

A Report by a Panel of the
NATIONAL ACADEMY OF PUBLIC ADMINISTRATION

*Effective Practices in Strategic Planning and Change
Management for the Health Services Division of the
Bureau of Prisons*



NATIONAL ACADEMY OF
PUBLIC ADMINISTRATION®

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*Effective Practices in Strategic Planning and
Change Management for Health Services Division of
the Bureau of Prisons*

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Section 1: Introduction

In 2010, the Health Services Division (HSD) of the Federal Bureau of Prisons (BOP) sought to undertake an integrated strategic planning effort intended to engage key internal stakeholder groups. These stakeholders included Regional Directors and Wardens who have line authority over healthcare staff and resources, and other Central Office (CO) divisions upon whom HSD depends for important support services. A particular focus of this planning effort was to improve the ability of HSD to collect and analyze clinical and financial data needed to more effectively carry out its responsibilities for ensuring quality of care, controlling costs, and managing risk.

Ultimately, despite its efforts, HSD was unable to elicit the needed participation of key internal stakeholders, and, as a result, efforts to collect data and build analytic capabilities fell short of expectations. Contributing factors included the lack of support from the top leadership of BOP to ensure the necessary coordination across BOP component organizations and challenges related to the lack of authority over healthcare staff and resources at the institution level.

Following this experience, HSD sought to engage outside experts who could provide an independent assessment of the changes in the organization of healthcare at BOP and the data analytics capabilities needed for HSD to carry out its responsibilities more effectively. Due in part to a series of external audits by the Department of Justice Office of the Inspector General and the Government Accountability Office (GAO) calling attention to deficiencies in BOP's healthcare management capabilities, HSD was able to secure support for seeking such an assessment.

1.1 Project Scope

HSD contracted with Chirality Capital Consulting to undertake an assessment encompassing four critical functions that underpin BOP's statutory mandate to deliver medically necessary healthcare to federally incarcerated inmates:

1. The effectiveness of the organizational structure of the BOP inmate healthcare system;
2. Its capacity to collect, analyze and act on operational and financial data;
3. The need to develop a financial cost accounting model that would enable optimal fiscal stewardship and maximize cost avoidance; and
4. The need to acquire a data integration system that would inform strategic planning, judicious allocation of healthcare resources, and evaluation of operational and fiscal performance.

The National Academy of Public Administration (the Academy) is one of three subcontractors to Chirality Capital Consulting. The Academy's part of the larger assessment includes two deliverables:

1. Assessing the alignment of BOP's organization structure and lines of authority with the demands of effective and efficient management of healthcare operations; and
2. Providing effective-practice guidance to HSD on strategic planning and change management needed to support the successful implementation of changes recommended in the Academy's first deliverable and the deliverables of its project partners to the extent feasible given the extended timeline of the partners' assessment.

This is a report on the second deliverable by a Panel of five distinguished Fellows of the Academy. The research supporting the report was completed by a professional Academy study team, working under the direction of the Panel. (Appendix A provides brief biographical information on each member of the Panel and Academy study team.)

As noted, the Academy Panel's work fits into a broader set of tasks described in a master contract concluded between BOP and a prime contractor (Chirality Capital Consulting), which oversees subcontractors including the Academy, Adfinitas Health, and Federal Consulting Alliance. This group is henceforth referred to as "the Academy project partners."

This report provides effective practice guidance on strategic planning and change management, including illustrative examples to help HSD translate guidance into practice. These illustrative examples focus on the key findings and recommendations of the Academy Panel's organizational assessment and the assessment by its project partners. The strategic planning guidance gives special attention to three particular challenges identified by HSD. These are managing an effective strategic planning process given staffing/resource constraints, tying HSD's strategic plan into the existing BOP strategic plan, and institutionalizing an ongoing strategic planning process. This guidance on change management gives special attention to the strategies for facilitating change in a risk-averse organizational culture like BOP's.

1.2 Study Approach and Methodology

The Academy Panel provides guidance on change management encompassing strategic planning through implementation based on a review of the effective practice literature. The report provides illustrative examples primarily based on the major findings and

recommendations of its organizational assessment (first deliverable) and the ongoing work by the Academy project partners related to data analytics. Some original research was undertaken to support the development of a case for change (e.g., data on BOP aging inmate population and related costs) and to provide illustrative examples of strategic planning and change management practices at other healthcare organizations.

1.3 Organization of the Report

The following report is organized into two sections. The first provides background on HSD's past strategic planning and change management efforts. The second provides a discussion of good practice in strategic planning and change management adapted to the particular circumstances of HSD.

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Section 2: The Health Service Division's Past Strategic Planning and Change Management Efforts

This section provides an overview of HSD's past efforts to build support across BOP for an integrated, enterprise-level approach to addressing HSD's ability to carry out its responsibilities for ensuring quality of care, controlling costs, and managing risk. It includes the effort to undertake an integrated strategic planning process engaging key internal BOP stakeholders, the failure of that pursuit, and subsequent attempts to garner enterprise-wide support for specific improvement efforts by negotiating linkages to the broad goals of the existing BOP strategic plan. This section notes the successes achieved through these opportunistic linkages and the limits of this approach for enabling the actions recommended in the Academy Panel's first deliverable.¹

Beginning in the mid-2000s, the Assistant Director of HSD, with the support of the Director of BOP, took steps to enable a more integrated, enterprise-level approach to healthcare. In 2005, the Health Services National Governing Board (the Governing Board) was established to provide strategic guidance to BOP on cross-cutting healthcare management issues. In 2009, the Governing Board was restructured as a multi-divisional entity to provide strategic guidance and oversight, formulate high-level policy on inter-divisional matters related to the delivery of health services, establish performance indicators for HSD, and develop protocols for HSD's internal structure and function.

The Governing Board holds two regular meetings per year as well as convening periodically to discuss issues that require resolution in a timely manner. Decisions made by the Governing Board are binding upon the Assistant Director of HSD. The regular membership of the Governing Board includes:²

- Assistant Director, HSD (Chairperson)
- Deputy Director, BOP
- Deputy Assistant Director, HSD
- Assistant Director/General Counsel, Office of the General Counsel (OGC)
- Assistant Director, Information Policy and Public Affairs Division (IPPA)
- Assistant Director, Human Resources Management Division (HRMD)
- Assistant Director, Reentry Services Division (RSD)
- Assistant Director, Administration Division (ADMN)

¹ The Academy Panel prepared a report in May 2019 entitled "Assessment of the Bureau of Prisons' Organizational Alignment with Healthcare Mission."

² The Governing Board charter also provides for ex-officio members.

- 2 Regional Directors
- 2 Regional Health Services Administrators
- 2 Federal Medical Center Wardens
- 2 HSD Branch Chiefs

Shortly after the Governing Board was restructured in 2009, the Assistant Director of HSD (as chairperson), with the support of the BOP Director, launched an integrated strategic planning effort. This planning effort included a focus on improving the ability of HSD to collect and analyze clinical and financial data needed to more effectively carry out its responsibilities for ensuring quality of care, controlling costs, and managing risk.

The Director of BOP played a leading role in the strategic planning effort by providing strategic goals to improve the delivery of health services within BOP. Using the Director's goals, the Governing Board developed its own strategic goals. HSD staff members then sought to put these goals together with goals developed by the Medical Asset Support Teams (MAST) into an integrated strategic plan. The Executive Assistant to the Assistant Director of HSD was responsible for the day-to-day management of the strategic planning process.³

With the support of the BOP Director, HSD was able to make progress in developing an integrated strategic plan. Ultimately, however, HSD was not able to develop a viable implementation plan due, in part, to turnover in the Director position.⁴ Without the support of the BOP Director, HSD was unable to elicit the needed participation of key internal stakeholder groups in the development of a workable plan.

Following the failure of an integrated strategic planning effort, the Assistant Director of HSD limited the focus of strategic planning on those issues that could be addressed primarily through the efforts of individuals and groups within HSD's line of authority. The Assistant Director of HSD came up with four strategic objectives in the areas of (1) financial management and cost containment, (2) medical staffing management, (3) technology, and (4) improving clinical care quality and risk management. HSD's Executive Assistant was tasked with developing a strategic plan that integrated the efforts of HSD components around a common set of strategic goals. Under the subsequent Assistant Director, responsibility for developing the HSD strategic plan was delegated to individual HSD components.

³ Each division in the Bureau of Prisons has an Executive Assistant and is equivalent to a Chief of Staff.

⁴ The BOP Director, who had championed the strategic planning effort, retired. It was almost a year before a permanent Director was appointed.

While limiting HSD's strategic planning effort to components within its line of authority is more manageable, it severely limits HSD's ability to address impediments to carrying out its medical mission that require support from other BOP components. Recognizing the limitations in terms of engaging with the broader organization in an integrated approach to serving inmates in each of the critical dimensions where BOP serves, the Assistant Director for HSD began a parallel effort to engage the larger organization in cross-cutting improvement efforts by linking to the BOP strategic plan.

HSD's efforts to link to the BOP strategic plan are complicated by the fact that the BOP strategic plan does not include a healthcare related goal or even a mention of healthcare in its goal statements. Nevertheless, HSD has negotiated linkages to the existing BOP strategic goals on a case-by-case basis (see Appendix B for BOP strategic plan goals).⁵ In this way, HSD has been able to garner broader agency support to make progress on specific efforts including converting paper medical records to electronic records, implementing telemedicine capabilities within the institutions, and most recently implementing a pharmacy-related cost-savings effort. It has enjoyed the most consistent success connecting with the BOP Strategic Goal #4: *Correctional Leadership and Effective Public Administration* to which it has connected cost-saving efforts.

