



# **District of Columbia Corrections Information Council**

## **Inspection Report**

### **FCI Victorville Medium II**

**January 7, 2016**



## **District of Columbia Corrections Information Council (CIC)**

Katharine A. Huffman, Board Member  
Phylisa Carter, 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 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 does not 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)

# FCI Victorville Medium II

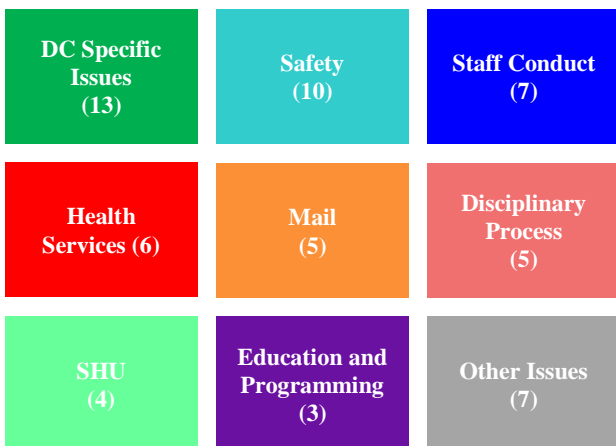
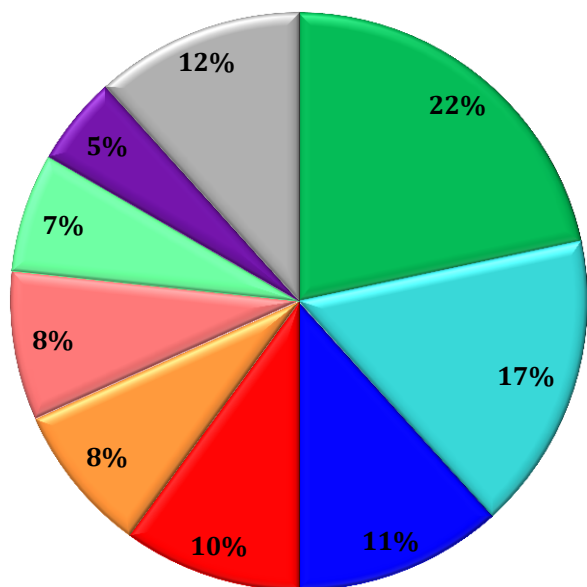
Adelanto, California • Date of Inspection: May 1, 2014  
2,594 Miles from DC: 38 Hours by Car / 63 Hours by Bus/Transit

## Demographics

- Security Level: Medium
- Rated Capacity: 1,152
- Occupancy (Feb. 2014): 1,382 (120% capacity)
- DC Inmates (Feb. 2014): 13
- Inmate-to-Staff Ratio (all staff): 4.7
- Inmate-to-Staff Ratio (custody staff): 8.5

## Inmate Concerns

The CIC interviewed 10 DC inmates as part of the on-site inspection and received approximately 60 concerns from DC inmates. A summary of these concerns is in the chart below.



## Best Practices

### BRAVE Program

- BRAVE is a voluntary, residential program designed for young, first-time offenders. A director, four treatment specialists, and a Unit Team run the program, which emphasizes group therapy and community-building activities. The goal of the program is to teach the skills necessary to successfully adjust and develop in a custodial environment as well as skills necessary for reentry. Victorville is one of two facilities in the FBOP that currently offer this program.

### Education Partnership with State of California

- A partnership with Coastline Community College provides inmates with tuition-free college courses subsidized by the State of California.

### Vocational Programming

- Victorville employs inmates in the refurbishment of medical equipment through the charitable organization "Joni and Friends."
- Victorville also employs 56 inmates at its complex-wide recycling plant, where inmates can also obtain forklift certification.
- Victorville offers ServSafe certification for food and beverage safety training. This certification is helpful in obtaining employment in food service and a requirement for employment at many restaurants.
- Victorville offers classes in Microsoft Office and computer-based technology. This allows inmates to bridge the technological gap that can develop during incarceration.

### CSOSA Community Resource Day

- The facility participates in quarterly videoconferencing with CSOSA, which provides inmates with DC-specific reentry information.

### Designation Within 500 Miles of DC

- While 13 DC inmates were at FCI Victorville Medium II at the time of the inspection, only five DC inmates remained at the facility as of July 2015. The FBOP reported to the CIC that the DC inmates were offered transfers to facilities closer to their release residence.

## Recommendations

### Facility Violence and Safety

- Inmates reported high levels of violence, specifically gang related violence, and a concern for personal safety at the facility. Inmates reported gang-related deaths and assaults at the facility, with one death occurring before the CIC visit.
- Review of facility documents indicated a relatively high number of incidents of violence for a medium security level institution.
- A relatively large number of inmates were in protective custody.

### Distance from DC

- Located over 2,500 miles from DC, Victorville's distance makes visitation from DC difficult.
- The CIC recommends that the FBOP establish a video visitation program offering inmates the opportunity to have video visits with family members and loved ones residing far from the facility.

### Medical Care

- Several inmates expressed concerns with Health Services, citing long waits for consults regarding serious conditions, including severe back pain, chest pains, and full-body rashes.

