



U.S. Department of Justice

Federal Bureau of Prisons

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Washington, DC 20534

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Washington, DC 20009

Dear Ms. Bonner,

This letter is in response to the draft inspection report received on January 19, 2018, regarding the February 10, 2017, visit to USP Lewisburg. The Bureau of Prisons (Bureau) recognizes the value of the Corrections Information Council (CIC) inspections of its facilities and the voice it provides D.C. Superior Court inmates. We hope to continue working closely to improve Bureau facilities and raise awareness with regard to those inmates' needs. I offer the following response to the statements and/or recommendations in the report:

The Administrative and Supervisory Staff at USP Lewisburg ensure all staff conduct themselves in a professional manner and in accordance with all laws and policies which govern the Bureau. Throughout the report, unsubstantiated allegations are made without direct observation by the CIC or supported by facts that can be corroborated. The staff at USP Lewisburg are highly trained, professional employees. They respond to emergencies, communicate daily with inmates and perform their assigned duties without fail. The Special Management Unit(SMU)assists with the orderly running of other Bureau of Prisons facilities by removing the most disruptive inmates from their general population. Staff interact, monitor, and provide supervision 24 hours a day to ensure the safety and security of both staff and inmate. They are held to the highest professional standards.

The Bureau takes allegations of misconduct and denial of services to inmates seriously. If provided with specific creditable case information, the Bureau will assist in any assessment and investigate.

Since the time of the the CIC inspection of USP Lewisburg, the facility received their American Correctional Association (ACA) re-accreditation in August 2017 and was 100% compliant with the Prison Rape Elimination Act (PREA).

USP Lewisburg had several program reviews over the past year to include the following:

- Correctional Services- earned a Superior Rating -March 2017
- Health Services- earned a Superior Rating -February 2017
- Psychology Services- earned a Superior Rating -November 2017
- Safety- earned a Superior Rating -April 2017

Overall, USP Lewisburg has 8 "Superior" program review ratings and 5 "Good" ratings.

These results are a testament to the hard work, dedication and integrity of the staff.

#### **Response to Allegations:**

The draft report was prepared and submitted to the Bureau nearly a year after the inspection was conducted.

The draft report states: *"Injuries From Restraints: DC SMU inmates reported injuries from restraints occurring after CIC's 2014 inspection, including bruises, cuts, keloids, and extreme swelling around their waists and wrists."*

Response: Restraints are applied and checked according to established Use of Force Policy. However, it is not uncommon for inmates to manipulate restraints and claim injury. Medical staff document any efforts to manipulate restraints, educate inmates on the health consequences of self-injury, and encourage inmates not to engage in this behavior during restraint checks.

The draft report states: *"Opportunity to Use the Toilet In Restraints: DC SMU inmates reported not being provided the opportunity to use the toilet while placed in four-point restraints for periods ranging between 48 to 120 hours."*

Response: The Bureau contends that the statements are unfounded. Procedures are outlined in the Use of Force Policy. Inmates are afforded the opportunity to use the toilet during restraint checks every thirty minutes, which is documented and

reviewed.

The draft report states: *"The DOJ Report then recommended changes to the SMU to enhance opportunities for out-of-cell time. Given the decreased SMU population, serious efforts should be taken to address the concerns documented throughout this report to improve the conditions of confinement at USP Lewisburg."*

Response: As inmates successfully progress through the SMU phases the out-of-cell time and programs increase accordingly.

The draft report states: *"One individual who was participating in GED classes reported seeing his GED teacher only once every month. He stated the class only consisted of a two to three page packet. Another individual also participating in GED classes noted the absence of any educational teachers present in the SMU."*

Response: Education staff are required to visit each inmate in the program a minimum of once a week. GED teachers prepare inmates for GED tests by talking to their students. In calendar year 2016, 32 SMU inmates completed the GED program. In 2017, 35 SMU inmates completed the GED program.

The draft report states: *"At the time of the inspection, the CIC interviewed three DC SMU inmates who were currently at Phase Two in USP Lewisburg. Two individuals reported not participating in any vocational or mental health programming. One individual specifically stated a belief that individuals in the SMU are not allowed to participate in any programming while in SMU."*

Response: The required programs in the SMU are as follows:

### **SMU Programming**

#### **Phase 1:**

1. Completion of an Autobiography - assists the treatment specialists in identifying areas in which improvement is needed to identify what additional services may provide assistance to the individual.
2. Thinking Errors Workbook - identifies and discusses different thinking errors.
3. Basic Cognitive Skills Workbook - focuses on developing an understanding and use of rational thinking.
4. Anger Workbook - identifies what anger "looks" and "feels"

like and addresses healthy ways in which to respond to anger.

