



District of Columbia Corrections Information Council

Inspection Report

FCI Schuylkill

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June 22, 2015

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 at 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 United States Congresswoman Eleanor Holmes Norton, 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, the District of Columbia community, and the broader public.

Reports, concerns, and general information from the public or incarcerated DC residents are very important to the CIC. All relevant information should be forwarded to the CIC. Individuals are encouraged to contact the CIC to discuss their experiences related to the mandate of the CIC. If you choose to contact the CIC, information you provide may be included in published inspection and annual reports, but names and identifying information will be kept anonymous. The CIC does not give out specific names or confidential information to any person, any agency, or the government without the express permission of the provider of the information.

The CIC does not handle individual complaints, and it does not act as a personal attorney or provide legal representation or advice.

DC Corrections Information Council

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FCI Schuylkill

Minersville, Pennsylvania

Date of Inspection: April 11, 2014

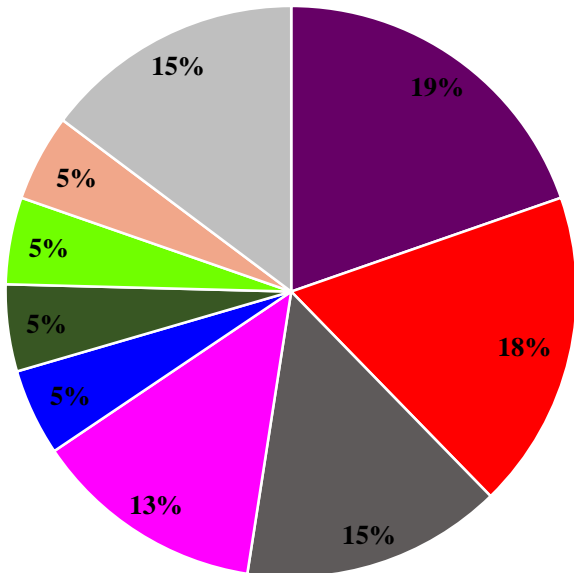
177 Miles from DC: 3.5 Hours by Car, Inaccessible by Bus/Train

Demographics

- Security Level: Medium
- Occupancy (Feb. 2014): 1,186
- Rated Capacity: 838 (142% capacity)
- DC Inmates (Feb. 2014): 107
- Inmate-to-Staff Ratio: 5:1

Inmate Concerns

The CIC interviewed 20 DC inmates and heard 61 concerns from these inmates on the date of inspection. A summary of these concerns is provided in the chart below. All concerns are delineated in the Inmate Concerns section at the end of the report, along with the FBOP response to the inmate concerns.



Medical (12)	DC Specific (11)	Staff (9)
Visitation & Distance from DC (8)	Ten-Person Cells (3)	Racist Staff (3)
Release Preparation (3)	Overall Conditions (3)	Other (9)

Best Practices

Psychology Services Department

- The Chief Psychologist is knowledgeable about the mental health needs of FCI Schuylkill inmates and, in particular, DC inmates.
- Mental Health Care Level II inmates receive individualized treatment plans. About one third of Mental Health Care Level II inmates participate in weekly individual counseling with Psychology staff.
- Psychology has a close working relationship with the SHU staff and conducts individualized programming for each SHU inmate.

Residential Drug Abuse Program (RDAP)

- Schuylkill initiated RDAP last year at the facility. RDAP is a voluntary nine-month residential treatment program available to inmates with a documented alcohol or substance abuse problem. RDAP uses cognitive behavioral therapy through individual and group programming.

UNICOR

- Schuylkill has a UNICOR factory that employs 23 DC inmates (almost one quarter of the DC inmates at the facility), including clerical positions that teach relevant office technology skills.

Culinary Arts Apprenticeship Program

- Schuylkill has an intensive, 4,288-hour Culinary Arts apprenticeship program, similar to a culinary school program.

Recreation Department

- Schuylkill offers a wide array of recreational options, including intramural leagues and amenities such as pool tables and free weights.

Optometry and Eye Care

- Schuylkill contracts with an optometrist who visits the facility three times per week. In 2013, 800 eye exams were performed and 400 pairs of glasses were distributed to inmates.

Areas of Concern

DC Inmates Treated Differently

- Out of the 20 DC inmates with whom the CIC spoke, over half reported different and unfair treatment because they were from DC. One inmate reported that DC inmates automatically “get a bad rap.”