### Mental Health Care

- The facility has one psychologist for over 1,300 inmates. Although, the CIC understands the facility is actively looking for additional staff, the Psychology Services Department must be immediately expanded to adequately address the mental health needs of the population.

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2901 14<sup>th</sup> Street, NW • Ground Floor • Washington, DC 20009  
Phone: 202.478.9211 • Email: dc.cic@dc.gov • Website: www.cic.dc.gov

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# I. Facility Overview

## Demographics

<b>Facility Population</b>		
Total inmates	1,382	
DC inmates <sup>1</sup>	13 (0.9% of total population)	
Rated capacity	1,152	
Percent of capacity	120%	
Inmate-to-staff ratio (all staff for entire FCC)	4.7:1	
Inmate-to-staff ratio (custody staff for entire FCC)	8.5:1	
<b>Race</b> (1,548 inmates with data available)		
	Number of Inmates	Percentage of Population
Black	308	19.9%
White	1,141	73.7%
Other	99	6.4%
<b>Ethnicity</b> (1,548 inmates with data available)		
	Number of Inmates	Percentage of Population
Hispanic	950	61.4%
Non-Hispanic	598	38.6%
<b>Sentence Information</b> (1,548 inmates with data available)		
Mean sentence	100.1 months	
Median sentence	63.0 months	
Mean time remaining (new law / old law)	49.1 / 65.6 months	
Median time remaining (new law / old law)	25.0 / 22.5 months	
<b>Offense Information</b> (1,548 inmates with data available)		
	Number of Inmates	Percentage of Population
Violent offenders <sup>2</sup>	235	15.2%
Drug offenders	508	32.8%
Sex offenders	26	1.7%
<b>Months Remaining to Release</b> (1,548 inmates with data available)		
	Number of Inmates	Percentage of Population
4 months or less	203	13.3%
5-8 months	153	10.1%
9-12 months	126	8.3%
13-24 months	265	17.4%
25-60 months	346	22.7%
61-120 months	266	17.5%
121 months or more	162	10.7%

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*Source: Federal Bureau of Prisons. Statistics dated February 2014.*

## **General Information**

The CIC inspected Federal Correctional Institution (FCI) Victorville Medium II in Adelanto, California on May 1, 2014. FCI Victorville Medium II is a medium security facility for male inmates. Part of Federal Correctional Complex (FCC) Victorville, FCI Victorville Medium II is located in the proximity of United States Penitentiary (USP) Victorville and FCI Victorville Medium I.<sup>3</sup>

The rated capacity of the facility is 1,152. At the time of the CIC inspection, the total population was 1,382, which represents 120% capacity. DC inmates constituted 0.9% of the population, with 13 DC inmates at FCI Victorville Medium II. The inmate-to-staff ratio at the FCC for all staff was 4.7:1 and for custody staff was 8.5:1.<sup>4</sup> FCC Victorville uses a consolidated staffing structure to maximize resources.

The CIC inspection consisted of a facility tour, discussions with staff, and interviews with DC inmates. During the inspection, the CIC toured the Special Housing Unit (SHU), a general population housing unit, the Bureau Rehabilitation and Values Enhancement (BRAVE) Program Treatment Unit, Psychology Services, Medical Services, the dining hall and meal preparation area, the commissary, the recycling center, the Education Department, the Recreation Department, the UNICOR factory, and the chapel.

While 13 DC inmates were at FCI Victorville Medium II at the time of the inspection, only five DC inmates remained at the facility as of July 2015. The FBOP reported to the CIC that the DC inmates were transferred to facilities closer to their release residence.

Warden Ives had held the position of FCC Warden for approximately six months at the time of the inspection. The staff at FCI Victorville Medium II was generally accommodating to the CIC. However, it was apparent throughout the inspection that members of the executive staff at the complex level had a timeframe for the inspection that did not reflect the inspection request submitted by the CIC.<sup>5</sup>

## **General Population Housing Units**

The CIC inspected two housing units during the on-site inspection. The facility contains 12 housing units with 64 cells per unit, as well as 96 cells in the SHU. General population units contain two-person cells. During the CIC inspection, facility staff and inmates reported that there were three people housed in some two-person cells.

## **Special Housing Unit (SHU)**

The Special Housing Unit (SHU), often referred to as segregated housing, is a unit designed to securely separate inmates from the general inmate population.<sup>6</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>7</sup> Inmates are also permitted to receive one non-contact visit per month and make one 15-minute

phone call per month.<sup>8</sup> Inmates may be allowed to make additional calls in the event of an emergency or death.<sup>9</sup>

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>10</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>11</sup>

The SHU at FCI Victorville Medium II is designed to house 96 inmates. At the time of inspection, 162 inmates were in the SHU, representing 168.8% capacity. Four of the 162 inmates were from DC, three of whom were in administrative detention. The majority of the inmates in the SHU were in administrative detention, with most under protective custody. The average stay in the SHU from May 1, 2013, through May 1, 2014, was 73 days.