5. Living As If (workbook) - discusses how beliefs impact daily interactions.
6. Coping Skills (workbook) - identifies and encourages the practice of stress reducing skills.
7. My Change Plan - promotes prosocial change.

If an inmate is a SMU repeater, they are asked to complete a written assignment which addresses the difficulties (criminal thinking, 8 positive attitudes) encountered leading back to the placement in the SMU.

### **Phases 2 and 3:**

At phase 2 and 3 inmates are moved to our programming units (I and F) where they are offered one hour a week of group programming. This includes Priority Practice Groups:

- Basic Cognitive Skills
- Criminal Thinking
- Anger Management
- Emotional Self-Regulation

### **Incentives Programming:**

- Reading With Purpose:
- A New Earch
- A Child Called It
- Lost Boy
- A Man Called Dave
- Learned Optimism
- Man's Search for Meaning
- Tuesdays with Morrie

### **Additional Self-Help Programming:**

- Addiction-Treatment
- Behavioral Modification
- Health and Wellness
- Mental Health
- Recovery
- Stress and Anger
- Transitions - Life Events
- Distress Tolerance
- Motivation for Change
- Emergency Coping Skills
- Grief and Loss
- Sleep Disturbance



### **Radio Programming**

Offered to all SMU inmates on a weekly basis covering a wide variety of mental health topics, including management of depression, anxiety/worry, anger, stress, grief, guilt, shame, perfectionism, self-esteem, forgiveness, and substance abuse issues. Guided meditation is also offered daily for inmates who wish to participate.

The draft report states: *"One DC SMU inmate indicated that following an incident where he was sexually abused by a staff member, he sought and received a no-contact order. He further reported that despite the no-contact order, he continued to be under the regular supervision of the alleged abuser."*

Response: This is an unsubstantiated allegation made without direct observation by the CIC or supported by facts that can be corroborated. Furthermore, mistreatment of inmates to include insulting remarks, physical abuse, sexual abuse or discrimination based on residency status, race, ethnicity, religious preference, gender, sexual orientation, etc. is prohibited. USP Lewisburg follows PREA compliance reporting procedures according to PREA policy. An environment of respect is practiced and taught from the top down. All instances of staff misconduct are investigated and referred accordingly. If the CIC provides the Bureau with specific information regarding this incident, it will be investigated.

The draft report states: *"Two DC SMU inmates reported being maced before being placed in restraints and were not given the opportunity to rinse off the chemicals. One individual specifically reported being placed back in his cell after being maced and did not receive any soap or washcloth for three days, and in that time could not clean himself or his bed, which was covered in the chemical."*

Response: All inmates are decontaminated according to the Bureau of Prisons' Use of Force policy and all inmates are provided with an opportunity to shower following any use of Oleoresin Capsicum. If the CIC provides the Bureau with specific information regarding these statements, it will be investigated.

The draft report states: *"Program Statement 5566.06, CN-1, states that staff are required to document all incidents of use of restraints, including medical reports. In response to the CIC's 2017 survey, DC SMU inmates reported instances where Health Services at USP Lewisburg failed to document injuries."*

Response: All reviews are and were in accordance with policy. Health Services staff conduct initial restraint checks as well as additional checks and make note of any injuries or circulatory issues and recommend adjustments accordingly.

The draft report states: *"Pursuant to federal regulation 28 C.F.R. § 552.24(e), use of force may not be used as a way to punish inmates. In response to the CIC's 2017 survey, three DC SMU inmates reported being placed in restraints out of retaliation for filing complaints against the facility, including Prison Rape Elimination Act (PREA) complaints, lawsuits, and incident reports to the BOP Office of Internal Affairs (OIA). Additionally, a DC SMU inmate stated that he chooses not to report any incidents because then "you run into a lot of problems" with staff at USP Lewisburg."*

Response: All instances of staff misconduct, to include retaliation, are investigated and referred accordingly. Inmates are not placed in restraints out of retaliation for filing complaints. The Bureau welcomes the opportunity to investigate these claims and urges the CIC to provide specific details.

