

# **FCI Petersburg Medium Inspection Report**

**District of Columbia  
Corrections Information Council**

**APRIL 26, 2016**



## **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 14<sup>th</sup> Street, NW  
Ground Floor  
Washington, DC 20009  
Phone: (202) 478-9211  
Email: [dc.cic@dc.gov](mailto:dc.cic@dc.gov)

## Table of Contents

<b>Table of Contents.....</b>	<b>ii</b>
<b>Inspection Methodology.....</b>	<b>iii</b>
<b>Executive Summary.....</b>	<b>1</b>
<b>I. Facility Overview .....</b>	<b>3</b>
General Population Housing Units.....	3
Special Housing Unit (SHU).....	3
Inmate Feedback.....	4
Recommendations .....	4
<b>II. Health Services .....</b>	<b>5</b>
Medical Care .....	5
Medication .....	5
Disability Accommodations.....	5
Dental Care.....	6
Mental Health Care .....	6
Suicide Prevention .....	6
Residential Drug Abuse Program (RDAP).....	6
Sex Offender Management Program (SOMP) .....	7
Inmate Feedback.....	8
Recommendations .....	8
<b>III. Education and Programming .....</b>	<b>9</b>
Education Indicators .....	9
Education Services .....	9
Vocational Programming .....	9
Federal Prison Industries (UNICOR) .....	10
Inmate Feedback.....	11
Recommendations .....	11
<b>IV. Discipline and Administrative Remedies .....</b>	<b>12</b>
Disciplinary Hearing Officer (DHO).....	12
Significant Incidents .....	12
Administrative Remedy Program .....	13
Inmate Feedback.....	14
Recommendations .....	14
<b>V. Communication and Visitation.....</b>	<b>15</b>
Visitation.....	15
Communication .....	15
Inmate Feedback.....	15
Recommendations .....	16
<b>VI. Daily Life Services.....</b>	<b>17</b>
Religious Services.....	17
Recreation .....	17
Library .....	17

Meals .....	18
Commissary .....	18
Inmate Feedback .....	18
Recommendations .....	18
<b>VII. Reentry Services .....</b>	<b>19</b>
Release Preparation Program.....	19
CSOSA Outreach .....	19
Job Search Opportunities .....	19
Inmate Feedback.....	20
Recommendations .....	20
<b>VIII. Inmate Feedback.....</b>	<b>21</b>
Inmate Concerns .....	21
Inmate Positive Comments.....	25
<b>Endnotes .....</b>	<b>26</b>
<b>Appendix A: FCI Petersburg Medium Demographics Overview .....</b>	<b>34</b>
<b>Appendix B: FCI Petersburg Medium Medical Indicators .....</b>	<b>35</b>
<b>Appendix C: FBOP Response to Report .....</b>	<b>36</b>

## Inspection Methodology

The CIC conducted an onsite inspection of FCI Petersburg Medium on August 18, 2014, and collected and reviewed information 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 23 DC inmates, and document review.

Prior to the onsite inspection, the CIC communicated with all incarcerated DC residents at FCI Petersburg Medium, 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 final published report.

## Executive Summary

### FCI Petersburg Medium

**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 18, 2014

### INSTITUTION PROFILE

**Security Level:** Medium  
**Rated Capacity:** 1,108  
**Occupancy\*:** 1,702 (152% capacity)  
**DC Inmates\*:** 176 (10.3% of total population)  
**Avg Age of DC Inmates:** 41.1 years old  
**Avg Sentence of DC Inmates:** 90 months  
**Inmate-to-Staff Ratio:** 5.3 : 1

*\*As of August 2014*

### KEY FINDINGS

- **Overcrowding:** The facility is currently operating at 152% capacity with an inmate-to-staff ratio of 5.3 to 1.
- **Staff-Inmate Interactions:** DC inmates provided mixed feedback about staff that ranged from helpful to disrespectful.
- **Staff Diversity:** The racially diverse staff reflects the diversity of inmates.
- **DC Inmate Treatment:** DC inmates reported disparate and unfair treatment from both staff and other inmates.
- **Medical Staff:** Health Services has one doctor (32 staff total) for the entire Petersburg complex.
- **Sex Offender Management Program (SOMP):** At Petersburg Medium, 48% of inmates were convicted of sex offenses. Petersburg Medium is one of nine facilities in the country that offers SOMP, a 400 hour program that provides treatment and therapy to inmates convicted of sexual offenses nearing the end of their sentence.
- **Programming:** DC inmates sentenced for a crime before 2000 experience difficulty accessing programming because eligibility is determined by the back number of an indeterminate sentence.
- **UNICOR:** Inmates learn valuable skills while producing items for various government entities. UNICOR reduces recidivism, and the factory at Petersburg Medium employs 230 inmates, 20% of whom are DC inmates.
- **Religious Services Programming:** Under the leadership of the Supervisory Chaplain, Religious Services provides important programming focused on release and reentry. Religious Services also organizes the Universal Children's Day event.
- **Visitation:** Inmates confirmed that the distance of the facility from DC allows for frequent visitation.
- **Daily Life:** Daily life services provided, including recreation and meals, are satisfactory.
- **Computation, Designation, and Parole:** DC inmates provided the most number of concerns around sentence computation, security designation, and parole. Key topics include an inability to transfer to a low-security facility.

## **RECOMMENDATIONS**

1. Monitor staff conduct to ensure fair treatment of DC inmates.
2. Hire additional doctors and shorten wait time for medical care.
3. Implement additional educational, vocational, and employment programming while also facilitating new employment opportunities.
4. Use front number of indeterminate sentence to determine programming eligibility.
5. Ensure that inmates are provided adequate release planning.

## I. Facility Overview

---

Federal Correctional Institution (FCI) Petersburg Medium is a medium security facility in Hopewell, Virginia for male inmates. Part of Federal Correctional Complex (FCC) Petersburg, the facility is located in the proximity of FCI Petersburg Low and a satellite prison camp. A total of 176 DC residents make up 10.3% of the population at Petersburg Medium. The rated capacity of the facility is 1,108. At the time of the CIC inspection, the total population was 1,702, which represents 154% of capacity. The inmate-to-staff ratio was 5.3:1.<sup>1</sup> A chart with inmates' demographic information is provided at Appendix A.

### General Population Housing Units

CIC inspected two pods in two different housing units during the onsite visit: Unit E-North and Unit C-South. The facility overall is comprised of six units of 130 inmates each. Each unit houses two to four inmates per cell. E-North housed between six and eight DC inmates. General population housing units have access to TRULINCS as well as televisions, phones, computers, and microwaves for inmate use located in the common area.

### Special Housing Unit (SHU)

The Special Housing Unit (SHU), often referred to as segregated housing, is designed to securely separate inmates from the general inmate population.<sup>2</sup> Inmates in the SHU are generally confined to their cells for 23 to 24 hours a day. FBOP policy provides for five hours of recreation time per week, which ordinarily should occur in one-hour periods on separate days.<sup>3</sup> Inmates are also permitted to receive one non-contact visit per month and make one 15-minute phone call per month.<sup>4</sup> Inmates may be allowed to make additional calls in the event of an emergency or death.<sup>5</sup> Notably, the staff has not had to use a four-point hold in the past two years. Staff also maintains a list of inmates who have mental health concerns, including those believed to be suicidal.

Inmates in the SHU are classified under either disciplinary or administrative status. Disciplinary segregation is a punishment for rule violations or other prohibited acts, while administrative detention is considered non-punitive.<sup>6</sup> Administrative detention can be for various reasons, including new arrivals awaiting unit designation, inmates awaiting transfer to another facility, the investigation or protection of an inmate, or other safety or security concerns.<sup>7</sup> The BOP response stated that administrative detention is not routinely used for new inmates awaiting designation.

The SHU at Petersburg Medium serves the entire Petersburg complex, including FCI Petersburg Low and the satellite prison camp at Petersburg. It is designed to house 212 inmates, and the average stay is 14 days. At time of the CIC inspection, 98 inmates were in the SHU, including at least one DC inmate and 10 other inmates designated as holdovers awaiting transfer. As of March 2016, there were 131 inmates housed in the SHU with 24 DC offenders awaiting transfer.

Unit team staff conducts daily rounds. A member of the medical staff conducts rounds twice per day, and Health Services has a satellite office in the SHU. Psychology Services conducts mental health rounds once per day and are on-call every day and available by request. Regarding staff re-assignment from the SHU to other units, BOP response reports that all non-probational staff rotates quarterly with probationary staff rotating on a monthly basis.

A law computer is available in the SHU for access to LexisNexis,<sup>8</sup> and book carts provide reading options to inmates. SHU inmates have access to the commissary for purchasing items. Inmates in the SHU also have access to educational programming, including adult literacy classes, and can continue their progress on various subjects.