HSD has enjoyed some notable success with this improvised approach on narrowly focused initiatives. However, it does not provide the basis for successfully implementing the major recommendations of the Academy Panel and its project partners.

⁵ Federal Bureau of Prisons. 2019. "Strategic Plan Update." March.

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Section 3: Effective Practice Guidance for Strategic Planning and Change Management

This section presents a framework to guide HSD in its strategic planning and change management efforts. This guidance is grounded in a review of effective practices literature with special consideration given to the particular circumstances of HSD. We highlight the following three which are important to consider in preparing this section.

- HSD is a headquarters division within an agency currently organized as a support function with largely advisory authority over operations. The levers of influence for accomplishing its goals, for the most part, lie outside its direct control. Its strategic planning efforts must integrate with an existing BOP strategic plan that speaks to other dimensions of BOP's overall mission, led by the custody/security one. Effective strategic planning and change management efforts will depend on the support of BOP's top leadership to help ensure there are appropriate resources and coordination across the organization.
- HSD has limited staff capacity for conducting planning and implementation efforts, with many staff already performing multiple roles. We estimate that over 40 percent of HSD employees in the Central Office are performing multiple roles.⁶
- BOP has a risk-averse culture stemming in part from the imperative to maintain safety and security in a corrections environment. It is especially important to allay concerns about the risk of disruption presented by organizational changes, especially as they relate to BOP institutions.

The framework that we use was developed based principally on a review of three change management frameworks from well-regarded sources of expert guidance on managing organizational change in the public and private sectors. These are (1) "Transforming Organizations" by Mark Abramson and Paul Lawrence, which draws on a review of successful change efforts at federal agencies, including the Veterans Health Administration; (2) a report by the Government Accountability Office on effective practice for government agency transformations, and (3) John Kotter's change model,

⁶ HSD employees work in both the Central Office and in the field at institutions and regional offices. Current Central Office positions are down from 108 to 94 with only 78 filled. Our logic for estimating the number of Central Office positions performing multiple roles is as follows: $94 - 78 = 16$ vacant positions. If the work of 1 FTE is equally divided between two people (FTE), that is 32 people will be required to that job. $32/78 = 41\%$.

which draws on his research and extensive consulting in the private sector.^{7,8,9} The framework was also informed by a comprehensive academic review of change management theories and research in the academic journal, *Public Administration Review*, which identifies areas of consensus of factors contributing to successful change management.¹⁰ (See Appendix C for a summary comparison of success factors identified in these references.)

Based on this review, eight success factors were identified for inclusion in the framework. The choice and phrasing to describe success factors reflect a deliberate effort to emulate the GAO framework's explicit and practical emphasis on implementation planning and execution. Some form of "demonstrating the need for change" tops the list in Kotter's model and the *Public Administration Review* article. It is clearly the first order of business for HSD in anticipation of a new BOP Director.¹¹ The third success factor, "building a coalition of support among key internal stakeholders" emphasizes the range of components that need to be engaged in a successful change effort at BOP.

All of the change management frameworks address strategic planning as a success factor. This report relies heavily on the work of John Bryson as well as the Office of Management and Budget as references on good practice guidance on the strategic planning process and the content of strategic plans respectively.^{12,13}

The eight success factors are:

1. Demonstrate the need for change
2. Ensure top leadership support for change
3. Build a coalition of support among key internal stakeholders

⁷ Kotter, John P. 2011. "Leading Change: Why Transformation Efforts Fail." In *HBR's 10 Must Reads On Change Management*, 1-16. Boston, Massachusetts: Harvard Business School Publishing Corporation.

⁸ Abramson, Mark A., and Paul R. Lawrence. 2001. *Transforming Organizations*. IBM Center for the Business of Government

⁹ United States Government Accountability Office. 2003. "Results-Oriented Cultures: Implementation Steps to Assist Mergers and Organizational Transformations." Report to Congressional Subcommittees, Washington, DC. <https://www.gao.gov/assets/240/238749.pdf>.

¹⁰ Fernandez, Sergio, and Hal G. Rainey. 2006. "Managing Successful Organizational Change in the Public Sector." *Public Administration Review*. <http://johnjay.jjay.cuny.edu/files/ManagingChange.pdf>.

¹¹ BOP is currently awaiting the appointment of a new Director.

¹² Bryson, John M., and Farnum K. Alston. 2011. *Creating Your Strategic Plan: A Workbook for Public and Nonprofit Organizations*. Third Edition. Jossey-Bass.

¹³ Office of Management and Budget. 2019. *Circular NO. A-11: Preparation, Submission, and Execution of the Budget*. Washington DC: Executive Office of the President, §230.7. <https://www.whitehouse.gov/wp-content/uploads/2018/06/a11.pdf>.

4. Develop an integrated strategic plan and vision
5. Develop an implementation plan with clear goals and a timeline
6. Create a strong, dedicated implementation team with the support of leadership
7. Develop a targeted communications strategy linked to the implementation plan
8. Engage employees in organizational change efforts to help identify risks/opportunities and to encourage ownership of changes

These are success factors, but not steps in a process. However, the success factors are presented in a logical sequence, recognizing that there are connections and overlap between them.

The success factors are presented one by one in the balance of this section. They should be considered general statements of good practice. In our discussion of each success factor in this report, more specific practices are considered and, where possible, illustrative examples are provided of how the guidance could be applied by HSD. These examples include a case for change, and a general discussion of key internal BOP stakeholder groups as they relate to major findings and recommendations. In addition, examples of strategic goals, objectives and indicators/metrics are provided to illustrate how the major findings and recommendations of the Academy Panel's first deliverable might be translated into a strategic plan. In some cases, the discussion of success factors cites lessons learned from the change management efforts of other government healthcare organizations, including the Veterans Health Administration (VHA) and the Wisconsin Department of Corrections (see Appendix D for a summary of lessons learned from the change management experience of VHA).

Other research sources were considered in developing effective practice guidance. These include Lukas' review of change management efforts across multiple healthcare systems, Everett Rogers' work on the diffusion of innovation, and relevant insights from behavioral science research concerning indirect, non-coercive ways to influence behavior

and decision-making, which have been popularized under the rubric, “nudge theory.”^{14,15,16}

3.1 Success Factor #1: Demonstrate the need for change

Major cross-cutting organizational change is a difficult and sometimes uncomfortable undertaking. It requires a large commitment of time, energy, and resources. It also often involves significant uncertainty. Members of an organization must have a compelling motivation to invest in such an effort. Generally, leaders must be convinced that the performance of the organization, if not its very existence, is seriously enhanced when cross-organizational changes are made. Similarly, the opposite is also true. A lack of integrated focus can lead to significant threats to organizational performance.

A case for change must explain simply and directly the challenges facing the organization and why the current organization is unable to optimally meet the challenge. It should describe the organizational changes needed to enhance performance outcomes and meet the challenge, and how these changes will translate into progress.

Ideally, a case for change also should quantify the benefits of organizational changes over time. Past efforts by HSD to make the case for change have fallen short in part due to the inability to quantify the benefits of organizational changes, connected with the lack of access to data and limited data analytic capacity.

As part of this report, the Academy study team has developed an illustrative case for change, which HSD can adapt and update as needed in the future. At the heart of HSD’s case for change is the imperative to contain the cost of medical care for inmates, while maintaining quality of care, in order to ensure BOP’s continued success in performing its correctional mission. Meeting this imperative depends on giving HSD line authority over medical staff and resources at the institutions, beginning with the seven Federal Medical

¹⁴ Rogers, Everett. 2003. *Diffusion of Innovations* (5th edition). New York: Free Press. A key insight from this work is that individuals within an organization vary in their openness to change, ranging from those most open to change (“innovators”) to those steadfastly opposed to change, with those in between more or less open to change needing various degrees of encouragement before committing. This suggests an engagement strategy targeting “innovators”, who might be willing to act as champions and influence others by their example, and designing engagement and implementation plans in ways to encourage broader buy-in over time.

¹⁵ VanDeusen Lukas, Carol, Sally K. Holmes, Alan B. Cohen, Joseph Restuccia, Irene E. Cramer, Michael Schwartz, and Martin P. Charns. 2007. "Transformational change in health care systems: An organizational model." *Health Care Management Review* (Lippincott William & Wilkins) 32 (4): 309-320.;

¹⁶ Thaler, Richard H., and Cass R. Sunstein. 2008. *Nudge: Improving Decisions About Health, Wealth, and Happiness*. New Haven & London: Yale University Press.

Centers (FMCs), as well as the prioritized coordination of BOP divisions needed to build enhanced data analytics capabilities. A complete statement of the illustrative case for change is provided in Appendix E.

The illustrative case for change in Appendix E is based on the findings of the Academy Panel's first deliverable and the Academy project partners, plus additional research on cost implications of an aging inmate population that poses a major threat to cost containment efforts. The methodology is based on steps in the strategic planning process as described in Bryson: (1) assessing mission and mandates; (2) assessment of strengths, weaknesses, opportunities and threats (SWOT analysis) (3) identification of strategic challenges (i.e., cost containment while maintaining quality); and (4) assessment of organizational changes needed to address challenge (i.e., the focus of Academy Panel recommendations in its first deliverable).¹⁷

The illustrative case for change provides the core elements of a broader, more detailed strategic plan. A strategic planning effort will be needed to more fully articulate the case for change and the vision of the future organization. This planning effort must engage key internal stakeholders to provide needed input and buy-in to this vision. Engaging key internal stakeholders and strategic planning are addressed in discussions of success factors 3 and 4 below.