The draft report states: *"Of particular concern was a DC SMU inmate who said that two SMU inmates who were celled together had set themselves on fire in May 2016 in their cell on D-Block protesting their conditions of confinement. The CIC received additional letters from two different SMU inmates regarding the same incident. Reports received indicated that the SMU inmates informed staff they were going to set themselves on fire and were ignored by staff. After the SMU inmates set themselves on fire, they were placed in restraints."*

Response: There was an incident where two inmates set items in their cell on fire in protest of receiving incident reports. Neither of the inmates set themselves on fire. This incident occurred in an attempt to have staff open their cell door while they were unrestrained, in an attempt to assault staff. Staff immediately responded to the incident, removing the inmates from the self-imposed danger. One inmate attacked and resisted staff. This incident was reviewed, and it was determined the staff response was appropriate and without hesitation.

The draft report states: *"Lack of Access to Mental Health Services: Nine out of 10 DC SMU inmates responding to survey questions reported that they did not have adequate access to mental health services. As reported by USP Lewisburg in response*

*to CIC's document request, inmates who have been diagnosed with a mental illness represent 19.5% of the SMU population. However, the Office of Inspector General found that the BOP could not accurately determine the number of inmates with mental illness because staff does not always document inmates' mental illnesses."*

Response: The Office of Inspector General did make the finding referenced by the CIC. However, upon being informed of the auditors' concern the Bureau immediately addressed technical oversights in our electronic mental health record system. OIG was satisfied by the Bureau's corrective actions and the Bureau was notified on December 12, 2017, of OIG's decision to close this recommendation. BOP internal controls, such as program review, indicate inmates with mental illness are receiving appropriate care.

The draft report states: *"Three DC SMU inmates reported a change in their mental health care level (MHCL) assignment upon arrival to USP Lewisburg to the lowest care level (MHCL I); and they did not receive treatment for their prior mental health diagnoses."*

Response: This statement does not have sufficient detail for the Bureau to comment on the specific cases. However, Program Statement 5310.16, Treatment and Care of Inmates with Mental Illness, outlines the process of assigning and changing mental health care levels. The Program Statement also specifies the minimum frequency of care required for each care level. Internal controls and reviews, such as program review, indicate inmates are receiving appropriate care. The Bureau encourages the CIC to provide the specific details of this statement in order to investigate the circumstances or validity.

The draft report states: *"Lack of Private Mental Health Sessions: DC SMU inmates reported not having the opportunity for private sessions with mental health staff unless they attempt suicide, only communicating through a cell door, and only being handed puzzles as a form of mental health treatment."*

Response: BOP Program Statement 5310.16, Treatment and Care of Inmates with Mental Illness, specifies the parameters for private mental health contacts. The Program Statement also details the use of evidence based clinical interventions to address mental illness. Thirty day SMU reviews may occur cellside.

The draft report states: *"Responding to Mental Illness Through Use of Restraints: CIC reviewed records showing an inmate being placed in restraints in response to his outbursts in SMU. Despite his requests for psychotropic medication to help control such outbursts, the inmate was placed in restraints to control his behavior. Records did not show subsequent mental health treatment."*

Response: The Bureau does not use restraints as a response to mental illness. This statement does not provide enough specific information to adequately respond. If the CIC provides the specific details regarding this incident and the alleged practice, it will be investigated.

The draft report states: *"DOJ OIG Review of the BOP Use of Restrictive Housing for Inmates with Mental Illness In July 2017, the DOJ OIG released a report on the BOP's use of restrictive housing, including the SMU program, for inmates with mental illness. The OIG found that BOP policies do not adequately address the confinement of inmates with mental illness in Restrictive Housing Units (RHU), including SMU\*, and the BOP does not sufficiently track or monitor such inmates. Furthermore, the OIG found that mental health staff do not always document inmates' mental illnesses, leaving the BOP unable to accurately determine the number of inmates with mental illness and ensure that BOP provides appropriate care to them.\*\*"*

Response: OIG's recommendation (#4) for BOP policy to better address conditions of confinement for inmates in restrictive housing were directed toward small restrictive housing units other than SHU, SMU, and ADX that may not have clear policy directing conditions of confinement. The conditions of confinement for SMU inmates are clearly laid out in Program Statement 5217.02, Special Management Units. In addition, Extended Restrictive Housing for SMU inmates (recommendation #2) is clearly defined in Program Statement 5310.16, Treatment and Care of Inmates with Mental illness.