Visitation and Distance from DC

- Three DC inmates reported that they do not receive visitors because Schuylkill is too far from DC.
- Two inmates reported concerns with the treatment of visitors by staff.
- The CIC recommends the FBOP and Schuylkill implement a video visitation program that allows the family members and loved ones of DC inmates to conduct video visitation from a location in DC.

Medical and Dental Care

- Three inmates reported specific medical needs that had still not been addressed, including one who waited a month to be seen for chest pains and another who is still in need of an MRI.
- Three inmates reported difficulties getting needed dentures and partials. One inmate had two teeth removed to meet the requirement of six missing teeth to receive partials and was subsequently told that he now needed eight missing teeth.

Reentry

- Three inmates reported concerns with reentry, including insufficient Residential Reentry Center (halfway house) time and ineffective release preparation.

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Publication Date: June 22, 2015

Table of Contents

Executive Summary	i
Table of Contents	iii
Facility Overview	1
Demographics	1
Medical Indicators	2
Medical Care.....	3
Mental Health Care.....	3
Suicide Prevention	4
Residential Drug Abuse Program (RDAP).....	4
Education	5
Educational Indicators	5
Programming	5
Recreational Programs	6
Food Services.....	7
Religious Services.....	7
Special Housing Unit (SHU)	7
Ten-Person Cells.....	8
Administrative Remedy Indicators	9
Inmate Concerns	10
FBOP Response to Inmate Concerns	13
Endnotes.....	14

Facility Overview

The CIC conducted an on-site inspection of Federal Correctional Institution (FCI) Schuylkill on April 11, 2014. The CIC toured a regular housing unit, the Dining Hall, the Commissary, the Special Housing Unit (SHU), the RDAP unit, the Psychology Services Department, the Medical Services Department, the Recreation Department, the Religious Services Department, the Education Department, and the UNICOR factory. Schuylkill staff was accommodating and assisted the CIC with all inquiries before, during, and after the visit. After the CIC inspection process was complete, the CIC provided the FBOP with a draft version of the FCI Schuylkill report for review of factual information and requested responses to several follow-up questions. The FBOP responses to the draft report are incorporated throughout the report, and the responses to the inmate concerns in the draft report can be found on page 13 of this report in the *FBOP Response to Inmate Concerns*.

Demographics

Total Inmates	1,186	
DC Inmates¹	107	
Rated Capacity	838	
Percent Capacity	142%	
Inmate/Staff Ratio	5:1	
Racial Breakdown	Total Number (out of 1,186 with data available)	Percentage of Population (with data available)
Black	765	64.5%
White	179	15.1%
Hispanic	227	19.1%
Other	15	1.3%
Inmate Sentence Information		
Number of inmates with data available	1,180	
Mean sentence	142.8 months	
Median sentence	120.0 months	
Mean time remaining (new law / old law)	87.8 / 62.7 months	
Median time remaining (new law / old law)	74.0 / 38.5 months	
Months to Release	Number of Inmates (out of 1,127 with data available)	Percentage of Population (with data available)
4 months or less remaining	63	5.6%
5-8 months remaining	53	4.7%
9-12 months remaining	77	6.8%
13-24 months remaining	211	18.7%
25-60 months remaining	334	29.6%
61-120 months remaining	220	19.5%
121 months or more remaining	169	15.0%

Offenses	Number of Inmates (out of 1,180 with data available)	Percentage of Population (with data available)
Violent offenders ²	421	35.7%
Drug offenders	556	47.1%
Sex offenders	22	1.9%

Medical Indicators

Source: ACA audit conducted January 25-27, 2011. Average daily inmate population for that period: 1,567.

Deaths	
Total deaths, 12-month period	2
Unexpected natural deaths	2
Deaths by suicide	0
Suicide attempts	3
<i>Communicable Disease Indicators</i>	
HIV	
Highest number of HIV-positive inmates indicated in ACA audit	22
Inmates on antiretroviral treatment at a given point in time	18
Inmates at a given point in time who have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml	11
Inmates diagnosed with HIV at a given point in time in ACA audit	22
Tuberculosis	
Inmates who are new converters on a TB test, indicating new infection within the last 12 months	25
Inmates tested for TB in the last 12 months	1,500
Inmates treated for latent TB in the last 12 months	7
Inmates who completed treatment for latent TB in the last 12 months	4
Hepatitis C	
Inmates diagnosed with Hepatitis C at a given point in time	100
MRSA	
Inmates diagnosed with MRSA within the last 12 months	12
Other Health Indicators	
Diabetic inmates reviewed	71
Diabetic inmates at a given point in time under treatment for at least six months with hemoglobin A1C level measuring less than 9%	24
Completed dental treatment plans during last 12 months	18
Inmate admissions to off-site hospitals	46
Inmates transported off-site for treatment of emergency health conditions	79
Specialty consults completed	461
Specialty consults ordered	671
Mental Health Indicators	
Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) ³	107