3.2 Success Factor #2: Ensure top leadership support for change

Top leadership support is a common element across change management frameworks. The reason is that only top leaders have the authority to drive coordination across organizational components and to provide the resources needed to enable cross-cutting change efforts.

In the case of HSD, the support of the BOP Director will be needed to realign authority over medical staff and resources at BOP institutions. The Director's support will also be needed to resource and prioritize coordination across the BOP components needed to build an enhanced data analytics capability. The support of the BOP Director will be needed even to engage key internal stakeholders in the process of developing an integrated strategic plan to guide these organizational changes.

Therefore, the *primary* audience for the case for change is the next Director of BOP.¹⁸

¹⁷ Bryson, John M. 2011. *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement*. Fourth Edition. Jossey-Bass.

¹⁸ BOP has lacked a permanent Director since May 2018.

3.3 Success Factor #3: Build a coalition of support among key internal stakeholders¹⁹

The success of a change management effort depends not only on the support of top leaders, but also the support of internal stakeholder groups. An organization's leader has formal authority over staff and resources. However, leaders have limited time and attention and can only selectively monitor and intervene to support change management efforts. A leader must depend to a large degree on the good faith participation of component organizations that contribute in various ways to change efforts. There are many small and subtle ways that component organizations can undermine change efforts. Also, in the public sector, employee unions have significant influence on change efforts via collective bargaining rights on a range of issues, such as job descriptions and working conditions.

3.3.1 Identify and assess key internal stakeholders

Key internal stakeholders are those groups within an organization whose cooperation and support will be necessary to enable effective action on strategic issues. A helpful stakeholder analysis technique is to consider stakeholders in terms of their capacity to influence desired organizational changes and their interest or stake in those organizational changes.²⁰ Those stakeholders with strong influence and a strong interest would be the obvious group on whom to focus efforts to win support for changes or to diffuse opposition. These efforts should include close attention to the perspective of these groups regarding proposed changes in order to clarify the conditions under which support or acceptance of changes might be possible.

It is also important to consider that the key internal stakeholder groups may vary with regard to different parts of the change program. In the case of HSD, the key stakeholders related to realignment of line authority are not the same as those related to building a data analytics capability.

There are three broad groups of BOP internal stakeholders to consider. These three groups and subgroups are briefly discussed in terms of how they relate to the different

¹⁹ The support of external stakeholders can also be important, especially in the case of public organizations. Legislative bodies can exercise great influence through the control over resources and statutory requirements that set limits on organizational changes. Certainly, in the case of HSD, the support of Congress will be critical in terms of providing additional resources needed to enable a major change effort over time. In addition to Congress, a stakeholder analysis should consider contractors, vendors, third-party subcontractors, medical staffs, and software vendors as they relate to addressing key strategic issues like containing external medical costs.

²⁰ Bryson, John M. 2011. *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement*. Fourth Edition. Jossey-Bass.

parts of the organization change program indicated by recommendations of the Academy Panel's first deliverable.

- Stakeholders in corrections line of authority—Regional Directors, Wardens, institution staff. This group has a direct stake in the recommended realignment of authority over medical staff and resources at the institutions. Their opposition could block action on this recommendation. Conversely, their support could greatly facilitate successful implementation. For instance, Wardens at FMCs, where the Academy Panel proposes a realignment of line authority over medical staff and resources, would still have control over custody resources that are critical to enabling external medical visits by inmates.²¹
- Central Office Divisions
 - Mission-focused program divisions -- Correctional Programs Division (CPD) and the Reentry Services Division. CPD sets policy governing core mission operations that must align with medical care operational needs at the institution level, such as transporting inmates to outside medical appointments. RSD sets policy governing the practice of psychologists, who must coordinate with psychiatrists (governed by HSD policy) in the effective provision of mental healthcare at institutions.
 - Mission support divisions/component offices—Administration Division (e.g., Finance, Contracting), Information Policy and Public Affairs (Office of Information Systems, Office of Policy, Office of Research), and the Human Resources Management Division. The cooperation and support of these organizations will be critical to efforts to address key strategic issues, including strengthening medical data analytics and the on-boarding of medical personnel.
- Employee Union – national and local employee union organizations have a statutory right to negotiate BOP policies governing mission operations as they relate to position duties and working conditions. Union leaders are able to greatly hinder or aid organizational changes and implementation efforts.

3.3.2 Develop a stakeholder engagement strategy

The analysis of key internal stakeholders should inform the development of a stakeholder engagement strategy. Such a strategy should guide which stakeholders are engaged at what points in the change management process and how. In this section, we discuss key

²¹ Over the past year HSD has worked collaboratively with FMC Wardens as a group through the MRC Executive Advisory Board to facilitate the management of FMCs as a unified system. The EAB could be a useful mechanism for continuing the engagement of FMC Wardens in change management efforts.

steps in the strategic planning process for engaging internal stakeholders and general strategies to facilitate stakeholder engagement throughout the process.

3.3.2.1 Engage key internal stakeholders in reaching agreement on the strategic planning process

A critical early step in a change management effort is reaching agreement on the strategic planning process, including desired outcomes, when different stakeholders will be engaged, requirements for success, and important limitations or boundaries of the effort.²² Agreement on such issues usually cannot be reached at a single meeting, but generally requires an iterative process during which key stakeholders are identified and their values and expectations considered. The success of a strategic planning process depends on the buy-in of key stakeholders, who need to both support the process and help ensure actions are taken to realize the resulting strategic plan.

Establishing the scope of strategic planning is important in terms of getting the support or at least diffusing opposition. Strategic planning is a tool for making organizational change. In any major organizational change initiative, there will be costs and benefits for different groups within the organization. Careful consideration must be given to the goals of a strategic planning effort, what changes are most important to achieving those goals, whose support or agreement will be needed to make those changes, and what changes might trigger opposition that endangers the larger effort without offering commensurate benefit.

3.3.2.2 Engage key internal stakeholders in the governance of the strategic planning process

Representatives of the key internal stakeholders should not only be involved in reaching agreement on the parameters of a strategic planning process (as discussed above), but also in the development of the strategic plan to help ensure buy-in to the final product. They need to be available to address the issues that will inevitably arise in the process of defining goals, objectives, and strategies, that ultimately define the future organization with important implications for the position and power of different groups. Stakeholder ownership of the plan is as important as the content of the plan.

Stakeholder engagement should extend into the development of implementation plans, where thorny issues of roles and responsibilities of different components must be hashed out and issues thrown up by more detailed planning emerge. The value of active engagement of key stakeholders into the implementation stage is confirmed by the experience of the Wisconsin Department of Corrections change management efforts.²³

²² Bryson, John M. 2011. *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement*. Fourth Edition. Jossey-Bass.

²³ Interviews with Wisconsin Department of Corrections.

It is important for key stakeholder groups to be represented in planning processes to ensure ownership. That does not mean that the leaders of stakeholder groups have to be directly involved, as long as they are apprised of developments and involved in key decisions. The appropriate representatives in planning efforts will change over time reflecting the time commitment, knowledge and skills needed.

One way to address the two demands of legitimizing the planning process and doing the actual planning is to have two bodies. The first would have representatives of all the key stakeholder groups. The second would be composed of a smaller planning group that meets more frequently and deals with the more technical, detailed aspects of planning. However, these groups need to keep in close, continuing contact to ensure alignment.

The BOP Health Services National Governing Board includes leaders from most if not all of the key stakeholder groups that would need to be engaged in the oversight of these efforts.²⁴ However, the Governing Board meets too infrequently.²⁵ More frequent meetings would be needed. The Governing Board could be supplemented by a planning group that meets more frequently and reports regularly to the leaders of the key stakeholder groups under agreed upon protocols. The Executive Committee of the Governing Board could potentially serve this role. This group could then report to the larger Governing Board during its biannual meetings, or more frequently as issues arise.

3.3.2.3 Techniques for engaging internal stakeholders

The effective practices literature suggests two techniques to facilitate stakeholder buy-in. These are:

- Reduce uncertainty by describing how proposed organizational changes will affect stakeholder groups

An important reason that stakeholders may oppose organizational changes is uncertainty about how changes will affect them. Clearly describing the proposed changes and how they will affect the current way of doing things can allay fears borne of uncertainty that might otherwise lead to opposition.

²⁴ There are four Central Office Divisions/Offices that are not represented on the National Governing Board. These are the Correctional Program Division, the Program Review Division, Federal Prison Industries, and the National Institute of Corrections.

²⁵ HSD Governing Board Charter, *Governing Board Meetings*, "The Board will meet at least two times per year as scheduled by the Board Chair, once in the spring and once in the fall."

HSD examples: (1) make it clear to FMC Wardens that HSD is seeking line authority over only medical staff and resources and that this realignment does not supersede the absolute authority of Wardens to assert control over medical operations in times of crisis to ensure safety and security; (2) make it clear that to RSD that HSD is not seeking line authority over psychologists and drug treatment personnel at institutions.

- Identify win-win opportunities presented by proposed organizational changes

Winning support from internal stakeholders for organizational changes can be facilitated by showing how these changes could benefit them.

