

FCI Petersburg Low Inspection Report

**District of Columbia
Corrections Information Council**

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District of Columbia Corrections Information Council (CIC)

Phylisa Carter, Board Chair
Katharine A. Huffman, Board Member

About the District of Columbia Corrections Information Council

The District of Columbia Corrections Information Council (CIC) is an independent oversight body mandated by the United States Congress and the Council of the District of Columbia to inspect, monitor, and report on the conditions of confinement in correctional facilities where inmates from the District of Columbia are incarcerated. This includes facilities operated by the Federal Bureau of Prisons (FBOP), the District of Columbia Department of Corrections (DOC), and private contractors.

The CIC reports its observations and recommendations to the District of Columbia Representative in the United States Congress, the Mayor of the District of Columbia, the Council of the District of Columbia, the District of Columbia Deputy Mayor for Public Safety and Justice, the Director of the FBOP, the Director of the DOC, and the community.

Although the CIC does not handle individual complaints or provide legal representation or advice, individuals are still encouraged to contact the CIC. Reports, concerns, and general information from incarcerated DC residents and the public are very important to the CIC, and they greatly inform our inspection schedule, recommendations, and reports. However, unless expressly permitted by the individuals or required by law, names and identifying information of inmates, corrections staff not in leadership, and members of the general public will be kept anonymous and confidential.

DC Corrections Information Council

2901 14th Street, NW
Ground Floor
Washington, DC 20009
Phone: (202) 478-9211
Email: dc.cic@dc.gov

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Inspection Methodology

The CIC conducted an onsite inspection FCI Petersburg Low on August 19, 2014, and has collected and reviewed information on this facility from August 2014 through February 2016. During the onsite inspection, the CIC was escorted by the Executive Assistant and other members of the executive staff. The onsite inspection consisted of a facility tour, discussions with staff, interviews with eight DC inmates, and document review.

Prior to the onsite inspection, the CIC communicated with all incarcerated DC residents at FCI Petersburg Low, informing them of the impending inspection, and offering them the opportunity for a confidential interview with a member of the CIC. The onsite inspection consisted of an opening session with the executive staff; a tour of the facility; dialogue with facility staff; and confidential interviews with DC inmates. Throughout the inspection process, the CIC received and reviewed general inmate and facility data related to staffing, significant incidents, urine surveillance, and disciplinary records. The CIC also reviewed an education report, menus, the most recent American Correctional Association (ACA) Audit, and administrative remedy filings and responses at the facility, regional, and central office levels.

After the CIC inspection process was completed, the CIC provided the FBOP with a draft version of the report for review of factual information and requested responses to follow-up questions. The FBOP responses to the CIC draft report are published with this CIC report.

Executive Summary

FCI Petersburg Low

Location: Hopewell, Virginia
Distance from DC: 134 Miles from DC
2.4 Hours by Car
5.3 Hours by Bus/Transit

Date of Inspection: August 19, 2014

INSTITUTION PROFILE

Security Level: Low
Rated Capacity: 834
Occupancy*: 1,184 (142% capacity)
DC Inmates*: 13 (1.1% of total population)
Avg Age of DC Inmates: 44.8 years old
Avg Sentence of DC Inmates: 102 months
Inmate-to-Staff Ratio: 5.6 : 1

**As of August 2014*

KEY FINDINGS

- **Conditions of Facility:** FCI Petersburg Low is over 85 years old. Inmates report poor living conditions.
- **Health Services:** Approximately 35% percent of inmates at Petersburg Low are chronic care patients who require quarterly visits with a physician. Inmates report poor medical care and a positive experience with dental care.
- **UNICOR:** Inmates learn valuable job skills while producing items for various government agencies. Due to funding cuts, the facility was not operating at full capacity.
- **Religious Services:** Under the leadership of the Supervisory Chaplain, Religious Services staff are passionate and dedicated. Religious Services offers a variety of programming with a strong focus on reentry.
- **Significant Incidents:** There were few significant incidents at Petersburg Low in comparison with other FBOP facilities.
- **Close Proximity to DC:** Petersburg Low is 134 miles from downtown DC. This close proximity facilitates visitation and successful reentry.
- **RDAP:** RDAP was recently activated at Petersburg Low. RDAP is a voluntary nine-month residential treatment program available to inmates with a documented alcohol or substance abuse problem.
- **Free Minds Partnership:** Free Minds Book Club is a DC organization that uses books and poetry to reach incarcerated DC youth and provides services for reentry. At Petersburg Low, Free Minds conducted an onsite workshop on creative expression, job readiness, violence prevention, and interpersonal skills and relationships.
- **Life Connections Program (LCP):** Petersburg Low offers LCP, which is a residential faith-based reentry program focusing on life skills and reentry. Inmates within 24 to 36 months of release may participate in this program.
- **Executive Staff:** Throughout the inspection period the executive staff, in particular the executive assistant, was informative, helpful, and transparent. The CIC received similar feedback from inmates and service providers.

RECOMMENDATIONS

- 1.** Provide staff training on effective forms of communication, and monitor staff conduct.
- 2.** Inspect for asbestos and vermin, and ensure facility maintenance is up-to-date.
- 3.** Improve quality of care and implement preventive health care services.
- 4.** Use front number of an indeterminate sentence to determine program eligibility.
- 5.** Evaluate visitation conditions to ensure that they are conducive to healthy family interaction.
- 6.** Expand the length of the Release Preparation Program (RPP) and require completion for all DC inmates within 18 months of release.
- 7.** Ensure that all DC residents released from FCI Petersburg Low have vital documents, including birth certificates and social security cards.
- 8.** Ensure all eligible men receive a minimum of six months of RRC time and consistently track the amount of time case managers spend on coordinating RRC placement.

I. Facility Overview

Federal Correctional Institution (FCI) Petersburg Low is a low security facility in Hopewell, Virginia for male inmates. Part of Federal Correctional Complex (FCC) Petersburg, the facility has a satellite prison camp and is located in the proximity of FCI Petersburg Medium. As of March 2016, there were a total of six DC inmates at the facility. At the time of the CIC onsite inspection in August 2014, a total of 13 DC inmates comprised 1.1% of the population at Petersburg Low. The rated capacity of the facility is 834. At the time of the CIC inspection, the total population was 1,184, which represents 142% of capacity. The inmate-to-staff ratio was 5.5:1.¹ A chart with inmates' demographic information as of June 2014 is provided at Appendix A.

General Population Housing Units

The CIC inspected two housing units during the onsite visit: the RDAP unit, Maryland Hall, and the Life Connections Program unit. Overall, the facility is comprised of seven units of approximately 200 inmates each. Each unit contains both two-person cells and four-person cells. All units have a unit manager, two case managers, and one counselor. All general population housing units have televisions, phones, computers, and microwaves for inmate use located in the common area.

The RDAP Unit has additional treatment staff, as described in the separate RDAP section. The Life Connections Program unit, discussed further below, is also distinct from the facility's ordinary housing units.

Special Housing Unit (SHU)

Petersburg Low does not have a SHU. Instead, inmates are sent to the neighboring medium security facility, FCI Petersburg Medium. Please reference the CIC report on FCI Petersburg Medium for SHU information.

Inmate Feedback

The CIC received five concerns from DC inmates about the poor quality of the facility, including that the facility has an asbestos and vermin problem. One inmate also reported that there is only one microwave per unit of 300 people.

The CIC received three concerns regarding staff, including that staff is disrespectful and tends to ignore and/or delay call out appointments. DC inmates also raised an additional three concerns about the disparate treatment of DC inmates. Inmates report that staff is fostering a culture that sets DC men apart from others and that staff holds DC inmates to a higher standard.

The CIC received two positive comments that staff are efficient and do not pose a problem.

Recommendations

- 1. Provide staff training on effective forms of communication, and monitor staff conduct:** Based on reports of disparate treatment of DC inmates, the CIC recommends that staff receive training on effective and respectful communication, which will decrease tension and increase institution safety. Additionally, the CIC recommends that the executive staff monitor staff treatment of inmates and ensure there is no disparate treatment based on race, ethnicity, or locality.
- 2. Inspect for asbestos and vermin, and ensure facility maintenance is up-to-date:** To prevent future health problems and avoid incurring related expenses, the CIC recommends that the administration inspect the facility for asbestos and vermin. The facility should also address any maintenance concerns that can create or exacerbate health hazards.

II. Health Services

Medical Care

Petersburg Low is a Medical Care Level II facility.² Petersburg Low also has Medical Level III inmates who are awaiting transfer to a medical center. The facility has 224 chronic care patients who represent 35% of inmates at the facility. A table with the medical indicators of the facility is available at Appendix B.

The Health Services Department includes one doctor, a nurse practitioner, another mid-level practitioner, and a licensed practical nurse.³ As of March 2016, there are four vacancies in the department. Two nurses are onsite during the evenings and weekend. In total, Health Services has 32 staff at the Petersburg complex, including the medium security facility and the camp. An optometrist visits the facility once to twice a month and sees approximately 25 to 30 inmates per visit.

Health Services can accommodate routine procedures including X-rays, routine examinations, medication, and chronic care concerns. One isolation bed is available in the infirmary. Lab work such as urinalysis and blood work is done at the facility. Medical records are stored electronically.

Physicals are provided once a year to inmates over age 50, and once every two years for inmates under age 50. Inmates with HIV get a physical once a year. Inmates must request their physicals. Staff reported that the biggest medical issue at the facility is Hepatitis C.

Pursuant to FBOP policy, inmates submit a cop-out request to receive medical care.⁴ The standard FBOP fees are charged for medical care: \$2.00 for sick calls and no charge for emergency care, chronic care, or care for indigent inmates.⁵

Medication

Petersburg Low has two Pyxis MedStation 4000s at the facility for dispensing and tracking medication and prescriptions.⁶ Medication is distributed in the morning, noon, and night through a pill line. A total of 224 medications are available. Some medications are provided to responsible inmates in larger supplies for self-care. According to staff, approximately 30% to 35% of inmates are on prescription medication, and 10% take psychiatric medication.

Disability Accommodations

Petersburg Low has one blind inmate and 30 to 35 inmates in wheelchairs. Accommodations include wheelchair accessible tables in the dining hall.

Dental Care

Dental care is provided onsite. Petersburg Low has one dentist, one dental hygienist, and one dental assistant. Approximately eight to 10 cleanings are performed every day, and the dentist performs around eight to ten dental procedures each day as well. The wait time for ordinary procedures such as check-ups and routine cleanings is one to two weeks. The wait time for dentures is set according to an FBOP-wide list.