Medical Care

Schuylkill is a Medical Care Level II facility.⁴ Schuylkill currently employs one medical doctor, five physician assistants (PAs), and four nurse practitioners. In total, all 21 positions in the Medical Services Department are filled. Inmates are assigned to a specific PA for care, and each PA is responsible for about 200 inmates. Chronic care clinic appointments are made with inmates once a quarter or once every six months. Schuylkill Hospital is used for emergency care. The hospital is 15 miles from the facility and a 30 to 40 minute drive. Medical records are stored electronically. Medication is provided through the pill line at meal times and sick calls.

Schuylkill provides routine and emergency dental care. The facility had a full-time dentist through February 7, 2015, but the dentist was transferred. Dental services at Schuylkill are now provided by FBOP dentists rotating through on a temporary basis, as well as a full-time hygienist and a contract with an expanded function dental assistant. The facility is actively interviewing for a dentist and a dental assistant. As of June 2015, the staff is scheduling 25 cleanings per week and has completed 89 encounters in June. The wait time for routine care is around 14 to 18 months.⁵ A regional dentist visits quarterly for surgery, performing around 12 operations per visit.

Schuylkill has a new visual field machine in its eye clinic, which is used to detect various medical conditions such as glaucoma, stroke, and other neurological disorders. An optometrist visits the facility three times per week. In 2013, the optometrist conducted 800 eye exams and distributed over 400 pairs of glasses to inmates.

The Medical Director commented specifically on the health concerns of DC inmates. He cited intravenous drug abuse, homelessness and its related medical issues, lack of preventive care, and poor dental care as common medical problems for DC inmates.

Mental Health Care

The majority of inmates at Schuylkill are classified as Mental Health Care Level I or II.⁶ Mental Health Care Level III inmates may stay at the facility for short durations pending transfer to an appropriate facility.

Before each new inmate's arrival, Psychology Services staff reviews his records and assesses his mental health history. Care Level II inmates are placed in a mental health management group and receive individualized treatment plans. Treatment focuses on managing each inmate's mental health needs and includes monthly group sessions. Additionally, approximately one third of all Care Level II inmates participate in weekly one-on-one sessions with Psychology Services counselors.

Psychology staff conducts rounds in the SHU once per week, and the department stays in close contact with SHU staff. Psychology Services conducts individualized programming for each SHU inmate, often treating anxiety, depression, and insomnia. Psychology staff can work with inmates outside their cells and will participate in DHO (Disciplinary Hearing Officer) hearings if an inmate requests. The Psychology staff also maintains a good relationship with the DHO, and

contacts the officer if there is a question of competency or if an inmate has a serious mental illness. The operation of the Psychology Services Department at Schuylkill is a best practice, especially the close relationship between staff and inmates in the SHU.

Suicide Prevention

A member of the Psychology staff interviews new inmates at intake and screens for suicide risk. SHU staff, correctional staff, and lieutenants receive suicide prevention training every six months, and all additional staff members receive yearly training. PhD-level psychology staff members receive advanced suicide prevention training and a PhD-level staff member is on-call at all times. Only PhD-level Psychology staff members are authorized to take inmates off Suicide Watch. In accordance with FBOP policy, any staff member may put an inmate on Suicide Watch.

Schuylkill has one Suicide Watch cell, where inmates are provided paper garments at the discretion of staff. Schuylkill has an inmate companion program, where trained inmates stay with their peers on Suicide Watch from 6:00 am to 10:00 pm. Inmate companions receive four hours of training every six months and one hour of refresher training per quarter. Suicide Watch at Schuylkill is constant and documented every 15 minutes, with a control check every 30 minutes.

In the SHU, all lieutenants carry cut-down tools, and there is a cut-down tool in the SHU central office. Inmates in the SHU are not single-celled without a compelling reason.