HSD examples: The realignment of authority over medical staff and resources has the potential to reduce the time and difficulty now involved in getting inmates access to care level 4 facilities. This would be seen as a benefit by non-FMC Wardens and their institution-based health services units (HSUs). Inmates, if unable to transfer to a care level 4 facility due to a lack of capacity, must be closely monitored by the HSUs in the institutions.²⁶ Because there is little transparency into the queue of inmates needing transfer to FMCs, HSUs must continuously pursue leads within the Office of Medical Designations and Transportation and the FMCs to better understand when the inmate may be eligible for transfer. By better managing the specializations of FMCs and the criteria for transferring inmates to them, BOP's institutions can expect reduced wait times for transfer to the FMCs.

3.4 Success Factor #4: Develop an integrated strategic plan and vision

A cross-cutting change management effort should be guided by an integrated strategic plan. A strategic plan should clearly show how efforts across the different parts of an organization must be integrated to achieve identified priorities. It is, by definition, integrated. However, it is important to emphasize this point given the frequent lack of integration in planning efforts.

In the case of HSD, it is critical to engage the relevant components of BOP in a strategic planning effort. As already discussed, the successful realignment of line authority over medical staff and resources and the development of enhanced data analytic capabilities

²⁶ If care is immediately necessary, an inmate will stay in a community hospital until care can be provided at an FMC. Stays in community hospitals can range from a number of days, to three or four months depending on bed availability, inmate medical needs, and severity. The average wait time decreased from 50+ days in Q4 2015 to around 30 days in Q4 2018.

will depend on the cooperation of the corrections line of authority, other Central Office divisions, and the employee union.

Another important aspect of a strategic planning process and subsequent implementation planning is to articulate an increasingly detailed vision of what the new organization will look like and how it will operate in the future.²⁷ Such a vision is critical to communicating to employees how they will fit into the future organization and how they can contribute to its success. This can help avoid resistance borne of uncertainty and inspire positive support by showing a way forward.

3.4.1 Elements of an effective strategic plan

There are six elements of a strategic plan. This list is based, in part, on guidance from the Office of Management and Budget.

1. Mission
2. Vision²⁸
3. Strategic Goals
4. Strategic Objectives
5. Strategies (to achieve objectives)
6. Evidence used to show progress on objectives (e.g., performance indicators, metrics)

In this section, we discuss effective practices regarding the development of each element and how they apply to HSD. Illustrative examples are provided based on the major findings of Academy's first deliverable, and the ongoing work of its project partners. At the end of this section is a graphic (Figure 1) that summarizes the illustrative examples presented below.

3.4.1.1 Mission

A mission statement should clearly articulate the public purposes of the organization. As already discussed in Section 1, the mission statement should reflect an understanding of both the formal mandates (e.g., statutes, court decisions, executive orders) and informal mandates (e.g., stakeholder expectations). Also, in the case of HSD, the statement should

²⁷ Bryson, John M. 2011. *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement*. Fourth Edition. Jossey-Bass.

²⁸ Office of Management and Budget. 2016. "OMB Circular No. A-11: Section 230 - Agency Strategic Planning." Washington, DC. OMB guidance does not include a vision as an essential element of a strategic plan. However, it is clear from the definition of goals and objectives in OMB guidance that that strategic vision is intended to embody and articulate the vision.

communicate how HSD’s healthcare mission relates to the broader correctional mission of BOP.

The above considerations are reflected in HSD’s current statement of its healthcare mission: “. . . to effectively deliver medically necessary healthcare to inmates in accordance with proven standards of care without compromising public safety concerns inherent in the Bureau of Prison’s overall mission.”²⁹

3.4.1.2 Vision

A vision is a high-level description of the desired future state the organization seeks to achieve. Often vision statements are too vague or generic to convey a meaningful sense of direction. For instance, statements that talk about becoming “excellent,” “world-class,” or “a benchmark,” may sound good, but communicate little. While high-level, a vision statement should provide enough information to communicate what is distinctive and desirable about the organization and what it hopes to achieve in the future.

In keeping with this guidance, a vision statement related to HSD’s healthcare mission might read as follows: A central healthcare organization with the authority and data analytics capability needed to cost-effectively and accountably manage BOP medical operations as a system.

3.4.1.3 Strategic Goals

Strategic goals are the first step in articulating how to achieve the desired future state. They should reflect the broad, long-term outcomes the organization seeks to achieve by performing its mission.

A strategic plan should discuss why a goal was selected. It should explain the strategic challenge or opportunity that progress on the goal is intended to address. The main findings and recommendation of the Academy’s first deliverable suggests the following strategic goal: Improve the cost-effectiveness of BOP’s medical operations.

This strategic goal follows from the diagnosis that BOP is faced with the challenge of containing medical costs while maintaining the quality of care for an aging inmate population, for which it is significantly more expensive to provide care. This constitutes a strategic challenge for BOP in that rising medical costs potentially threaten the performance of its core mission by requiring more resources for medical care at the expense of other mission needs.

²⁹ Federal Bureau of Prisons: Health Services Division. n.d. "Health Services Division Strategic Plan 2020-2024." 2.

This discussion suggests that improving the cost-effectiveness of BOP medical operations should be a BOP strategic goal. However, in the meantime, this goal must be tied to a goal in the existing BOP strategic plan. The logical place to connect is BOP strategic goal, “Correctional Leadership and Effective Public Administration,” which relates to the cost-effective administration of BOP. Also, there is precedent for linking cost-effectiveness objectives relating to medical operations to this goal.

3.4.1.4 Strategic Objectives

Strategic objectives address the outcome or impact that the agency is trying to achieve and clarifies what the agency or organization’s role will be towards meeting a strategic goal. A strategic objective may be mission-focused or management-focused. A mission focused strategic objective is outcome oriented, intended to specify a path toward achieving a strategic goal. A management-focused objective generally is crosscutting and relates to multiple strategic goals. Management objectives often concern building or maintaining some organizational capability that enables mission performance more generally.

A strategic objective should be framed such that it can serve as a standard against which an assessment can reasonably be performed to determine the effectiveness of the agency’s implementation of its programs, as well as progress toward the ultimate outcome.³⁰ A strategic objective should be tied to performance indicators, metrics or other evidence that may be used to assess progress.

A strategic plan should discuss how the objective is intended to contribute to achieving a strategic goal or management impact. The main findings and recommendations of the Academy Panel’s first deliverable suggest a staged approach for realigning authority over healthcare staff and resources at BOP’s institutions, beginning with extending line authority over the healthcare staff and resources of the seven FMCs and co-located level-3 facilities. An essential element of this recommendation is that HSD must demonstrate the value of realignment at each stage, and that means having clear goals, objectives, and metrics that demonstrate the benefits of realignment. For example, a possible healthcare mission objective for an HSD strategic plan is below:

- ***Mission-focused strategic objective:*** Increase the capacity of BOP to provide level-4 medical care internally.

³⁰ Office of Management and Budget. 2019. *Circular NO. A-11: Preparation, Submission, and Execution of the Budget*. Washington DC: Executive Office of the President. <https://www.whitehouse.gov/wp-content/uploads/2018/06/a11.pdf>.

This objective follows from the diagnosis that a key lever for BOP to contain rising medical costs is to reduce the number of inmates needing level-4 medical care that must be sent outside BOP, which entails significant custody costs as well as relatively high costs for some externally provided services.

Ideally, HSD should be able to prioritize among different types of level-4 care (e.g., acute long-term care, long-term care, skilled nursing services, acute care) based on an assessment of where the net benefit of reduced wait times is the greatest (i.e., where cost savings from not sending inmates outside for care most exceed the cost of the investment in internal capacity). At present, HSD lacks the data analytic capabilities needed to conduct such cost-benefit assessments largely due to lack of two-way data integration between outside vendors and HSD's electronic health record system (BEMR) and financial management system (UFMS). This suggests investment in the development of data analytic capabilities, which are addressed in a discussion of a possible management objective below.

3.4.1.5 Strategies

For each strategic objective, a strategic plan should include a high-level description of the strategies for making progress on strategic objectives. In the case of the mission-focused objective discussed above, the Academy's assessment suggests two strategies for increasing internal level-4 capacity: (1) more efficient utilization management of medical beds; and (2) increases in staff and facilities.

3.4.1.6 Evidence used to assess progress against strategic objectives

For each strategic objective, a strategic plan should provide a high-level description of the evidence to be used in assessing the progress in implementing plans and achieving the intended outcome or management impact. Ideally, progress can be measured directly using quantitative metrics. Often, progress must be measured indirectly using indicators of progress.

In the case of HSD, one metric for measuring progress would be the number of days waiting for access to level-4 care at FMCs. Waiting time is already measured. To more directly demonstrate the value of line authority, it would be good to track the average total cost of care paid by home institutions out of their B2 budgets for outside medical care before inmates can be transferred to FMCs.

- Metrics: Number of days waiting for access to level-4 care at FMCs; average total cost of care paid by the home facility for outside medical care while inmate waiting on bed in FMC.

It is clear from the Academy Panel's assessment and the ongoing work of the Academy's project partners that strengthening the data analytics capacity of HSD is critical to the ability of HSD to ensure the effective and efficient management of BOP's medical operations. It is essential to HSD's ability to monitor clinical and operational performance, to forecast the medical needs of inmates and assess possible investments in capacity as discussed above. This suggests the following management-focused strategic objective.

- *Management-focused strategic objective*: strengthen HSD's ability to collect data, and analyze uniform medical cost, quality, and utilization data to improve BOP's ability to make evidence-based decisions that impact all aspects of its mission.

It is important to understand that building HSD's data analytic capabilities warrants its own strategic plan. However, it must be treated at a high level in a general strategic plan for HSD's medical mission.