### **Inmate Feedback**

The CIC received three concerns from DC inmates regarding the poor quality of the facility and two concerns about the SHU. One inmate stated that the SHU is terrible, particularly the cells are bad. Another complaint involves the loss of good time and institutional jobs as a result of disciplinary infractions. The CIC received one positive comment that the SHU is “pretty fair.”

DC inmates provided 11 positive comments about the helpful staff, unit team, and case manager. They reported 17 concerns regarding staff conduct that included disrespectful staff as well as staff retaliation for filing grievances. The CIC also received six concerns regarding discrimination against DC inmates by staff and by other inmates.

### **Recommendations**

- 1. Monitor staff conduct to ensure fair treatment of DC inmates:** Compared to many other facilities the CIC has inspected, FCI Petersburg Medium received an above average number of positive feedback from DC inmates regarding staff. However, because there were also noteworthy concerns, the facility should work to ensure high performance across staff members. Executive staff should also address the reported disparate treatment of DC inmates and train staff accordingly to ensure that there is no disparate treatment of inmates based on race, ethnicity, or locality.



## II. Health Services

---

FCI Petersburg Medium is a Medical Care Level II facility and a Mental Health Care Level II facility. It provides programs on suicide prevention, substance abuse, and sex offenses.

### Medical Care

FCI Petersburg Medium is a Medical Care Level II facility.<sup>9</sup> The Health Services Department includes one doctor, three physician assistants (PAs), one nurse, two paramedics, a contract X-ray technician, a regional psychiatrist for tele-psychiatry, outside consultants, and additional support staff. In total, Health Services has 32 staff at the Petersburg complex, including the low security facility and the camp. As of March 2016, there were 10 vacant positions in the Health Services Department. A broad range of outside consultants come into the facility to assist with inmate care. For serious medical issues, inmates are also transported to either John Randolph Medical Center or Southside Regional Medical Center, which are located 3.8 miles and 11.2 miles from the facility, respectively.

Each PA is assigned to approximately 200 chronic care patients. The average wait time for sick calls is up to two weeks. Health Services can accommodate routine procedures including X-rays, routine examinations, medication, chronic care concerns, and basic life support. Health Services also includes an exam room, a procedure room for life threatening situations, negative pressure rooms for contagious diseases, and an outpatient clinic. Lab work is done at the facility, and medical records are stored electronically.

Pursuant to FBOP policy, inmates submit a cop-out request to receive medical care.<sup>10</sup> 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.<sup>11</sup>

Although current information on medical indicators was not available to CIC, a table with information for 2011 is available at Appendix B.

### Medication

Petersburg Medium has a Pyxis MedStation 4000<sup>12</sup> for dispensing and tracking medication and prescriptions. Medication is provided twice daily through a pill line. Psychotropic medication is provided to responsible inmates in a 30-day supply for self-care. Inmates are expected to check their own blood sugar.

### Disability Accommodations

Petersburg Medium has three inmates who are in wheelchairs. Accommodations include wheelchair accessible cells in the housing units and tables in the dining hall.

## **Dental Care**

Dental care is provided onsite at the facility. Petersburg Medium has three dentists, two dental hygienists, and three dental assistants, including a student from Virginia Commonwealth University. The wait time for ordinary procedures such as check-ups and routine cleanings is four months. The wait time for dentures is set according to an FBOP-wide list. In August 2014, Petersburg Medium was working on dentures for inmates who submitted their cop-outs in 2011.

## **Mental Health Care**

Petersburg Medium is a Mental Health Care Level II facility.<sup>13</sup> The facility also houses several Mental Health Care Level III inmates. Psychology Services includes a Chief Psychologist and three psychologists for general population. The sex offenders program has an additional two psychologists and two treatment specialists. The Chief Psychiatrist was recently hired at the time of the CIC inspection. Facility staff noted that Petersburg Medium was short on personnel in the Psychology Services Department.

Staff reported that approximately 25% of inmates have mental health care needs and 20% of inmates are on psychiatric medication.<sup>14</sup> Group therapy is available, and individual therapy is available “as needed.”

## **Suicide Prevention**

FBOP policy requires facilities to implement suicide prevention practices.<sup>15</sup> A mental health screening is conducted upon intake, including a screening for suicide risk.<sup>16</sup> Additionally, inmates may refer themselves or be referred by staff to Psychology Services for an evaluation.<sup>17</sup> Inmates who pose a suicide risk at intake or a later time are placed on Suicide Watch, which requires constant visual surveillance.<sup>18</sup> Only the Program Coordinator may take an inmate off Suicide Watch.<sup>19</sup> After an inmate is taken off Suicide Watch, follow-up evaluation and care is required.<sup>20</sup>

The suicide prevention program and Suicide Watch at Petersburg Medium operate in accordance with FBOP guidelines. Inmates placed on Suicide Watch are monitored constantly by staff. They are placed in special observation cells and provided with a suicide-proof mattress, smock, and blanket. Follow-up care is provided after an inmate leaves Suicide Watch. At the time of the CIC inspection, no inmates were on Suicide Watch.

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

RDAP is a voluntary treatment program available to inmates with a documented alcohol or substance abuse problem.<sup>21</sup> 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.<sup>22</sup> Intended as a comprehensive counseling program, RDAP uses cognitive behavioral therapy to teach positive social attitudes and behaviors.<sup>23</sup> Inmates who qualify begin with a residential treatment program and then participate in follow-up treatment and community-based treatment.<sup>24</sup> The residential portion includes three phases: Orientation Phase, Core

Treatment Phase, and Transition Phase.<sup>25</sup> 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.<sup>26</sup>

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.<sup>27</sup> Inmates must remain in Follow-Up Treatment for 12 months or until transferred to a Residential Reentry Center (RRC).<sup>28</sup> The final component of RDAP is the Community Transitional Drug Abuse Treatment (TDAT), which usually occurs during a 120-day placement at an RRC.<sup>29</sup> Inmates who successfully complete RDAP may qualify for up to a year of sentence reduction, and a facility may also offer its own incentives.<sup>30</sup>

RDAP units are typically cleaner and display a more positive atmosphere than other general population units. The RDAP Unit at Petersburg Medium is American Psychological Association accredited<sup>31</sup> and can accommodate 95 inmates. As of March 2016, RDAP was operating at full capacity and included five DC inmates. Staff includes four residential treatment specialists, with approximately 24 inmates assigned to each one. The waiting list for the Petersburg complex included 55 inmates. The treatment focuses on the impact of drugs on the inmates, their health, their family, and the community.

### **Sex Offender Management Program (SOMP)**

The Sex Offender Management Program (SOMP) is available for moderate to low risk individuals convicted of sexual offenses who are generally within three to four years of release.<sup>32</sup> An important goal of SOMP is to improve the climate at the institution and reduce the need for placement in protective custody.<sup>33</sup> Overall, the Core Program Elements include risk assessment, an individualized treatment plan, clinical supervision, cognitive behavioral therapy, therapeutic communities, and activities that stress pro-social values.<sup>34</sup>

SOMP can be offered as either a residential program or a non-residential program.<sup>35</sup> For the non-residential program, treatment ordinarily entails at least 144 hours of direct contact with treatment staff over nine to 12 months.<sup>36</sup> For the residential program, treatment ordinarily entails at least 400 hours of programming, with 10 to 12 hours per week over 12 to 18 months.<sup>37</sup> For either program, the treatment proceeds in three phases: Orientation Phase, Core Treatment Phase, and Transition Phase.<sup>38</sup> The Core Treatment Phase includes psycho-education modules and a group application process.<sup>39</sup> At the discretion of the SOMP Coordinator, inmates may also be required to participate in specific follow-up programming, such as individual counseling or community meetings.<sup>40</sup> All inmates who complete SOMP and are placed at a Residential Reentry Center (RRC) are required to continue treatment in the Community Transition Sex Offender Treatment Program under the supervision of the Transitional Drug Abuse Treatment (TDAT) staff.<sup>41</sup>

Petersburg Medium has a large number of inmates convicted of sex offenses, representing approximately 48% of the population. Out of the inmates convicted of sex offenses, 25% have mental health needs. SOMP at the facility is non-residential, and staff includes two psychologists and two treatment specialists. The program proceeds in two phases, and inmates meet once a

week at the beginning of the program. The psycho-education phase provides inmates with tools and skills, while the application phase teaches inmates to apply the skills they learned to their specific cases.

### **Inmate Feedback**

The CIC received one positive comment from a DC inmate who received “excellent” dental work.

DC inmates submitted a total of 25 concerns regarding health services, including poor quality of health care and long wait times. Inmates are particularly concerned about serious medical conditions that are not being addressed (e.g., heart problems, Hepatitis C, HIV, orthopedic surgery). The CIC also received two concerns regarding mental health care, including that it is difficult to access mental health services.

