# **FCI FAIRTON**

Fairton, New Jersey

145 miles from downtown DC: 2.5 hours by car, 8.5 hours by bus and taxi

# **Demographics**

- Security level: FCI Medium
- Facility mental health care level: 3<sup>i</sup>
- Inmates as of July 2013: 1368
- DC inmates: 211
- Inmates FCI was designed to house: 864
- Current capacity: 158%
- Total staff: 285
- Inmate/staff ratio (average over 12 mos): 4.9
- Median age: 35
- Median DC inmates' age: 32.1
- Overall facility racial demographics: Black 67.6%, White 31.9%, Other .4% Ethnicity: Hispanic 17.9%, Non-Hispanic 82.1%
- DC inmate racial demographics: Black 98.5%, white 1.6% Ethnicity: Hispanic 1.6%, Non-Hispanic 98.5%

# **Commendable Practices**

### Innovative

Through many of Fairton's practices, especially with respect to DC inmates, the facility has developed innovative approaches and is actively looking for solutions to issues affecting inmates.

# Pilot Program with University Legal Services (ULS)

Fairton partners with ULS to link DC inmates with mental health providers and other reentry services

# Partnership with Local Social Security Office

Fairton partners with a local Social Security office to ensure that inmates are provided Social Security cards and are set to receive SSI upon release.

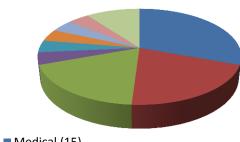
# **DC Mentor Project**

Through this program DC inmates are introduced to the FBOP, receive support from other inmates, and begin to prepare for reentry.

#### Staff

The CIC commends the Warden and his staff for their availability to the CIC during, before, and after our inspection.

# **Inmate Concerns**



- Medical (15)
- Programming (10)
- DC Specific (9)
- Employment (2)
- Administrative Remedies (2)
- Law Library (2)
- Issues with Other Institutions (2)
- Parole (2)
- Other (5)

# **Areas for Improvement**

### Lack of Visitation for DC Inmates

Like most FBOP facilities, Fairton's distance from DC prevents visitation by inmates' family members and loved ones. The CIC recommends that the FBOP confer with the DC DOC on how to establish video visitation programs.

# **DC Inmates Stigmatized**

DC inmates report being stigmatized and treated poorly solely because they are from DC.

# **Medical Treatment Concerns**

We recommend Fairton investigate its medical care and practices. This was the largest area of concern expressed from DC inmates.

### **Inspection**

The CIC conducted a comprehensive inspection of FCI Fairton over a six-month period, with a site visit on March 5, 2013. Overall, the CIC was impressed with the innovative practices Fairton has pioneered, particularly programs serving the needs of DC inmates. Due to the inventive nature of this facility we recommend Fairton begin a pilot Video Visitation program with the DC Department of Correction's Video Visitation Center, allowing DC inmates to have virtual visitation with family members and loved ones in the District. We also recommend Fairton investigate its medical care and practices as this was the largest area of concern expressed from DC inmates, both in interview responses and inmate administrative remedies.

On the inspection date the CIC toured and/or spoke with staff from the following departments and programs: Education, Recreation, Food Service, Health Services, Psychology Services, Reentry, Vocational Training, UNICOR, Religious Services, Commissary, one standard housing unit, the Special Housing Unit, Drug Abuse, and the Law Library. The CIC also spoke with 27 randomly-selected DC inmates while at the Fairton facility.