The building of HSD's medical data analytics capability is a complex and uncertain enterprise contingent on several internal and external factors and stakeholders. Multiple approaches are possible. The Academy's project partners are in the process of assessing possible options and developing recommendations on how to proceed. The completion of this work will enable HSD to better specify the management objective, strategies and indicators/metrics.

Figure 1 below summarizes the illustrative examples of strategic plan elements discussed above – vision, mission, goals, objectives, and metrics/performance indicators.

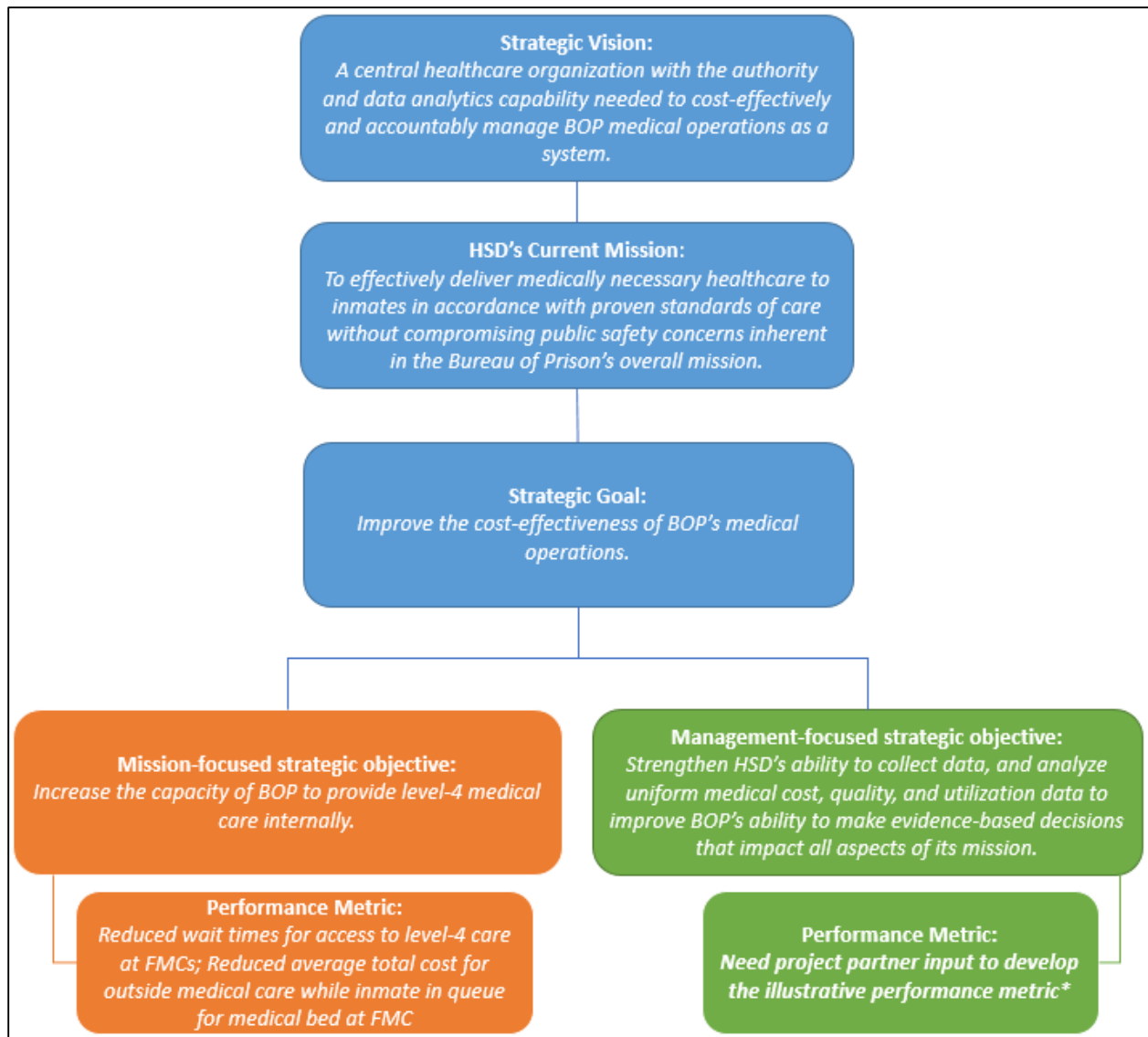


Figure 1: Illustrative Examples of the Elements of an HSD Strategic Plan

*The Academy's project partners are in the process of assessing possible options for strengthening HSD's data analytics capabilities. The completion of this work will enable HSD to better specify the management objective and propose possible performance metrics.

3.5 Success Factor #5: Develop an implementation plan with clear goals and a timeline

This general statement of good practice can be broken down into three more specific practices.

3.5.1 Identify the critical path to project completion

Change management efforts, especially in the early stages, can be derailed by failures to deliver and by disruptions to mission activities caused by a lack of coordination. To avoid potentially debilitating failures, implementation planning should include critical path

analysis. Simply put, this involves identifying sequences of tasks that must be completed for the project to be successful and determining which sequence of tasks will take the longest. The longest sequence of tasks (the critical path) helps understand the minimum time it will take to complete a project on time and provides a focus for avoiding delays in the overall project.

The importance of this practice can be seen as it relates to the implementation of the recommendation in the Panel's first deliverable to incrementally give HSD line authority over medical staff and resources at BOP institutions beginning with the FMCs. As part of this recommendation, the report calls for a review of performance against clear goals and metrics before authorizing the extension of line authority over lower care level institutions.

The main objective to be achieved with line authority over medical staff and resources at the FMCs is to reduce cost by increasing the internal capacity to provide level-4 care. However, achieving this objective will require strengthened data analytics capacity to enable HSD to assess the relative returns on investment in different types of level-4 capacity (e.g., acute long-term care, long-term care, skilled nursing services, acute care) in order to prioritize investments and, ultimately to demonstrate the benefits of having line authority over medical staff and resources at FMCs.

Strengthened data analytics capability is also needed to enable the development of operational performance metrics to encourage the alignment of FMC Wardens with health care system priorities. FMC Wardens, who will not report to HSD, will still play a critical role in the success of HSD line authority. For instance, FMC Wardens will control custody resources that are essential to enabling off-site medical care for inmates.

Clearly the development of data analytics capability is important to enabling the successful implementation of line authority over medical staff and resources at the FMCs. However, we do not yet sufficiently understand the interdependencies given the uncertainty about plans for developing data analytics capability. This will become more clear as the Academy's project partners progress with their analysis.

3.5.2 Communicate deadlines for completing key milestones³¹

Communicate deadlines for important milestones in change efforts creates pressure for action on plans. It also underlines the importance of detailed planning to avoid delays

³¹ This is practice is adapted from: United States Government Accountability Office. 2003. "Results-Oriented Cultures: Implementation Steps to Assist Mergers and Organizational Transformations." Report

that can undermine confidence in change efforts. Also, clear assignment of responsibility for plan elements is essential to avoid confusion/conflict and promote action through accountability.

3.5.3 Provide for near-term achievements (“quick wins”) in the implementation plan

It is important to show benefits in the early stages of change efforts to build confidence and create a sense of momentum. Where feasible, plans should build in actions that can yield benefits to the organization in the near term. As we discuss in Section 3.8.1, the engagement of front-line employees in implementation planning presents an important opportunity to identify quick wins as well as risks presented by proposed changes.

3.6 Success Factor #6: Create a strong, dedicated implementation team with the support of leadership

A strong, dedicated implementation team is important to ensure the focused, sustained attention needed to be successful. More specifically, it is important to ensure that various change initiatives are sequenced and implemented in an integrated way. To carry out this role, an implementation team must have the authority to set priorities and make decisions quickly. Moreover, the team should have access to top leadership to ensure that issues beyond its authority can be resolved in a timely way. Our review of literature related to this factor identified two more specific practices.

3.6.1 Select top performers from across the organization to serve on the implementation team

The selection of top performers serves two purposes. First, it taps the abilities of the top employees. Second, it signals the importance of the effort to the rest of the organization and gives it credibility.³²

Also, the composition of the implementation team is important in the context of a crosscutting change effort dependent on contributions of multiple organizational components. A team composed of top performers from the key stakeholder groups will lend legitimacy to the effort and promote ownership of the change effort.

to Congressional Subcommittees, Washington, DC. <https://www.gao.gov/assets/240/238749.pdf>. The GAO report recommends setting public deadlines. In the context of BOP, we are suggesting simply that deadlines be communicated generally within the organization.

³² Ibid., 24.

3.6.2 Establish an enterprise-level program management organization

Any major cross-cutting organizational change effort will necessarily entail multiple change initiatives and implementation teams. In the case of HSD, an effort to realign authority over the seven FMCs will involve implementation teams at seven institutions. It is important to ensure a common approach to deployment and adherence to established standards and protocols. Depending on the scale and complexity of the effort, this may involve a separate Program Management Organization (PMO) to support the enterprise-level implementation team discussed above, allowing it to focus on sequencing and integration of initiatives.

3.7 Success Factor #7: Develop a targeted communications strategy linked to the implementation plan

This general statement of good practice can be broken down into two more specific practices.

3.7.1 Communicate frequently from the beginning with employees and deliver a consistent message³³

A major threat to any change effort is the fear and resistance of employees that follows from uncertainty about changes to be made and their implications. To mitigate this risk, it is important to communicate plans as early as possible keep employees up to data on progress and developments. Also, to avoid confusion and the perception that some people know something that others don't, it is important to make sure the same information is being communicated across the organization.