The staff at Schuylkill is trained to take all inmate suicide complaints seriously. Even if staff perceives an inmate as presenting false suicide threats, staff reports this to Psychology Services. Overall, the facility's suicide prevention protocols are well understood by staff.

Residential Drug Abuse Program (RDAP)

RDAP is a voluntary treatment program available to inmates with a documented alcohol or substance abuse problem.⁷ 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.⁸ Inmates who qualify begin with a residential treatment program and then participate in follow-up treatment and community-based treatment. Intended as a comprehensive counseling program, RDAP uses cognitive behavioral therapy to teach positive social attitudes and behaviors. The residential portion includes three phases: Orientation Phase, Core Treatment Phase, and Transition Phase. Inmates live on a separate unit for at least nine months and complete a minimum of 500 hours of counseling with treatment staff, both individually and in groups.

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 treatment. Inmates must remain in Follow-Up Treatment for 12 months or until transferred to a Residential Reentry Center (RRC). The final component of RDAP is the Community Transitional Drug Abuse Treatment (TDAT), which usually occurs

during a 120-day placement at an RRC.⁹ Inmates who successfully complete RDAP may qualify for up to a year of sentence reduction, and a facility may also offer its own incentives.¹⁰

Schuylkill activated its RDAP Unit last year. The Unit houses 112 inmates, including those waiting to begin the program, those currently in the program, and recent graduates. The Unit is clean and well-kept, and has plants and murals. At Schuylkill, the first unit to eat is the unit that scores highest on its unit inspections conducted by staff. This is usually the RDAP unit. At the time of the CIC inspection, one DC inmate was enrolled in RDAP.

Education

Schuylkill offers GED and pre-GED classes, as well as English as a Second Language (ESL) and parenting courses. Out of the 107 DC inmates, 23 are enrolled in GED classes. Schuylkill also offers college correspondence courses, and inmates pay for tuition and books. No DC inmates were enrolled in college courses at the time of the CIC inspection.

The Educational Director informed the CIC that there is no difference in the level of education of DC inmates in comparison to federal inmates.

Educational Indicators

FY 2013	Total Enrolled	Total Completed
GED Programs	181	56
ESL Programs	18	11
Parenting Programs	131	146
Post-Secondary Education	3	2
Occupational/Vocational Programs	152	139

Programming

UNICOR

Federal Prison Industries, also known as by its trade name UNICOR, is a government-owned corporation that employs inmates to manufacture, in a factory setting, products and provide services to the government and private sector.¹¹ UNICOR offers valuable vocational skills and employment training as well as a demonstrated reduction in recidivism rates.¹² In 2014, 62 FBOP facilities had a UNICOR program, for a total of 78 factories employing over 12,000 inmates.¹³

The Schuylkill UNICOR factory makes cubicles and office chairs for federal government offices. The factory employs 240 to 300 inmates. On the day of the CIC inspection, the factory employed 23 DC inmates, which is almost a quarter of all DC inmates at the facility. Inmates are employed in welding, factory, and clerical positions. The factory is economically self-sustaining, and no taxpayer money is required.

Schuylkill keeps three waiting lists for UNICOR employment: inmates with previous UNICOR experience, inmates with Financial Responsibility Program (FRP) debts to repay, and a general waiting list. Approximately 200 inmates were on the three waiting lists combined. Priority is given first to inmates with prior UNICOR experience, second to inmates with FRP debts, and third to inmates with less than two years remaining on their sentences. A GED is not necessary for employment but is required for an inmate to progress to higher employment levels.

Schuylkill has begun using part-time crews to allow as many inmates as possible to be employed at the UNICOR factory. The facility also employs inmates in clerical positions and trains them on SAP-designed office technology software used to manage complex product lines and large orders.¹⁴ Orders fulfilled at Schuylkill may involve up to one million separate pieces, and inmates learn how to manage this complexity through their employment in the UNICOR factory.

Culinary Arts Apprenticeship

Schuylkill offers a 4,288-hour culinary apprenticeship program, taught by a culinary school graduate, to a small group of up to eight inmates at a time. This program provides inmates with an extensive culinary education. Inmates learn restaurant-level cooking skills, including breaking down proteins and making stocks and the mother sauces.¹⁵ Inmates prepare food for the staff meals each day. Many dishes are prepared to order rather than prepared in advance. Inmates work for three months at different stations, including the *garde-manger* (cold dishes) and sous-chef stations. Inmates learn kitchen administrative skills such as labeling, proper storage, and how to correctly fill out an order sheet. Inmates also learn knife skills. The knives are tethered to stations with steel lines, and the staff informed the CIC that there has never been a safety issue arising from this practice.