**\*\*** The Office of Inspector General did make the finding referenced by the CIC. However, upon being informed of the auditors' concern, the BOP immediately addressed technical oversights in our electronic mental health record system. OIG was satisfied by the BOP's corrective actions and the BOP was notified on December 12, 2017, of OIG's decision to close this recommendation.

The draft report states: "In response to the CIC's 2017 survey, six DC SMU inmates reported being in the SMU for three to five years; seven for one to two years; and 11 for less than one year. Of the six DC SMU inmates who reported being in the SMU for three to five years, two (33%) reported having been diagnosed with a mental health illness."

Response: The Bureau cannot provide any details regarding these statements without knowing the specific details.

The draft report states: "At the time of the inspection, the CIC interviewed 14 DC SMU inmates who were currently at Phase One in USP Lewisburg. Of these 14 inmates, nine (64%) reported they were not participating in any academic, vocational, or mental health programming."

Response: Inmates in all phases of the SMU are required to participate in all programs. These programs were stated earlier in this response. The Bureau encourages the CIC to share specific details regarding these cases, in order to adequately respond.

The draft report states: "At the time of the inspection, the CIC interviewed three DC SMU inmates who were currently at Phase Two in USP Lewisburg. Two individuals reported not participating in any vocational or mental health programming. One individual specifically stated a belief that individuals in the SMU are not allowed to participate in any programming while in SMU."

Response: The Bureau requires specific information to investigate these statements. As stated earlier, the aforementioned programs are a required part of the SMU program.

The draft report states: Of the seven individuals who reported being reset to Phase One at least three times, three (43%) reported being diagnosed with a mental health illness. All three individuals further reported that they have not received adequate access to mental health care services at USP Lewisburg. Furthermore, of these three DC SMU inmates with mental health illnesses, one individual reported he was reset to Phase One numerous times, to such an extent that he "can't even count on both hands."

Response: The only way to determine the validity of these statements would be if the CIC provided specific information regarding these statements.

The draft report states: "SMU inmates at USP Lewisburg, ordinarily, are housed two to a cell, for 23-24 hours a day while in Phase One & Two; and 22-24 hours a day while in Phase Three. As reported in the DOJ and OIG Reports, the practice of housing two inmates in segregation together in the same cell is commonly referred to as "double-celling." In October 2016, National Public Radio (NPR) and The Marshall Project reported, in part, on the practice & consequences of double-celling at USP Lewisburg's SMU. The article quoted an anonymous SMU corrections officer, saying: "I've gone to as many as three, four cell fights in a day." As stated in the DOJ Report's Guiding Principles, inmates who show signs of psychological deterioration should be immediately evaluated by mental health staff.<sup>22</sup> The Guiding Principles further state that denial of basic human needs should not be used as a form of punishment."

Response: BOP policy and practice support the DOJ Guiding Principles. Specifically, BOP Program Statement 5310.16, Treatment and Care of Inmates with Mental Illness, requires the Mental Health Treatment Coordinator to work with a multidisciplinary team to mitigate the negative impact of restrictive housing or identify an appropriate placement. In addition, in the case of deterioration, crisis intervention and/or suicide risk assessment must take place promptly.

The draft report states: "Furthermore, both DC SMU inmates who reported filing PREA complaints indicated that they were not given access to mental health care. Specifically, the individuals reported they did not have the opportunity to meet with a psychologist after filing PREA complaints."

Response: Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, requires all staff report incidents of sexual abuse to the Operations Lieutenant (see section 115.61) and the Operations Lieutenant promptly refers all inmates reported or suspected of being the victim of sexually abusive behavior to Psychology Services for assessment of vulnerability and treatment needs (see section 115.82). If the CIC provides the Bureau with specific information regarding this case, it will be investigated.

The draft report states: "Based on DOJ reports, observations, inmate reports, and other information collected in 2017, the CIC finds that USP Lewisburg continues to be in non-compliance with BOP's policies on the SMU program and Treatment and Care of Inmates With Mental Illness."