Mental Health Care

Petersburg Low is a Mental Health Care Level II facility.⁷ Psychology Services includes 25 staff members, including a Chief Psychologist, two psychologists, and six drug treatment support staff. As of March 2016, there are two vacant positions. The Chief Psychiatrist operates among several facilities. Staff reported that around 10% of inmates are on psychiatric medication.⁸ Group therapy and limited individual therapy are available on a daily and weekly basis. Procedurally, inmates submit a cop-out to Psychology Services to participate in the therapy sessions.

Petersburg Low also offers a drug treatment program and programs for inmates convicted of sex offenses. The drug treatment program is a follow-up on RDAP that lasts 12 months, with most of that time spent in Residential Reentry Centers (RRCs).

Suicide Prevention

FBOP policy requires facilities to implement suicide prevention practices.⁹ A mental health screening is conducted upon intake, including a screening for suicide risk.¹⁰ Additionally, inmates may refer themselves or be referred by staff to Psychology Services for an evaluation.¹¹ Inmates who pose a suicide risk at intake or a later time are placed on Suicide Watch, which requires constant visual surveillance.¹² Only the Program Coordinator may take an inmate off Suicide Watch.¹³ After an inmate is taken off Suicide Watch, follow-up evaluation and care is required.¹⁴

The suicide prevention program at Petersburg Low operates in accordance with FBOP guidelines. Inmates placed on Suicide Watch are transferred to the neighboring medium security facility and monitored constantly by staff and/or inmates. They are placed in special observation cells and provided with a suicide-proof mattress, smock, and blanket. Follow-up care is provided at the low security facility after an inmate leaves Suicide Watch.

Residential Drug Abuse Program (RDAP)

RDAP is a voluntary treatment program available to inmates with a documented alcohol or substance abuse problem.¹⁵ Given that a majority of inmates in federal prison have regularly used drugs and meet the criteria for substance abuse or dependence, RDAP addresses a significant need.¹⁶ Intended as a comprehensive counseling program, RDAP uses cognitive behavioral therapy to teach positive social attitudes and behaviors.¹⁷ Inmates who qualify begin with a residential treatment program and then participate in follow-up treatment and community-

based treatment.¹⁸ The residential portion includes three phases: Orientation Phase, Core Treatment Phase, and Transition Phase.¹⁹ Inmates live on a separate unit for at least nine months and complete a minimum of 500 hours of counseling with treatment staff, including individual and group treatment.²⁰

After successfully completing the residential portion of the program, inmates participate in Follow-Up Treatment, which is based on a standardized treatment protocol that reviews concepts learned during the residential portion of RDAP.²¹ Inmates must remain in Follow-Up Treatment for 12 months or until transferred to a Residential Reentry Center (RRC).²² The final component of RDAP is the Community Transitional Drug Abuse Treatment (TDAT), which usually occurs during a 120-day placement at an RRC.²³ Inmates who successfully complete RDAP may qualify for up to a year of sentence reduction, and a facility may also offer its own incentives.²⁴

RDAP units are typically cleaner and display a more positive atmosphere than other general population units. The RDAP Unit at Petersburg Low was implemented in 2010. Staff includes a unit manager, two case managers, and one counselor, as well as four residential treatment specialists and one non-residential treatment specialists. The unit can accommodate 108 inmates and currently has 96 participating inmates, along with 12 inmates on the waiting list. At the entire Petersburg complex, 55 inmates were on the waiting list. As of March 2016, there are three DC inmates are enrolled in the program with none on the waiting list.

At Petersburg Low, RDAP was recently activated and proceeds in three phrases. The Orientation Phase is two months, the Core Treatment Phase last five months and focuses on rational thinking and living with others, and the final two months focus on balance and recovery transition. Programming takes place on weekdays from noon to 4:00 PM, and inmates participate in a journal group from Monday to Wednesday. Senior peers who have been in the program for a while and elders who have completed the program serve as mentors for others in the program. As a requirement of RDAP, follow-up drug treatment programming occurs for inmates usually during their time at RRCs.

Inmate Feedback

Health services at FCI Petersburg Low received the largest number of concerns from DC inmates (13 out of 35 total concerns). Inmates reported poor quality of medical and follow-up care. They also reported lack of regular physicals, slow response time for urgent situations, and an inability to obtain follow-up health care services.

The CIC received two positive comments from DC inmates about the quality of dental care.

Recommendations

- 3. Improve quality of care and implement preventive health care services:** The CIC recommends that the administration monitor the amount of time spent on preventive care and follow-up care in an effort to encourage cost effective, efficient health care. The CIC also recommends that the FBOP increase incentives and provide salaries commensurate with those offered outside of the prison industry to attract more candidates for hire.

III. Education and Programming

Education Indicators

Education Program Enrollment (FY 2013)		
	Enroll as of March 2014	Total Completed FY 2013
GED Programs	134	40
ESL Programs	14	0
Parenting Programs	123	122
Post-Secondary Education	3	7
Occupational/Vocational Programs	55	57

Source: Federal Bureau of Prisons. Statistics dated October 2012 to March 2014.

Education Services

Education is a significant factor in reducing recidivism.²⁵ The FBOP requires all inmates who enter FBOP custody without a GED or high school diploma to enroll in education classes and participate in 240 hours of instruction towards their GED before they are permitted to withdraw from the programming.²⁶ To be exempt from the GED requirement, an inmate must demonstrate within 60 days of arrival that the inmate has a high school diploma or GED. Inmates who are not exempt are tested using the Tests of Adult Basic Education (TABE), which allows for placement in an appropriate class level. Inmates who test below a fifth grade level are placed in special education classes.

Petersburg Low offers GED, pre-GED, English as a Second Language (ESL), special education classes, adult continuing educational classes, and parenting classes. Approximately 200 inmates are enrolled in educational classes, which are taught by five teachers (including one specialist) and one assistant. GED classes take place in the morning, afternoon, and evening. Adult Continuing Education classes are scheduled in the evenings. The facility has 25 computers available for education classes. At the time of the CIC inspection, 10 of the 13 DC inmates at Petersburg Low were enrolled in educational classes. As of March 2016, one inmate was enrolled in the GED program, and two were enrolled in post-secondary education programs.

Vocational Programming

Vocational training provides individuals with marketable skills that increase the likelihood of obtaining employment after release and substantially decrease the likelihood of recidivism.²⁷ Petersburg Low offers seven apprenticeship training programs: HVAC, plumbing, cooking, bindery, landscaping, machinist, and electrical maintenance. All seven apprenticeship programs are registered with the US Department of Labor. Participation in vocational training requires a GED. As of March 2016, there were no DC inmates enrolled in an apprenticeship program.

The vocational technical programming includes masonry, advanced masonry, machinery, advanced machinery, and carpentry. The carpentry class instructs 12 inmates and is taught by one teacher. Students are enrolled for six months to a year, and they have the opportunity to tutor others. At the woodshop, the students learn the fundamentals of carpentry and make cabinets, tables, letterboxes, and small models. The machine shop includes basic and advanced training, both lasting around six to seven months. Approximately 20 inmates are enrolled in the basic class. Staff noted that the program needs updated equipment and technology to reflect current industry practice.

Petersburg Low offers a correspondence course and certification through the National Federation of Personal Trainers (NFPT). The NFPT excludes inmates who have committed sex offenses or violent crimes.

In addition, the facility offers employment skills classes and an annual mock job fair where inmates are able to visit information booths set up by visitors and participate in mock job interviews and other activities. Free Minds Book Club & Writing Workshop²⁸, a group that focuses on helping DC inmates, has participated in the job fair and the employment skills classes. The group made its first visit to the facility as of October 2015. Free Minds staff engaged inmates in poetry writing and workshops on a variety of issues touching on employment, mental health, positive change and self-motivation, intrapersonal skills, and other reentry-related topics. The success of the visit has sparked an ongoing relationship, and facility staff invited the group to return to conduct a job fair.

Federal Prison Industries (UNICOR)

Federal Prison Industries, also known by its trade name UNICOR, is a government-owned corporation that employs inmates in a factory setting to manufacture products and provide services to the government and private sector.²⁹ UNICOR offers valuable vocational skills and employment training, both of which reduce recidivism rates.³⁰ In 2014, 62 FBOP facilities had a UNICOR program, for a total of 78 factories employing over 12,000 inmates.³¹

Petersburg Low has a UNICOR factory that normally employs around 140 inmates out of a maximum capacity of 180. At the time of the CIC inspection, approximately 85 inmates were employed at the factory, including two DC inmates. All inmates were working reduced shifts due to low production demand at the factory. Approximately 370 inmates were on the waiting list, and the average wait time for employment is one year. The pay grade, which varies according to education level, ranges from \$0.26 to \$1.35 per hour. Double time is paid for any time over 7.5 hours.

The factory at Petersburg Low is a print shop that does commercial printing for federal agencies. The factory does both small and large orders. Everything is made in-house, and there is in-house recycling. The UNICOR factory offers several different placement opportunities for inmates, including as production clerks. The pre-press department formats printing. An apprenticeship program is also available; the four-year program requires 8,000 hours and results in a certification. Staff at Petersburg Low noted that the UNICOR factory is calm and the inmates value their jobs.

Inmate Feedback

The CIC received four concerns from DC inmates that included an inability to get into programs due to release dates that include indeterminate sentences. One inmate expressed concern regarding the long waiting list to get into the UNICOR Factory program.

Recommendations

- 4. Use front number of indeterminate sentence to determine programming eligibility:**
DC inmates sentenced for a crime committed before 2000 are given an indeterminate sentence, a front number, and back number. The back number is either life or three times the front number (e.g. 10 to 30 years, or 25 to life). Because these are all parolable sentences, most inmates will be released prior to reaching their back number and as early as their front number. CIC recommends that FCI Petersburg Low and the FBOP utilize the front number in determining programming eligibility, as this will ensure DC inmates have adequate access to educational, vocational, mental health, and reentry programming prior to returning to DC.

IV. Discipline and Administrative Remedies

Disciplinary Hearing Officer (DHO)

The DHO handles serious disciplinary infractions and other matters referred by the Unit Disciplinary Committee (UDC). Disciplinary measures include, but are not limited to: revocation of an inmate's visiting privileges, revocation of phone privileges, forfeiture of good time credit, or placement in disciplinary segregation within the SHU. Staff at FCI Petersburg Low indicated that the average wait time to see the DHO for a hearing is four to seven work days for inmates in the SHU and 20 to 45 days for inmates in general population. The most frequent infractions at the facility are drugs or alcohol possession, unexcused absences, fighting, and insolence to staff.