The apprenticeship program is a best practice. It gives inmates a valuable culinary education, which is a skill that is in demand in DC as well as most areas across the country, and is part of an industry that welcomes returning citizens.

ServSafe Certification

Schuylkill has a 450 to 500-hour program for inmates to become ServSafe certified. ServSafe is a food and beverage safety training program administered by the National Restaurant Association. The program is taught to approximately 20 inmates every five months and is similar to other programs taught in many FBOP facilities. Two DC inmates were in the program at the time of the CIC inspection.

Recreational Programs

Schuylkill offers numerous recreational programs. The facility offers intramural leagues in handball, basketball, indoor and outdoor soccer, softball, football, and other sports. Inmates are referees in the intramural games. Schuylkill also has bocce ball, horseshoes, foosball, ping pong, pool tables, a free weight setup, and a band room with guitars, drums, and amps. Free weights are a privilege in the FBOP and not offered at all facilities. The Recreation Department also conducts health and wellness classes, including diabetes control, weight loss, and yoga classes.

Food Services

The Dining Hall at Schuylkill seats 250 to 280 inmates and different units rotate through during each meal. Inmates participating in the ServSafe certification program serve the meals each day. The order in which each unit eats is determined by each unit's inspection score.

Religious Services

Eleven different faiths are represented at Schuylkill, served by the chaplain's services and volunteers. Schuylkill has a multi-purpose chapel that seats 165 people and serves different faiths. Three to four baptisms are performed every year. The Religious Services staff also works with the Schuylkill Reentry Affairs Coordinator to help place inmates in community religious groups upon release.

Special Housing Unit (SHU)

Special Housing Units (SHUs) securely separate inmates from the general inmate population.¹⁶ Inmates in the SHU are generally confined to their cells for 23 to 24 hours a day. FBOP policy provides five hours of recreation per week, which will ordinarily occur in one-hour increments on each weekday.

Inmates in the SHU are classified under either disciplinary or administrative status. Disciplinary segregation is punitive for rule violations or other prohibited acts, while administrative segregation is considered non-punitive.¹⁷ Administrative segregation can be for various reasons, including investigation or protection of an inmate or other safety or security concerns.¹⁸

On the day of the CIC inspection, 88 inmates were in the SHU, nine of whom were from DC. Overall, the SHU had 62 inmates in administrative detention and 26 inmates in disciplinary segregation. Of the 26 inmates in administrative segregation, 20 were in protective custody. Out of the nine DC inmates, five were in administrative detention and four were in disciplinary segregation. None of the nine DC inmates chose to speak with the CIC. The Captain estimated that an average disciplinary segregation sentence was thirty days.

The logbooks were up to date and showed two or three medical rounds per day, including two pill lines each day and one psychology round per week. The most recent psychology log was signed by the Chief Psychologist on April 10, the day before the CIC inspection. Administrative remedy forms were in the officers' station. A cut-down tool for suicide prevention was located in the officers' station, and all lieutenants also carry a cut-down tool. Additionally, the lieutenant's office is used for secure counseling sessions by Psychology Services staff.

The SHU has a law library, a media room with book carts that are changed out once per week, and a place for inmates to make phone calls. Inmates shower three times per week and are offered recreation five times per week. Email access is not available to inmates in the SHU.

As shown in the *Administrative Remedy Indicators* table on page 9, no inmate grievances were submitted regarding the SHU in the year prior to the CIC inspection.

Ten-Person Cells

At the time of the CIC inspection, Schuylkill was in the midst of renovations to its shower facilities, which had been ongoing for about a year. These renovations required that each housing unit be shut down on a rotating basis while the work was completed. To accommodate the need for cell space, some inmates were held in ten-person cells with one toilet constructed from former common rooms. The situation was a temporary solution to the overcrowding caused by the renovations. As of June 2015, Schuylkill no longer has 10-person cells. The previous living areas were converted to six-person and nine-person cells, and they are only used once all the two-person cells have been assigned.