### **Recommendations**

- 2. Hire additional doctors and shorten wait time for medical care:** Although the Health Services department has 32 staff members, there is only one doctor. Given that Petersburg Medium is a Medical Level Care II facility, the CIC recommends hiring additional full-time doctors who have the necessary expertise to address inmates’ serious medical needs. The CIC recommends that the FBOP increase incentives and provide salaries commensurate to local non-prison health care practitioners to attract more candidates. The facility should also prioritize shortening the current wait time for a sick call from two weeks to less than one week.

### III. Education and Programming

#### Education Indicators

Education Program Enrollment (FY 2013)		
	March 2014 Enrollment	Total Completed
GED Programs	176	54
ESL Programs	10	2
Parenting Programs	51	51
Post-Secondary Education	0	0
Occupational/Vocational Programs	85	169

*Source: Federal Bureau of Prisons. Statistics dated October 2013 to March 2014.*

#### Education Services

Education is a significant factor in reducing recidivism.<sup>42</sup> 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.<sup>43</sup> 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 Medium offers both GED and pre-GED courses. Additional classes include English as a Second Language (ESL), special education, adult continuing education, and parenting. Seven adult continuing education classes are available, and the facility also offers a class on a word processing program. Additional educational classes will be introduced on computers; however, at the time of the CIC inspection these classes were not yet available. Education classes are taught by six teachers. At the time of the CIC inspection, 69 out of the 182 DC inmates at Petersburg Medium were enrolled in educational classes. Additionally, there were five DC inmates enrolled in the GED program. Staff noted lower education levels and less participation in GED classes by DC inmates.

Petersburg Medium offers college correspondence classes through Stratford University. Inmates pay for the tuition and books. In total, 15 inmates are enrolled, including one DC inmate.

As of March 2016, there were 14 DC inmates enrolled in the GED course, one in ESL, and 141 have completed at least one ACE course.

#### 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.<sup>44</sup> As

of March 2016, 27 DC inmates were enrolled in at least one vocational training program. Petersburg Medium offers four vocational training programs: carpentry, HVAC, plumbing, and landscaping. All four vocational training programs are registered with the U.S. Department of Labor. Participation in vocational training requires a GED.

The carpentry apprenticeship has 30 inmates in each class. During the one-year program, students build a house, including the foundation and windows. The program offers certification by the National Association of Home Builders. Many DC inmates have participated, and ten have completed the apprenticeship.

Petersburg Medium also offers one apprenticeship program that involves AutoCAD (computer-aided design) that is certified by the Virginia Apprenticeship Council and the U.S. Department of Labor Bureau of Apprenticeship and Training.

In addition, the facility offers employment skills classes and an annual mock job fair in which inmates can visit information booths set up by visitors and participate in mock job interviews and other activities. For DC inmates, Free Minds Book Club & Writing Workshop<sup>45</sup> has participated in the job fair and the employment skills classes. As of October 2015, the group had made its first visit to the facility. Free Minds staff engaged inmates in poetry writing and work-shopped a variety of issues touching on employment, mental health, positive change, self-motivation, intrapersonal skills and other reentry-related topics. The Free Minds workshop was a huge success.

### **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.<sup>46</sup> UNICOR offers valuable vocational skills and employment training as well as a demonstrated reduction in recidivism rates.<sup>47</sup> In 2014, 62 FBOP facilities had a UNICOR program, for a total of 78 factories employing over 12,000 inmates.<sup>48</sup>

Petersburg Medium has a UNICOR factory that employs approximately 230 inmates, including 36 DC inmates as of March 2016. Inmates must have a GED or be participating in good standing within the GED program to be employed at the UNICOR factory. At the time of the CIC inspection, approximately 500 inmates were on the waiting list. Petersburg Medium uses three waiting lists for its UNICOR program: the general waiting list, inmates who previously worked for UNICOR or are within 24 months of release, and inmates who have financial obligations. Inmates are pulled evenly off the lists. The pay grade, which varies according to education level, ranges from \$0.23 to \$1.35 per hour.

The factory sorts and boxes plastic hangers for reuse and recycling through a partnership with the company JDM Sorting. Buyers then purchase and use the hangers for government and overseas products. The factory sorts 130 styles of hangers, with 72 million hangers sorted last year. Staff noted that the program provides great training opportunities, including positions as clerks, foremen, lead men, dock workers, and forklift operators. Inmates learn “soft” skills as well. The development of “soft” skills allows inmates to become marketable by learning

transferrable skills that include: communication skills, time management and working with others. These “soft” skills can be used in various career settings.

### Inmate Feedback

The 13 concerns the CIC received from DC inmates included reports of little to no programming and difficulty obtaining special education programming. One inmate indicated that DC inmates have difficulty getting programming because eligibility depends on the back number, and some inmates have a life sentence.

The CIC received three positive comments from inmates, including participation in programming and college classes as well as employment through UNICOR.

### Recommendations

3. **Implement additional educational, vocational, and employment programming while also facilitating new employment opportunities:** To address inmate concerns regarding little to no programming, FCI Petersburg Medium should provide additional educational and vocational opportunities and ensure that at least half of the compound is working more than 20 hours/week. This practice would also have the added benefit of reducing overcrowding in units during working hours and increasing institutional safety. Implementing additional programming will not reduce the overcrowding; however, it will temporarily relieve the consequences of overcrowding that includes, but is not limited to tension and violence.
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. The CIC recommends that FCI Petersburg 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 Medium indicated that the average wait time to see the DHO for a hearing is four to seven business days for inmates in the SHU; and the average wait time for inmates in general population is between 15-45 days. The most frequent infractions brought before the DHO are sex acts and fighting, and the most frequent infractions at the facility are possession of drugs or alcohol, refusal to obey an order, insolence to staff, presence in an unauthorized area, and fighting.

### Significant Incidents

Facility locked down	1
Inmate suicides	0
Inmate homicides	0
Inmate deaths from natural causes	2
Inmate assault on inmate, with weapon	2
Inmate assault on inmate, without weapon	12
Inmate assault on staff, with weapon	1
Inmate assault on staff, without weapon	7
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	1
Inmate escape from secure facility	0
Inmate escape from non-secure facility	3
Inmate sexual act, non-consensual, on inmate	0
Inmate sexual assault on staff	0
Inmate sexual contact, abusive, on inmate	4
Staff uses of chemicals	0
Staff uses of force	6
Staff uses of restraints	7
Form 583 reports filed by staff (reports to Central Office) <sup>49</sup>	66

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.<sup>50</sup> The process begins with an attempt at informal resolution that typically begins the Administrative Remedy Process, which includes 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.<sup>51</sup> 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.<sup>52</sup> The tables below provide an overview of the categories with the most numerous administrative remedy filings submitted at each level regarding FCI Petersburg Medium, as well as requests related to the SHU.

Facility Level Requests (BP-9s)					
	Submitted	Rejected	Filed	Answered	Granted
Medical	160	38	122	4	1
UDC Actions <sup>53</sup>	51	24	27	1	0
Mail	49	17	32	2	0
Jail Time Credit	49	25	24	9	0
Classification	41	13	28	5	0
Staff Complaints	36	17	19	1	0
Regional Office Appeals (BP-10s)					
	Submitted	Rejected	Filed	Answered	Granted
DHO Appeals <sup>54</sup>	101	52	49	17	6
Medical	61	17	44	2	0
Jail Time Credit	23	8	15	8	0
UDC Actions	22	8	14	3	3
Staff Complaints	22	14	8	1	0
Central Office Appeals (BP-11s)					
	Submitted	Rejected	Filed	Answered	Granted
Medical	30	11	19	0	0
DHO Appeals	22	10	12	2	0
Jail Time Credit	20	4	16	2	0
Classification	10	2	8	1	1
Staff Complaints	8	5	3	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)	18	15	3	4	0

DC Corrections Information Council (CIC)  
Inspection Report: FCI Petersburg Medium

BP-10s (Regional Office)	6	5	1	2	0
BP-11s (Central Office)	7	6	1	1	0

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

### **Inmate Feedback**

The CIC received one concern from a DC inmate who described the grievance process as “failing.”

### **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. Communication and Visitation

---

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

### Visitation

Petersburg Medium participated in the first Universal Children's Day in November 2013. This FBOP-wide annual program allows for children to connect and bond with their incarcerated parents over a weekend. Each facility hosts children's activities as well as other activities and workshops for the parents and children. The close proximity to DC creates an opportunity for consistent family visitation.

### Communication

#### *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 Medium, regardless of how many messages are sent or received, the cost is five cents per minute.