Health Services conducts rounds in the SHU twice a day, and a doctor or physician assistant from Health Services performs examinations or more in-depth reviews every Wednesday. Unit Team staff conducts rounds once to twice per day, and Psychology Services staff makes rounds once per day. Inmates also have access to the leisure and law library services, as well as self-study courses in GED, Adult Continuing Education (ACE), English as a Second Language (ESL), post-secondary education and correspondence programs, Release Preparation Program (RPP), job search information, parenting, and wellness. Programs are managed by the Education Department through regular visits to the SHU and recommendations made by the Unit Team.

## **Facility Safety**

Based on the documents provided by the FBOP, the number of significant incidents reported by the facility indicates relatively high levels of violence for a medium security level institution. Between April 2013 and March 2014, the facility reported one incident of assault on an inmate with a weapon, 31 incidents of assault on an inmate without a weapon, and 14 incidents of assault on staff without a weapon.<sup>12</sup>

## II. Health Services

### Medical Indicators

Diseases		
<b>HIV</b>	Inmates diagnosed with HIV	40
	Highest number of HIV-positive inmates indicated in ACA audit	40
	Inmates on highly active antiretroviral treatment (HAART)	39
	Inmates who have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml	30
<b>Tuberculosis</b>	Inmates tested for TB outside of intake screening in the prior 12 months	3,998
	Inmates diagnosed with active TB in the prior 12 months	0
	Inmates who are new converters on a TB test indicating new infection within the prior 12 months	88
	Inmates treated for latent TB in the prior 12 months	88
	Inmates who completed treatment for latent TB in the prior 12 months	81
<b>Diabetes</b>	Diabetic inmates reviewed by ACA audit	148
	Diabetic inmates under treatment for at least 6 months with hemoglobin A1C level measuring less than 9%	36
<b>Hepatitis C</b>	Inmates diagnosed with Hepatitis C	501
<b>MRSA</b>	Inmates diagnosed with MRSA within the prior 12 months	30
Mental Health		
	Inmates diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) <sup>13</sup>	432
	Deaths by suicide	0
	Suicide attempts	46
Other Indicators		
	Completed dental treatment plans during the prior 12 months	153
	Inmates transported off-site for treatment of emergency health conditions	104
	Inmate admissions to off-site hospitals	152
	Specialty consults ordered	3,036
	Specialty consults completed	2,039

*Source: ACA Audit conducted March 2011. Statistics dated 2010.  
 Total inmates at time of audit: 4,262. Average daily population: 4,633.  
 Statistics are for entire FCC Victorville complex.*



## Medical Care

FCI Victorville Medium II is a Medical Care Level II facility.<sup>14</sup> The facility has approximately 1,200 chronic care patients. At the time of the CIC inspection, the Health Services Department at the facility had 13 medical personnel in addition to the dental care staff. As of July 2015, the Health Services at the entire FCC includes 61 staff and 15 vacancies. The 76 authorized staff positions, including vacant positions, consist of seven doctors, four Nurse Practitioners, nine Physician Assistants, 21 nurses, one physical therapist, four paramedics, one social worker, one phlebotomist, four dentists, three dental hygienists, four pharmacists, one pharmacy technician, four medication technicians, five health information technologists, four administrators, and three administrative assistants. Out of the 76 authorized positions, 18 are contract or outside consultants. Medical staff is on-site Monday through Friday from 5:30 AM to 10:00 PM. For an emergency after normal hours, an on-call physician will either report to the facility or authorize transport to a local hospital. All staff members are trained in the use of automated external defibrillators and CPR.

Health Services utilizes an automated medical records system. The department is equipped with a digital X-ray machine and has a negative pressure room for quarantine cases such as tuberculosis and chicken pox.

Inmates receive a physical examination within 14 days of arrival. Subsequently, physical examinations occur every two years for inmates under the age of 50 and every year for inmates 50 years of age and older. Pursuant to FBOP policy, inmates submit a cop-out request to meet with medical staff.<sup>15</sup> The standard FBOP fees are applied for medical care: \$2.00 for sick calls and no charge for emergency care, chronic care, or care for indigent inmates.<sup>16</sup> The average wait time for sick calls is no more than two weeks.

## Dental Care

FCI Victorville Medium II has one dentist and one dental hygienist. According to dental staff, the wait lists for examinations and procedures are short and the dentist promptly addresses urgent dental situations. Staff reported that it takes up to a year for inmates to receive dentures.

## Mental Health Care

FCI Victorville Medium II is a Mental Health Care Level II facility.<sup>17</sup> Psychology Services for the entire FCC has 18 staff total, including eight psychologists, seven treatment specialists, and three psychology technicians. Psychology Services for FCI Victorville Medium II includes one full-time psychologist and offers both individual and group therapy for issues that include anger management and drug and alcohol addiction. At the time of inspection, Victorville had between 60 and 70 Mental Health Care Level II inmates, as well as 50 to 60 inmates taking antipsychotic medication and 100 to 110 inmates taking anti-anxiety or antidepressant medication.

Along with other facility staff, the psychologist stands mainline every day to respond to inmates' questions and concerns. Additionally, the psychologist holds an open house in her office weekly and teaches a reentry class.

A staff of one psychologist for a facility incarcerating over 1,300 inmates is not adequate. The CIC recommends that the department be expanded to include more mental health care providers and ensure mental health coverage commensurate with the population.