Administrative Remedy Indicators

Most Numerous Administrative Remedy Filings: Facility Level (BP-9s)

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
Medical	72	5	67	2	0
Work Assignments	15	1	14	4	0
Institutional Operation	13	1	12	55	0

Most Numerous Administrative Remedy Filings: Regional Office Level (BP-10s)

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
DHO Appeals ¹⁹	177	98	79	15	13
Medical	45	12	33	2	0
Staff	26	24	2	0	0

Most Numerous Administrative Remedy Filings: Central Office Level (BP-11s)

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
DHO Appeals	36	14	22	0	0
Medical	26	4	22	0	0
Work Assignments	7	4	3	0	0

Administrative Remedy Filings: SHU and DHO Appeal Indicators

	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
BP-9s (facility level): related to SHU	0	0	0	4	0
BP-10s (Regional Office): related to SHU	1	1	0	0	0
BP-11s (Central Office): related to SHU	0	0	0	0	0
BP-9s (facility level): related to DHO appeals²⁰	8	8	0	7	0
BP-10s (Regional Office): related to DHO appeals	177	98	79	15	13
BP-11s (Central Office): related to DHO appeals	36	14	22	0	0

Inmate Concerns

The CIC collects inmate concerns and positive comments through a variety of sources, including phone conversations, mail and email correspondence, and inmate interviews during on-site inspections. The inmate concerns and comments delineated below are compiled from all these sources. Efforts are made to reproduce concerns and comments in the words used by the inmate. However, information may be summarized or paraphrased when the concern or comment is too long or convoluted. All names, identifying information, and confidential information is removed from published concerns and comments.

Total Inmate Concerns: 61

Medical, Dental, and Psychology (12)
<p><i>Medical</i></p> <ul style="list-style-type: none"> • One inmate had chest pains, was told to go to sick call, but was not seen until the next month. • One inmate feels there is something wrong with his brain because he is in much pain and needs an MRI, but can't get one. • One inmate needs an operation for his severe back pain but is not receiving this medical procedure. • One inmate is a chronic care patient but has not been to a chronic care appointment in a year. • One inmate had an over-the-counter medication prescribed by a doctor but is still required to buy it from the commissary. • One inmate can't get necessary medical treatment. • Medical staff takes three weeks to respond to a cop-out. <p><i>Dental</i></p> <ul style="list-style-type: none"> • DC inmates aren't getting the teeth they need. • One inmate was told he needed six missing teeth to get a partial. He had two removed to get to six. Then he was told he needed eight missing teeth for a partial. • One inmate can't get the teeth he needs. <p><i>Psychology</i></p> <ul style="list-style-type: none"> • One inmate has trouble sleeping. He filled out a cop-out requesting a psych consultation and never got to see them. • One inmate received a mental health diagnosis at the DC Jail, but, in 90 days at Schuylkill, has not received mental health care treatment.
DC Inmates Treated Differently (11)
<ul style="list-style-type: none"> • DC inmates are treated unfairly. [x2] • COs are prejudiced against DC inmates. [x2] • Staff treats DC inmates badly. • Staff singles out people from DC. • One inmate feels he is treated differently because he is from DC. • COs single out DC inmates and view them as troublemakers. • When COs see someone is from DC, they automatically presume he is a hard case. • DC prisoners are referred to as "DC Blacks" and get a bad rap.

<ul style="list-style-type: none"> • DC guys are grouped together in education and called the “dummy class.”
Staff (9)
<ul style="list-style-type: none"> • Staff is rude and unprofessional; DC Jail was better. • New staff does not communicate; the previous Warden had staff respecting inmates. • The Warden lets staff talk to inmates in any way. • One inmate was written up by staff for no reason. • COs talk to inmates “like you are a child”. • COs woke one DC inmate by banging on his door and made him do unassigned work. • Inmate’s case manager is not helpful. [x2] • One inmate’s case manager is disrespectful enough that he can’t deal with him.
Visitation and Distance from DC (8)
<ul style="list-style-type: none"> • One inmate doesn’t get visitors because Schuylkill is too far from DC. • It’s too far to travel here from DC. • One inmate wants to be closer to home. • One inmate doesn’t get visitors; his mother was denied a visit. • One inmate wants video visitation at Schuylkill. • One inmate has to wait for 1.5 to 2 hours after his visitors’ arrival to see them. • One inmate’s wife used to visit regularly. On one visit, she brought her daughter, who was treated unfairly. His wife has not returned since. • COs speak aggressively to DC inmates’ visitors.
Ten-Person Cells (3)
<ul style="list-style-type: none"> • One inmate was in a ten-person cell for five months when he arrived. • One inmate has been in a ten-person cell for a year. • One inmate was in a ten-person cell for three months.
Racism (3)
<ul style="list-style-type: none"> • There is a racist undertone at Schuylkill. • The staff is highly racist—one inmate has been in several facilities, and this is the only place he’s seen blatant racism. • There is racism here.
Release Preparation (3)
<ul style="list-style-type: none"> • DC prisoners do not get enough halfway house time; they often don’t even get 3 to 6 months. • The PRP (Preparation for Release Program) is not helpful. • CSOSA doesn’t work well with inmates at Schuylkill.
Overall Conditions (3)
<ul style="list-style-type: none"> • The beds are horrible. • There is barely any hot water. • There is no central air and the prison is hot in the summer.