3.7.2 Target communication to specific employee groups providing information specific to their needs, when they need it³⁴

Communication should be targeted and sequenced with the timing of organizational changes to help ensure that employees are empowered to perform in the new

³³ Versions of this practice are identified in Abramson, Mark A., and Paul R. Lawrence. 2001. *Transforming Organizations*. IBM Center for the Business of Government.; Kotter, John P. 2011. "Leading Change: Why Transformation Efforts Fail." In *HBR's 10 Must Reads On Change Management*, 1-16. Boston, Massachusetts: Harvard Business School Publishing Corporation.; United States Government Accountability Office. 2003. "Results-Oriented Cultures: Implementation Steps to Assist Mergers and Organizational Transformations." Report to Congressional Subcommittees, Washington, DC. <https://www.gao.gov/assets/240/238749.pdf>.

³⁴ This practice is derived from United States Government Accountability Office. 2003. "Results-Oriented Cultures: Implementation Steps to Assist Mergers and Organizational Transformations." Report to Congressional Subcommittees, Washington, DC. <https://www.gao.gov/assets/240/238749.pdf>; and

organization. Communication should be defined to include such things as new job descriptions, training and tools. This is consistent with an important lesson learned from the VHA change management experience. The success of VHA in implementing its new organization structure was hindered by the failure to analyze all the affected positions, communicate redefined roles and responsibilities and provide employees with the appropriate training and tools to perform in these new roles.

3.8 Success Factor #8: Engage employees in organizational change efforts to help identify risks/opportunities and to encourage ownership of changes

Engaging employees in organizational change efforts is important to get front line perspectives and information on how plans are working out on the ground. Change efforts will be strengthened by input and feedback from employees, who are well positioned to understand potential pitfalls and opportunities for improvement. First-hand knowledge of organizational realities can inform the development of better policies, procedures and metrics. More generally, employee engagement in changes promotes ownership and support that is critical to success. A review of the literature suggests two more specific practices

3.8.1 Engage employees in planning and implementation to help identify risks and opportunities

While employees may not always take a strategic view, they are well positioned to see the problems that planned organizational changes are likely to encounter and the particular circumstances that must be accommodated or addressed to ensure success. Employee input and feedback during planning and implementation can mitigate the risk of unanticipated problems and encourage ownership of changes. Employees also are a potential source of near-term improvements or “quick wins” that can be incorporated into plans. Early engagement of employees can also help identify potential “champions” of change. These individuals can be recruited to serve on teams to drive changes locally or more broadly across the organization.

In the case of implementing HSD line authority over medical staff and resources at the FMCs, the engagement of institution staff will be critical. HSD must understand the network of informal relationships between Health Service Unit staff, Corrections, and Psychology Services that underpin everyday operations in order to both identify risks attending the realignment and to identify opportunities for near-term improvements that might build support for the change.

Young’s case study of VHA: Abramson, Mark A., and Paul R. Lawrence. 2001. *Transforming Organizations*. IBM Center for the Business of Government.

3.8.2 Engage employees in the development of new policies/procedures and performance metrics³⁵

Major organizational changes generally require such things as redesigning work processes, changing work rules, and developing new job descriptions. It is important to engage employees early on in the development of these changes to encourage ownership of changes and to identify opportunities to improve efficiency.

It is important to engage employees in the development of performance metrics both to ensure that the metrics are measuring the right things and to encourage buy-in, which mitigates potential gaming of the system. Engagement of employees in the development of performance metrics was a key part of the successful reorganization of the VHA healthcare system that depended on the development of performance metrics to enable the accountability of regional healthcare system administrators in a more decentralized structure. VHA took an iterative, collaborative approach to developing performance metrics with system administrators. The result were reliable measures of performance that drove administrator behavior.

In the case of VHA, the performance metrics were incorporated into system administrator performance plans used by VHA headquarters. In the case of HSD, the Academy Panel recommended (in the first deliverable) that performance metrics be used as part of a non-authority tool to encourage the alignment of Wardens (who will not report to HSD) with healthcare system priorities. Given the voluntary nature of these performance metrics, a collaborative approach will be all the more important to developing reliable metrics.

³⁵ Ibid., 26.

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Appendix A: Panel and Study Team

Study Panel

Kristine Marcy,* Chair, Former President and Chief Executive Officer, National Academy of Public Administration; Consultant, McConnell International; Chief Operating Officer, Small Business Administration; Senior Counsel, Detention and Deportation, Immigration and Naturalization Service; Former positions with U.S. Department of Justice: Assistant Director for Prisoner Services, U.S. Marshals Service; Associate Deputy Attorney General, Office of the Deputy Attorney General. Acting Director, Deputy Director, Office of Construction Management and Deputy Budget Director, U.S. Department of the Interior; Deputy Assistant Secretary, Office of Civil Rights, U.S. Department of Education; Assistant Director, Human Resources, Veterans and Labor Group, U.S. Office of Personnel Management.

Harold Clarke,* Director, Virginia Department of Corrections. Former Commissioner, Massachusetts Department of Corrections; Secretary, Washington State Department of Corrections; Director, Nebraska Department of Correctional Services; Former Positions with Lincoln Correctional Center: Unit Administrator, Unit Manager; Former Positions with Nebraska State Penitentiary: Warden, Deputy Warden, Associate Warden/Custody, Assistant Superintendent, Rehabilitation Counselor/Supervisor, Institutional Counselor and Parole Advisor.

Thomas Garthwaite,* Former Vice President, Diabetes Care & Medical Director for Employee Health, Hospital Corporation of America, Nashville, TN. Vice President and Chief Operating Officer, Clinical Services Group, Hospital Corporation of America, Nashville, TN; Former Executive Vice President and Chief Medical Officer, Catholic Health East, Newtown Square, Pennsylvania; Former Director and Chief Medical Officer, Department of Health Services, County of Los Angeles, Los Angeles, California; Undersecretary for Health, Department of Veterans Affairs; Deputy Undersecretary for Health, Department of Veterans Affairs; Chief of Staff and Associate Dean, the Medical College of Wisconsin, Milwaukee, Wisconsin; Internal Medicine Residency, Medical College of Wisconsin Affiliated Hospitals; Endocrinology and Metabolism Fellowship, Medical College of Wisconsin, Veterans Medical Center.

Gary Glickman,* Former Managing Director, Health & Public Service Innovation, Accenture. Senior Policy Advisor, US Department of Treasury; Coordinator, Partnership

Fund for Program Integrity Innovation, Office of Management and Budget (OMB), Executive Office of the President; President and CEO, Imadgen LLC; President and CEO, Giesecke and Devrient Cardtech; President and Chief Marketing Officer, Maximus; President, Phoenix Planning & Evaluation, Ltd.; Principal/ National Director, Federal Consulting, Laventhol & Horwath; Practice leader, Financial Institutions Division, Orkand Corporation; Senior Consultant, Deloitte Consulting, LLP.; Team Member, Office of the Secretary, US Department of the Treasury; Chief, Financial Management Division, Office of the Comptroller of the City of New York.

Barton Wechsler,* Dean, Harry S. Truman School of Public Affairs, University of Missouri-Columbia. Former positions with Harry S Truman School of Public Affairs and Institute of Public Policy, University of Missouri: Director; Professor. Positions with Edmund S. Muskie School of Public Service, University of Southern Maine: Professor; Dean. Positions with Institute of Government and Public Affairs, College of Urban Planning and Public Affairs, University of Illinois-Chicago: Professor; Director of the Public Management Program. Positions with Florida State University: Director of Graduate Studies, Reubin O'D. Askew School of Public Administration and Policy; Associate Professor, Reubin O'D. Director, Florida Center for Productivity Improvement; Faculty Associate, Florida Center for Productivity Improvement.

Project Staff

Brenna Isman, *Director of Academy Studies* – Ms. Isman joined the Academy in 2008 and oversees the Academy studies and provides strategic leadership, project oversight, and subject matter expertise to the project study teams. She has also served as Project Director for Academy projects including assisting a national regulatory and oversight board in developing and implementing its strategic plan, directing a statutorily required assessment of the National Aeronautics and Space Administration's (NASA) use of its Advisory Council, and analyzing the Environmental Protection Agency's (EPA) practices for determining the affordability of regulatory mandates. Her prior consulting experience includes both public and private sector clients in the areas of communication strategy, performance management, and organizational development. Prior to joining the Academy, Ms. Isman held several consulting positions with a focus on facilitating effective organizational change and process improvement. She holds an MBA from American University and a Bachelor of Science in Human Resource Management from the University of Delaware.

Roger Kodat, *Senior Project Director* – Mr. Kodat has directed more than 24 Academy projects, several focusing on organizational assessment, strategic planning, and change management. He brings 20 years of commercial and investment banking experience with JPMorganChase, and six years of senior level federal government experience at the Department of the Treasury. He was appointed by President George W. Bush in 2001 to serve as Deputy Assistant Secretary of Treasury, responsible for Federal Financial Policy. Some of his tasks at Treasury included: policy formulation for the 2006 Postal Accountability and Enhancement Act; rule-making and oversight of Federal loan and loan guarantee programs; and managing the Federal Financing Bank (a \$32 billion bank at that time). Mr. Kodat holds a BS in Education from Northwestern University and both an MBA in Finance and MA in Political Science from Indiana University.