Significant Incidents

Facility locked down	0
Inmate suicides	0
Inmate homicides	0
Inmate deaths from natural causes	1
Inmate assault on inmate, with weapon	0
Inmate assault on inmate, without weapon	1
Inmate assault on staff, with weapon	0
Inmate assault on staff, without weapon	2
Inmate attempted assault on inmate, with weapon	0
Inmate attempted assault on inmate, without weapon	0
Inmate attempted assault on staff, with weapon	0
Inmate attempted assault on staff, without weapon	0
Inmate escape from secure facility	0
Inmate escape from non-secure facility	2
Inmate sexual act, non-consensual, on inmate	0
Inmate sexual assault on staff	0
Inmate sexual contact, abusive, on inmate	3
Staff uses of chemicals	0
Staff uses of force	2
Staff uses of restraints	0
Form 583 reports filed by staff (reports to Central Office) ³²	17

Source: Federal Bureau of Prisons. Statistics dated July 2013 to June 2014

Administrative Remedy Program

The Administrative Remedy Program allows inmates to seek formal review of issues related to their confinement.³³ The process provides for three levels of review with corresponding filing forms: Facility (BP-9), Regional Office (BP-10), and Central Office (BP-11). At each level, an inmate submits a request or appeal, which is reviewed by FBOP officials and either rejected or filed.³⁴ All requests or appeals that are filed must be answered within specific time frames, and remedy of the issue may be granted at any level.³⁵ The tables below provide an overview of the categories with the most numerous administrative remedy filings submitted at each level regarding FCI Petersburg Low, as well as requests related to the SHU.

Facility Level Requests (BP-9s)					
	Submitted	Rejected	Filed	Answered	Granted
Medical	104	35	69	1	0
Classification	45	15	30	5	0
Community/Pre-Release Programs	40	14	26	4	0
Jail Time Credit	35	11	24	10	0
Regional Office Appeals (BP-10s)					
	Submitted	Rejected	Filed	Answered	Granted
Medical	41	13	28	1	0
Classification	25	12	13	0	0
Jail Time Credit	24	7	17	8	1
Staff Complaints	21	12	9	0	0
Central Office Appeals (BP-11s)					
	Submitted	Rejected	Filed	Answered	Granted
Medical	24	9	15	2	0
Classification	11	5	6	0	0
Community/Pre-Release Programs	10	2	8	3	0
Staff Complaints	10	6	4	1	0

Source: Federal Bureau of Prisons. Statistics dated July 2013 to June 2014.

Administrative Remedy Filings Related to the SHU					
	Submitted	Rejected	Filed	Answered	Granted
BP-9s (facility level)	0	0	0	3	0
BP-10s (Regional Office)	0	0	0	0	0
BP-11s (Central Office)	0	0	0	0	0

Source: Federal Bureau of Prisons. Statistics dated July 2013 to June 2014.

Inmate Feedback

The CIC did not receive any inmate feedback in this section.

Recommendations

Recommendations with respect to the administrative remedy process will be included in a separate CIC thematic report given that concerns around this issue have been identified not just for a specific facility, but across FBOP facilities.

V. Visitation and Communication

Petersburg Low is 134 miles from downtown DC. It is 2.4 hours from DC by car and 5.3 hours by bus.

Visitation

Petersburg Low participated in the first Universal Children's Day in November 2013. This FBOP-wide program allows for children to connect and bond with their incarcerated parents over a weekend. Each facility hosts children's activities and workshops for the parents and children.

Communication

Computer:

Petersburg Low has computers on each unit with access to email. The law library has computers for legal research. An additional 25 computers are available for educational programming.

Email:

All general population inmates in FBOP facilities have access to email through CorrLinks, the email server on the TRULINCS software platform used in FBOP facilities. Funding for TRULINCS is provided entirely by the Inmate Trust Fund, which is maintained by profits from inmate purchases of commissary products, telephone services, and fees for use of TRULINCS. At Petersburg Low, the cost of using the service is five cents per minute regardless of the number of messages sent or received.

Mail:

Pursuant to federal regulation, ordinary mail may be opened and inspected for contraband and content outside of an inmate's presence.³⁶ Special mail, including legal mail, must be opened in the recipient inmate's presence and inspected only for contraband.³⁷ For outgoing special mail, an inmate may seal the envelope prior to giving it to staff and the mail is not subject to inspection.³⁸ Petersburg Low follows FBOP policy for mail services, and inmates did not report issues with special or legal mail being opened outside of their presence.

Phone:

Phones are located within the housing units at a cost of \$3.15 for a 15-minute call to DC.

Inmate Feedback

CIC received two concerns from DC inmates, one of which addressed poor conditions of the visiting room and visiting procedures. Another concern focused on the lack of transportation assistance for the Children's Day Visitation Program.

Recommendations

5. **Evaluate visitation conditions to ensure that they are conducive to healthy family interaction:** Visitation encourages positive relationships between inmates and their loved ones and therefore facilitates successful reentry. The CIC recommends that Petersburg Low evaluate the conditions of the visiting room and visitation procedures to ensure a positive visiting experience for inmates and their families.

VI. Daily Life Services

Religious Services

Petersburg Low has eight dedicated Religious Services staff, including the Supervisory Chaplain, four regular chaplains, and three support staff. There are numerous faith groups represented at the facility. The facility has an indoor chapel and outdoor worship area. Baptisms are offered by an ordained minister. Outside groups are welcome at the low security facility to help with the inmates, and there are 86 Religious Services volunteers who run various faith groups, reentry programs, and educational classes within the facility. Approximately 40 to 50 programs are offered by Religious Services. The CIC found the Supervisory Chaplain to be a commendable, positive force at the facility.

Life Connections Program

The Life Connections Program (LCP) is a residential, 18-month faith-based reentry program in which inmates may voluntarily enroll.³⁹ Since the program is designed to facilitate community reentry, participants must be within 24 to 36 months of release.⁴⁰ LCP is composed of three phases that last six months each. The first is an orientation phase that focuses on the inmate's past. The second focuses on the present and teaches skills such as healthy community living, managing emotions, morality, and spirituality. The final phase emphasizes the future and teaches conflict management, family life connections, and ways to handle transitional issues that arise during the reentry process.

While in the program, inmates attend classes that focus on life skills such as ethical decision-making, anger management, and victim impact as viewed through the lens of inmates' faith or personal beliefs. Additionally, inmates are paired with volunteer mentors of the same faith with whom they meet weekly. The mentors connect the inmates with a church, congregation, or faith group in the community into which they will be released. Community service, both inside the facility and in the surrounding community, is another important component of the program.⁴¹

As of March 2016, 95 inmates were enrolled in the Life Connections Program, including one DC inmate. Staff indicated that the wait time to enter the program is 149 days. Inmates must have their GED or be working towards their GED to be eligible, and they are not eligible if they had bad conduct or a write-up in the prior 18 months. The LCP Unit consists of three cohorts, with graduation and a new cohort every six months. The staff includes five spiritual guides. The Unit has a "Word of the Day" program, and inmates also participate in a journal group from Monday to Wednesday. Inmates are required to attend one faith-based service per week. To supplement the program, the facility has brought in former FBOP inmates to speak with inmates. Notably, Petersburg Low has also brought in Chef Jeff from the Food Network. Several DC inmates spoke positively about LCP at Petersburg Low.⁴²

The Reentry Resource Center is located in the LCP Unit. One “JOBview 2nd Chance” kiosk is available in the Unit to allow inmates to search for employment opportunities while incarcerated. These touchscreen stations provide job listings in a user-selected geographic area. Inmates may print out the job listing and use the website provided to contact the employer and apply for the job.

Recreation

Petersburg Low has a variety of recreation activities. Indoor activities include pool, ping pong, basketball, volleyball, handball, bikes, elliptical, treadmills, music classes, wellness classes, and step aerobics.

Outdoor areas include a blacktop area and space for free weights,⁴³ tennis, squash, basketball, softball, handball, soccer, dodgeball, kickball, flag football, and horse shoes. Basketball and flag football leagues are available. An intramural holiday tournament is also held at the facility. At the time of the CIC inspection, one staff member was present in the recreation yard. Staff at the facility noted that the Recreation Department was understaffed.

The Recreation Department also offers a photograph program for \$1.00 per photo. Inmates can take photos of themselves and also with their loved ones during visitation.

Library

Petersburg Low has a library where inmates can read magazines, newspapers, and books as well as watch videos. Books not available onsite at the facility may be borrowed through the interlibrary loan program. Inmates may conduct legal research in the law library.

Inmates may also make copies at the library. Copies cost \$0.10 per page, and indigent inmates can make up to \$5.00 worth of copies per month without cost.

Meals

Food Service at Petersburg Low employs 220 inmates who work in two shifts. The dining hall can seat up to 324 inmates. Staff stands in the main line during lunch to answer questions and address concerns that inmates may have. The facility follows standard FBOP menu guidelines.

Petersburg Low offers vegetarian, heart-healthy, and religious meal options. Religious diets arrive sealed at the facility and are stored in a separate kitchen area. Approximately 28 to 35 inmates are on religious diets. Vegetarians are given daily options on the main line that include peanut butter and jelly sandwiches and cottage cheese.

Commissary

Inmates in the general population are allowed to purchase items at the commissary once per week, with a maximum allowance of \$320 per month. Per FBOP policy, all products are marked up 30%, except for religious items.

Inmate Feedback

The CIC received three positive comments regarding LCP. Inmates state that LCP is a good program that helps with decision-making, motivation, and reentry preparation. Inmates also reported a lack of communication between housing unit staff and Life Connections Program (LCP) staff.

Recommendations

The CIC does not have any recommendations at this time and commends staff and leadership for the daily services and functioning of the facility.

VII. Reentry Services

As of March 2016, three DC inmates were scheduled to be released in the next 12 months. All three of these inmates have participated in the Release Preparation Program (RPP).

Release Preparation Program

All FBOP facilities follow a Release Preparation Program (RPP) intended to prepare inmates for community reentry upon release.⁴⁴ The program operates at both the unit and facility level, and institutions are responsible for developing their own curriculum. Inmates generally receive training on resume writing, job search skills, job retention skills, and other topics relevant to reentry. As reported in BOP response, the case manager prepares the referral for the inmate to be placed in a Residential Reentry Center (RRC, also known as a halfway house) during the last 12 months or less of his term of incarceration. The Reentry Affairs Coordinator (RAC) coordinates programs and services in the community. For male DC inmates in FBOP custody, the RRC is Hope Village, in Southeast DC.⁴⁵

CSOSA Outreach

The Court Services and Offender Supervision Agency of Washington, DC (CSOSA) provides a quarterly Community Resource Day for DC inmates in FBOP custody. Through videoconferencing, CSOSA staff and representatives from other organizations provide information on housing, health care, employment, education, and other resources in the DC area to DC inmates at participating FBOP facilities who are within 90 days of release. This is an important service for ensuring that returning citizens receive the information and connection to services necessary for successful reentry. The CIC recommends that all FBOP facilities with DC inmates implement the Community Resource Day program. FCI Petersburg Low participates in the quarterly video conferencing.