Other (9)*Administrative Remedies (2)*

- Staff shakes down inmates' cells in retaliation for inmates filing administrative remedies.
- Administrative remedies don't do anything.

Kitchen (2)

- The kitchen is run like a slave ship.
- One inmate was told they don't have vegetarian dinners.

Sentence Computation and Designation (2)

- Staff does not know how to compute DC sentences or good time.
- Good time credit is unclear.

Parole (2)

- The Parole Board is giving inmates a hard time.
- One inmate is concerned that talking to the CIC will stop his parole.

Religion (1)

- Muslims are treated poorly.

FBOP Response to Inmate Concerns

The FBOP provided the following response to the concerns reported by inmates at FCI Schuylkill.

FBOP Response
<p>The Bureau reviewed the inmate concerns and is working toward improving those areas where a credible need exists. Reentry resources are always being developed and implemented. Video visiting is being tested at other facilities and if approved could be implemented at FCI Schuylkill. The Bureau believes the medical, mental health and dental departments at FCI Schuylkill adequately care for the needs of their population with treatment and wait times comparable to those in the community. The Bureau believes the staff at FCI Schuylkill display professionalism and does not believe D.C. offenders are treated differently or unfairly.</p>

Endnotes

Publication Date: June 22, 2015

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

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

³ Under the fourth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Axis I disorders included all psychological diagnoses except personality disorders and intellectual disability. Common Axis I disorders included depression, bi-polar disorder, post-traumatic stress disorder, anxiety disorders, alcohol and substance abuse disorders, eating disorders, and schizophrenia. The DSM-5 removed the multi-axial system for diagnostic classification and combined all diagnoses from Axis I, Axis II, and Axis III into a single axis. For more information, see AM. PSYCHIATRIC ASS’N, PERSONALITY DISORDERS FACT SHEET (2013), *available at* <http://www.dsm5.org/Documents/Personality%20Disorders%20Fact%20Sheet.pdf>; AM. PSYCHIATRIC ASS’N, FREQUENTLY ASKED QUESTIONS ABOUT DSM-5 IMPLEMENTATION—FOR CLINICIANS (rev. Aug. 1, 2013), *available at* <http://www.dsm5.org/Documents/FAQ%20for%20Clinicians%208-1-13.pdf>; and Espen Røysamb et al., *The Joint Structure of DSM-IV Axis I and Axis II Disorders*, 120 J. ABNORMAL PSYCHOL. 198 (2011), *available at* <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3081882>.

⁴ Inmates and facilities are classified according to Medical Care Level. Inmate classifications are based on the medical history and health condition of the inmate, while facility classifications are based on the inmate care level that the facility is staffed and equipped to handle. While FBOP Program Statements do not define the classification levels, other FBOP and DOJ documents describe the four levels.

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

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

Inmates with **Care Level 3** needs are fragile outpatients who require frequent clinical contacts, and/or who may require some assistance with activities of daily living, but do not require daily nursing supervision. This Care Level may include stabilization of medical or mental health conditions that may require periodic hospitalization. Other examples of this Care Level are patients with cancer in remission less than a year, advanced HIV disease, severe mental illness in remission on medication, severe congestive heart failure, and end-stage liver disease.

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

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

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

Care Level 1 inmates are less than 70 years old and are generally healthy but may have limited medical needs that can be easily managed by clinician evaluations every 6 months. Sub-specialty care is limited in that it is not regularly required and is completed in less than 3 months. This care level includes inmates with stable mental-health conditions requiring chronic care appointments and individual psychology or health services contacts no more than once every 6 months. The acute services required, such as crisis intervention, are less than 3 months duration, occur no more than every 2 years, and can be resolved without hospitalization.