**Demographic Data** (source: Bureau of Prisons data from 7/2013)

- O I	
Total Inmates FCI	1368
DC inmates	211
Total inmates (FCI + camp)	1489
Total inmates prison was designed to house	864
% capacity	158%
Total staff	285
Inmate/staff ratio	4.905263

<b>Inmate Demographics</b>	<b>Total Number</b>	DC Number
Number of male inmates	1368	211
Number of female inmates	0	0
Inmates < 18 years old	0	0
Median age	35	32.1

Racial breakdown	Total Number	DC Number	Percent of total population	Percent of DC population
Black	925	190	67.6%	98.5%
White	437	3	31.9%	1.6%
Other Races/Ethnicities	6	0	0.4%	0%
Ethnic breakdown	Total Number	DC Number	Percent of total population	Percent of DC population
Hispanic	245	3	17.9%	1.6%
Non-Hispanic	1123	190	82.1%	98.5%

Inmate Sentence Information	Total Number	DC Number
# inmates with data available	1356	193
Mean sentence (months)	119.9	99.2

		84			
Median sentence	Median sentence (months)			60	
Mean time remaining – New Law/Old Law (months)		51.7/67.2		N/A	
Median time remaining – New Law/Old Law (months)		28/36.5		N/A	
Months to Relea	se – total inmate population	Nun Inm	nber of ates	Percent	
4 months or less	remaining	90		7%	
5-8 months rema	ining	129		10%	
9-12 months rem	aining	136		10%	
13-24 months ren	naining	267		20%	
25-60 months ren	naining	337		26%	
61-120 months re	emaining	223		17%	
121 months rema	iining	139		11%	
Months to Relea	se - DC inmate population	Nun Inm	nber of ates	Percent	
0-12 months rem	aining	61		32%	
13-59 months rer	maining	74		38%	
60-83 months ren	maining	11		6%	
84 months remain	ning	47		24%	
Offenses	Total inmates / Percentage (ou 1356)	t of	DC Inmates/ 189)	Percentage (out of	
Violent offenders	521/38%		125/ 66%		
Drug offenders	Orug offenders 614/45%		26/ 14%		
Sex offenses	s 13/1%		1/1%		
Other	241/ 17%		37/ 20%		

#### **Facilities**

There are four housing units at Fairton, identified as A, B, C, and D, and two sections, right and left, per unit. Each housing unit has 170 cells and eight showers. Each cell has two, three, six, or eight inmates per cell, and cell placement is based on length of time at Fairton and programming considerations, such as RDAP.

# **Email, Mail, and Phone**

Inmates at Fairton have access to email through a specialized FBOP system, CORRLINKS. The Fairton mail system seems to be operating properly, and there are no indications of tampering with legal mail or other problems with the mail system. For phone service, inmates in the general population receive a maximum of 300 minutes per month. An additional 100 minutes is given in both November and December for the holidays. The cost to make local and long distance phone calls is the same cost per minute.

On the day of the CIC's visit there were 82 inmates in the Special Housing Unit (SHU), including eleven DC inmates. Of the eleven DC inmates in the SHU, eight were there for the following reasons: three for weapon possession, three for fighting, one in protective custody, and one pending classification.

Administrative SHU/DHO (Special Housing Unit/Disciplinary Hearing Officer) Appeals Indicators

(source: Bureau of Prisons data from 8/2012 through 7/2013)

Administrative SHU/DHO Indicators	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
BP-9s related to SHU	11	7	4	1	0
BP-10s related to SHU	5	3	2	0	0
BP-11s related to SHU	2	0	2	0	0
<b>BP-9s related to DHO Appeals</b>	7	7	0	42	0
BP-10s related to DHOs Appeals	65	35	30	8	6
BP-11s related to DHOs Appeals	11	2	9	0	0

#### Meals

Fairton follows the FBOP national menu and serves 1,500 inmates three meals per day within the hour and a half designated for each meal. As of March 5, 2013, 143 inmates are employed in the kitchen and each works 160 hours per month. During the noon meal, commonly referred to as "main line" throughout the Bureau of Prisons, a staff member from each department is available in the Dining Hall to answer any questions posed by inmates and address their issues.

### **Law Library**

DC inmates have access to DC Superior Court cases and DC Circuit cases in the computerized law library. Legal resources are uploaded to all FBOP facilities from the Central Office.