Job Search Opportunities

“JOBview 2nd Chance” kiosks allow inmates to search for employment opportunities while incarcerated. These touchscreen stations provide job listings in a user-selected geographic area and field of employment, allowing DC inmates to search for jobs in DC. Inmates may print out the job listing and use the website provided to contact the employer and apply for the job. Petersburg Low has one kiosk available for inmates, which is available in the Life Connections Program Unit to program participants.

Inmate Feedback

The CIC received one comment from a DC inmate that CSOSA was not responsive to reentry needs.

Recommendations

6. **Expand the length of the Release Preparation Program (RPP) and require completion for all inmates within 18 months of release:** Although the topics covered in the RPP are helpful for reentry, the length of the program is currently insufficient to ensure successful reentry. The CIC recommends that the length of the program be expanded to at least 80 hours to cover adequately the six categories set forth by Petersburg Low. The facility should require all DC inmates to complete the program within 18 months of release.
7. **Ensure that all DC residents released from Petersburg Low have all vital documents, including birth certificates and social security cards:** The CIC recommends all DC residents depart secure FBOP custody with vital documents as they are an essential component of successful reentry.
8. **Ensure all eligible men receive a minimum of six months of RRC time and consistently track the amount of time case managers spend on coordinating RRC placement:** RRC time has been shown to be a critical part in successful reentry, and CIC recommends that Petersburg Low prioritize efforts to secure a minimum of six months for each returning citizen. To promote this priority, Petersburg Low should also track the amount of time case managers spend on securing RRC time for inmates and adjust the time as necessary.

VIII. Inmate Feedback

The CIC collects inmate concerns and positive comments through a variety of sources, including phone conversations, mail and email correspondence, and inmate interviews during onsite inspections. The inmate concerns and positive comments below are compiled from all these sources. Efforts are made to reproduce concerns and comments in the inmates' own words. However, information may be summarized or paraphrased when comments are too long or convoluted or if they can be tied directly to a particular inmate. All names, identifying information, and confidential information are removed from published concerns and comments.

Inmate Concerns

Total Concerns Reported: 35

Health Services (Total Concerns: 13)
Medical <ul style="list-style-type: none">• Worst medical care.• Cannot get medical needs taken care of.• Medical is no good.• Medical is non-existent.• No medical here; medical was better at Rivers.• Not enough medical staff for inmates.• Received a physical last year, but not regularly.• Slow care for urgent situations.• Inmate trying to transfer because his health is not being cared for.• Cannot get necessary hearing aid or C-PAC machine.• No follow-up medical care for inmate with stomach infection.• Inmate is in constant pain, can't sleep or work out, and hasn't been treated for pain for two years after surgery.
Medication <ul style="list-style-type: none">• Inmates stand outside in the cold for pill lines.
Facility Issues (Total Concerns: 5)
General <ul style="list-style-type: none">• Facilities are too old.• Inmates live in the basement of the old building.• Asbestos is in the basement.• There is one microwave per unit of 300 people.
Insects and Rodents <ul style="list-style-type: none">• Facility is old and has roaches and mice.
Education and Programming (Total Concerns: 4)
General <ul style="list-style-type: none">• Inmate cannot get into program because of release date.• Life Connections Programming occurs in the chapel, and there is a disconnect because

<p>information is not relayed to the housing unit from the program.</p> <ul style="list-style-type: none"> The reentry program chaplain did not give the inmate credit for Life Connections because the inmate was sick on the day of graduation.
<p>UNICOR</p> <ul style="list-style-type: none"> UNICOR has a long waiting list; if you know someone, you might get in.
<p>Staff Conduct (Total Concerns: 3)</p>
<p>Staff Attitude</p> <ul style="list-style-type: none"> Staff needs to start treating inmates as people. COs don't treat inmates like men.
<p>Call-Outs</p> <ul style="list-style-type: none"> Call outs are ignored or delayed.
<p>DC Specific Issues (Total Concerns: 3)</p>
<p>General</p> <ul style="list-style-type: none"> DC inmates are disliked. There is more held over DC inmates' heads than other inmates. Young DC guys get lost in the fray; need incentives to do programming and mentors.
<p>Sentence Computation, Security Designation, and Parole (Total Concerns: 2)</p>
<p>Security Classification</p> <ul style="list-style-type: none"> An inmate's violence offense was acquitted, but the FBOP still has the violent offense on his record. He cannot get transferred to a camp even though he has minimum points and no violence on his record.
<p>Sentence Computation</p> <ul style="list-style-type: none"> Inmate served approximately 85% and received no parole, just like federal inmates; this isn't fair.
<p>Communication and Visitation (Total Concerns: 2)</p>
<p>Visitation</p> <ul style="list-style-type: none"> Don't get many visits because visiting room and process are kind of depressing here. Children's Day provides no help for transportation.
<p>Daily Life Issues (Total Concerns: 1)</p>
<p>Release and Pre-Release Services (Total Concerns: 1)</p>
<p>CSOSA</p> <ul style="list-style-type: none"> CSOSA was not responsive.

Inmate Positive Comments

Total Positive Comments Reported: 7

Education and Programming (Total Comments: 3)
Life Connections <ul style="list-style-type: none">• Helpful with decision-making and things like that; great chaplain.• Life Connections is an all-inclusive spiritual program with motivational speakers; decent program overall but some limitations to vocation.• Life Connections is okay as a reentry program.
Health Services (Total Comments: 2)
Dental <ul style="list-style-type: none">• Dental is okay.• Dental is good.
Staff Conduct (Total Comments: 2)
General <ul style="list-style-type: none">• Staff do their job.• No problems with staff.

Endnotes

¹ As Director Samuels explained in his June 2012 testimony before the U.S. Senate Subcommittee on the Constitution, Civil Rights, and Human Rights, increased overcrowding and lowered inmate-to-staff ratios negatively affect the availability of productive work and programming opportunities for inmates, poses increased risks of violence to staff and inmates, and strains the infrastructure of facilities. *See Reassessing Solitary Confinement: The Human Rights, Fiscal, and Public Safety Consequences: Hearing Before the Subcommittee on the Constitution, Civil Rights, and Human Rights of the S. Comm. on the Judiciary, 112th Cong. (June 19, 2012) (testimony of Charles E. Samuels, Jr., Dir., Fed. Bureau of Prisons), available at <http://www.justice.gov/ola/testimony/112-2/06-19-12-bop-samuels.pdf>. The FBOP has stated that overcrowding is its biggest challenge, especially its effect on staffing and safety. *See U.S. DEP'T OF JUSTICE, FY 2016 PERFORMANCE BUDGET CONGRESSIONAL SUBMISSION: FEDERAL PRISON SYSTEM: SALARIES AND EXPENSES (Feb. 2015), available at http://www.justice.gov/sites/default/files/jmd/pages/attachments/2015/02/02/27_federal_bureau_of_prisons_bop_se.pdf ("The largest internal challenge for the BOP is to provide adequate levels of bed space and staffing to safely manage the growing inmate population. Crowding is a very real danger in prisons—causing frustration and anger for inmates whose access to basic necessities like toilets, showers, and meals becomes very limited and who face hours of idleness resulting from limited availability of productive work and program opportunities. Crowding also strains facilities' infrastructure like water, sewage, and power systems, and increases the maintenance service needed to keep these systems operational.").* In fiscal year 2014, the FBOP was operating system-wide at an inmate-to-staff ratio of 4.58, after an average ratio of 4.87 between 2005 and 2013. *Id.* In comparison, the five states with the highest prison populations had an average inmate-to-staff ratio of 3.10, and the FBOP previously operated at a ratio of 3.75 in fiscal year 1998. *Id.**

² Inmates and facilities are classified according to Medical Care Level. Inmate classifications are based on the medical history and health condition of the inmate, while facility classifications are based on the inmate care level that the facility is staffed and equipped to handle. While FBOP Program Statements do not define the classification levels, other FBOP and DOJ documents describe the four levels.

Inmates with Care Level 1 needs are generally healthy, under 70 years of age, and may have limited medical needs requiring clinician evaluation and monitoring. Examples of such conditions are mild asthma, diet-controlled diabetes, and patients with human immunodeficiency virus (HIV) who are stable and do not require medications.

Inmates with Care Level 2 needs are those who are stable outpatients, requiring at least quarterly clinician evaluation. Examples of such conditions are medication-controlled diabetes, epilepsy, and emphysema.

Inmates with Care Level 3 needs are fragile outpatients who require frequent clinical contacts, and/or who may require some assistance with activities of daily living, but do not require daily nursing supervision. This Care Level may include stabilization of medical or mental health conditions that may require periodic hospitalization. Other examples of this Care Level are patients with 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.

Inmates with Care Level 4 needs are severely impaired, and may require daily nursing care. Examples of such conditions are those with cancer in active treatment, dialysis, quadriplegia, stroke or head injury patients, major surgical patients, acute psychiatric illness requiring inpatient treatment, and high-risk pregnancy.

The DSCC designates those inmates with Care Levels 1 and 2. For those inmates with Care Levels 3 and 4, the designation decision will be made by the OMDT, as the medical need of the inmate is the primary factor in the designation decision.

FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, LEGAL RESOURCE GUIDE TO THE FEDERAL BUREAU OF PRISONS (2014), *available at* http://www.bop.gov/resources/pdfs/legal_guide.pdf.

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. The

acute services required, such as crisis intervention, are less than 3 months duration, occur no more than every 2 years, and can be resolved without hospitalization.

Care Level 2 inmates are stable outpatients with chronic illnesses requiring at least quarterly clinician evaluations. These inmates independently perform daily living activities. The care level includes inmates with mental health conditions that can be managed through chronic care clinics or individual psychology or health services contacts no more frequently than monthly to quarterly. The acute services required, such as crisis intervention, are less than 3 months duration, occur no more than every 2 years, and can be resolved without hospitalization.

Care Level 3 inmates are fragile outpatients with medical conditions that require daily to monthly clinical contact. These inmates may have chronic or recurrent mental illnesses or ongoing cognitive impairments that require daily to monthly psychiatric health services or psychology contacts to maintain outpatient status. These inmates may also require assistance in performing some activities of daily living, but do not require daily nursing care. Inmates in this care level may periodically require hospitalization to stabilize the inmate's medical or mental health condition.