### *Staffing Levels*

*As of February 2017, Psychology Services staff at USP Lewisburg consisted of 19 on-site staff, made up of 17 BOP staff members and two U.S. Public Health Service (PHS) staff members, who provide psychology services to a total of 1,247 inmates at USP Lewisburg. Of the 19 staff in Psychology Services, three Psychologists are designated for SMU. Therefore, with a SMU population of 618 inmates at the time of the CIC inspection, USP Lewisburg was operating with one Psychologist per every 206 SMU inmates. Despite the increased ratio of SMU Psychologists to inmates from the OIG report, the CIC continued to receive reports of inmates not receiving mental health services at USP Lewisburg, as well as reports of declining Mental Health Care Levels (MHCL) of individuals while incarcerated at USP Lewisburg (discussed below)."*

Response: BOP internal controls and reviews, such as program review, indicate inmates are receiving appropriate care.

*The draft report states: "SMU Population of Inmates with Mental Illness & Access to Mental Health Services*

*USP Lewisburg is a Mental Health Care Level II facility. As of January 2017, USP Lewisburg reported there were 130 SMU inmates overall, including 15 DC inmates, who had been diagnosed with a mental health illness. As reported by USP Lewisburg in response to CIC's document request, inmates who have been diagnosed with a mental health illness represent 19.5% of the SMU population. However, the OIG found that the BOP could not accurately determine the number of inmates with mental illness because staff does not always document inmates' mental illnesses."*

Response: The Office of Inspector General did make the finding referenced by the CIC. However, upon being informed of the auditors' concern, the BOP immediately addressed technical oversights in our electronic mental health record system. OIG was satisfied by the BOP's corrective actions and the BOP was notified on December 12, 2017, of OIG's decision to close this recommendation.

BOP internal controls, such as program review, indicate inmates with mental illness are receiving appropriate care.

*The draft report states: "In 2015, a SMU Psychologist reported to OIG that approximately 90% of SMU inmates have a mental illness (if including personality disorders).<sup>36</sup>*

*Without adequate access to mental health services, many inmates may not have the opportunity to be properly diagnosed, and, consequently, continue to be denied necessary mental health care*

as required in P5310.16. In support of this finding, in response to the 2017 survey, several DC SMU inmates with no diagnosed mental health illnesses reported requesting mental health services on several occasions but never receiving a response. Out of 10 DC SMU inmates who responded and required mental health services, nine reported not having adequate access to mental health services, and only one reported having adequate access to mental health services."

Response: This statement does not have sufficient detail for the Bureau to comment on the extent to which staff were responsive to individual requests for mental health services. However, for inmates with personality disorders such as antisocial personality disorder, Criminal Thinking and other group interventions offered in the SMU are widely accepted evidence-based treatments. If the CIC provides the Bureau with specific information, it will be reviewed.

The draft report states: "The CIC asked DC SMU inmates who required mental health services to rate their satisfaction with both the quality and wait times of mental health services at USP Lewisburg. Out of 10 DC SMU inmates who responded and required mental health services, all 10 reported being very unsatisfied with the quality of mental health care at USP Lewisburg. Furthermore, out of 10 DC SMU inmates who responded and required mental health services, eight reported being very unsatisfied and two reported being unsatisfied with the wait times at USP Lewisburg. BOP policy states that an individual's MHCL may only be changed by a psychologist, psychiatrist, or qualified mid-level practitioner after a review of records and a face-to-face clinical interview establishing a diagnosis or indicating the absence of a diagnosis. The BOP policy further states that mental health care levels are not changed for administrative, designation, or transfer purposes."

Response: This statement does not have sufficient detail for the Bureau to comment on inmate opinions regarding satisfaction with mental health care. The statement above is broken up and responses to specific sections are provided directly below them.

The draft report states: "In response to the CIC's 2017 survey, three DC SMU inmates reported a change in their MHCL assignment upon arrival to USP Lewisburg. All three individuals reported being dropped to a MHCL One and being rediagnosed with Antisocial Personality Disorder, despite having previous diagnoses of serious mental illnesses, including Post-Traumatic Stress Disorder (PTSD), depression, and anxiety."



Response: The Bureau carefully screens all inmates prior to SMU placement. Inmates with serious mental illness are not designated to the SMU. Program Statement 5310.16, Treatment and Care of Inmates with Mental Illness, outlines the process of assigning and changing mental health care levels. The Program Statement also specifies the minimum frequency of care required for each care level.

The draft report states: "As a result of the policy changes made to the SMU Program, additional opportunities were created to review an inmate's mental health concerns and designate him to a different facility, if approved by the BOP's Central Office Psychology Services Branch. In addition to an initial intake screening evaluation, inmates in the SMU are supposed to be evaluated every 30 days by mental health staff, with additional services for emergencies or inmates requiring routine/follow-up visits. Mental health evaluations in restrictive housing, including the SMU, is supposed to include a review of an inmate's records, behavioral observations, a clinical interview, and psychological testing (if clinically indicated)."

