



BEHAVIOR AND PROGRAMMING PLAN (BPP)

Last name

First name

Middle Initial

DOC number

BPP Review Date: _____

Custody: _____

Risk Level Classification: _____

Facility/Unit: _____

Date Placed in IMU/LPU: _____

Earned Release Date: _____

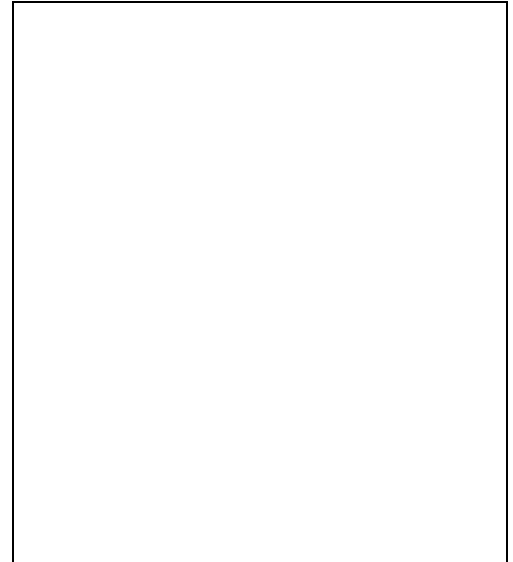
Next Review Date: _____

MaxEx: _____

STG Affiliation: _____

Current Level: _____

IBMP attached: Yes No



PHOTO

PLACEMENT NARRATIVE

BEHAVIOR AND PROGRAMMING PLAN EXPECTATIONS

- | | |
|---|--|
| <input type="checkbox"/> Attend all callouts and multidisciplinary teams | <input type="checkbox"/> No participation in Security Threat Group (STG) activity. |
| <input type="checkbox"/> Comply with expectations Outlined in BPP. | <input type="checkbox"/> Obtain and maintain IMU Level 3. |
| <input type="checkbox"/> Fully cooperate with and be respectful towards all employees/contract staff | <input type="checkbox"/> Remain serious and minor infraction free. |
| <input type="checkbox"/> Maintain clean cell. | <input type="checkbox"/> Review and comply with offender handbook. |
| <input type="checkbox"/> Maintain good personal hygiene. | <input type="checkbox"/> Other: |
| <input type="checkbox"/> May only obtain Level 1. | |
| <input type="checkbox"/> Complete one Offender Change Program (OCP) at a minimum (Outlined in Targeted Strategies below). | |

TARGETED STRATEGIES TO MEET PROGRAM EXPECTATIONS

- | | |
|---|--|
| <input type="checkbox"/> Acceptance Commitment Therapy (ACT) | <input type="checkbox"/> Redemption |
| <input type="checkbox"/> Anger Control Treatment (ACT) | <input type="checkbox"/> Stress and Anger Management (SAM) |
| <input type="checkbox"/> Cognitive Behavior Change Program (CBCP) | <input type="checkbox"/> 99 Days and a Get Up |
| <input type="checkbox"/> Dialectical Behavioral Therapy (DBT) | <input type="checkbox"/> Challenge Program |
| <input type="checkbox"/> Educational Programming | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Getting It Right (GIR) | |
| <input type="checkbox"/> Intensive Transition Program (ITP) | |

STRATEGIES NARRATIVE

SPECIAL SECURITY CONCERNS (Subject to change based on behavior)

PROGRAM PROGRESS/EMPLOYEE/CONTRACT STAFF COMMENTS AND INPUT

INCARCERATED INDIVIDUAL COMMENTS/INPUT

Submitted by _____

Signature _____

Date _____

Multidisciplinary Team participant(s): _____

INFORMATION SOURCES REVIEWED

Number of Administrative Segregation. Referrals during current incarceration.

Number of Maximum Custody placements during current incarceration.

Cognitive Behavior Change Programs completed during current incarceration.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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