Care Level 4 inmates have acute medical or chronic mental health conditions resulting in severe impairments to physical and cognitive functioning. These inmates require services at Medical Referral Centers (MRC), such as the BOP's Federal Medical Centers (FMC), and may require varying degrees of nursing care.

OFFICE OF THE INSPECTOR GEN., U.S. DEP'T OF JUSTICE, THE FEDERAL BUREAU OF PRISON'S EFFORTS TO MANAGE INMATE HEALTH CARE (Feb. 2008), *available at* <http://www.justice.gov/oig/reports/BOP/a0808/final.pdf>.

³ The table below provides a quick reference to the number of medical staff compared to inmate population and facility medical level at other FBOP facilities.

	Petersburg Low	Otisville	Edgefield	Cumberland	Bennettsville	Schuylkill	Coleman I
MDs	1	7	2	2	1	1	2
NPs	1	1	-	-	1	4	1
PAs	1	3	4	2	1	5	-
Nurses	1	-	5	4	4	-	4
Med Level	II	II	II	II	I	II	III
Population	1,184	1,065	1,600	1,381	1,597	1,186	1,493

⁴ A "cop-out" is the standard form for an inmate to submit a request to staff or a specific department. A specific form for medical issues can also be submitted. The medical cop-out form is not publicly available, while all other requests are filed on Form BP-A0148 ("Inmate Request to Staff"). FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, FORM BP-A-148, INMATE REQUEST TO STAFF (June 2010), *available at* http://www.bop.gov/policy/forms/BP_A0148.pdf.

⁵ Fees for Health Care Services, 28 C.F.R. § 549.70 (2009), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2009-title28-vol2/pdf/CFR-2009-title28-vol2-part549-subpartF.pdf>; *see also* FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 6031.02, INMATE COPAYMENT PROGRAM (Aug. 15, 2005), *available at* http://www.bop.gov/policy/progstat/6031_002.pdf. The co-payment provision applies to "[a]ny individual incarcerated in an institution under the Bureau's jurisdiction." Inmates affected, 28 C.F.R. § 549.71 (2009), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2009-title28-vol2/pdf/CFR-2009-title28-vol2-part549-subpartF.pdf>. Inmates are not charged the co-payment fee for:

- (a) Health care services based on staff referrals;
- (b) Staff-approved follow-up treatment for a chronic condition;
- (c) Preventive health care services;
- (d) Emergency services;
- (e) Prenatal care;
- (f) Diagnosis or treatment of chronic infectious diseases;
- (g) Mental health care; or
- (h) Substance abuse treatment.

Services provided without fees, 28 C.F.R. § 549.72 (2009), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2009-title28-vol2/pdf/CFR-2009-title28-vol2-part549-subpartF.pdf>. Indigent inmates are also exempt from the health care service fee. Inmates without funds, 28 C.F.R. § 549.74 (2009), *available at*

<http://www.gpo.gov/fdsys/pkg/CFR-2009-title28-vol2/pdf/CFR-2009-title28-vol2-part549-subpartF.pdf>. Indigent inmates are determined according to FBOP policy, which defines indigence as a balance of less than \$6.00 in an inmate's commissary account for the last 30 days. See FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 6031.02, INMATE COPAYMENT PROGRAM (Aug. 15, 2005), *available at* http://www.bop.gov/policy/progstat/6031_002.pdf. Wardens may impose restrictions on an inmate to prevent abuse of the exemption for indigence. *Id.*

⁶ Manufactured by CareFusion Corporation, the Pyxis MedStation 4000 is a medication management storage device that allows for the secure and accurate monitoring, storage, dispensation, and recording of medications and other drugs used by medical personnel. [www.carefusion.com/pdf/Medication_Management/DI3422 Pyxis MedStation 4000 Systems Brochure.pdf](http://www.carefusion.com/pdf/Medication_Management/DI3422_Pyxis_MedStation_4000_Systems_Brochure.pdf).

⁷ In 2014, the FBOP publicly defined the Mental Health Care Levels used in the FBOP system, as well as the treatment requirements for each level.

(1) **CARE1-MH: No Significant Mental Health Care.** An individual is considered to meet CARE1-MH criteria if he/she:

- Shows no significant level of functional impairment associated with a mental illness and demonstrates no need for regular mental health interventions; and
- Has no history of serious functional impairment due to mental illness or if a history of mental illness is present, the inmate has consistently demonstrated appropriate help-seeking behavior in response to any reemergence of symptoms.

(2) **CARE2-MH: Routine Outpatient Mental Health Care or Crisis-Oriented Mental Health Care.** An individual is considered to meet CARE2-MH criteria if he/she has a mental illness requiring:

- Routine outpatient mental health care on an ongoing basis; and/or
- Brief, crisis-oriented mental health care of significant intensity; e.g., placement on suicide watch or behavioral observation status.

(3) **CARE3-MH: Enhanced Outpatient Mental Health Care or Residential Mental Health Care.** An individual is considered to meet the criteria for CARE3-MH if he/she has a mental illness requiring:

- Enhanced outpatient mental health care (i.e., weekly mental health interventions); or P5310.16 5/1/2014 9
- Residential mental health care (i.e., placement in a residential Psychology Treatment Program).

(4) **CARE4-MH: Inpatient Psychiatric Care.** A mentally ill inmate may meet the criteria for CARE4-MH and require acute care in a psychiatric hospital if the inmate is gravely disabled and cannot function in general population in a CARE3-MH environment.

FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5310.16, TREATMENT AND CARE OF INMATES WITH MENTAL ILLNESS (May 1, 2014), *available at* http://www.bop.gov/policy/progstat/5310_016.pdf.

(1) **Mental Health Care Level One.** Inmates classified as CARE1-MH are not required to receive any regular mental health services or to have a treatment plan. When mental health services are provided to these inmates, they are documented in PDS.

(2) **Mental Health Care Level Two.** Required services include, but are not limited to:

- A diagnosis and mental health care level for each inmate will be documented in a Diagnostic and Care Level Formulation note in PDS.
- A rationale for the diagnosis and assigned care level will also be documented in the Diagnostic and Care Level Formulation note in PDS.
- A collaborative, individualized treatment plan that describes the inmate's problems and goals, and the interventions planned to assist with goal attainment will be developed, reviewed, and updated at least every 12 months.
- Evidence-based psychosocial interventions on at least a monthly basis (if group treatment is offered, it should occur at least every other week, to provide continuity of care).

(3) **Mental Health Care Level Three.** Required services include, but are not limited to:

- A diagnosis and mental health care level for each inmate will be documented in a Diagnostic and Care Level Formulation note in PDS.
- A rationale for the diagnosis and assigned care level will also be documented in the Diagnostic and Care Level Formulation note in PDS.

- A collaborative, individualized treatment plan that describes the inmate's problems and goals, and the interventions planned to assist with goal attainment, will be developed, reviewed, and updated at least every 6 months.
- Evidence-based psychosocial interventions on at least a weekly basis are provided via enhanced outpatient care or on a scheduled basis consistent with a residential Psychology Treatment Program.

(4) **Mental Health Care Level Four.** This treatment takes place only in a Medical Referral Center. Required services include, but are not limited to:

- A diagnosis and mental health care level for each inmate will be documented in the Diagnostic and Care Level Formulation note in PDS.
- A rationale for the diagnosis and assigned care level will also be documented in the Diagnostic and Care Level Formulation note in PDS.
- A collaborative, individualized treatment plan that describes the inmate's problems and goals, and the interventions planned to assist with goal attainment will be developed, reviewed, and updated at least every 90 days.
- Evidence-based psychosocial interventions and/or individual mental health contacts will occur on at least a weekly basis.

At CARE4-MH sites, for inmates too cognitively impaired to engage in traditional psychosocial interventions (i.e., severe neurocognitive disorders), supportive contacts from a broad variety of providers may be the most appropriate care plan. Frequency and type of care will be determined on an individual basis for these cases.

Id.

⁸ Prescription medication is the most common treatment for federal prison inmates. DORIS J. JAMES & LAUREN E. GLAZE, BUREAU OF JUSTICE STATISTICS, U.S. DEP'T OF JUSTICE, MENTAL HEALTH PROBLEMS OF PRISON AND JAIL INMATES (2006), available at <http://www.bjs.gov/content/pub/pdf/mhppji.pdf> (reporting that 19.5% of inmates in federal prisons received medication for mental health needs, while 15.1% received professional mental health therapy).

⁹ FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5324.08, SUICIDE PREVENTION PROGRAM (Apr. 5, 2007), available at http://www.bop.gov/policy/progstat/5324_008.pdf.

¹⁰ *Id.*

¹¹ *Id.*

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

¹⁵ Federal law mandates that the FBOP administer RDAP and defines eligible prisoners as those "determined by the Federal Bureau of Prisons to have a substance abuse problem." 18 U.S.C. § 3621(e)(5)(B)(1). The FBOP has full discretion to set its own admission standards. When already in FBOP custody, an inmate will not necessarily become eligible for RDAP solely through a diagnosis of addiction or substance abuse issues. The FBOP requires that inmates have a verifiable substance abuse problem, which is usually established via a presentence report, and focuses on eligible inmates whose substance abuse was at least contributing factor to their current incarceration. See FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5330.11, PSYCHOLOGY TREATMENT PROGRAMS (Mar. 16, 2009), available at http://www.bop.gov/policy/progstat/5330_011.pdf; FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5310.12, PSYCHOLOGY SERVICES MANUAL (Mar. 7, 1995), available at http://www.bop.gov/policy/progstat/5310_012.pdf. In *Laws v. Barron*, 348 F. Supp. 2d 795 (E.D. Ky. 2004), the petitioner filed a habeas claim against a warden to contest his denial of participation in RDAP. The court denied the claim, citing the FBOP's broad discretion in determining its own admission standards. *Id.* Inmates have few means to challenge a denial of their participation in RDAP because courts have found that inmates have no constitutional right to participate in RDAP. See *Saunders v. United States*, 2007 U.S. Dist. LEXIS 88289 (E.D.N.Y. Nov. 28, 2007).