# **CSOSA Community Resource Day**

Fairton has quarterly videoconferences with Court Services and Offender Supervision Agency (CSOSA) for Community Resource Day. Through this program government agencies and DC-based service providers videoconference with DC inmates at Fairton and other Bureau facilities to provide information on services available to retuning citizens in the District. Fairton targets inmates within six months of release to attend the CSOSA event. All inmates who are targeted are required to participate, at a minimum, in the first portion of the day.

# **MOU** with Local Social Security Office

Fairton has a Memorandum of Understanding (MOU) with the local Social Security Administration office. This local office has agreed to handle all of the social security card processing and Supplemental Security Income (SSI) applications for Fairton inmates, including DC residents incarcerated at Fairton. Inmates can obtain a social security card and SSI approval prior to release, and also arrange for continuity of care upon their return to the District. Three DC inmates had utilized the MOU by March 2013.

### **Pilot Program with ULS**

Beginning in 2011, Fairton and University Legal Services (ULS) began a Mental Health Transition Pilot Program. Through this program ULS traveled to Fairton, and mental health professionals at Fairton referred DC inmates with mental health needs to ULS. During onsite visits ULS shared resources for reentry, mental health, housing, substance abuse, and social security with DC inmates and provided intake for DC residents with mental health needs. ULS, Fairton, and the FBOP were able to connect DC residents with necessary services and ensure earlier access to benefits, mental health resources, and continuity of care.

Initially, ULS would travel to Fairton every three to six months; however, their last site visit was in December 2011. Since this time the intakes from Fairton to ULS have slowly decreased, partially because ULS has not had a physical presence at that facility since late 2011. Fairton and ULS continue to partner in order to provide continuity of care for returning citizens.

### **Education**

According to Fairton staff, DC inmates have notably lower levels of education than the non-DC population. For example, the CIC was informed that inmates from Anacostia or Cardozo High Schools generally need more educational support than the other inmates.

Upon entry, 45% of Fairton inmates have no GED or High School Diploma. GED testing is administered up to two times per month as needed. The pass rate for the GED program last year was approximately 50%. As of August 26, 2013, 71 inmates at Fairton have obtained their GED in 2013. Of those 71 inmates, 5 are from the Washington, D. C. area.

Fairton is also setting up computers for computer-based GED testing. ii

**Educational Indicators** (source: Bureau of Prisons data for FY 2012)

Education Indicators (FY 2012)	# Enrolled	# Completed
GED/Equivalent Programs	469	55
ESL Programs	60	4
Parenting Programs	184	141
Occupational Programs	145	122
Onsite College-Level Programs	0	0
Correspondence College-Level Programs	1	1
Recreational Wellness Programs	517	517
Pre-Release Programs	456	456

Indicator	Hours Complete FY 2012
GED	45,121
Post-Secondary	50
Pre-Release	642
Continuing Education	8,473
Recreation Leisure	1,702
Recreation Wellness	2,949
<b>Total hours of Education Instruction</b>	69,865
<b>Total hour of Occupational Vocational</b>	224,296

Total hours of Instruction for Educational and Vocational Programming: 294,161

# **Vocational Programs**

The Fairton UNICOR factory produces electronics and cables for the Department of Defense. Additionally, the Fairton factory serves as an alternative to UNICOR and produces plates, spoons, and forks for use in FBOP facilities. The factory was retooled to produce items used by the FBOP as part of a response to budgetary pressures on the UNICOR program. This creative response reflects Fairton's innovative nature.

In addition to UNICOR, FCI Fairton offers vocational programs in Horticulture, and K-9 Training. Fairton also has apprenticeship programs to train inmates as HVAC technicians, electricians, plumbers, building repairers, landscape management technicians, gardeners, experimental assemblers, and quality assurers. The apprenticeships are on-the-job training, and inmates receive Department of Labor certificates upon completion. Of the 122 inmates that completed vocational training program in fiscal year 2012, 9 were from the DC area.

#### Recreation

Fairton has the largest recreation field of any prison facility in the Northeast. The following recreational classes are offered: healthy eating, leather working, ceramics, art/drawing, crochet beading, gym, spinning, yoga, meditation, music, stretching, calisthenics, and step aerobics. The facility also offers intramural sports leagues in soccer, dodgeball, basketball, volleyball, and football. Fairton holds a fitness fair once per month and the community is invited to participate.