Jonathan Tucker, *Senior Research Analyst* – Dr. Tucker is a senior analyst and project director at the Academy. His areas of expertise include: strategic planning/foresight, organizational design, change management, and S&T/innovation policy. His public management consulting experience includes projects with twenty federal agencies. Recent projects include: assessment of research coordination function at the U.S. Department of Transportation; developing a strategic plan for the Office of Urban Indian Health Programs (U.S. Indian Health Service); developing options for the establishment of a new Under Secretary at USDA focused on international trade; developing a white paper for the Project Management Institute on institutionalizing project and program management in the federal government; assessing Census transformation initiatives; developing a long-term strategic plan for operational transformation at the Social Security Administration. In addition to his consulting activities, Jon contributes to the work of the Academy's Strategic Foresight Panel (part of the broader Academy Transition 2016 initiative). Dr. Tucker also has experience assessing science and technology policies and programs, with a focus on supporting innovation. He has worked for organizations including Battelle; the National Research Council; the National Institute of Standards and Technology; and the New York State Department of Economic Development. He holds a Ph.D. in Public Policy (with a concentration in Science and Technology Policy) from George Mason University, an M.S. in Science and Technology Studies from Rensselaer Polytechnic Institute, and a B.A. from New College of Florida.

Adam Darr, *Research Analyst*—Mr. Darr joined the Academy in 2015 as a Research Associate having previously interned in the summer of 2013. He has served on numerous Academy projects, including work for the National Science Foundation, Farm Service Agency, US Secret Service, Federal Aviation Administration, and National Nuclear

Security Administration. His areas of emphasis have been governance and management reform, organizational change, human capital, project and acquisition management, customer service best practices, and strategic planning. Mr. Darr graduated from Virginia Commonwealth University (VCU) with a B.A. in Political Science and Homeland Security/Emergency Management.

Kyle Romano, *Research Associate* – Mr. Romano recently graduated from the School of Public and Environmental Affairs at Indiana University where he earned a Master of Public Affairs. He attended the University of Central Florida for his undergraduate studies where he earned a B.A. in Political Science and a B.S. in Legal Studies. Mr. Romano’s internships and academic studies provided him the opportunity to work on economic development projects. As a research assistant with the Sanibel Re-Analysis Team, he worked with a team to identify the Everglades restoration project that would have the most significant economic impact on the Sanibel and Captiva Islands.

Chirality Capital Consulting

Trinh Cao, *Senior Consultant* – Trinh is a service-centric IT professional with over a decade of experience delivering technical solutions ranging in complexity, value, and impact to diverse organizations. She is skilled in establishing culture of excellence, introducing best practices, technology trends, and work process improvements to surpass client expectations. She is effective in forging and cultivating productive relationships with stakeholders, users, staff, and management – facilitating requirements gathering, quality deliverables, and top readiness. She is accomplished in resources allocation, scheduling, planning, and development of end-user training in alignment with client platforms, operations, and needs.

Jide Awe, *Engagement Manager* – is a Management Consultant working for Chirality Capital Consulting with 15+ years of experience leading and managing commercial, federal and local government projects of various sizes. He specializes in program and project management for enterprise IT solutions, tech strategy, business process reengineering and digital transformation. Jide holds a B.S. in Computer Science from North Carolina A&T State University, an MBA in Information Systems from Johns Hopkins Carey School of Business and is a Project Management Institute (PMI) Project Management Professional (PMP) certificate holder. He is also a member of several organizations and committees, both professionally and socially, that are service centric and aim to provide value to organizations or causes that lack resources and technical savviness. Jide is currently dedicated to cultivating his skill set as a data strategist,

helping businesses unlock new value with data through improved decisions, increased revenues and greater efficiencies.

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Appendix B: BOP's Strategic Goals³⁶

BOP Goal #1 (Population Management):

The Federal Bureau of Prisons will proactively manage its offender population to ensure safe and secure operations, and work toward ultimately achieving an overall crowding level in the range of 15 percent.

BOP Goal #2 (Human Resource Management):

The Federal Bureau of Prisons will have a competent, diverse workforce operating within a professional work environment prepared to meet the current and future needs of the organization.

BOP Goal #3 (Security and Facility Management):

The Federal Bureau of Prisons will maintain its facilities in operationally sound conditions and in compliance with security, safety, and environmental requirements.

BOP Goal #4 (Correctional Leadership and Effective Public Administration):

The Federal Bureau of Prisons will manage its operations and resources in a competent and effective manner which encourages creativity and innovation in development of exemplary programs, as well as excellence in maintaining the basics of correctional management. The Bureau continually strives toward improvements in its effective use of resources and its efficient delivery of services.

BOP Goal #5 (Public Safety, National Security & Inmate Programming):

The Federal Bureau of Prisons will provide for public safety and national security by focusing on the prevention, disruption, and response to terrorist activities via secure institutions and proactive management practices which mitigate terrorist threats. The Federal Bureau of Prisons provides services and programs to address inmate needs, providing productive use-of-time activities, and facilitating the successful reentry of inmates into society, consistent with community expectations and standards. This commitment to excellence includes adherence to national security considerations related to secure institutions and inmate management to protect the public and defend the United States against terrorist threats.

BOP Goal #6 (Building Partnerships):

The Federal Bureau of Prisons will continue to seek opportunities for expanding the involvement of community and local, state, and federal agencies in improving the effectiveness of the services it provides to offenders and constituent agencies. The active participation by Bureau staff to improve partnerships will allow the Bureau to carry out its mission within the criminal justice system and to remain responsive to other agencies and the public. The Federal Bureau of Prisons will develop partnerships to focus the shared responsibility for the establishment of a supportive environment promoting the reintegration of offenders into the community.

³⁶ Federal Bureau of Prisons. 2019. "Strategic Plan Update." March.

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Appendix C: Comparison of Change Management Frameworks

Eight Steps to Transforming your Organization (Kotter, 2011)	Implementation Steps to Assist Mergers and Organizational Transformations (GAO, 2003)	Transforming Organizations (Abramson & Lawrence, 2001)	Managing Successful Organizational Change in the Public Sector (Fernandez and Rainey, 2006)
(1) Establishing a sense of urgency	(2) Ensure top leadership drives the transformation	(2) Select the right person	(1) Ensure the need
(3) Forming a powerful guiding coalition	(4) Establish a coherent mission and integrated strategic goals to guide the transformation	(4) Clarify the mission	(4) Provide a plan
(4) Creating a vision	(4) Focus on a key set of principles and priorities at the outset of the transformation	(6) Get the structure right	(8) Build internal support for change and overcome resistance
(7) Communicating a vision	(5) Set implementation goals and a timeline to build momentum and show progress from day one	(1) Seize the moment (urgency / right time)	(2) Ensure top-management support and commitment
(6) Empowering others to act on the vision	(6) Dedicate an implementation team to manage the transformation process.	(7) Communicate, communicate, communicate	(3) Build external support
(5) Planning for and creating short-term wins	(5) Use the performance management system to define responsibility and assure accountability for change	(3) Involve key players	(6) Provide resources
(8) Consolidating improvements and producing still more change	(7) Establish a communication strategy to create shared expectations and report related progress	(8) Engage employees	(8) Institutionalize change
(5) Institutionalizing new approaches	(8) Involve employees to obtain their ideas and gain their ownership for the transformation	(6) Persevere	(6) Pursue comprehensive change

**These frameworks were the foundational analysis for informing the 8 Key Success Factors (KSF) introduced in Section 3 of this report. The numbers in this table reflect the correlation to the numbering of the specific KSF.*

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Appendix D: Lessons Learned from the Veterans Health Administration's Transformation Effort³⁷

The Veterans Health Administration (VHA) is a federally funded and centrally administered health care system for veterans. VHA's health care system includes hospitals, nursing homes, home health care programs, residential health care programs, and outpatient clinics. In the 1990s, VHA faced threats including shifting priorities in the delivery of health services and the prospect of competition from the private sector. The ability of VHA to respond to these threats was constrained by various factors including a centralized, bureaucratic decision-making structure. VHA headquarters tended to micromanage many of the decisions and activities of the agency's hospitals and other operating units, which impeded the ability of hospitals and operating units to respond to changes in their task environment.

Toward the end of 1994, Dr. Ken Kizer was appointed the under secretary of Health and given a mandate by Congress to make changes. He took advantage of a window of opportunity (Congress and other key external stakeholders were agreed that major change was needed) to undertake a transformation effort.

A key element of Dr. Kizer's transformation strategy was decentralizing decision making and integrating the delivery assets into a seamless continuum of care. It involved devolving decision making authority to system administrators charged with managing these assets as a system. The challenge was to enable flexibility while ensuring accountability. To this end, significant effort was invested in developing performance metrics to be included in the performance plans of system administrators.

Lessons Learned

In this summary, we emphasize two lessons learned that are most pertinent to successfully managing the implementation of the major recommendations of the Academy Panel—giving HSD line authority over medical staff and resources at BOP institutions and developing a non-authority tool to encourage alignment of Wardens (who would not report to HSD) with healthcare system priorities.

³⁷ Lessons learned are derived from the staff's assessment of a case study by Young, Gary J. 2001. "Transforming the Veterans Health Administration: The Revitalization of VHA." In *Transforming Organizations*, by Paul R. Lawrence Mark A. Abramson, 139-169. Lanham: Rowman & Littlefield Publishers, Inc.

1. A collaborative, iterative approach to developing performance metrics is necessary to ensure the development of metrics that effectively align behavior to organizational goals.