## **Suicide Prevention**

FBOP policy requires facilities to implement suicide prevention practices.<sup>18</sup> A mental health screening is conducted upon intake, including a screening for suicide risk.<sup>19</sup> Additionally, inmates may refer themselves or be referred by staff to Psychology Services for an evaluation.<sup>20</sup> Inmates who pose a suicide risk at intake or a later time are placed on Suicide Watch, which requires constant visual surveillance.<sup>21</sup> Only the Program Coordinator may take an inmate off Suicide Watch.<sup>22</sup> After an inmate is taken off Suicide Watch, follow-up evaluation and care is required.<sup>23</sup>

The suicide prevention program and Suicide Watch at FCI Victorville Medium II operate in accordance with FBOP guidelines. Inmates placed on Suicide Watch are under constant monitoring by staff or an inmate companion. Inmates are placed in special observation cells and provided a suicide-proof mattress, smock, and blanket. After inmates are released from Suicide Watch, staff from Psychology Services follow-up with daily, weekly, and then every other week care.

FCI Victorville Medium II has an inmate companion program that trains inmates to monitor fellow inmates who are on Suicide Watch. Inmate companions are required to complete a 20-hour course.

## **Bureau Rehabilitation and Values Enhancement (BRAVE) Program**

The BRAVE Program is a voluntary, cognitive-behavioral residential rehabilitation program for medium-security inmates.<sup>24</sup> Established in 1998, the program is designed to address the needs of young, newly committed inmates serving long sentences, who were identified by the FBOP as the group most likely to engage in institutional disturbances and misconduct.<sup>25</sup>

Treatment occurs in a unit solely dedicated to the program for a total of 350 hours over a six month period.<sup>26</sup> The program consists of three phases: Orientation Phase, Core Treatment Phase, and Transition Phase.<sup>27</sup> Ordinarily, the Orientation Phase lasts one month, the Core Treatment Phase lasts four months, and the Transition Phase lasts one month.<sup>28</sup> Treatment progress reviews are conducted every 60 days and recorded in the Psychological Data System (PDS).<sup>29</sup> Inmates who participate in the program may receive “achievement awards,” which include financial rewards for time lost from work—generally up to \$40—and incentives particular to the individual institution.<sup>30</sup>

BRAVE is currently only available at a limited number of FBOP facilities, including FCI Beckley and FCI Victorville Medium II. At FCI Victorville Medium II, a director, four treatment specialists, and a Unit Team oversee the BRAVE Unit. The participants write their own mission statements regarding what they hope to accomplish through the program. There is a

heavy emphasis on group therapy and community-building activities to teach participants the skills needed to progress through their time in custody and successfully reintegrate into society upon release. In the Unit, sanitation and cleanliness are stressed, and the television is kept off during the day to facilitate growth and interpersonal interaction. The BRAVE Program, with its ability to address the unique issues faced by young, first-time offenders, is a best practice.

### III. Education and Programming

#### Education Indicators

Education Program Enrollment (FY 2013)		
	Total Enrolled	Total Completed
GED Programs	313	87
ESL Programs	46	16
Parenting Programs	112	151
Post-Secondary Education	16	4
Occupational/Vocational Programs	386	375

Source: Federal Bureau of Prisons. Statistics dated October 2013 through December 2013.

#### Education Services

Education is a significant factor in reducing recidivism.<sup>31</sup> The FBOP requires that all inmates who enter FBOP custody without a GED or high school diploma must enroll in education classes and participate in 240 hours of instruction towards their GED before they are permitted to withdraw from the programming.<sup>32</sup> Victorville had 313 inmates enrolled in the GED program and 87 completions in fiscal year 2013. On the date of the CIC inspection, a total of seven DC inmates at the facility had their GED, whether obtained at Victorville or elsewhere.

The State of California subsidizes the tuition for college correspondence classes for incarcerated individuals in the state. FCI Victorville Medium II participates through a partnership with Coastline Community College. Inmates are not required to pay tuition, but they are responsible for the cost of books and other materials. At time of the inspection, two inmates were working toward a bachelor's degree, having already each received an associate's degree through the program. This partnership and the subsidized tuition are best practices.

#### 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>33</sup> FCI Victorville Medium II offers apprenticeship programs in plumbing and HVAC, both of which are certified by the U.S. Department of Labor. The facility has an Automotive Services Excellence (ASE) certification program, which enrolls 18 students at a time. Additionally, the facility offers certification courses for welding, painting, and Commercial Driver's License (CDL), and a horticulture program that enables inmates to serve the local community by donating the program's produce.

FCI Victorville Medium II has a recycling plant, which employs 56 inmates. All refuse produced by the FCC is recycled at the plant. Inmates sort, compact, and bail the materials. Inmates may also obtain a forklift certification during their time working at the recycling plant.

The facility offers several classes in Microsoft Office, enabling inmates to gain valuable job skills and bridge the technological gap that often affects inmates due to periods of incarceration. The importance of technology in both the workplace and daily life makes this a best practice at the facility.<sup>34</sup>

FCI Victorville Medium II also employs inmates in the refurbishment of medical equipment, most commonly wheelchairs. Working through the charitable organization “Joni and Friends,” the refurbished medical equipment is subsequently shipped to third-world countries that lack sufficient medical equipment.