# **Residential Drug Abuse Treatment Program (RDAP)**

RDAP is the FBOP's primary intensive substance abuse treatment program. RDAP is a voluntary program open to inmates who have a verifiable substance abuse disorder, committed a nonviolent offense, and do not have a record containing serious violent felonies. There are three components to the program: the unit-based component, the follow-up services, and the community-based drug abuse treatment. To be considered for the program inmates must be able to complete all three components of the program prior to release. The unit-based component is a minimum of 500 hours of programming over the course of nine to twelve months, in a treatment unit separate from the general population. The follow-up services involve ongoing review and evaluation. The community-based treatment involves treatment in an RRC for no less than 120 days. Successful completion of an RDAP may qualify an inmate for up to a 12-month reduction in sentence.

At Fairton, RDAP runs every weekday from 8 am until 11 am, and in the afternoon RDAP residents attend school or work. All inmates in the program are required to reside on the treatment unit throughout the program. Topics discussed in the program are broader than just drug use; inmates discuss changes in life and issues related to family, peers, value systems, and specific personal circumstances. Narcotics Anonymous (NA) and Alcoholic Anonymous (AA) classes are also available on the RDAP unit. Currently the Fairton RDAP program has 2 inmates on the waiting list and 5 active participants from the Washington DC area. The staff surmised that the number of DC participants in this program may be low because a number of DC inmates have criminal histories that would disqualify them for early release consideration. Fairton also has a nonresidential drug treatment program as an alternative for those who are not able to participate in RDAP.

#### **DC Mentor Project**

The DC Mentor Project meets one hour per week for six weeks, and each class has thirty inmates. The program began solely for DC inmates in 2007, but has since expanded to the general population. Since its inception, 202 Fairton inmates have completed the program. The DC Mentor Project is designed to familiarize DC inmates with the Bureau of Prisons, help them deal with issues while incarcerated, and help inmates begin the reentry process the day they arrive at FCI Fairton.

### **Other Programs**

Fairton offers other programs including Parenting and Black History. The parenting program includes inmate visitation with their children in addition to parenting days once per year. In fiscal year 2012, 141 inmates completed the Parenting program at FCI Fairton. Of those 141, 8 were from the DC area. Also, drug programming, including Alcoholics Anonymous & Narcotics Anonymous, is currently being run by volunteers

and the facility is open to additional assistance from volunteers. Celebrate Recovery, a faith-based recovery program, was sponsored by Religious Services and run by volunteers on Tuesday evenings in fiscal year 2012 and part of 2013, but the volunteers were no longer able to commit the time and the program is temporarily suspended until additional volunteers can be acquired.

# Medical and Mental Health Care<sup>iii</sup>

Fairton is a Care Level Two facility for non-chronic ailments. Medical staff are onsite from 5:45 am through 11:45 pm Monday through Friday, and 7:30 am through 11:15 pm on weekends and holidays. A medical staff member is on call when no other medical personnel are at the facility. Non-indigent inmates must pay a \$2.00 co-pay for non-emergency services. Inmates in the SHU in need of medical care are brought to the health center, or if necessary a member of the medical staff travels to the SHU. Inmates with emergency medical concerns are triaged within 24 hours to determine whether emergency care is necessary. Chronic care patients are seen by medical staff quarterly. According to Fairton staff, DC inmates at Fairton are younger and healthier than the general population.

In addition to its existing Care Level 2 mental health care services, Fairton has assembled a Care Level Three Mental Health Unit with a psychologist designated for the unit in order to care for its inmates with more acute mental health needs. At the time of the CIC's visit, the Level Three unit had no more than seven inmates and management was working to develop standard procedures for the unit. Generally, the psychology department provides symptomatic (not trauma) therapy; the department does not have enough staff and resources to provide trauma therapy to all inmates in need. Additionally, telemedicine visits are conducted with a psychiatrist in Philadelphia.