¹⁶ DORIS J. JAMES & LAUREN E. GLAZE, U.S. DEP'T OF JUSTICE, BUREAU OF JUSTICE STATISTICS, MENTAL HEALTH PROBLEMS OF PRISON AND JAIL INMATES (rev. Dec. 14, 2006), available at <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>. Based on the most recent comprehensive study of mental health and drug abuse concerns, 82.3% of inmates with a mental health problem and 75.4% of inmates without one have regularly used drugs, with most of them having used drugs in the month prior to their offense. *Id.* Additionally, 63.5% of federal inmates with a mental health problem had a substance abuse or dependence problem, as well as

49.5% of inmates without a mental health problem. *Id.* Individuals with a history of drug abuse or dependence are more likely to recidivate, and completion of substance abuse treatment can significantly lower the rates of recidivism. See BETH M. HUEBNER, DRUG ABUSE, TREATMENT, AND PROBATIONER RECIDIVISM (2006), available at <http://www.icjia.state.il.us/public/pdf/ResearchReports/Drug%20Abuse%20Treatment%20and%20Probationer%20Recidivism.pdf>; see also MATTHEW R. DUROSE ET AL., U.S. DEP'T OF JUSTICE, BUREAU OF JUSTICE STATISTICS, RECIDIVISM OF PRISONERS RELEASED IN 30 STATES IN 2005: PATTERNS FROM 2005 TO 2010 (Apr. 2014), available at <http://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf>.

¹⁷ FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5330.11, PSYCHOLOGY TREATMENT PROGRAMS (Mar. 16, 2009), available at http://www.bop.gov/policy/progstat/5330_011.pdf.

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

²² *Id.*

²³ Inmates who did not volunteer for RDAP but have a documented drug abuse problem may be required to participate in TDATE as a condition of participation in a community-based program. FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5330.11, PSYCHOLOGY TREATMENT PROGRAMS (Mar. 16, 2009), available at http://www.bop.gov/policy/progstat/5330_011.pdf.

²⁴ 18 U.S.C. § 3621(e)(2)(B). The FBOP has broad discretion to determine which inmates, who have successfully completed RDAP, will receive sentence reduction. See *Lopez v. Davis*, 531 U.S. 230 (2001).

²⁵ Educational programming is both good for an inmate's well-being and decision-making, as well as the inmate's ability to obtain employment upon release, all of which reduce recidivism rates. See LOIS M. DAVIS ET AL., RAND CORP., HOW EFFECTIVE IS CORRECTIONAL EDUCATION, AND WHERE DO WE GO FROM HERE?: THE RESULTS OF A COMPREHENSIVE EVALUATION (2014), available at http://www.rand.org/content/dam/rand/pubs/research_reports/RR500/RR564/RAND_RR564.pdf (analyzing available literature on educational programs for incarcerated individuals and concluding that "[i]nmates who participated in correctional education programs had a 43 percent lower odds of recidivating than inmates who did not"); JAKE CRONIN, UNIV. OF MO., INST. OF PUB. POLICY, THE PATH TO SUCCESSFUL REENTRY: THE RELATIONSHIP BETWEEN CORRECTIONAL EDUCATION, EMPLOYMENT AND RECIDIVISM (Sept. 2011), available at http://ipp.missouri.edu/wp-content/uploads/2014/06/the_path_to_successful_reentry.pdf; see also John M. Nally et al., *The Post-Release Employment and Recidivism Among Different Types of Offenders with a Different Level of Education: A 5-Year Follow-Up Study in Indiana*, 9 JUST. POL'Y J. 16 (2012), available at http://www.cjcj.org/uploads/cjcj/documents/the_post-release.pdf; JOHN M. NALLY ET AL., IND. DEP'T OF CORR., THE IMPACT OF EDUCATION AND EMPLOYMENT ON RECIDIVISM (2011), available at http://www.in.gov/indoc/files/Impact_of_Education_and_Employment_on_Recidivism.pdf.

²⁶ FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5350.28, LITERACY PROGRAM (GED STANDARD) (Dec. 1, 2003), available at http://www.bop.gov/policy/progstat/5350_028.pdf.

²⁷ See JAKE CRONIN, UNIV. OF MO., INST. OF PUB. POLICY, THE PATH TO SUCCESSFUL REENTRY: THE RELATIONSHIP BETWEEN CORRECTIONAL EDUCATION, EMPLOYMENT AND RECIDIVISM (Sept. 2011), available at http://ipp.missouri.edu/wp-content/uploads/2014/06/the_path_to_successful_reentry.pdf. The study concluded that "[e]mployment proves to be the strongest predictor of not returning to prison in each of our models." *Id.*; see also John M. Nally et al., *The Post-Release Employment and Recidivism Among Different Types of Offenders with a Different Level of Education: A 5-Year Follow-Up Study in Indiana*, 9 JUST. POL'Y J. 16 (2012), available at http://www.cjcj.org/uploads/cjcj/documents/the_post-release.pdf; JOHN M. NALLY ET AL., IND. DEP'T OF CORR., THE IMPACT OF EDUCATION AND EMPLOYMENT ON RECIDIVISM (2011), available at http://www.in.gov/indoc/files/Impact_of_Education_and_Employment_on_Recidivism.pdf.

²⁸ Free Minds Book Club & Writing Workshop is a DC organization that uses books, creative writing, and peer support to awaken DC youth incarcerated as adults to their own potential. In addition to creative expression, Free Minds offers job readiness training, violence prevention outreach, and reentry and mentoring support upon release. See *About Us*, FREE MINDS BOOK CLUB & WRITING WORKSHOP, <http://freemindsbookclub.org/about-us>.

²⁹ UNICOR products and services are mainly sold to executive agencies in the federal government, with the majority of sales going to the U.S. Department of Defense. In 2011, Congress granted increased authority for UNICOR to partner with private companies. See NATHAN JAMES, CONG. RESEARCH SERV., CRS REPORT TO CONGRESS: FEDERAL PRISON INDUSTRIES (Dec. 8, 2011), available at <http://www.ndia.org/Divisions/Divisions/SmallBusiness/Documents/Federal%20Prison%20Industries.pdf>; see also

NATHAN JAMES, CONG. RESEARCH SERV., CRS REPORT TO CONGRESS: FEDERAL PRISON INDUSTRIES (July 13, 2007), *available at* <http://fas.org/sgp/crs/misc/RL32380.pdf>.

³⁰ UNICOR is considered “one of the Bureau’s most important correctional programs that has proven to reduce recidivism.” Reassessing Solitary Confinement: The Human Rights, Fiscal, and Public Safety Consequences: Hearing Before the Subcomm. on the Constitution, Civil Rights, and Human Rights of the S. Comm. on the Judiciary, 112th Cong. (June 19, 2012) (testimony of Charles E. Samuels, Jr., Dir., Fed. Bureau of Prisons), *available at* <http://www.justice.gov/ola/testimony/112-2/06-19-12-bop-samuels.pdf>. Research studies show that UNICOR can substantially reduce recidivism rates. See WILLIAM G. SAYLOR & GERALD G. GAES, U.S. DEP’T OF JUSTICE, POST-RELEASE EMP’T PROJECT, PREP: TRAINING INMATES THROUGH INDUSTRIAL WORK PARTICIPATION, AND VOCATIONAL AND APPRENTICESHIP (Sept. 24, 1996), *available at* http://www.bop.gov/resources/research_projects/published_reports/recidivism/oreprprep_cmq.pdf (“Inmates who worked in prison industries were 24 percent less likely to recidivate throughout the observation period”); see also WILLIAM G. SAYLOR & GERALD G. GAES, U.S. DEP’T OF JUSTICE, POST-RELEASE EMP’T PROJECT, PREP STUDY LINKS UNICOR WORK EXPERIENCE WITH SUCCESSFUL POST-RELEASE OUTCOME (Sept. 23, 1994), *available at* <https://www.ncjrs.gov/pdffiles1/Digitization/150221NCJRS.pdf>.

³¹ FED. PRISON INDUS., INC., FISCAL YEAR 2014 ANNUAL MANAGEMENT REPORT (Nov. 12, 2014), *available at* http://www.unicor.gov/information/publications/pdfs/corporate/2014%20FPI%20Annual%20Management%20Report_C.pdf; see also UNICOR, FACTORY LOCATIONS (Jan. 2014), *available at* http://www.unicor.gov/information/publications/pdfs/corporate/CATMC3816_C.pdf.

³² Form 583 is used to report significant incidents to the FBOP Central Office. The form is an electronic version of the Report of Incident form. Issues reported to the Central Office generally include deaths, suicides, escapes, serious assaults and other serious acts of misconduct by inmates, and uses of force, chemicals, or restraints by staff.

³³ FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 1330.18, ADMINISTRATIVE REMEDY PROGRAM (Jan. 6, 2014), *available at* http://www.bop.gov/policy/progstat/1330_018.pdf. Inmates may only submit a request or appeal on behalf of themselves, although other inmates may assist the inmate with preparing a request or an appeal, and former inmates may use the program to address their former issues during incarceration, *Id.* Certain issues have specific statutorily-mandated procedures, including sexual abuse, tort claims, Inmate Accident Compensation claims, and Freedom of Information Act (FOIA) requests. *Id.*

³⁴ Administrative remedy requests and appeals are also referred to as grievances. Unless an inmate is in a contract facility or has been granted an individual exception, inmates are first required to attempt informal resolution by presenting an issue of concern, or grievance, to staff. FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 1330.18, ADMINISTRATIVE REMEDY PROGRAM (Jan. 6, 2014), *available at* http://www.bop.gov/policy/progstat/1330_018.pdf. Except for certain telephone-related issues, inmates have 20 days to complete the informal resolution and submit the initial request (BP-9) for formal review of the issue. *Id.* Requests can be rejected for incorrectly filling out the provided form, including multiple unrelated issues on the form, writing the request in obscene or abusive manner, or failing to meet any other requirement in the FBOP policies. *Id.* FBOP policy notes that facilities should be flexible in deciding whether to reject a submission, especially if it raises sensitive or problematic issues. *Id.* If an inmate’s request is not rejected at the institution but the inmate is not satisfied with the Warden’s response, the inmate may file an appeal to the Regional Office (BP-10) within 20 days of the date the Warden signed the response. *Id.* Inmates may submit initial requests directly to the Regional Office for DHO appeals or sensitive issues that the inmate believes would cause danger if known at the institution. *Id.* An inmate who is unsatisfied with the response from the Regional Director may file an appeal with the Central Office (BP-11) within 30 days of the date the Regional Director signed the response. *Id.* Inmates may be granted an extension for the filing times if they demonstrate a valid reason for the extension, including submission of a written verification from staff. *Id.* After a request or appeal is accepted and filed, the facility, Regional Office, and Central Office have specific time frames to answer the filing. *Id.*

³⁵ For most issues, inmates must exhaust their administrative remedy options prior to being able to pursue a complaint in court. FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 1330.18, ADMINISTRATIVE REMEDY PROGRAM (Jan. 6, 2014), *available at* http://www.bop.gov/policy/progstat/1330_018.pdf.