Response: Formal reviews and internal controls, such as program review, indicate Lewisburg mental health staff are conducting screenings and reviews consistent with BOP policy. Specifically, staff are conducting intake screenings, 30 Day SMU Reviews, 18 Month Extended Restrictive Housing Reviews, and providing emergency services such as suicide risk assessments and crisis intervention.

The draft report states: When asked if evaluated by mental health staff every 30 days, all 21 DC SMU inmates (100%) who responded said no. Several DC SMU inmates reported never having the opportunity for private sessions, only communicating with mental health staff through a cell door, and only being handed puzzles during rounds. One individual who responded to the survey and required mental health services had been in the SMU program since 2015 and reported that he had never communicated in a private setting with Psychology staff, and thus never felt that he could safely talk about his sensitive mental health concerns. He further reported he was recently taken off his anxiety medication without any warning, and despite never having a private interview with anyone from Psychology Services. Of significant concern were two inmate reports describing situations where Psychology staff told inmates psychological evaluations are based solely off an inmate's incident reports. Furthermore, both individuals also reported that inmates are not

afforded the opportunity for a private interview with mental health staff unless they attempt suicide. One individual who requested a private interview at least six times since being at USP Lewisburg stated: "The only time they provide one-on-one is when you're hanging from a noose."

Response: Thirty Day SMU Reviews may take place cell side. However, they should be continued in private upon an inmate's request or if sensitive material is being discussed. Program Statement 5310.16, Treatment and Care of Inmates with Mental Illness, specifies the parameters for private mental health contacts.

The draft report states: "Of the seven individuals interviewed in 2017 who reported being placed in restraints, three (43%) indicated they had been diagnosed with a mental health illness. All three individuals further reported they had not received any mental health care services at USP Lewisburg. One of the DC SMU inmates who was interviewed by the CIC and provided BOP records, evidenced being placed in restraints after repeated requests for a private interview with psychology staff and be placed back on his psychotropic medication to control his behavioral issues. According to documentation, psychology staff responded to his requests for mental health treatment by contacting corrections staff for the behavioral issues in question, specifically the reason given was because of his "unwillingness to engage." Corrections staff then proceeded to place the inmate in restraints. Inmates suffering from mental illness who are not provided appropriate treatment and care may be prone to violent and/or disruptive behavior resulting from symptoms of his mental illness, as evidenced by the behavioral issues reported by the inmate above. Instead of being provided appropriate mental health treatment, these individuals suffer from the symptoms of their illnesses and are then further punished by being placed in restraints, usually for extended periods of time."

Response: The Bureau does not use restraints as a response to mental illness. Mental health providers use medication and/or evidence-based psychosocial treatments, as appropriate, to treat mental illness. If the CIC provides the specific details regarding this incident and the alleged practice, it will be investigated. If the CIC provides the Bureau with specific information regarding these statements, it will be investigated.

### **Recommendations by CIC:**

1. Revise Program Statement 5217.02 to require individual assessments of SMU inmates housed prior to the effective date of the policy revision to include a limitation of 24 months as of August, 9 2016.

Response: Thank you for your input. The Bureau will consider your recommendation.

2. Formally develop and implement interactive educational, vocational, and mental health programming for all SMU inmates in all phases.

Response: Education and Psychology staff currently provide programming opportunities for SMU inmates. Vocational training programs consistent with inmate security needs are being explored. Examples of programs were provided on pages three and four in this response.

3. Revise Program Statement 5217.02 to require inmates housed in SMU during the final 180 days (6 months) of his incarceration be individually assessed by a multi-disciplinary team including Executive Staff, the inmate's Unit Team, Health Services, and Psychology Services, to determine if individual can safely be placed in a less restrictive setting to prepare for successful reentry into society.

Response: Program Statement 5217.02 is in the process of being updated to reflect compliance with ACA standard 4-RH-0030.

4. Formally develop and implement a targeted re-entry programming for inmates being released directly to the community from the SMU program.