## IV. Discipline and Administrative Remedies

### Disciplinary Hearing Officer (DHO)

The Disciplinary Hearing Officer (DHO) handles serious disciplinary infractions as well as any matters referred by the Unit Disciplinary Committee (UDC). Disciplinary measures may include revocation of an inmate’s visiting privileges, revocation of phone privileges, forfeiture of good time credit, or placement in disciplinary segregation within the SHU, among others. Staff at FCI Victorville Medium II indicated that the average wait time to see the DHO for a hearing is two to four weeks.

### Significant Incidents

Significant Incident History <sup>35</sup>	
Institution locked down	5
Inmate suicides	0
Inmate homicides	0
Inmate deaths from natural causes	1
Assault on inmate, with weapon	1
Assault on inmate, without weapon	31
Assault on staff, with weapon	0
Assault on staff, without weapon	14
Attempted assault on inmate, with weapon	0
Attempted assault on inmate, without weapon	0
Attempted assault on staff, with weapon	0
Attempted assault on staff, without weapon	4
Escape from secure facility	0
Escape from non-secure facility	5
Sexual act, non-consensual, on inmate	0
Sexual assault on staff	0
Sexual contact, abusive, on inmate	1
Uses of chemicals	1
Uses of force	18
Uses of restraints	8
Form 583 reports filed (reports to Central Office) <sup>36</sup>	95

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

## Administrative Remedy Program

The Administrative Remedy Program allows inmates to seek formal review of issues related to their confinement.<sup>37</sup> The process provides for three levels of review with corresponding filing forms: facility (BP-9), Regional Office (BP-10), and Central Office (BP-11). At each level, an inmate submits a request or appeal, which is reviewed by FBOP officials and either rejected or filed.<sup>38</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>39</sup> The tables below provide an overview of the categories with the most numerous administrative remedy filings submitted at each level regarding FCI Victorville Medium II, as well as filings related to the SHU.

<b>Facility Level Requests (BP-9s)</b>					
	<b>Submitted</b>	<b>Rejected</b>	<b>Filed</b>	<b>Answered</b>	<b>Granted</b>
Medical	68	17	51	7	6
UDC Actions <sup>40</sup>	37	21	16	4	0
Legal	33	17	16	1	0
Staff	31	10	21	1	0
<b>Regional Office Appeals (BP-10s)</b>					
	<b>Submitted</b>	<b>Rejected</b>	<b>Filed</b>	<b>Answered</b>	<b>Granted</b>
DHO Appeals <sup>41</sup>	72	29	43	11	3
Medical	32	6	26	0	0
Staff	26	19	7	0	0
UDC Actions	16	8	8	1	0
<b>Central Office Appeals (BP-11s)</b>					
	<b>Submitted</b>	<b>Rejected</b>	<b>Filed</b>	<b>Answered</b>	<b>Granted</b>
DHO Appeals	40	18	22	0	0
Medical	15	4	11	0	0
Legal	10	2	8	0	0
Staff	8	5	3	0	0

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

<b>Administrative Remedy Filings Related to the SHU</b>					
	<b>Submitted</b>	<b>Rejected</b>	<b>Filed</b>	<b>Answered</b>	<b>Granted</b>
BP-9s (facility level)	11	5	6	2	1
BP-10s (Regional Office)	3	0	3	1	0
BP-11s (Central Office)	3	0	3	0	0

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

## V. Visitation and Communication

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### Visitation

Victorville is 2,594 miles from DC. It is 38 hours from DC by car and 63 hours by bus. DC inmates reported concerns regarding the long distance between the facility and DC, which makes visitation very difficult to impossible. Strong ties to one's community and family are important in reducing recidivism.<sup>42</sup> The CIC recommends that the FBOP re-designate DC inmates to facilities within 500 miles of DC.

### 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 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 FCI Victorville Medium II, the cost is \$0.50 per minute while using the CorrLinks system to read or compose a message.

### Mail

Pursuant to federal regulation, ordinary mail may be opened and inspected for contraband and content outside of an inmate's presence.<sup>43</sup> Special mail, including legal mail, must be opened in the recipient inmate's presence and inspected only for contraband.<sup>44</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>45</sup>

The CIC sent letters to all ten DC inmates at FCI Victorville Medium II who were at the facility when the CIC requested the inspection, and three were returned to the CIC marked "return to sender." The three returned letters had been mailed to inmates who were subsequently re-designated to other facilities.

### Phone

Phones are located within the housing units at a cost of \$0.21 per minute for a long distance call to DC.



## VI. Daily Life Services

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### Religious Services

FCC Victorville has seven chaplains total, shared between the facilities at the complex. FCI Victorville Medium II serves 17 different faith groups and has a chapel, an outdoor worship area, and a locker for the religious items of each faith group. The facility offers services in both English and Spanish. Religious texts are available in the religious library, and religious items are available for purchase in the commissary. The entire FCC has between 100 to 350 volunteers, depending on the time of year and currently offered programs, who assist in areas from religious services to the teaching of reentry programs.