#### *Mail:*

Pursuant to federal regulation, ordinary mail may be opened and inspected for contraband and content outside of an inmate's presence.<sup>55</sup> Special mail, including legal mail, must be opened in the recipient inmate's presence and inspected only for contraband.<sup>56</sup> For outgoing special mail, an inmate may seal the envelope prior to giving it to staff and the mail is not subject to inspection.<sup>57</sup> Petersburg Medium 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.

### Inmate Feedback

The CIC received three positive comments from DC inmates about receiving frequent visits. CIC received two concerns from DC inmates: one reported poor treatment of visitors, and one was concerned about price of phone calls.

## **Recommendations**

The CIC commends Petersburg Medium for its participation in Children's Day. The CIC encourages following proper protocol regarding communications and does not have any key recommendations on this topic at this time.

## **VI. Daily Life Services**

---

### **Religious Services**

Petersburg Medium has eight dedicated Religious Services staff, including the Supervisory Chaplain, four other chaplains, and three support staff. At least 18 different faith groups are represented at the facility, with Muslim and Protestant as the largest bodies. The facility has an indoor chapel, an outdoor worship area, and a sweat lodge. The facility library has religious books, CDs, and DVDs. Baptisms are offered by an ordained clergy member. There are over 100 Religious Services volunteers, including college students, who run various faith groups, reentry programs, and educational classes within the facility. In reference to the inmates who engage in religious services activities at FCI Petersburg Chaplain Houston stated that there is “a lot of authenticity” on behalf of the inmates regarding religious devotion. The CIC found the Supervisory Chaplain to be a commendable; he projects positive energy at the facility.

### **Recreation**

Petersburg Medium has a variety of recreation activities. The Recreation Department includes 15 staff and offers 60 classes. Indoor activities include hobby craft, music, and wellness programs. Around 175 inmates can use the indoor activity area at a time. Staff described the music program as comprehensive and all inclusive. There are reportedly 60 variations of music classes and they range from beginners, intermediate to advance. In the hobby craft program, inmates use tools for leather crafting and croquet. Inmates pay to be in the program and can put in special purchase orders for needed items. Participants must stay active in the program to remain in it.

Outdoor activities include space for basketball, soccer, flag football, volleyball, softball, hockey, and handball. Outdoor activity areas are available from 6:00 AM to 8:00 PM. Tournaments in various sports are held at the facility.

### **Library**

Petersburg Medium has a library where inmates are able to read magazines, newspapers, and books as well as watch movies and listen to tapes. The library is open six days a week and four nights a week. Magazines and newspapers are based on inmates’ choice, and books not available onsite at the facility are available through the interlibrary loan program that allows inmates to borrow books from the local library. Inmates in the SHU have access to book carts that provide reading options.

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

## **Meals**

Food Service at Petersburg Medium employs 238 inmates, broken into two shifts. The dining hall can seat up to 360 inmates. Staff stands main line during lunch and is available to answer inmate questions and address concerns. The facility follows standard FBOP menu guidelines.<sup>58</sup> The approximate expense per inmate for meals is around \$2.85 to \$2.90 a day. The facility also has a bakery and butcher shop, and includes wheelchair accessible tables for the three inmates in wheelchairs.

Petersburg Medium offers vegetarian, heart-healthy, and religious meal options. The facility offers one religious diet, which meets the least restrictive means under FBOP guidelines for Halal and Kosher requirements. Mostly Muslim and Jewish inmates receive the religious diet meals, which arrive sealed at the facility and are stored in a separate kitchen area that has its own microwave. Between 35 to 50 inmates are on special or religious diets. Vegetarians are given daily options on the main line that include peanut butter and jelly sandwiches, cottage cheese, soy products, and vegetables. The facility also offers a heart-healthy meal option. For breakfast, a continental and hot breakfast is rotated, with a brunch on Sunday. Inmates in the SHU eat the same meals as the general population, with the meals prepared in the main kitchen and then transported to the SHU.

## **Commissary**

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

## **Inmate Feedback**

One inmate expressed concern over the mark up on commissary items.

## **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

---

At the time of the CIC inspection, approximately 14.2% of DC inmates were set to be released in 12 months or less (full breakdown available at Appendix A). As of March 2016, there were 37 DC inmates set to be released in the next 12 months.

### **Release Preparation Program**

All FBOP facilities follow a Release Preparation Program (RPP) intended to prepare inmates for community reentry upon release.<sup>59</sup> At FCI Petersburg, the current calendar lists 18 courses and classes ranging from one hour to over a hundred hours to complete. The program operates at both the unit and facility level, and institutions are responsible for developing their own curriculum. Topics include health and nutrition, employment, personal finance/consumer skills, information/community resources, release requirements and procedures, and personal growth and development. Staff members from the respective departments most familiar with these topics teach most of the RPP classes. Outside instructors include staff from U.S. Probation, CSOSA, Hope House, MCV Hospital, and Cherry Creek Svc LLC.

The program is overseen at the facility level by the Unit Team. Along with an inmate's case manager, the RAC coordinates placement in a Residential Reentry Center (RRC, also known as a halfway house) as an inmate nears the end of his sentence.<sup>60</sup> For male DC inmates in FBOP custody, the RRC is Hope Village, in Southeast DC.<sup>61</sup>

As of March 2016, a total of 107 DC inmates were enrolled in RPP, and seven have completed the program.

### **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. Petersburg Medium has participated quarterly. 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 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.

### **Job Search Opportunities**

“JOBview 2<sup>nd</sup> 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 Medium has two kiosks available for inmates.

## Inmate Feedback

Compared to other categories, the most number of concerns the CIC received from DC inmates at Petersburg Medium were about sentence computation, security designation, and parole (27 concerns total). The CIC received 11 concerns about the faulty parole system, including delays in seeing the parole board and misunderstandings around using DC parole guidelines. Additionally, there were seven concerns about the lack of good time credit and five concerns about inaccurate sentence computation or inability to understand sentence computation for DC inmates. The CIC also received four concerns around security designation, specifically that certain inmates should be transferred to a low-security facility.

The CIC received two concerns from DC inmates about the lack of release planning, including one report that the inmate will be homeless after release.

## Recommendations

- 5. Ensure that inmates are provided adequate release planning:** FCI Petersburg Medium should ensure that the RPP covers all necessary areas and that the length of the program is sufficient to ensure successful reentry.



## 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. Inmates may submit more than one concern per category.

### Inmate Concerns

**Total Concerns Reported: 101**

<b>Sentence Computation, Security Designation, and Parole</b> (Total Concerns: 27)	
<b>Sentence Computation</b>	<ul style="list-style-type: none"><li>• DC law doesn't pertain to federal law; the time is not computed correctly.</li><li>• FBOP doesn't understand sentence computation for DC inmates.</li><li>• Inmate wants DC guidelines back and doesn't like being treated like a federal inmate.</li><li>• FBOP aggregated sentence one and sentence two together but was not supposed to.</li><li>• Inmate's sentence computation is incorrect as it is based on his sentence date and not the date the crime was committed.</li></ul>
<b>Good Time Credit</b>	<ul style="list-style-type: none"><li>• No good time credit. [x2]</li><li>• Good time credit is not being computed.</li><li>• Cannot get good time credit. Work to get time but cannot get it.</li><li>• Do not receive good time for time served.</li><li>• Good time not being applied to sentence.</li><li>• Not getting any good time even though inmate was sentenced under the old law.</li></ul>
<b>Designation/Security Classification</b>	<ul style="list-style-type: none"><li>• Inmate is in a medium security facility but believes he should be in low.</li><li>• Inmate has four or five points and is at a medium-security level facility, but should be at a low or camp.</li><li>• Wouldn't allow inmate to transfer out of USP for some time even though he only had nine points.</li><li>• No points but cannot transfer to a low.</li></ul>
<b>Health Services</b> (Total Concerns: 25)	