Response: USP Lewisburg currently has a Re-Entry Affairs (RAC) Coordinator on staff who works with inmates to address re-entry and release preparation needs. The RAC provides inmates within 18 months of release a packet containing information specific to the inmate's location destination to include shelter, food banks, felon friendly employment, medical and mental health assistance locations. The Re-Entry Coordinator also works with the Unit Team to insure the inmate has at least one form of identification.

5. Provide additional guidance to all BOP staff on referral procedures, with a specific focus on post-decision appeal

decisions made by the Office of General Counsel (OGC) after transfer to the SMU.

Response: SMU Referral procedures are addressed extensively in Program Statement 5217.02. The Bureau does not agree that staff require guidance on the referral procedures or post decision appeal decisions.

6. In addition to reviewing CDR and rate of assaults to assess the relative safety of USP Lewisburg, the BOP should consider significant incidents and concerns raised through inmate grievances, complaints, and third-party reports to better assess the safety of the SMU program for both inmates and staff.

Response: These factors are currently considered.

7. Ensure each cell at USP Lewisburg has an operable emergency call button.

Response: Staff conduct 30 minute-irregular rounds, as required per policy, and are available on a 24-hour basis to address emergencies or any other inmate issues or complaints.

8. Formally develop and implement an expedient alternative practice to assigning cellmates that requires input from mental health staff and inmates.

Response: The on-going and current practice of cell assignments consists of a weekly and as-needed multi-disciplinary committee. This committee includes Psychology, Correctional Services, Unit Team, and Executive Staff oversight.

9. Pursuant to 287 C.F.R. § 115.33, ensure inmate education on how to report incidents or suspicions of sexual abuse or sexual harassment is effectively performed.

Response: This information is provided during the intake screening process, signed and dated by the inmate indicating he was advised of the reporting procedures identified in the institution A&O handbook. Additionally, it is posted in the entry way of each individual housing unit. USP Lewisburg was found to be 100% PREA compliant in 2017.

10. Revise Program Statement 5566.06, CN-1 to require staff obtain a video camera and record all restraints check, including two-hour Lieutenant Checks, 24-hour Health Services Staff Review, and 24-hour Psychology Staff Check.

Response: The Bureau disagrees with this recommendation.

11. Revise Program Statement 5566.06, CN-1 to develop and implement protections against being placed in restraints as punishment.

Response: Program Statement 5566.06 requires:

"Restraint equipment or devices may not be used (as a method of punishing an inmate)".

It further outlines the requirements of the "After-Action Review Team" which reviews the use of force incident (placement of an inmate in restraints) to determine compliance with the provisions of the policy.

12. Hire an independent Qualified Mental Health Professional (QMHP) to provide evaluations of inmates' current level of functioning for SMU inmates at USP Lewisburg. If, in the clinical judgment of this independent evaluator, the inmate requires a higher level of care, the BOP should make arrangements for their transfer to a more appropriate facility.

Response: BOP policy requires a thorough screening process to keep inmates with serious mental illness out of the SMU as well as processes to remove inmates who deteriorate in the SMU. These processes are conducted with oversight from the Central Office. The BOP hires doctoral level psychologists as front line providers of mental health services. These highly trained professionals have the expertise to determine an inmate's need for care.

USP Lewisburg's Psychology Department are highly trained and professional staff who are properly tasked with making decisions regarding inmate mental health needs.

13. Revise Program Statement 5310.16 to require inmates in the SMU to sign a document acknowledging receiving a clinical interview for all mental health evaluations.

Response: The current policy requires staff to document the details of such meetings. If necessary, the psychology staff may choose to take additional steps in documenting a location.

14. Revise Program Statement 5310.16 to require all staff to document the location of critical contacts with inmates in the

SMU.

Response: The BOP shares the CIC's interest in ensuring inmates are removed from their cells for mental health contacts and evaluations that warrant a private setting, as described in policy. BOP is currently exploring strategies to enhance oversight in this area, including a modification to its documentation system that would prompt the author of the mental health note to indicate the location of the contact.

15. Develop and implement diversion and mitigation interventions for all SMU inmates as required in Program Statement 5310.17 to prioritize alternatives to placing inmates in restraints in response to symptoms of mental illness.

Response: Psychology Services staff are available to work with inmates on a variety of diversion and mitigation intervention including improving coping skills and anger management.

16. Increase staff training on recent BOP policy revisions affecting operations of SMU.

Response: Bureau of Prisons' staff, to include USP Lewisburg, are highly trained professional staff and are trained with the recent BOP policy revisions affecting SMU operations.