Care Level 2 inmates are stable outpatients with chronic illnesses requiring at least quarterly clinician evaluations. These inmates independently perform daily living activities. The care level

includes inmates with mental health conditions that can be managed through chronic care clinics or individual psychology or health services contacts no more frequently than monthly to quarterly. The acute services required, such as crisis intervention, are less than 3 months duration, occur no more than every 2 years, and can be resolved without hospitalization.

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

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

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

⁵ The wait time for routine cleanings is higher at FCI Schuylkill than most other facilities inspected by the CIC in fiscal year 2014. Based on completed dental treatment plans as provided in the most recent ACA audits, Schuylkill had the third lowest rate of dental treatment, after the Hazelton complex and the Special Management Unit at USP Lewisburg. The rate of completed dental treatment plans at FBOP facilities inspected by the CIC in fiscal year 2014 is provided in the table below.

Facility / Complex	Completed Dental Treatment Plans	Average Daily Population	Rate of Treatment	Audit Date
USP Lewisburg SMU	10	1,751	0.006	2011
FCC Hazelton	15	1,839	0.008	2011
FCI Schuylkill	18	1,567	0.011	2011
FCI Petersburg Low	49	1,646	0.030	2011
FCI Petersburg Med.	62	2,032	0.031	2011
FCC Victorville	153	4,633	0.033	2010
USP Canaan	215	1,745	0.123	2012
FCI Otisville	606	1,340	0.452	2012
USP Atlanta	1,185	2,400	0.494	2012

⁶ 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.

(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.

⁷ Federal law mandates that the FBOP administer RDAP and defines eligible prisoners as those “determined by the Federal Bureau of Prisons to have a substance abuse problem.” 18 U.S.C. § 3621(e)(5)(B)(1). The FBOP has full discretion to set its own admission standards. When already in FBOP custody, an inmate will not necessarily become eligible for RDAP solely through a diagnosis of addiction or substance abuse issues. The FBOP requires that inmates have a verifiable substance abuse problem, which is usually established via a presentence report, and focuses on eligible inmates whose substance abuse was at least contributing factor to their current incarceration. *See* FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5330.11, PSYCHOLOGY TREATMENT

PROGRAMS (Mar. 16, 2009), *available at* http://www.bop.gov/policy/progstat/5330_011.pdf; FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5310.12, PSYCHOLOGY SERVICES MANUAL (Mar. 7, 1995), *available at* http://www.bop.gov/policy/progstat/5310_012.pdf. In *Laws v. Barron*, 348 F. Supp. 2d 795 (E.D. Ky. 2004), the petitioner filed a habeas claim against a warden to contest his denial of participation in RDAP. The court denied the claim, citing the FBOP's broad discretion in determining its own admission standards. *Id.* Inmates have few means to challenge a denial of their participation in RDAP because courts have found that inmates have no constitutional right to participate in RDAP. *See Saunders v. United States*, 2007 U.S. Dist. LEXIS 88289 (E.D.N.Y. Nov. 28, 2007).

⁸ 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.*

⁹ 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.

¹⁰ 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).

¹¹ 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>.

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

¹³ FED. PRISON INDUS., INC., FISCAL YEAR 2014 ANNUAL MANAGEMENT REPORT (Nov. 12, 2014), *available at* http://www.unicor.gov/information/publications/pdfs/corporate/2014%20FPI%20Annual%20Management%20Report_C.pdf; *see also* UNICOR, FACTORY LOCATIONS (Jan. 2014), *available at* http://www.unicor.gov/information/publications/pdfs/corporate/CATMC3816_C.pdf.

¹⁴ SAP is one of the largest business software providers in the world, and inmates gain valuable skills by learning how to use the software.

¹⁵ The "mother sauces" are béchamel, velouté, espagnole, hollandaise, and tomate. Systematized by Auguste Escoffier in the early twentieth century, they are part of the fundamentals of most serious culinary educations today.

¹⁶ 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 ("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.").

¹⁷ 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.

¹⁸ 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.

¹⁹ 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.

²⁰ 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>.

The District of Columbia Corrections Information Council is an independent oversight body mandated by the United States Congress and the Council of the District of Columbia to inspect, monitor, and report the conditions of confinement at facilities with inmates from the District of Columbia operated by the Federal Bureau of Prisons, the District of Columbia Department of Corrections, and their private contract facilities.

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