<p><b>Medical</b></p> <ul style="list-style-type: none"> <li>• Cannot get care needed from medical.</li> <li>• Medical is not too good. (x2)</li> <li>• Facility does not provide medical care to inmates.</li> <li>• No preventative care.</li> <li>• No urgency in medical care.</li> <li>• Medical drags on and on.</li> <li>• Inmates have lost their life because of the lack of care. They had conditions that could have been treated.</li> <li>• Inmate is dying because he is not getting any treatment. His health is deteriorating, and he has several urinary infections and arthritis.</li> <li>• Medical needs are not addressed. Inmate had chest pain and was told he had gas. Informed Warden and got no response.</li> <li>• Medical problem involving bleeding not addressed and has been ongoing for six months.</li> <li>• Cannot get help for Hepatitis C.</li> <li>• Chronic care patient with HIV takes meds but isn't seen quarterly like he's supposed to be. Others have died because of no medical treatment.</li> <li>• Chronic care patient is not seen quarterly; glaucoma and heart conditions not addressed.</li> <li>• Inmate has irregular heart beat and should be getting an EKG.</li> <li>• Inmate was told he had a heart infection when he really had plaque.</li> <li>• Need surgery for back and can't get it.</li> <li>• Knee requires surgery because it is torn and painful, but inmate hasn't gotten surgery yet.</li> <li>• Medical sucks; inmate's hand has been broken for over a year, and he needs surgery.</li> <li>• Came into facility with broken ankle and cannot get X-ray for ankle or even the first X-ray from the doctor. Inmate needs a doctor to see him.</li> <li>• \$2.00 for each medical service.</li> <li>• \$2.00 co-pay.</li> <li>• Inmate does not like charge of \$2.00 for medical care.</li> </ul>
<p><b>Mental Health</b></p> <ul style="list-style-type: none"> <li>• Mental health needs are not addressed.</li> <li>• Psychology Services take too long to respond.</li> </ul>
<p style="text-align: center;"><b>Staff Conduct</b> (Total Concerns: 17)</p>
<p><b>Staff Attitude</b></p> <ul style="list-style-type: none"> <li>• Staff are 50/50 good and bad.</li> <li>• Approximately 40% of staff are respectful, but 60% are disrespectful.</li> <li>• A lot of staff are disrespectful.</li> <li>• A few staff members are helpful, but the rest are disrespectful.</li> <li>• Staff is a little detached/unprofessional when it comes to the inmates.</li> <li>• Staff is unprofessional.</li> <li>• Warden is unprofessional.</li> <li>• More professionalism is desired.</li> <li>• Staff speaks to people in a dangerous way.</li> <li>• Staff members only give the impression that they're willing to help.</li> <li>• Staff is terrible and indifferent; inmates have no voice.</li> </ul>
<p><b>Staff Retaliation</b></p> <ul style="list-style-type: none"> <li>• Staff retaliates against inmates for filing grievances or complaining.</li> </ul>
<p><b>Cop-Outs</b></p>

<ul style="list-style-type: none"> <li>No response to cop-outs.</li> </ul>
<b>Case Manager</b> <ul style="list-style-type: none"> <li>Inmate brought concern about sentence designation to case manager, but case manager does not know what to do with DC inmates.</li> <li>Case managers just don't understand DC law and regulations.</li> </ul>
<b>Counselors</b> <ul style="list-style-type: none"> <li>Counselor is disrespectful.</li> </ul>
<b>Grievances</b> <ul style="list-style-type: none"> <li>Grievance process is failing.</li> </ul>
<p style="text-align: center;"><b>Education and Programming</b> (Total Concerns: 13)</p>
<b>General</b> <ul style="list-style-type: none"> <li>No programming.</li> <li>No programming for DC inmates, and waiting list is too long, mainly for DC inmates.</li> <li>Inmate wants more vocational training programs.</li> <li>Inmate has already taken all available programs.</li> <li>Inmate needs special education.</li> <li>Inmate requires special education, which means he can't do a lot of the programming. Need slow learning and disability programming.</li> <li>Because of life sentence, inmate has difficulty getting into classes or programming.</li> <li>DC inmates are put on the back burner when it comes to programming because they judge by just the back number (e.g. life). Go to bottom because of life sentence, especially at FCI.</li> <li>Inmate already has GED and has completed RDAP, but computer skills are not taught.</li> </ul>
<b>Work Issues</b> <ul style="list-style-type: none"> <li>Pay for work in chapel reduced from \$4.80 to \$2.80.</li> <li>Inmate cannot get a job, and staff will not give him a job because they told him that he files too many administrative remedies.</li> </ul>
<b>Victim Impact Class</b> <ul style="list-style-type: none"> <li>Trying to get into class but hasn't had a class in five to six months.</li> </ul>
<b>RDAP</b> <ul style="list-style-type: none"> <li>RDAP is late getting started.</li> </ul>
<p style="text-align: center;"><b>DC Specific Issues</b> (Total Concerns: 6)</p>
<b>DC Inmates</b> <ul style="list-style-type: none"> <li>Staff and inmates don't like DC prisoners.</li> <li>Systematic discrimination against DC inmates. Find ways to deny opportunities to DC inmates.</li> <li>Need to treat DC inmates as individuals.</li> <li>Staff treats DC guys differently.</li> <li>Treated differently by staff because inmate is from DC.</li> <li>FBOP needs to be trained on how to handle DC inmates.</li> </ul>
<p style="text-align: center;"><b>Facility Issues</b> (Total Concerns: 3)</p>
<b>Mold</b> <ul style="list-style-type: none"> <li>Mold in the ceiling and vents cause allergies.</li> </ul>
<b>Laundry</b> <ul style="list-style-type: none"> <li>White shirts don't stay white. Clothes are a health issue, and clean clothes help a person feel good about themselves.</li> </ul>

<b>Cells</b> <ul style="list-style-type: none"> <li>• Toilet flushes every 10-15 minutes in three-man cell.</li> </ul>
<b>Other Issues</b> (Total Concerns: 3)
<b>Legal Appeals</b> <ul style="list-style-type: none"> <li>• Sent appeal in court case but was told they don't have his appeal.</li> </ul>
<b>Miscellaneous</b> <ul style="list-style-type: none"> <li>• Inmates need an advocate at hearings.</li> <li>• Nobody is trying to help the inmates.</li> </ul>
<b>Communication and Visitation</b> (Total Concerns: 2)
<b>Visitation</b> <ul style="list-style-type: none"> <li>• Visitors are treated harshly and told to turn around and go back.</li> </ul>
<b>Phone</b> <ul style="list-style-type: none"> <li>• Phone calls are \$3.45 for 15 minutes.</li> </ul>
<b>Release and Pre-Release Services</b> (Total Concerns: 2)
<b>Release Planning</b> <ul style="list-style-type: none"> <li>• No release planning.</li> <li>• Inmate will be homeless after release; needs house, mentor, job, and mental health counselor.</li> </ul>
<b>Special Housing Unit and Disciplinary Hearing Officer</b> (Total Concerns: 2)
<b>SHU</b> <ul style="list-style-type: none"> <li>• SHU is terrible. Take good time and job.</li> <li>• Cells in the SHU are bad.</li> </ul>
<b>Daily Life Issues</b> (Total Concerns: 1)
<b>Commissary</b> <ul style="list-style-type: none"> <li>• Mark-up on commissary items.</li> </ul>

## Inmate Positive Comments

**Total Positive Comments Reported: 20**

<b>Staff Conduct</b> (Total Comments: 11)	
<b>General</b>	<ul style="list-style-type: none"> <li>• Staff is okay in general population.</li> <li>• Staff is fair.</li> <li>• Staff is alright.</li> <li>• Feel respected by most staff.</li> <li>• A few staff members are helpful.</li> <li>• Staff members on unit are fair.</li> <li>• Staff is professional.</li> <li>• Inmate feels safe and respected and does not fear assault.</li> </ul>
<b>Unit Team</b>	<ul style="list-style-type: none"> <li>• Unit team is involved at every juncture.</li> </ul>
<b>Case Manager</b>	<ul style="list-style-type: none"> <li>• Paperwork is in order.</li> <li>• Case managers are good at trying to help everyone.</li> </ul>
<b>Communication and Visitation</b> (Total Comments: 3)	
<b>Visitation</b>	<ul style="list-style-type: none"> <li>• Inmate gets visits.</li> <li>• Facility is close to DC, so inmate gets visitors all the time.</li> <li>• Inmate gets visitors every week.</li> </ul>
<b>Education and Programming</b> (Total Comments: 3)	
<b>General</b>	<ul style="list-style-type: none"> <li>• Inmate does a lot of programming.</li> </ul>
<b>College Correspondence Classes</b>	<ul style="list-style-type: none"> <li>• Inmate takes college classes.</li> </ul>
<b>UNICOR</b>	<ul style="list-style-type: none"> <li>• Inmate works in UNICOR and earns \$115.00 to \$200.00 a month.</li> </ul>
<b>Health Services</b> (Total Comments: 1)	
<b>Dental</b>	<ul style="list-style-type: none"> <li>• Inmate received excellent dental work.</li> </ul>
<b>DC Specific Issues</b> (Total Comments: 1)	
<b>FBOP Custody</b>	<ul style="list-style-type: none"> <li>• FBOP is good for DC prisoners.</li> </ul>
<b>Facility Issues</b> (Total Comments: 1)	
<b>SHU</b>	<ul style="list-style-type: none"> <li>• SHU is pretty fair; no problems.</li> </ul>

## Endnotes

<sup>1</sup> 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](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.*

<sup>2</sup> FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5270.10, SPECIAL HOUSING UNITS (July 29, 2011), *available at* [http://www.bop.gov/policy/progstat/5270\\_010.pdf](http://www.bop.gov/policy/progstat/5270_010.pdf) (“Special housing units help ensure the safety, security, and orderly operation of correctional facilities, and protect the public, by providing alternative housing assignments for inmates removed from the general population.”).