³⁶ General correspondence, 28 C.F.R. § 540.14 (2009), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/pdf/CFR-2012-title28-vol2-part540-subpartB.pdf>; see also FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), *available at* http://www.bop.gov/policy/progstat/5800_016.pdf; FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 5265.14, CORRESPONDENCE (Apr. 5, 2011).

³⁷ The content and other material in the envelope of special mail correspondence may not be read or copied by prison staff if the sender is adequately identified on the envelope and the front of the envelope is appropriately marked as “Special Mail.” Special mail, 28 C.F.R. § 540.18 (2009), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/pdf/CFR-2012-title28-vol2-part540-subpartB.pdf>. The confidentiality of legal mail is protected by numerous court decisions as well as FBOP policy. *See, e.g.,* Lemon v. Dugger, 931 F.2d 1465 (11th Cir. 1991); Davidson v. Scully, 694 F.2d 50 (2d Cir. 1982); Jensen v. Klecker, 648 F.2d 1179 (8th Cir. 1981); Ramos v. Lamm, 639 F.2d 559 (10th Cir. 1980); Smith v. Shimp, 562 F.2d 423 (7th Cir. 1977); Taylor v. Sterrett, 532 F.2d 462 (5th Cir. 1976); Abu-Jamal v. Price, No. 95-618 1996 U.S. Dist. LEXIS 8570 (W.D. Pa. Jun. 6, 1996); Proudfoot v. Williams, 803 F. Supp. 1048 (E.D. Pa. 1992); *see also* FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), *available at* http://www.bop.gov/policy/progstat/5800_016.pdf; FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 5265.14, CORRESPONDENCE (Apr. 5, 2011). For legal mail to be processed under the special mail procedures, FBOP policy requires three forms of identification on the envelope: the attorney must be adequately identified on the envelope as an attorney by two means (e.g., use of “Esquire” after the attorney’s name, the inclusion of “Attorney-At-Law” on the envelope, or having the attorney’s name included in the return address of a law office), and markings must indicate that correspondence may only be opened in the presence of the inmate (e.g., “Special Mail — Open only in the presence of the inmate,” “Attorney-Client — Open only in the presence of the inmate,” “Legal Mail — Open only in the presence of the inmate,” or similar markings). FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), *available at* http://www.bop.gov/policy/progstat/5800_016.pdf.

³⁸ Special mail, 28 C.F.R. § 540.18 (2009), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/pdf/CFR-2012-title28-vol2-part540-subpartB.pdf>; *see also* FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), *available at* http://www.bop.gov/policy/progstat/5800_016.pdf; FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 5265.14, CORRESPONDENCE (Apr. 5, 2011).

³⁹ FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 002-2012 (5325), LIFE CONNECTIONS PROGRAM (Mar. 23, 2012), *available at* http://www.bop.gov/policy/om/002_2012.pdf.

⁴⁰ Length of time remaining on a sentence is not a consideration for high security inmates or female inmates, although those with shorter sentences are given priority. *Id.*

⁴¹ Participants in LCP must complete 500 hours of community service. *Id.*

⁴² *See* Inmate Concerns, Section X.

⁴³ “Grandfathered in” at Petersburg, free weights are prohibited at FBOP facilities. FCI Petersburg has special dispensation from the Bureau to retain and use the original equipment with the understanding that it will not be replaced when worn or broken and will be removed upon occurrence of abuse. Staff noted that inmates take excellent care of the equipment as a result.

⁴⁴ FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 5325.07, RELEASE PREPARATION PROGRAM (Dec. 31, 2007), *available at* http://www.bop.gov/policy/progstat/5325_007.pdf. The FBOP recently reorganized their internal structure to include a Reentry Services Division at Central Office. The Assistant Director of the Reentry Services Division reports directly to the Director of the FBOP. Given the importance of reentry preparation for successful transition back into the community, this is an important development at the FBOP.

⁴⁵ While the FBOP only contracts with Hope Village for male DC inmates, the DOC also contracts with Extended House and Efforts from Ex-Convicts. The only RRC for females in DC is The Fairview, located in Northeast DC.

Appendix A: FCI Petersburg Low Demographics Overview

Facility Population		
Total inmates	1,184	
DC inmates ¹	13 (1.1% of total population)	
Rated capacity	834	
Percent of capacity	142%	
Inmate-to-staff ratio*	5.5	
DC Inmate Population		
Race (n=13)*		
	Number of Inmates	Percentage of Population
Black	12	92.3%
White	1	7.7%
Other	0	0%
Ethnicity (n=13)		
Hispanic	0	0%
Non-Hispanic	13	100%
Sentence Information (n=13)		
Mean sentence	153.5 months	
Median sentence	102 months	
Offense Information (n=13)		
	Number of Inmates	Percentage of Population
Violent offenders ²	8	61.5%
Drug offenders	0	0%
Sex offenders	2	15.4%
Months Remaining to Release (n=13)		
	Number of Inmates	Percentage of Population
12 months or less	4	30.8%
13-59 months	7	53.8%
60-83 months	0	0%
84 months or more	2	15.4%

Source: Federal Bureau of Prisons. Statistics dated June 2014.

*The "n" refers to the number of inmates in the population for which data was available.

¹ The phrase "DC inmates" refers to inmates at the facility who are sentenced under the DC Code.

² For the purposes of violent offenders, inmates with the following offense categories are included: Weapons, Explosives, Arson, Homicide, Aggravated Assault, and Kidnapping.

Appendix B: FCI Petersburg Low Medical Indicators

Diseases		
HIV	Inmates diagnosed with HIV	2
	Highest number of HIV-positive inmates indicated in ACA audit	13
	Inmates on highly active antiretroviral treatment (HAART)	13
	Inmates who have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml	6
Tuberculosis	Inmates tested for TB outside of intake screening in the prior 12 months	1,707
	Inmates diagnosed with active TB in the prior 12 months	0
	Inmates who are new converters on a TB test indicating new infection within the prior 12 months	6
	Inmates treated for latent TB in the prior 12 months	19
	Inmates who completed treatment for latent TB in the prior 12 months	4
Diabetes	Diabetic inmates reviewed by ACA audit	30
	Diabetic inmates under treatment for at least 6 months with hemoglobin A1C level measuring less than 9%	6
Hepatitis C	Inmates diagnosed with Hepatitis C	4
MRSA	Inmates diagnosed with MRSA within the prior 12 months	1
Mental Health		
Inmates diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse)		155
Deaths by suicide		0
Suicide attempts		0
Other Indicators		
Completed dental treatment plans during the prior 12 months		49
Inmates transported off-site for treatment of emergency health conditions		83
Inmate admissions to off-site hospitals		50
Specialty consults ordered		1,139
Specialty consults completed		1,652

Source: ACA Audit conducted August 16-18, 2011. Statistics dated June 30, 2011.
Total inmates at time of audit: 1,707. Average daily population: 1,646

Appendix C: FBOP Response to Report



U.S. Department of Justice

Federal Bureau of Prisons

Washington, D.C. 20534

MAR 21 2016

Michelle R. Bonner, Esq.
Executive Director
DC Corrections Information Council
2901 14th Street, NW
Washington, DC 20009

Dear Ms. Bonner,

This letter is in response to the draft inspection report received on February 29, 2016, regarding the August 19, 2014, visit to FCI Petersburg Low. The Bureau of Prisons (Bureau) recognizes the value of the Corrections Information Council (CIC) inspections of its facilities and the voice it provides the D.C. Superior Court offenders. We hope to continue working closely to improve the Bureau facilities and raise awareness with regard to those offender's needs. I offer the following response to the questions and/or statements in the report:

Follow Up Questions:

Health Services and Psychology Services

1. How many current vacancies exist in Health Services at the Low?

There are currently four vacancies in the Health Services department.

2. How many total staff members are currently employed by Psychology Services? How many current vacancies exist in Psychology Services?

There are currently 25 staff members in the Psychology department with two vacant positions.

3. Are inmates on suicide watch monitored by staff or inmates?

Inmates placed on suicide watch are monitored by both staff and

inmates, in accordance with Bureau policy.

Residential Drug Abuse Program (RDAP)

4. How many DC inmates are currently enrolled?

There are currently three DC offenders enrolled in the RDAP.

5. How many DC inmates are on the waiting list?

There are currently no DC offenders on the RDAP waitlist.

Education and Programming

6. How many DC inmates are enrolled in the GED Program?

There is one inmate currently enrolled in the GED program.

7. How many DC inmates are currently enrolled in the Apprenticeship Programs?

There are currently no DC offenders enrolled in an apprenticeship program.

8. How many DC inmates are enrolled in Post-Secondary Education Programs?

There are two DC offenders currently enrolled in Post-Secondary Education Programs.

9.

There was no question associated with number 9, according to the questionnaire/report received from the CIC.

Disciplinary Hearing Officer

10. What is the average wait time to see the DHO for a hearing?

The average wait time for the DHO hearings to be conducted for inmates temporarily housed in the Special Housing Unit (SHU) is 4-7 work days. For inmates in general population the wait time is between 20-45 days.

Email & Phone

11. What is the cost for a 15-minute phone call to Washington,

DC?

The cost for a 15 minute call to Washington D.C. is \$3.15.

12. How much does it cost to send and receive emails through TRULINCS?

Regardless of how many messages are sent or received, the cost to use the Public Messaging Service is five cents per minute.

Religious Services & Life Connections Program

13. How many Religious Services volunteers are at FCI Petersburg Low?

There are a total of 86 volunteers for Religious Services.

14. How many total inmates are currently enrolled in the Life Connections Program?

The total number of inmates enrolled in the Life Connections Program is 95.

15. How many DC inmates are currently enrolled in the Life Connections Program?

There is one DC offender currently enrolled in the Life Connections Program.

16. What is the average wait time to enter the Life Connections Program?

The average wait time for participation in the Life Connections Program is 149 days.

Release Preparation

17. How many DC inmates are scheduled to be released within the next 24 months?

There are three DC offenders scheduled to be released in the next 24 months.

18. How many of the DC inmates scheduled to be released within the next 24 months have participated in the RPP Class?

All three of the DC offenders releasing in the next 24 months

have participated in the Release Preparation Program (RPP).

Factual Clarification:

The draft report indicates the CIC inspection took place from August 2014 through February 2016, with an onsite inspection occurring on August 19, 2014. The Bureau is not aware of any communication or inspection of FCI Petersburg Low by the CIC since August 19, 2014.