**Medical Indicators** (Source: ACA audit dated 1/2013 and Bureau of Prisons data from 8/2012 - 8/2013) Average inmate population for the period in the ACA Audit is 1559.

DEATHS	
Total Deaths	0
Unexpected Natural Deaths	0
Deaths By Homicide	0
Deaths By Suicide	0
Suicide Attempts (Source: ACA Audit dated 1/11/2013)	1

**Communicable Disease Indicators Average daily population 1,559** (Source: ACA Audit dated 1/11/13). All data is for the 12 month period prior to the 1/11/13 ACA Audit.

HIV	
Inmates on antiretroviral treatment at a given point in time	23
Inmates <i>at a given point in time who</i> have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml	14
"Inmates diagnosed with HIV at a given point in time in ACA audit	29
Tuberculosis	
Tuberculosis  Inmates who are new converters on a TB test, indicating new infection within the last 12 months prior to the ACA Audit	18
Inmates who are new converters on a TB test, indicating new infection within the last 12 months prior to the ACA Audit	18
Inmates who are new converters on a TB test, indicating new infection within the last 12 months prior	18 1638 13

Hepatitis C	
Inmates diagnosed with Hepatitis C at a given point in time	55
MRSA	
Inmates diagnosed with MRSA the 12 month period before the ACA Audit	2
Other Health Indicators	
Diabetic inmates reviewed	84
Diabetic inmates at a given point in time under treatment for at least six months with hemoglobin A1C level measuring > 9%	25
Completed dental treatment plans during the 12 month period before the ACA Audit	36
Inmate admissions to off-site hospitals	23
Inmates transported off-site for treatment of emergency health conditions	32
Specialty consults completed	331
Specialty consults ordered	340

# **Religious Programs**

Fairton provides 17 faith-based religious programs. All major faiths are covered, through staff and volunteers.

### **Inmate Concerns**

On the afternoon of the inspection date the CIC interviewed 27 DC inmates. Fairton inmates' concerns are outlined in Appendix A: *Inmate Concerns Broken Down by Topic, Number, and Facility*. The most numerous concerns were noted in the areas of medical services, staff, DC-specific concerns, and programming. Medical services were the most pressing issue. Although the CIC cannot verify these medical concerns, we recommend Fairton and FBOP staff investigate the concerns listed. Also, we recommend Fairton investigate why DC inmates report being treated differently simply because they are from DC.

### **Administrative Remedies**

The CIC reviewed grievances submitted from Fairton inmates by subject (this is not DC-inmate-specific, but rather facility-wide). Inmates filed the largest number of administrative remedies in the following categories: Unit Discipline Committee (UDC) actions, Medical and Staff DHO Appeals, Staff, and Jail Time received the largest number of administrative remedies at the regional level. Medical, Disability and Jail Time received the largest number of administrative remedies at the Central Office level. After review of these documents the CIC reiterates its recommendation that Fairton and FBOP staff further investigate medical care provided to inmates at Fairton.

Administrative Remedies Filed by Topic, facility-wide, not DC-specific (Source: Bureau of Prisons, from 10/2012 - 9/2013).

Subject Breakdown	BP-9s submitted	BP-9s % granted	BP-10s submitted	BP-10s % granted	BP-11s submitted	BP-11s % granted
Classification	14	66.7%	8	0.0%	9	0.0%
Comm Programs	0	0.0%	0	0.0%	1	0.0%
Control Unit	2	0.0%	1	0.0%	0	0.0%
Dental Care	18	0.0%	5	0.0%	3	0.0%
Disability	25	0.0%	23	0.0%	13	0.0%
Education/Recreation	4	16.7%	1	0.0%	1	0.0%
Food	3	0.0%	0	0.0%	0	0.0%