<sup>3</sup> *Id.*

<sup>4</sup> *Id.*

<sup>5</sup> *Id.*

<sup>6</sup> Status when placed in the SHU, 28 C.F.R. § 541.22 (2013), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/xml/CFR-2012-title28-vol2-part541-subpartB.xml>.

When placed in the SHU, you are either in administrative detention status or disciplinary segregation status.

(a) *Administrative detention status.* Administrative detention status is an administrative status which removes you from the general population when necessary to ensure the safety, security, and orderly operation of correctional facilities, or protect the public. Administrative detention status is non-punitive, and can occur for a variety of reasons.

(b) *Disciplinary segregation status.* Disciplinary segregation status is a punitive status imposed only by a Discipline Hearing Officer (DHO) as a sanction for committing a prohibited act(s).

*Id.*

<sup>7</sup> Administrative detention status, 28 C.F.R. § 541.23 (2013), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/xml/CFR-2012-title28-vol2-part541-subpartB.xml>.

You may be placed in administrative detention status for the following reasons:

(a) *Pending Classification or Reclassification.* You are a new commitment pending classification or under review for Reclassification.

(b) *Holdover Status.* You are in holdover status during transfer to a designated institution or other destination.

(c) *Removal from general population.* Your presence in the general population poses a threat to life, property, self, staff, other inmates, the public, or to the security or orderly running of the institution and:

(1) *Investigation.* You are under investigation or awaiting a hearing for possibly violating a Bureau regulation or criminal law;

- (2) *Transfer*. You are pending transfer to another institution or location;
- (3) *Protection cases*. You requested, or staff determined you need, administrative detention status for your own protection; or
- (4) *Post-disciplinary detention*. You are ending confinement in disciplinary segregation status, and your return to the general population would threaten the safety, security, and orderly operation of a correctional facility, or public safety.

*Id.*

<sup>8</sup> A searchable database providing access to legal research tools and materials.

<sup>9</sup> 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](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>.

<sup>10</sup> 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](http://www.bop.gov/policy/forms/BP_A0148.pdf).

<sup>11</sup> 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](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](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.*

<sup>12</sup> 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. CAREFUSION, MEASURABLE IMPROVEMENTS IN MEDICATION MANAGEMENT PYXIS MEDSTATION 4000 SYSTEM (2011), *available at* [http://www.carefusion.com/Documents/brochures/medication-supply-management/DI\\_Pyxis-MedStation-4000-System\\_BR\\_EN.pdf](http://www.carefusion.com/Documents/brochures/medication-supply-management/DI_Pyxis-MedStation-4000-System_BR_EN.pdf).

<sup>13</sup> 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 MENTAL ILLNESS (May 1, 2014), *available at* [http://www.bop.gov/policy/progstat/5310\\_016.pdf](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.*

<sup>14</sup> 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).

<sup>15</sup> 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](http://www.bop.gov/policy/progstat/5324_008.pdf).

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

<sup>18</sup> *Id.*

<sup>19</sup> *Id.*

<sup>20</sup> *Id.*

<sup>21</sup> 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](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](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).

<sup>22</sup> 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>.

<sup>23</sup> 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](http://www.bop.gov/policy/progstat/5330_011.pdf).

<sup>24</sup> *Id.*

<sup>25</sup> *Id.*

<sup>26</sup> *Id.*

<sup>27</sup> *Id.*

<sup>28</sup> *Id.*

<sup>29</sup> Inmates who did not volunteer for RDAP but have a documented drug abuse problem may be required to participate in TDAT 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](http://www.bop.gov/policy/progstat/5330_011.pdf).

<sup>30</sup> 18 U.S.C. § 3621(e)(2)(B). The FBOP has broad discretion to determine which inmates who have successfully completed RDAP will receive the sentence reduction. *See Lopez v. Davis*, 531 U.S. 230 (2001).

<sup>31</sup> For a discussion of the doctoral program, see <https://www.bop.gov/jobs/docs/cpdippex.pdf>. Questions relating to the program's accreditation status should be directed to the Commissioner on Accreditation:

---

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street, NE, Washington DC 20002

Phone: 202-336-5979 / Email: [apaaacred@apa.org](mailto:apaaacred@apa.org) / Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

<sup>32</sup> FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5324.10, SEX OFFENDER PROGRAMS (Feb. 15, 2013), *available at* [http://www.bop.gov/policy/progstat/5324\\_010.pdf](http://www.bop.gov/policy/progstat/5324_010.pdf).

<sup>33</sup> *Id.*

<sup>34</sup> *Id.*

<sup>35</sup> *Id.*

<sup>36</sup> *Id.*

<sup>37</sup> *Id.*

<sup>38</sup> *Id.*

<sup>39</sup> *Id.*

<sup>40</sup> *Id.*

<sup>41</sup> *Id.*

<sup>42</sup> 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](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](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](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/idoc/files/Impact\\_of\\_Education\\_and\\_Employment\\_on\\_Recidivism.pdf](http://www.in.gov/idoc/files/Impact_of_Education_and_Employment_on_Recidivism.pdf).

<sup>43</sup> 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](http://www.bop.gov/policy/progstat/5350_028.pdf).

<sup>44</sup> *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](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](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/idoc/files/Impact\\_of\\_Education\\_and\\_Employment\\_on\\_Recidivism.pdf](http://www.in.gov/idoc/files/Impact_of_Education_and_Employment_on_Recidivism.pdf).

<sup>45</sup> 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>.

<sup>46</sup> 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>.

<sup>47</sup> 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](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>.

<sup>48</sup> 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](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](http://www.unicor.gov/information/publications/pdfs/corporate/CATMC3816_C.pdf).

<sup>49</sup> 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.

<sup>50</sup> 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](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.*

<sup>51</sup> 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](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.*

<sup>52</sup> 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](http://www.bop.gov/policy/progstat/1330_018.pdf).

<sup>53</sup> The Unit Disciplinary Committee (UDC) reviews incident reports after a staff investigation and can either impose sanctions on an inmate who committed a prohibited act or refer the incident to the DHO for further review. Unit Discipline Committee (UDC) review of the incident report, 28 C.F.R. § 541.7 (2011), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2011-title28-vol2/pdf/CFR-2011-title28-vol2-sec541-7.pdf>.

<sup>54</sup> FBOP regulations direct inmates to submit initial appeals of DHO decisions to the Regional Office level (BP-10) instead of the facility level (BP-9). 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>.

<sup>55</sup> 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](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).

<sup>56</sup> 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](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](http://www.bop.gov/policy/progstat/5800_016.pdf).

<sup>57</sup> 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](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).

<sup>58</sup> FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. P4700.06 (SEPT. 13, 2011), *available at* [http://www.bop.gov/policy/progstat/4700\\_006.pdf](http://www.bop.gov/policy/progstat/4700_006.pdf).

<sup>59</sup> 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](http://www.bop.gov/policy/progstat/5325_007.pdf). Given the importance of reentry preparation for successful transition back into the community, this is an important development at the FBOP.

<sup>60</sup> Inmates must participate in the Release Preparation Program to receive placement time at an RRC.

<sup>61</sup> 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 Medium Demographics Overview

Facility Population		
Total inmates	1,702	
DC inmates <sup>1</sup>	176 (10.3% of total population)	
Rated capacity	1,180	
Percent of capacity	154%	
Inmate-to-staff ratio*	5.3	
DC Inmate Population		
Race (n=176)*		
	Number of Inmates	Percentage of Population
Black	170	96.6%
White	6	3.4%
Other	0	0%
Ethnicity (n=176)		
Hispanic	5	2.8%
Non-Hispanic	171	97.2%
Sentence Information (n=175)		
Mean sentence	196.4 months	
Median sentence	90 months	
Offense Information (n=175)		
	Number of Inmates	Percentage of Population
Violent offenders <sup>2</sup>	67	38.3%
Drug offenders	13	7.4%
Sex offenders	46	26.3%
Months Remaining to Release (n=176)		
	Number of Inmates	Percentage of Population
12 months or less	25	14.2%
13-59 months	75	42.6%
60-83 months	7	4.0%
84 months or more	69	39.2%

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.