The draft report lists nine recommendations on page 2. Throughout the report there are 10 recommendations made numerically without a no. 7 recommendation, indicated.

The draft report indicates at the time of the onsite inspection, there were 13 DC offenders. There are currently six DC offenders.

The draft report states Psychology Services includes a Chief Psychiatrist. This should be a Chief Psychologist.

The draft report indicates inmates on Suicide Watch are monitored by staff. This is only partially true. Inmates on Suicide Watch are monitored by staff or inmate companions in accordance with Bureau policy.

The draft report states the Recreation Department was short staffed at the time of the inspection. The Recreation Department is currently operating with a full complement.

Footnote 45 of the draft report indicates the Reentry Affairs Coordinator as a dedicated position within the executive staff. This is not accurate; the position is not an executive position.

The draft report indicates the Reentry Affairs Coordinator (RAC) along with the Case Manager, coordinates placement in a Residential Reentry Center (RRC). The Case Manager prepares the referral for the inmate to be placed in an RRC during the last 12 months or less of his term of incarceration. The RAC coordinates programs and services available in the community to partner with the facility for the benefit of releasing inmates.

Recommendations by CIC:

Provide staff training on effective forms of communication, and monitor staff conduct:

The CIC bases this recommendation on remarks from inmate reports of disparate treatment based on being DC offenders without citing any specific examples. The CIC further recommends the Executive Staff monitor staff treatment of inmates and ensure there is no disparate treatment based on race, ethnicity, or locality.

Response: The draft report does not point out any specific incidents or examples to demonstrate a claim of disrespectful or disparate treatment of DC offenders. Additionally, the Bureau is unaware of any allegations or incidents of such disparate treatment of DC offenders. The Bureau believes cultural diversity training is a vital component to staff communication with inmates and the safe and orderly operation of its facilities. Cultural diversity is a part of the initial training staff receive when they are hired and during annual refresher training. If an inmate believes his rights have been violated in any way they can follow the Administrative Remedy Process and or bring their concerns to supervisory or Executive Staff in a variety of capacities. Sustained claims against staff for disparate treatment or any other violation against an inmate would result in the staff member being disciplined according to Program Statement 3420.11 Standards of Employee Conduct.

Inspect for asbestos and vermin, and ensure facility maintenance is up to date:

Response: FCI Petersburg Low has asbestos containing materials (ACM). The Safety and Facility departments have an asbestos survey on file documenting the locations of possible ACM within the institution. As long as the ACM remains in good condition and is undisturbed there is no danger of exposure. Asbestos is only a danger when it becomes friable. The current procedure at the institution is to test all possible ACM before starting any renovation/construction project. If an ACM is detected, a contractor will be hired to abate the project. Part of this abatement will include air monitoring to ensure there is no hazard to employees, before employees are allowed back into the area.

With regard to vermin, thorough inspections are conducted monthly of all areas of the institution to help identify pest management issues. The first step taken is always a non-toxic pest management approach. The following steps are utilized:

- Departments are to maintain a high level of sanitation to

include frequent removal of trash and garbage to designated collection points.

- Sealing areas of harborage (departments notify the facility department to have cracks sealed)
- Vegetation is maintained by the landscape crews
- Thorough inspection by the Food Service warehouse of food receipts for infestations.

If a non-toxic method does not prove to be effective then pesticides applications will take place. The Safety Department will use unrestricted pesticides based on the following:

- Identified during inspections
- A verbal or written request from a staff member or inmate
- The application cannot violate the manufacturer's minimum re-treatment time on the label.

In the event a pest management operation, to include unrestricted pesticides fails to control pest, a contractor will be contacted to assist the institution. Currently all food service areas are treated by a contractor monthly.

Ensure there are at least three microwaves per unit:

FCI Petersburg Low no longer maintains microwave ovens in the housing units.

Improve quality of care and implement preventive health care services:

The CIC recommends the administration monitor the amount of time spent on preventive care and follow-up care in an effort to encourage cost effective, efficient health care.

Response: FCI Petersburg Low offers numerous preventive care measures for inmates to improve their overall healthy well-being. These include health screening with follow-up care upon arrival. If required, inmates will be placed in the Chronic Care Clinic where a treatment plan is established to address medical conditions. The Food Service Department provides heart healthy diets for all inmates, and the Recreation Department offers numerous programs and facilities to maintain physical fitness.

With four vacancies, the Health Services department is currently operating with a less than full complement. The Health Services department is currently seeking applicants for all vacancies.

It is important to mention despite these vacancies, emergent or emergency care is addressed that day.

Use front number of indeterminate sentence to determine programming eligibility:

According to the draft report, DC offenders with a parole eligible date should be eligible for programming based on their earliest eligibility date. The draft report implies these inmates are being denied adequate access to educational, vocational, mental health, and reentry programming prior to returning to DC.

Response: The Bureau doesn't deny access to programs based on release dates. Regardless of parole eligibility, all inmates meet with their Unit Team every six months to develop a program plan for the inmate during his incarceration. This plan includes work and programming activities to develop skills to make a successful transition back into the community. As the inmate serves his sentence he should be building on these program accomplishments. Inmates eligible for parole will have a parole hearing in advance of their first parole eligibility date. The examiner will set programming requirements for the inmate to complete prior to them being granted parole. The Unit Team will meet with the inmate to prioritize these programming requirements and have them enrolled to increase the inmate's chances of being approved for the earliest parole date.

Evaluate visitation conditions to ensure that they are conducive to healthy family interaction:

Response: Although this was mentioned several times in the draft report, there weren't any examples cited to support the Visiting Room isn't conducive to family interaction. As a result of this recommendation the Bureau inspected the Visiting Room and found it more than adequately furnished with furniture, vending machines, and a television for children to view movies. The area was well lit, floors were neatly maintained and the walls appeared to be clean. The Bureau was unable to find any evidence to suggest the Visiting Room is not a place for a positive family experience. The Executive Staff at FCI Petersburg Low responded to this recommendation by stating they have not had any inmates make a complaint or concern regarding the Visiting Room.

Expand the length of the Release Preparation Program (RPP) and require completion for all DC inmates within 18 months of

release:

Response: Inmates are encouraged to enroll in the RPP from the first day they begin their term of incarceration. The Unit Team monitors and encourages RPP participation throughout all inmates' terms of incarceration. FCI Petersburg Low offers numerous programs that would allow inmates with relatively short sentences to complete the RPP within 18 months of release. DC offenders are not held to a different standard than other offenders incarcerated in the Bureau. The Bureau is currently reviewing many of the RPP aspects to make it more effective and encourage more participation.

Ensure all DC residents released from FCI Petersburg Low have vital documents, including birth certificates and social security cards:

Response: The draft report states DC offenders should be released with vital documents including birth certificates and social security cards. The Bureau has strongly emphasized the importance of these documents in recent years and is currently developing a tracking system to ensure they are obtained. Inmates with U.S. citizenship complete an application for a replacement Social Security Card prior to their release. Not all inmates receive them and are instructed to report to their nearest Social Security office upon release in order to apply in person. The Social Security Administration (SSA) determines who they issue cards to. A Memorandum of Understanding the Bureau has with the SSA lists conditions where they don't issue the cards from the applications the Bureau sends them. In most cases they will not process the applications if the individual is a naturalized citizen. Those cases require an in-person visit to the SSA office. Emphasis is placed on inmates obtaining their birth certificates prior to release as well. Applications are provided to inmates and assistance is provided in order to fill them out. Despite the assistance with the forms and the emphasized importance of having it prior to release, many inmates are unwilling to pay the \$23.00 to have it processed.

Ensure all eligible men receive a minimum of six months of RRC time and consistently track the amount of time case managers spend on coordinating RRC placement:

The draft report points out RRC time has been shown to be a critical part in successful reentry, and CIC recommends that Petersburg Low prioritize efforts to secure a minimum of six

months for each returning citizen. To promote this priority, Petersburg Low should also track the amount of time the Case Managers spend on securing RRC time for inmates and adjust the time as necessary.

Response: Every inmate in Bureau custody is reviewed for placement in an RRC when they are within 17-19 months from their projected release date. The purpose of the review is to determine what the releasing inmate's needs are and how much time in an RRC would lead to the least likelihood of recidivism. This is an individual evaluation process and the Bureau sees no reason to summarily limit the DC offenders to any specific minimum amount of RRC placement.

Of the six DC offenders currently incarcerated at FCI Petersburg Low, three will be releasing in the next 12 months. One inmate is releasing to a detainer upon release. Another refused RRC placement and the other is approved for 10 months RRC placement. Since the reviews for RRC placement is structured around the release date, and is being conducted and processed, the Bureau sees no reason or benefit in tracking the amount of time Case Managers spend coordinating RRC placement.

Summary of responses to other inmate concerns:

The Bureau does not find credibility in many of the inmate concerns listed in the draft report. The mission of the Bureau is to protect society by confining offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, appropriately secure, and provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. All Bureau policies are centered on this mission. Without providing specific examples to reference, the Bureau attempted to follow up on several of the concerns brought forth by the DC offenders interviewed.

- Worst medical care.
- Cannot get necessary hearing aid or C-PAC machine

The draft report indicates the Health Services Department had a total of 13 concerns from DC offenders interviewed. Most of this issue has already been discussed in an early portion of the response to the draft report on FCI Petersburg Low. The Health Services staff also reported there are no DC offenders currently waiting on a hearing aid or C-PAC machine.

- DC inmates are disliked.

This is a very broad statement without any examples offered. The Bureau has not found any evidence to support this statement.

The Admission and Orientation Handbook outlines many of the processes by which an inmate can navigate successfully through FCI Petersburg. Many of the concerns mentioned in the draft report can be explained by referring to the guidance in the Admission and Orientation handbook.

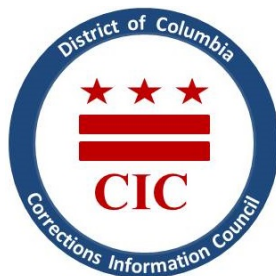
I appreciate the opportunity to review and provide comments to your inspection report of FCI Petersburg Low. I hope to continue working closely with the CIC to improve the operations of Bureau facilities and ensure we are meeting the needs of the inmate population.

Please contact me at (202)353-3646 if I can be of further assistance.

Sincerely,

A handwritten signature in cursive script, reading "Scott Finley".

Scott Finley, Administrator
Correctional Programs Branch



**District of Columbia
Corrections Information Council**

The electronic version of this report
is available on the CIC website:
<http://www.cic.dc.gov/>