### Recreation

FCI Victorville Medium II offers a variety of sports and activities, including jump rope, volleyball, basketball, flag football, yoga, and other exercise classes. Painting, photography, nutrition, diabetes, and leathermaking classes are also available. The facility has a variety of musical activities, including vocal lessons, two music rooms (beginner and advanced) with guitars and other basic instruments, and a “Battle of the Bands” event in which different bands compete for the title of the “best band” at the facility.

### Library

FCI Victorville Medium II has a library where inmates can read books, newspapers, and magazines. The facility has an electronic law library in which inmates may access legal materials through one of several database computers.

### Meals

Food Service at FCI Victorville Medium II employs between 325 and 350 inmates. The kitchen has its own multi-use bakery. Religious diet meals are pre-prepared off site and available to all inmates who qualify, including inmates in the SHU, as approved by the Chaplain. Staff estimates that close to 30 inmates receive kosher meals. As part of an effort to be eco-friendly, the kitchen uses environmentally safe soaps and steam for cleaning.

Through the Food Service Department, inmates can obtain a ServSafe certification, which is a food and beverage safety training program administered by the National Restaurant Association. ServSafe certification is a requirement for employment at many restaurants and provides inmates with a marketable skill upon community reentry.

## **Commissary**

The commissary is staffed by eight to nine inmates. Inmates submit a weekly shopping order and use fingerprint signing to retrieve their items. The Captain at the facility decides what items will be sold in the commissary. As per FBOP policy, all products are marked up 30%, except for religious items and stamps. Profits from the sale of items in the commissary are deposited into the Inmate Trust Fund.

## VII. Reentry Services

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### Release Preparation Program

All FBOP facilities follow a Release Preparation Program (RPP), intended to prepare inmates for community reentry upon release.<sup>46</sup> The program operates at both the unit and facility level, and institutions are responsible for developing their own curriculum. Inmates generally receive training on resume writing, job search skills, job retention skills, and other topics relevant to reentry. The program is overseen at the facility level by the Reentry Affairs Coordinator (RAC), a dedicated position within the executive staff.<sup>47</sup> 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>48</sup> For male DC inmates in FBOP custody, the RRC is Hope Village, in Southeast DC.<sup>49</sup>

At Victorville, the RPP is a 10-hour class focusing on topics necessary for successful reentry. For placement in an RRC, the Unit Team first submits a request to the appropriate Residential Reentry Management (RRM) field office, which then provides a referral to an RRC. The referral includes the inmate's Public Safety Factor information, progress reports, facility information on that inmate, and the Judgment and Commitment Order from the time of the crime.

### MOU with Social Security Administration

The FBOP has a nationwide Memorandum of Understanding (MOU) with the Social Security Administration to facilitate the process of inmates obtaining Social Security Number (SSN) cards prior to release.<sup>50</sup> Inmates are ineligible to receive Social Security benefits while incarcerated, but the SSN card is an important form of documentation that is crucial to successful reentry. This is an FBOP-wide best practice.

### CSOSA Outreach

The Court Services and Offender Supervision Agency of Washington, DC (CSOSA) provides a quarterly Community Resource Day for DC inmates in FBOP custody. Through videoconferencing, CSOSA staff and representatives from other organizations provide information on housing, healthcare, 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. The CIC recommends that all FBOP facilities with DC inmates implement the Community Resource Day program. FCI Victorville Medium II participates in CSOSA Community Resource Day, and this is a best practice.

## VIII. 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 are removed from published concerns and comments.

**Total Concerns Reported: 60**

<b>DC Specific Issues</b> (Total Concerns: 13)
<ul style="list-style-type: none"> <li>• Staff members do not like DC inmates. [x2]</li> <li>• Staff treats DC inmates poorly.</li> <li>• Nobody likes guys from DC.</li> <li>• Victorville is too far from DC. [x2]</li> <li>• One inmate has had no visitors for five years because DC is too far from Victorville. He has three children.</li> <li>• No contact with family; like being on the other side of the world.</li> <li>• No visitation from family due to lockdown.</li> <li>• No visitors out here but would have them if closer to home.</li> <li>• DC inmates serving sentences in a FBOP facility is unfair.</li> <li>• DC inmates automatically have a bad reputation, especially inmates with a federal register number ending in “007.”</li> <li>• DC inmates receive no “good time” for completion of programming.</li> </ul>
<b>Safety</b> (Total Concerns: 10)
<ul style="list-style-type: none"> <li>• Victorville is dangerous for DC inmates.</li> <li>• DC inmates are in danger because of prison gangs.</li> <li>• DC inmates fear for their lives because of gang movement at Victorville.</li> <li>• Victorville is “Gangland”; one or two assaults per month.</li> <li>• Inmate was stomped to death.</li> <li>• Hispanic inmate was killed by his own gang, and it took staff 10 minutes to respond.</li> <li>• One inmate doesn’t leave unit because he does not feel safe.</li> <li>• One inmate placed himself in protective custody because he felt COs were putting his life in danger and that he may be killed. He is waiting on protective custody verification.<sup>51</sup></li> <li>• One inmate needs a “separatee” designation.<sup>52</sup></li> <li>• One inmate is singled out and abused by both inmates and staff for being homosexual.</li> </ul>
<b>Staff Conduct</b> (Total Concerns: 7)
<ul style="list-style-type: none"> <li>• Culture of racism.</li> </ul>

- Half of the staff is racist, but the other half is okay.
- A case manager told an inmate that he was at Victorville “because they needed more blacks.”
- COs show lack of respect to and abuse inmates.
- COs are disrespectful, and don’t know how to talk to people; say to inmate “get your ass over here.”
- CO told inmate to “Shut the f\*\*\* up.”
- Inmate was physically hurt by staff.