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

<sup>2</sup> 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 Medium Medical Indicators

Diseases		
HIV	Inmates diagnosed with HIV	6
	Highest number of HIV-positive inmates indicated in ACA audit	29
	Inmates on highly active antiretroviral treatment (HAART)	25
	Inmates who have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml	12
Tuberculosis	Inmates tested for TB outside of intake screening in the prior 12 months	2,032
	Inmates diagnosed with active TB in the prior 12 months	1
	Inmates who are new converters on a TB test indicating new infection within the prior 12 months	9
	Inmates treated for latent TB in the prior 12 months	31
	Inmates who completed treatment for latent TB in the prior 12 months	1
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	21
MRSA	Inmates diagnosed with MRSA within the prior 12 months	6
Mental Health		
Inmates diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse)		380
Deaths by suicide		0
Suicide attempts		0
Other Indicators		
Completed dental treatment plans during the prior 12 months		62
Inmates transported off-site for treatment of emergency health conditions		105
Inmate admissions to off-site hospitals		60
Specialty consults ordered		974
Specialty consults completed		1,612

Source: ACA Audit conducted August 16-18, 2011. Statistics dated June 30, 2011.  
Total inmates at time of audit: 1,877. Average daily population: 2,032.

## **Appendix C: FBOP Response to Report**





U.S. Department of Justice

Federal Bureau of Prisons

Washington, D.C. 20534

MAR 15 2016

Michelle R. Bonner, Esq.  
Executive Director  
DC Corrections Information Council  
2901 14<sup>th</sup> 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 18, 2014, visit to FCI Petersburg Medium. 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:

Special Housing Unit

1. What is the current capacity in the SHU?

The capacity of the Special Housing Unit (SHU) at FCI Petersburg is 212. There are currently 131 inmates housed in that unit.

2. How long is the average stay in the SHU?

The average stay in the FCI Petersburg SHU, in calendar year 2015, was 14 days.

3. How often is the SHU staff rotated in terms of officers being re-assigned to other units?

All non-probationary staff rotate quarterly (three months) with probationary staff rotating on a monthly basis.

4. Are there any inmates in the SHU designated as holdovers awaiting transfer? If so how many of them are DC inmates?

There are currently 24 DC offender holdovers in FCI Petersburg SHU awaiting transfer.

Health Services

5. How many current Health Service vacancies?

There are currently 10 vacant positions in the Health Services department at FCI Petersburg.

6. What percentage of inmates are on psychiatric medication?

Twenty percent of the inmates at FCI Petersburg are on a psychiatric medication.

Residential Drug Abuse Program (RDAP)

7. What is the treatment capacity of the RDAP Unit?

The capacity of the RDAP Unit at FCI Petersburg is 95 inmates.

8. How many DC inmates are currently enrolled? Total inmates?

There are currently 95 inmates enrolled in the RDAP, five are DC offenders.

Programming

9. How many apprenticeship programs are offered at the facility? How many of the apprenticeships are certified, and by what entity?

There is one apprenticeship offered at FCI Petersburg. It is an AutoCAD program. The program is certified by the Virginia Apprenticeship Council, U.S. Department of Labor Bureau of Apprenticeship and Training.

10. How many DC inmates are currently employed in the UNICOR Factory?

There are currently 36 DC offenders employed by UNICOR.

Disciplinary Hearing Officer

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

The average wait time for the Disciplinary Hearing Officer is 4 to 7 business days for inmates in the SHU. The average wait time for inmates in general population is between 15 to 45 days.

#### Email & Phone

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.

What is the cost for a 15-minute phone call to DC?

The cost of a 15 minute call from FCI Petersburg to Washington DC is \$3.15.

#### Life Connections Program

13. How many staff (and what type) are in the Life Connections program?

FCI Petersburg does not have a Life Connections Program.

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

N/A

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

N/A

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

N/A

#### Release Preparation

17. How many hours is the RPP class?

The current Release Preparation Program (RPP) calendar at FCI Petersburg lists 18 courses and classes ranging between one hour to over a hundred hours to complete.

18. What topics are covered in the RPP class?

The RPP is a variety of classes and courses varying in length and effort based on six separate core categories. These include:



**Health and nutrition,** courses include disease prevention, weight management, holistic health, mental health support/counseling groups, eating and shopping nutritionally, stress management, sexuality, AIDS awareness, and physical fitness.

**Employment,** courses include resume submission/writing skills, mock Job Fairs, aptitude testing, dressing for success, job search techniques, interviewing techniques/skills, career choices, keeping a job, and relationships with co-workers.

**Personal finance/consumer skills,** courses include balancing and maintaining a checkbook, developing savings accounts, buying or leasing a car or home, managing money/credit, and living on a budget.

**Information/community resources,** courses include the role of the USPO and supervision requirements, Residential Reentry Center regulations, finding and using local social service agencies, Social Security resources, housing availability, legal requirements, and state employment services.

**Release requirements and procedures,** courses include types of releases, releases to detainers, release gratuities, conditions of supervision, disposition of personal property, release clothing, trust fund account, inmate telephone system accounts, advanced pay requests, Inmate Financial Responsibility Program post-release obligation, and reporting procedures.

**Personal growth and development,** courses include marriage enrichment, parenting, child development, discipline of children, activities for and with children, interacting with school and child care, the effect of separation on children, positive self-image, anger control, cognitive skills, substance abuse treatment programs, drug education, speech or communication classes, education, victim awareness, life skills information, relapse prevention, and developmental psychology.

FCI Petersburg is offering the following RPP classes and courses in calendar year 2016:

Aids Awareness	Forklift Certification
NFPT Personal Trainer Cert.	Money Smart
Employment Skills	Personal Finance
Mock Job Fair	U.S. Probation Office
Goodwill-Employment Prep	Supervision

Residential Re-Entry Center  
Release Procedures  
GED  
Letters from Dad  
Parenting  
Parenting Reading Program  
Psychology-Drug Programs

- Drug Education
  - Non-Residential Drug Program
  - Residential Drug Program
- Tie One On  
Universal Children's Day

**19. Who teaches the RPP class?**

Staff members from the respective departments most familiar with the topics teach most of the RPP classes (i.e. Rel. Svc, Recreation, Education, Case Management Coordinator, Reentry Affairs Coordinator, Health Services, etc.). Outside instructors include staff from U.S. Probation, C.S.O.S.A., Hope House, MCV Hospital, Cherry Creek Svc LLC.

**20. How many inmates are enrolled at one time in the RPP class?**

Class sizes vary.

Factual Clarification:

The draft report indicates the CIC inspection took place from August 2014 through February 2016, with an onsite inspection occurring on August 18, 2014. The Bureau is not aware of any communication or inspection of FCI Petersburg Medium by the CIC since August 18, 2014.

The draft report states FCI Peterburg is one of the only facilities to offer a Sex Offender Management Program (SOMP) in the country. There are currently nine additional facilities with a SOMP.

In the Special Housing Unit (SHU) section, the draft report mentions "Staff also maintain a list of inmates who may be potentially suicidal." The list maintained in the SHU contains the names of those inmates that have mental health concerns, including those believed to be suicidal. The draft report also describes inmates placed in Administrative Detention, "...can be for various reasons, including new arrivals awaiting unit designation, inmates awaiting transfer to another facility, the investigation or protection of an inmate, or other safety or security concerns." Administrative Detention is used for inmates pending classification or reclassification, holdovers, inmates removed from General Population for investigation,



transfer, protection or post-disciplinary purposes. Placement in SHU, Administrative Detention is not routinely used for new inmates awaiting unit designation. Staff are available upon the inmate's arrival at intake screening to review the inmate for appropriate unit placement.

Under the Mental Health Care section, the draft report indicates there is a Chief Psychiatrist. This should correctly reflect Chief Psychologist.

The draft report expressed numerous concerns with DC offender's belief their DC Superior Court sentences are not calculated correctly because the Bureau doesn't understand them. The DC Superior Court cases are computed by a specific DC calculations team (Alpha Team) at the Bureau's Designations and Sentence Computation Center. The sentences are not calculated by the staff at FCI Petersburg. The Alpha Team handles all DC Superior Court sentences and is a valuable reference to the Bureau facilities when needed.

The draft report goes into the details of the Life Connections Program offered at the Low Security Correctional Institution Petersburg. This program is not offered at FCI Petersburg Medium.

In the Education and Programing section of the draft report, it states "...the facility also offers a class in Word Perfect." The class offered is actually a word processing program.

The draft report explains the Administrative Remedy Process as having three levels of review. There are four levels of review with the first level being an attempt for informal resolution. The informal resolution step typically begins the Administrative Remedy Process.

Footnote 62 of the draft report states, "... The BOP recently reorganized their internal structure to include a Reentry Services Division at the Central Office." The Release Preparation Program is currently part of Correctional Programs Division, not the Reentry Services Division.

Footnote 63 of the draft report indicates the "Reentry Affairs Coordinator as a dedicated executive position." This is not accurate. The position is not an executive position.