Forced Med	0	0.0%	0	0.0%	0	0.0%
Inst. Operation	9	0.0%	4	0.0%	4	0.0%
Inst. Program	9	0.0%	8	0.0%	3	0.0%
Jail Time	22	0.0%	32	42.9%	11	50.0%
Legal	17	7.7%	8	0.0%	10	0.0%
Mail	6	100.0%	5	0.0%	3	0.0%
Medical	53	27.3%	31	20.0%	14	0.0%
Mental Health	1	0.0%	0	0.0%	0	0.0%
Non-Mail Comm	0	0.0%	0	0.0%	0	0.0%
Other Stat-Mandated Procedures	0	100.0%	0	100.0%	1	0.0%
Records	1	0.0%	1	0.0%	0	0.0%
Search Restraint	0	0.0%	0	0.0%	0	0.0%
Sentence Comp.	7	0.0%	9	66.7%	5	0.0%
Sepcial Housing	11	0.0%	5	0.0%	2	0.0%
DHO Appeals	7	0.0%	65	75.0%	11	0.0%
Staff	40	0.0%	32	0.0%	7	0.0%
Transfer	2	0.0%	1	0.0%	1	0.0%
UDC Actions	65	33.3%	25	66.7%	2	0.0%

**Significant Incidents at FCI Fairton** (Source: Bureau of Prisons, from 8/2012 – 8/2013)

Significant incidents (8/2012-8/2013)	Number
Institution locked down	5
Assault on inmate with weapon	1
Assault on inmate, no weapon	8
Assault on staff with weapon	3
Assault on staff, no weapon	12
Attempted assault on inmate with weapon	0
Attempted assault on inmate, no weapon	0
Attempted assault on staff with weapon	0
Attempted assault on staff, no weapon	0
Sexual act, nonconsensual, on inmate	0
Sexual assault on staff	0
Sexual contact, abusive, on inmate	1
Number of 583 reports (reports of assault on officers)	68
Chemicals used	7
Use of force	21

Use of restraints	26
Use of restraints, pregnant inmate	0
Escape from secure facility	0
Escape from non-secure facility	1

Care Level 3 inmates are fragile outpatients who require frequent clinical contacts to prevent hospitalization for catastrophic events. They may require some assistance with activities of daily living, such as bathing, dressing, or eating, but do not need daily nursing care. Other inmates may be assigned as "companions" to provide the needed assistance. Stabilization of medical or mental health conditions may require periodic hospitalization. Examples of these medical conditions include cancer in remission less than a year, advanced HIV disease, severe mental illness in remission on medication, severe congestive heart failure, and end-stage liver disease. Level 3 institutions are located adjacent to level 4 institutions, also known as federal medical centers.

Level 4 inmates require services available only at a FBOP Medical Referral Center (MRC), which pro-vides significantly enhanced medical services and limited inpatient care. Functioning may be so severely impaired as to require 24-hour skilled nursing care or nursing assistance. Examples include cancer on active treatment, dialysis, quadriplegia, stroke or head injury patients, major surgical treatment, and high-risk pregnancy.

<sup>&</sup>lt;sup>i</sup> The FBOP care levels are outlined at footnote number eight.

ii During our site visit at Fairton the facility was preparing for the transition to computer based GED testing in 2014. The FBOP staff at the Central Office later informed the CIC that this transition will occur in 2015 rather than 2014.

iii Care Level 1 inmates are less than 70 years old and are generally healthy but may have limited medical needs that can be easily managed by clinician evaluations every 6 months. Sub-specialty care is limited in that it is not regularly required and is completed in less than 3 months. This care level includes inmates with stable mental-health conditions requiring chronic care appointments and individual psychology or health services contacts no more than once every 6 months. Cara level 2 inmates are stable out-patients who require at least quarterly clinician evaluations. Their medical conditions, including mental health issues, can be managed through routine, regularly scheduled appointments with clinicians for monitoring. Enhanced medical resources, such as consultation or evaluation by medical specialists, may be required from time to time, but are not regularly necessary. Examples of issues at this level include medication-controlled diabetes. epilepsy, or emphysema. Level 2 institutions have no special capabilities beyond those that health services staff ordinarily provide; however, they are within about an hour of major regional treatment centers.