### **Health Services**

(Total Concerns: 6)

#### **Medical**

- Medical care is not good.
- One inmate waited months to be seen for a full body rash and then sat in the medical office for two hours before he was seen on the day of his appointment.
- One inmate has not received surgery he needed for past four years. He recently went to the doctor for pain caused by this chronic disorder, but received no treatment and is still in pain.
- One inmate has a knee injury that needs corrective surgery, but has not yet received the surgery.
- Inmate put in sick call cop-out and was not seen by medical. He gave up after two to three weeks.

#### **Medication**

- Inmate diagnosed with Axis I disorder stopped taking medication because he submitted cop-outs to see Psychology but has not received a response to his requests.

### **Mail**

(Total Concerns: 5)

- Staff is opening legal mail. [x2]
- Legal mail is not followed.
- Mail is slow.
- One inmate gets no response when he sends any mail.

### **Disciplinary Process**

(Total Concerns: 5)

- Inmate was sent to Victorville because of a disciplinary shot at a Northeast facility.
- One inmate was falsely accused of a robbery.
- One inmate was written up for an incident in which he was not involved and for taking too long to leave the recreation cage.
- Inmate was transferred to Victorville without any disciplinary reason and had “good time” taken away but does not know why.
- One inmate had his phone privileges revoked for eight months and has not been able to contact his family.

### **Special Housing Unit (SHU)**

(Total Concerns: 4)

- One inmate was put in the SHU for protective custody.
- One inmate was put in the SHU for two days as a “time out” without going through the FBOP processes for being placed in the SHU.
- One inmate was put in the SHU by staff for an issue over toiletries.

<ul style="list-style-type: none"><li>• Inmate lost job when sent to the SHU, and has not been given another one.</li></ul>
<b>Education and Programming</b> (Total Concerns: 3)
<ul style="list-style-type: none"><li>• Inmates teach many of the classes.</li><li>• One inmate cannot take any additional programming at the facility. He completed all of the programs Victorville offers before arriving at the facility.</li><li>• One inmate says he has nothing to do. He just watches TV and reads all day.</li></ul>
<b>Other Issues</b> (Total Concerns: 7)
<b>Sentence Computation and Designation</b> <ul style="list-style-type: none"><li>• Inmate was at a low before being transferred to Victorville.</li><li>• Inmate should be able to apply for an administrative transfer in one year, but staff won't let him apply for 18 months.</li></ul>
<b>Facility Tensions</b> <ul style="list-style-type: none"><li>• Inmates are disrespectful toward one another.</li><li>• The yard is separated by race.</li></ul>
<b>Residential Reentry Center</b> <ul style="list-style-type: none"><li>• One inmate just got the paperwork for his halfway house; he should have received it several months ago.</li><li>• Hope Village halfway house is in the projects; inmate wants to go to a Maryland halfway house.</li></ul>
<b>Retaliation</b> <ul style="list-style-type: none"><li>• One inmate was afraid that speaking to the CIC would lead to retaliation and denial of a transfer opportunity.</li></ul>

## IX. FBOP Response

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After the CIC inspection process was complete, the CIC provided the FBOP with a draft version of the FCI Victorville Medium II inspection report for review of factual information and requested responses to several follow-up questions. The FBOP responses to the CIC requests are incorporated throughout the report when relevant, and the additional response regarding the inmate concerns and CIC observations and recommendations is below.

<b>FBOP Response</b>
<p>The Bureau reviewed all the inmate concerns and is working toward making improvements as appropriate. The draft report indicated a relatively high number of incidents of violence for a medium security level institution. It also mentioned long wait times for medical treatment and the facility only having one psychologist. Safety and security measures are steadily improving. The Medical and Psychology departments at FCI II are actively recruiting staff to fill the current vacancies. As noted above, there are eight psychologists between the three facilities. They are actively attempting to hire additional psychologists.</p>

## Endnotes

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

<sup>2</sup> Inmates with the following offense categories are considered violent offenders: Weapons, Explosives, Arson, Homicide, Aggravated Assault, and Kidnapping.