17. Require Executive Staff to frequently monitor special mail procedures, including tracking all incoming & outgoing special mail and requiring SMU inmates to sign a document acknowledging receiving special mail opened in the inmate's presence.

Response: Correctional Systems and Correctional Programs staff are properly trained in the day-to-day management of inmate mail processing. All mail is processed according to established Bureau of Prisons' policies.

18. Reinstate in-person visitation for all SMU inmates in addition to offering video visitation, with capability for family members to connect remotely from DC.

Response: Video visiting is available in the front entrance of USP Lewisburg. It was implemented as the primary means of visiting to enhance the safety of both inmates and staff. Inmates may request contact visits as special visits. The visiting policy is applied consistently to all inmates regardless of where they resided before their incarceration.



19. Identify and develop alternatives to imposing sanctions that reduce the use of multi-year denial of telephone and visitation privileges.

Response: Sanctions imposed for prohibited acts serve a twofold purpose. First, as punishment for the prohibited act and second, as a deterrent for both the offender and other inmates to dissuade them from committing similar prohibited acts.

DHO's at USP Lewisburg sanction "progressively" in accordance with nationally accepted standards taught during the Discipline Hearing Officer Certification Course conducted at the Management and Specialty Training Center. The concept of progressive sanctioning involves imposing a comparatively minimal sanction for a first-time offense using loss of a privilege, such as commissary, for a limited period of time.

The practice of progressive sanctioning involves increasing the length of sanctions imposed, as well as including sanctions involving loss of privileges not directly related to the misconduct, after other less restrictive sanctions have been deemed ineffective at deterring a given inmate from repetitively engaging in a specific prohibited act.

Therefore, multi-year denial of a specific privilege for a given inmate would result only in cases where an inmate repetitively commits the same prohibited act after less restrictive sanctions were already imposed and deemed ineffective.

Finally, should an inmate appeal the decision of the DHO, the review authority always considers whether an appropriate sanction was imposed for the severity of the prohibited act, and other relevant circumstances.

20. Require each SMU cell to have blank copies of all administrative remedy forms inside the cell.

Response: Administrative Remedy Procedure forms are controlled by staff to insure the remedy request is assigned a Remedy ID number and properly logged so it can be tracked through the multi-level procedure.

21. Require Executive Staff to regularly monitor administrative remedies, including tracking submissions of both informal resolution attempts and initial filings.

Response: The Executive Assistant provides direct oversight of

the Administrative Remedy process at USP Lewisburg to include initial filings and informal resolution attempts. Additionally, USP Lewisburg Executive Staff make routine rounds to address and resolve inmate grievances and/or issues.

22. Revise Program Statement 1330.18 to require inmates in the SMU to sign a document acknowledging submitted informal complaints, initial filings, and appeals with the date and provide a copy to the inmate.

Response: Once received, staff enter the complaint into the database and the complaint is assigned a number which is written on the form and provided to the inmate when the response is provided. This number is used for the next appeal if the inmate wishes to continue his complaint to the next level.

23. Regularly monitor trends of significant incidents, including use of force and placement in restraints, for inmates who choose to use the administrative remedy process to ensure inmates are provided meaningful access to resolve issues relating to their confinement without fear of staff retaliation.

Response: The Administrative Remedy Coordinator and Administrative Remedy Clerk see all filed remedies and thus, are aware of any trends in filing subject matter.

24. Monitor requests for transfer to SMU, placement of inmates in SMU Program, and treatment of inmates for disproportionate treatment based on DC Criminal Code Offender status (indicated by "007, 016, 000).

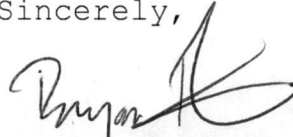
Response: All inmates in the Bureau of Prisons are treated fairly and according to established BOP policies and guidelines. Inmates' designations to the SMU are based upon established guidelines and not based upon their geographical origin or sentencing district.

I appreciate the opportunity to review and provide comments to your inspection report of USP Lewisburg. I hope to continue working closely with the CIC to improve the operations of Bureau facilities and ensure we are meeting the needs of the inmate population.

Please contact me at (202)353-3584 if I may be of further assistance.



Sincerely,

A handwritten signature in black ink, appearing to read "Bryan Feinstein", with a large, stylized flourish at the end.

Bryan Feinstein  
Acting Administrator  
Correctional Programs Branch