It is difficult to know up front what metrics will accurately and fairly measure performance. It requires understanding such things as the different factors that affect performance, what can be measured, and the accuracy of available data. For this reason, it is important to take an iterative, trial and error approach, and to draw on the knowledge of employees.

The effectiveness of performance measures depends to a large degree on the good faith of employees being evaluated. For this reason, it is important to develop measures in collaboration with employees to help ensure that they “own” the measures.

2. A carefully sequenced approach to implementing structural changes is necessary to ensure employees have the information, training and tools to perform in their new roles.

If a new structure is to work as intended, careful attention is needed to understand how roles and responsibilities must change. Employees must not only understand how their role and responsibilities have changed, but also receive training and tools as needed for them to perform effectively in their new positions. Failure to address these issues in a sequenced, integrated way can lead to delays, disruption in mission operations and uncertainty among employees that may then resist changes.

Appendix E: Illustrative Case for Change

As part of this report, the Academy study team has developed an illustrative case for change, which HSD can adapt and update as needed in the future.

Rising Healthcare Costs Threaten the Performance of BOP's Corrections Mission

Healthcare is an essential mission of the Federal Bureau of Prisons. The U.S. Supreme Court decision in *Estelle v. Gamble*, 429 U.S. 97 (1976), together with other litigation on closely-related issues, established that prisoners have a constitutional right to adequate healthcare under the Eighth Amendment prohibition against cruel and unusual punishments.³⁸ Today, this medical care must be provided at, “a level reasonably commensurate with modern medical science and of a quality acceptable with prudent professional standards.”^{39,40} This requirement is reflected in the mission statement of the Federal Bureau of Prisons (BOP) Health Services Division (HSD): “. . . to effectively deliver medically necessary health care to inmates in accordance with proven standards of care without compromising public safety concerns inherent to the Bureau’s overall mission.”

The rising cost of providing medical care for an aging inmate population is generally recognized as a threat within the correctional healthcare community.⁴¹ Older prisoners

³⁸ The Supreme Court ruling was grounded in the following logic: The State’s failure to provide medical care for its incarcerated population can produce “a lingering death” – a key component of the legal definition for cruel – because inmates cannot seek their own medical care while imprisoned. The holding of the Supreme Court served to articulate the previously existing common law view that, “it is but just that the public be required to care for the prisoner, who cannot, by reason of the deprivation of his liberty, care for himself.” This ruling also extends to instances in which medical care is intentionally denied or delayed by prison staff. *Estelle v. Gamble* 429 U.S. 97. 1976. 75-929 (The Supreme Court, November 30). <https://www.law.cornell.edu/supremecourt/text/429/97>.

³⁹ The Pew Charitable Trusts. 2017. “Prison Health Care: Costs and Quality – How and why states strive for high-performing systems.”

⁴⁰ HDR. 2018. *Providing Healthcare in the Prison Environment*.

⁴¹ Anno, B. Jaye, Camelia Graham, James E. Lawrence, Ronald Shansky, Judy Bisbee, and John Blackmore. 2004. *Correctional Health Care: Addressing the Needs of Elderly, Chronically Ill, and Terminally Ill Inmates*. Washington, DC: U.S. Department of Justice: National Institute of Corrections. <https://info.nicic.gov/nicrp/system/files/018735.pdf>.

are the most expensive subset of prisoners – mostly due to healthcare costs.^{42,43} As incarcerated individuals over the age of 50 are much more likely to suffer from adverse medical conditions, we use this age as the threshold for defining “older prisoners.”⁴⁴ Two of the nation’s three largest state prison systems report that per capita healthcare costs for older prisoners are 3.5 times what they are for younger prisoners.^{45,46} The difference in the cost of care for older versus younger patients is similar in non-correctional systems.⁴⁷ While data on per capita medical costs for BOP inmates by age group are not available, it is reasonable to expect a similar difference in per capita medical costs for younger and older BOP inmates.

It is projected that the population of BOP inmates over the age of 50 will increase from 13 percent to 15 percent over the next 5 number of years. Given the much greater cost of

⁴² Aday, Ronald H., ed. 2003. *Aging Prisoners: Crisis in American Corrections*. Westport, Connecticut: Praeger. https://scholar.google.com/scholar_lookup?title=Aging+Prisoners:+Crisis+in+American+Corrections&author=RH+Aday&publication_year=2003&

⁴³ The Pew Charitable Trusts. 2008. "One in 100: Behind Bars in America 2008." Washington, DC. <https://www.pewtrusts.org/en/research-and-analysis/reports/2008/02/28/one-in-100-behind-bars-in-america-2008>.

⁴⁴ “The age that a prisoner is considered to have reached the “older” or “geriatric” threshold varies by jurisdiction. In general, the age cutoff is lower than for non-prisoners because of the common perception that many incarcerated persons experience “accelerated aging”. “Accelerated aging” takes into account the high prevalence of risk factors for poor health that are common in incarcerated persons, such as a history of substance abuse, head trauma, poor healthcare, and low educational attainment and socioeconomic status. While empirical studies of accelerated aging in prisoners are lacking, research shows that incarcerated individuals age 50 or older are significantly more likely to suffer from one or more chronic health conditions or disability than their community-dwelling counterparts. Further, evidence suggests that correctional authorities witness accelerated aging: at least 20 state departments of correction and the National Commission on Correctional Health Care now set the age cutoff for “older” prisoners at 50 or 55.” - Williams, Brie A., James S. Goodwin, Jacques Baillargeon, Cyrus Ahalt, and Louise C. Walter. 2012. "Addressing the Aging Crisis in U.S. Criminal Justice Healthcare." (*Journal of the American Geriatrics Society*) 60 (6): 1150-1156. doi:<https://dx.doi.org/10.1111%2Fj.1532-5415.2012.03962.x>.

⁴⁵ Florida Department of Corrections. 2007. "Report on Older and Aging Inmates in the Florida Department of Corrections." Available from: <http://www.doh.state.fl.us/cma/reports/agingreport04-05.pdf>.

⁴⁶ Williams, Jeremy L. 2006. "The Aging Inmate Population: Southern States Outlook." Southern Legislative Conference; The Council for State Governments, December. <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.370.2398&rep=rep1&type=pdf>.

⁴⁷ The cost of a critical care bed is \$500-1200/day while a long term care bed is \$300/day. Length of stay for most young patients is shorter (3-10 days) while that for older patients is longer (25-90 days). The works out to 3-3.5 times greater cost for older patients. See <https://www.registerednursing.org/healthcare-costs-by-age/> (accessed August 6, 2019)

providing medical care to older inmates indicated by statistics from other major correctional and non-correctional systems, the projected increase in the percentage of BOP inmates over the age of 50 suggests a significant financial impact on the BOP budget. Faster increases in medical costs pose a threat to the ability of BOP to perform its mission by putting greater pressure on limited budget resources and making it more difficult to meet other mission requirements.

Rising medical costs together with a requirement to provide medically necessary care create an imperative to find ways to more effectively contain costs, while maintaining quality. Increasing the capacity of FMCs will be critical to the ability of BOP to meet this imperative. FMCs provide the level of care that will be increasingly required by an aging inmate population. FMC capacity enables BOP to provide care internally and thereby avoid the significantly greater costs of external care – the largest driver of total BOP medical costs (39% in FY 16 and 41% in FY 18).⁴⁸ Lengthening wait times indicate that BOP's capacity to accommodate the level-4 care needs of inmates internally is not keeping pace with demand.⁴⁹

The main finding of the Academy Panel is that transferring authority to HSD over medical staff and resources at the BOP institutions offers the best opportunity for BOP to contain medical costs while maintaining quality, by enabling more direct management of medical operations as a system. It recommends a staged transfer of line authority to HSD over medical staff and resources at BOP institutions beginning with the FMCs. This will enable HSD to take effective action to increase the capacity of FMCs, both through more efficient utilization of medical beds and strategic investments in staff and facilities.

Achieving this objective will also require strengthened data analytics capacity and an effective cost model to enable HSD to assess the net benefits of investment in different types of level-4 capacity, prioritize its investments and, ultimately, demonstrate the benefits of HSD having line authority over medical staff and resources at FMCs. Strengthened data analytics will also be required to enable the development and use of

⁴⁸ Outside care is significantly costlier due in large part to the associated custody costs. For FY 2018, at one of the largest FMCs, overtime cost for the associated custody staff was 17.8% of the total cost for outside services.

⁴⁹ The Academy study team analyzed data on time waited between patient designation and transfer to FMCs for the 4 years that data has been collected. The study team found increasing wait times for all 3 types of level-4 care: emergency, urgent and routine. Data source: Federal Bureau of Prisons. 2018. "Utilization Review Nurse Consultants Annual Report."

performance metrics to encourage the coordination of medical and custody operations, which will remain under the authority of FMC Wardens who will not report to HSD. This is vital to cost-effective medical operations (e.g. transport for medical visits).

More broadly, strengthened data analytics capability is essential to the ability of HSD to manage healthcare operations as a system and thereby contain costs, maintain quality, and manage risk effectively. The Academy's project partners will elaborate on this general argument and provide recommendations in their forthcoming assessment.

Appendix F: Acronym List

BHS – Bureau of Health Services

BOP – Federal Bureau of Prisons

CPD – Correctional Programs Division

FMC – Federal Medical Center

GAO – Government Accountability Office

HSD – Health Services Division

HSU – Health Services Unit

MAST – Medical Asset Support Teams

MRC – Medical Referral Centers (synonymous to FMCs)

PMO – Program Management Organization

RSD – Reentry Services Division

VHA – Veteran’s Health Administration

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