<sup>3</sup> The CIC inspected USP Victorville on April 30, 2014, and its inspection report is available on the CIC website. *See Inspection Reports*, D.C. CORR. INFO. COUNCIL, <http://www.cic.dc.gov/page/inspection-reports>. The CIC attempted to inspect FCI Victorville Medium I on May 2, 2014, but FCC Warden Ives terminated the inspection prior to its completion. The CIC published a report on the attempted inspection of FCI Victorville Medium I. *See id.*

<sup>4</sup> 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 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>. 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). 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.**

<sup>5</sup> At the time the CIC submitted its formal inspection request, the CIC specified that the inspection was to take place from 9:00 AM to 5:00 PM. Prior to 4:00 PM, however, the CIC was asked to leave the facility. As a result, the CIC was unable to complete one inmate interview in the SHU.

<sup>6</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>7</sup> *Id.*

<sup>8</sup> *Id.*

<sup>9</sup> *Id.*

<sup>10</sup> When placed in the SHU, you are either in administrative detention status or disciplinary segregation status. Administrative detention status is considered a non-punitive 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. Disciplinary segregation status is a punitive status imposed only by a Discipline Hearing Officer (DHO) as a sanction for committing a prohibited act(s). 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>*.

<sup>11</sup> You may be placed in administrative detention status for the following reasons: (a) pending classification or reclassification; (b) holdover status during transfer to a designated institution or other destination;(c) removal from general population, if 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) You are under investigation or awaiting a hearing for possibly violating a Bureau regulation or criminal law;
- (2) 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) 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.



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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>.

<sup>12</sup> For additional information, see the Significant Incidents History table on page 10.

<sup>13</sup> 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>.

<sup>14</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. 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>15</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>16</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>17</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:
  - a. Shows no significant level of functional impairment associated with a mental illness and demonstrates no need for regular mental health interventions; and
  - b. 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:
  - a. Routine outpatient mental health care on an ongoing basis; and/or
  - b. 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:
  - a. Enhanced outpatient mental health care (i.e., weekly mental health interventions); or
  - b. 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).

<sup>18</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>19</sup> *Id.*

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

<sup>21</sup> *Id.*

<sup>22</sup> *Id.*

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<sup>23</sup> *Id.*

<sup>24</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>25</sup> The BRAVE program is designed for inmates who are 32 years old or younger, have a sentence of at least 60 months, and have not previously served a sentence under FBOP commitment. *Id.* Inmates are placed directly on the Brave Program Treatment Unit upon arrival at an institution. *Id.* Other inmates who have demonstrated poor institutional adjustment may also be allowed to participate at the Program Coordinator's discretion. *Id.*

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

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

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

<sup>29</sup> *Id.*

<sup>30</sup> *Id.*

<sup>31</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").

<sup>32</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>33</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."

<sup>34</sup> Mark Corpora, PowerPoint Presentation, For Computer Use in Prisons (2011), *available at* <http://nicic.gov/library/027048>.

<sup>35</sup> Information regarding significant incidents is provided directly by the FBOP.

<sup>36</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>37</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). An inmate may only submit a request or appeal on behalf of that inmate, 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>38</sup> Administrative remedy requests and appeals are also referred to as grievances. 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>39</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); *see also* Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, tit. VIII, 110 Stat. 1321 (1996), *available at* <http://www.gpo.gov/fdsys/pkg/PLAW-104publ134/pdf/PLAW-104publ134.pdf>. 42 U.S.C. § 1997e(a) (2006).

<sup>40</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>41</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>42</sup> “Research on people returning from prison shows that family members can be valuable sources of support during incarceration and after release. For example, prison inmates who had more contact with their families and who reported positive relationships overall are less likely to be re-incarcerated.” See Ryan Shanahan & Sandra Villalobos Agudelo, Vera Inst. of Just., Family Just. Program, *The Family and Recidivism*, AM. JAILS, Sept. 2012, at 17, available at <http://www.vera.org/files/the-family-and-recidivism.pdf>; see also DAMIAN J. MARTINEZ, FAMILY CONNECTIONS AND PRISONER REENTRY (Apr. 3, 2009), available at <https://ccj.asu.edu/downloads/paper-martinez>.

<sup>43</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>44</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).

<sup>45</sup> *Id.*

<sup>46</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). The FBOP recently reorganized their internal structure to include a Reentry Services Division at Central Office. The Assistant Director of the Reentry Services Division reports directly to the Director of the FBOP.

<sup>47</sup> The most updated program statement does not reflect the current changes in the administration of the program at the facility level, including the position of “Reentry Affairs Coordinator” as a dedicated executive position. Cf. 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).

<sup>48</sup> Inmates must participate in the Release Preparation Program to receive placement time at an RRC.

<sup>49</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.

<sup>50</sup> See Memorandum of Understanding Between the Social Security Administration and the United States Department of Justice Federal Bureau of Prisons to Process Certain Inmate Requests for Replacement Social Security Number Cards (Jan. 28, 2008), available at [http://reentry.mplp.org/reentry/images/9/95/SSA-BOP\\_agreement.pdf](http://reentry.mplp.org/reentry/images/9/95/SSA-BOP_agreement.pdf).

<sup>51</sup> An “unverified” inmate is in protective custody but has not had administrative staff make an official determination that the inmate needs to be in protective custody.

<sup>52</sup> A “separatee” is an inmate who should not be confined at the same institution or program site with another particular inmate due to a credible threat to one of the inmate’s safety, with exceptions allowed when the institution has the ability to prevent physical contact between the inmates.



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