Footnote 64 of the draft report states, "Inmates must participate in the Release Preparation Program to receive

placement in an RRC." This is not accurate. RRC's are for inmates who are high risk/high need despite participating in RPP. While it is important they take personal responsibility and participate in programs that will benefit them upon release, we would not withhold RRC placement specifically for failing to participate in RPP.

The draft report identifies "...the RAC coordinates placement in a Residential Reentry Center..." This is a function of the Unit Team.

#### **Recommendations by CIC:**

##### Monitor staff conduct to ensure fair treatment of DC inmates:

The CIC recommended FCI Petersburg monitor staff conduct to ensure fair treatment of DC inmates. The draft report states the CIC received an above average number of positive feedback comments from DC inmates regarding staff along with noteworthy concerns. It is also recommended that staff be trained accordingly to ensure there is no disparate treatment of inmates based on an inmate's race, ethnicity or locality.

Response: The draft report does not point out any specific incidents or examples to demonstrate a claim of 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.

##### Hire additional doctors and shorten wait time for medical care:

The CIC recommended FCI Petersburg Medium hire additional full-time doctors and prioritize shortening the current wait time for sick call from two weeks to less than one.

Response: The Health Services department is currently operating with a less than full complement. The Health Services department is currently seeking applicants for all the vacancies. It is



important to mention despite sick call wait times, emergent or emergency care is addressed that day.

Implement additional educational, vocational, and employment programming while also facilitating new employment opportunities:

According to the draft report, these recommendations are made to address inmate concerns regarding little to no programming at FCI Petersburg. It also states this would ensure at least half the compound is working more than 20 hours/week.

Response: This recommendation appears to be based on four general concerns from the inmate interviews:

- No Programming.
- No Programming for DC inmates, and waiting list is too long, mainly for DC inmates.
- Inmate wants more vocational training programs.
- Inmate has already taken all available programs.

FCI Petersburg currently offers inmates the following apprenticeship programs: Plumbing, HVAC, Landscape Management and Carpentry. This is in addition to the apprenticeship and RPP courses already mentioned.

The Bureau is always adding evidence based programming to its facilities in support of improving inmate's chances of self-improvement and increasing their skill set upon release from custody.

The majority of the inmates at FCI Petersburg are currently working 35 hours a week or more. Some jobs are 20 hours a week or less. The facility offers numerous programs in education. The classes have short waiting lists and participation is encouraged. Of the 163 DC offenders at FCI Petersburg, 27 are currently enrolled in at least one VT program, 14 are enrolled in the GED, one in ESL, and 141 have completed at least one Adult Continuing Education (ACE) course. An average of 10 ACE courses are offered each quarter.

The Recreation department offers the following classes on a quarterly basis at FCI Petersburg:

Leather Craft - Beginning  
and Advanced  
Art Drawing - Pencil (lead)  
and Color Pencil

Air Brush Class  
Music Theory  
Guitar - Beginning to  
Advanced



Beeding  
Step Aerobics  
Running Class  
Healthy Eating  
Self Pace Walking Class  
Intramural Sports

- Street Hockey
- Spades League
- Chess League
- Scrabble League

In summary, FCI Petersburg expects to offer 203 educational programs in calendar year 2016.

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.

Ensure that inmates are provided adequate release planning:

The draft reports states "FCI Petersburg Medium should ensure that the RPP covers all necessary areas and that the length of the program is sufficient to ensure successful reentry. DC residents should also be provided with RRC placement prior to returning to the community as well as all vital documents including birth certificates and social security cards."

Response: The Bureau has no documentation to show FCI Petersburg's RPP information was ever shared with or requested by the CIC. The draft report makes only one reference to RPP.

The program's purpose is to prepare each inmate to re-enter the community successfully and particularly, the work force. The program consists of six core categories from which numerous courses are developed and made available for inmates. This program begins on the inmate's first day of incarceration. This process is explained in greater detail in Program Statement 5325.07 Release Preparation Program. It was also outlined earlier in this response.

Of the 163 DC offenders at FCI Petersburg, 107 are enrolled in RPP and seven have completed the program. All inmates are considered for a Residential Reentry Center (RRC) placement when they are between 17 and 19 months from their projected release date. Inmates also have the opportunity to save money for release through the Bureau's Pre-Release Encumbrance program. Inmates can manage their percentage of encumbrance and cannot use the money until they are released.

There are currently 37 DC offenders releasing from FCI Petersburg within the next 12 months. At this point, 19 have been approved for RRC placement. Eleven of the 37 will be released to detainers or currently have pending charges. Two inmates were denied placement due to previous RRC escapes and two more haven't been incarcerated long enough to have an RRC placement processed. The remaining three refused RRC placement.

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.



### Summary of responses to other inmate concerns:

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. Some of the DC offenders confidentially reported the following concerns to the CIC during their inspection:

- No preventive care.

Inmates receive physicals within 14 days of their admission to FCI Petersburg. This includes baseline lab work. If the findings require follow up treatment the inmates receive additional care. If medically indicated, they are placed in the Chronic Care Clinic where a treatment plan is established to address any medical concerns. The Food Service Department provides Heart Healthy meals. There is also a Dietitian Consult available for inmates with diabetes. The Recreation Department provides a Health Fair, Healthy Eating, Anatomy, and Body Weight-Loss classes. They also provide Yoga, Step Aerobics, Running Class, and Body Weight Loss classes.

- Cannot get help for Hepatitis C.

Inmates with Hepatitis C are seen in Chronic Care by the Medical Officer. They have a physical performed and treatment is indicated by the Medical Officer.

- Chronic care patients not seen quarterly; glaucoma and heart conditions not addressed.

Inmates with Glaucoma are seen by their medical provider and referred to the Ophthalmology or Optometry if needed. There is an on-site contract Ophthalmologist. Cases of Glaucoma are treated generally with an eye pressure check, eye drops and any other indications as requested by the Eye Specialist.

Inmates with heart conditions are seen by the Medical Officer in Chronic Care. They are monitored for heart conditions with medications, labs, EKGs, Echos, etc. They are seen on-site and off-site by the cardiologist and sent to the outside hospital if needed for procedures like

cardiac bypass, stent placement, etc. Medical transfers are requested if their condition exceeds what can be managed at FCI Petersburg.

- Staff retaliates against inmates for filing grievances or complaining.

The draft report did not provide any examples of staff retaliation in any instance or capacity. Any inappropriate acts by staff would fall under the provisions of the Staff Code of Conduct discussed earlier in this response. The Bureau was unable to find any evidence of staff retaliation against inmates for filing grievances or complaining.

- Grievance process is failing.

This is a very broad statement without any examples offered. All grievances are tracked and monitored for a timely response at all levels. The statement that one inmate believes the grievance process is failing could be a result of that inmate not being satisfied with a finding he received as a result of filing a grievance. Inmates can check on the status of a grievance by submitting a Request to Staff (copout) to the Administrative Remedy Coordinator.

- Staff treats DC guys differently.

This is a very broad statement without any examples offered. It contradicts the next comment that staff need to be trained on how to handle DC inmates, implying staff require special training to handle DC offenders. The Bureau was not able to obtain any evidence of DC offenders being treated differently than any other inmates by staff.

- FBOP needs trained on how to handle DC inmates.

This is a single statement that provides no examples of the need for training. The Bureau was unable to find any evidence of DC offenders being treated differently than inmates from any other geographic or ethnic background. Differences in custody and security levels would be the only examples dictating a difference in the treatment of inmates.

- Sent appeal to the court but was told they don't have his appeal.



The Bureau date stamps and maintains a record of all Special Mail sent out of the facility. Once it is delivered to the U.S. Post Office, the Bureau has no further responsibility.

- Visitors are treated harshly and told to turn around and go back.

Visitors have a responsibility to know the rules regarding their conduct, dress code, expectation of passing through a metal detector, other searches and testing. Again this concern was made without any example or reasons. Bureau was unable to identify any evidence of mistreatment of visitors at FCI Petersburg.

- No release planning.

There is an extensive release planning process at FCI Petersburg. It begins on the first day of incarceration. The facility also has a comprehensive RPP in place to assist in self-improvement and as stated earlier in this response, all inmates are reviewed for RRC placement long before their projected release dates.

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.

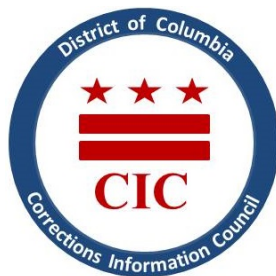
I appreciate the opportunity to review and provide comments to your inspection report of FCI Petersburg. I hope to continue working closely with the CIC to improve the operations of Bureau facilities and ensure we are meeting the needs of the inmate population.

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

Sincerely,

A handwritten signature in cursive script that reads "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/>**