do not implement MAT before all levels of staff at the institution have received training on the program.
2. Ensure communication among correctional staff and medical staff to facilitate a multidisciplinary team.
3. Administer methadone and buprenorphine in the morning, because these medications act as a stimulant for individuals withdrawing from opioids.
4. For institutions that offer all three medications, provide inmates with information on medication availability in the community.
5. Develop strong ties with community providers as maintaining access to MAT following release is critical to inmates' success.

[3]Researchers also conducted a study on RIDOC's MAT program which was published in 2018. See T.C. Green, et al., "Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System", *Journal of the American Medical Association Psychiatry*, vol. 75, no.4 (2018): 405-407.

[4]J.D. Rich, et al,. "Methadone Continuation Versus Forced Withdrawal on Incarceration in a Combined U.S. Prison and Jail: A Randomised, Open-label Trial", *The Lancet*, vol.386, (2015): 350-359.

Appendix IV: GAO Contact and Staff Acknowledgments

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Staff Acknowledgments

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