



# **District of Columbia Corrections Information Council**

## **Inspection Report**

### **FCI Allenwood Low**

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September 19, 2013

### ***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 District of Columbia Deputy Mayor for Public Safety and Justice, the Council of the District of Columbia, 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.*

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# FCI Allenwood Low

Allenwood, Pennsylvania

Date of Inspection: September 19, 2013

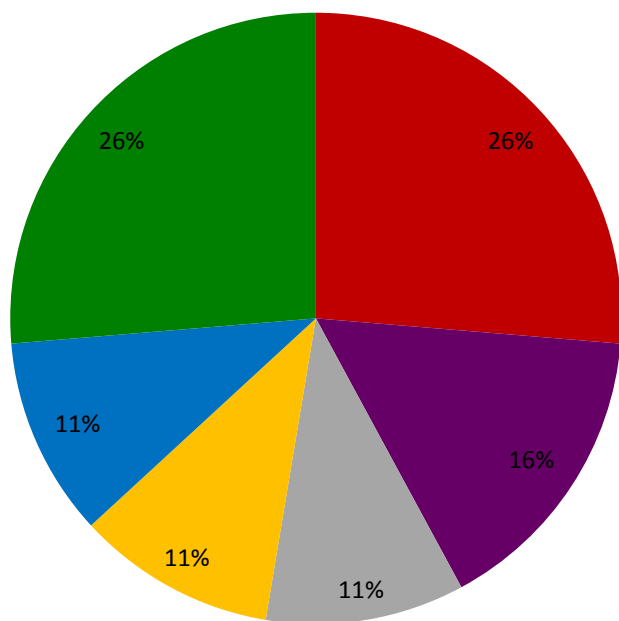
196 miles from downtown DC: 3.5 hours by car, 6.5 hours by Greyhound bus


## Demographics

- Security Level: Low
- Design Capacity: 1,415
- Occupancy (Sept. 2013): 1,325
- DC Inmates: 9
- Medical Care Level: I and II
- Mental Health Care Level: II

## Inmate Concerns

The CIC interviewed six DC inmates and heard 19 concerns from these inmates on the inspection date. A summary of inmate concerns is below.



 Programming / Employment (5)	 Staff (3)
 DC Inmates Treated Differently (2)	 Food (2)
 Medical (2)	 Other (5)

## Best Practices

### Sentence Computation Open House

- FCI Allenwood Low holds biweekly open houses where inmates can meet with records staff to review sentence computation and calculation of good time credit. This is a best practice and the CIC recommends its adoption across the FBOP.

### Job-Search Resources

- Allenwood Low has resources for DC inmates nearing release, including a touch screen kiosk with information on employment opportunities in different locations, including DC.

### Residential Drug Abuse Program (RDAP)

- Allenwood recently initiated RDAP. At Allenwood, the cognitive behavioral therapy regime is supplemented with FBOP-approved holistic health materials, 12-Step recovery programs, and PTSD treatment specifically targeted at veterans. The CIC recommends Allenwood work to enroll DC inmates that meet program requirements in RDAP.

### Dental

- The wait time for routine dental services is 30 days. This short wait time is a best practice.

### Responsiveness of Executive Staff

- The staff at Allenwood responded promptly and thoroughly to all CIC questions, including responding to inmate concerns.

## Recommendations

### Staff/Possible PREA Violation

- One inmate informed the CIC that he did not report a possible PREA violation because he feared he would be placed in the SHU.

### Lack of Programming

- Several inmates reported a lack of programming opportunities available at Allenwood Low.

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Inspection Report: FCI Allenwood Low

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## **Facility Overview**

### **General**

The CIC inspected Federal Correctional Institution (FCI) Allenwood Low on September 19, 2013. The inspection consisted of a facility tour, discussions with staff, interviews with six DC inmates, and document review. On the date of the CIC inspection, FCI Allenwood Low had 1,325 inmates, including nine inmates from DC, in four housing units. Allenwood completed its most recent American Correctional Association (ACA) reaccreditation audit in July 2013.

### **Medical and Dental**

Inmates at Allenwood Low are Medical Care Level I or II.<sup>1</sup> There are two isolation rooms for quarantine, three suicide monitoring rooms, and a four-bed sick ward. Allenwood Low has an infectious disease nurse who also educates inmates on this topic. A dental hygienist is on staff, and the wait for routine dental services is 30 days.

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

At the time of the CIC on-site inspection, Allenwood had recently opened an RDAP unit. RDAP is a voluntary treatment program available to inmates with a documented alcohol or substance abuse problem. Inmates who qualify begin with the residential treatment program. They live on a separate unit for a minimum of nine months and complete a minimum of 500 hours of programming with staff, both individually and in groups. Inmates participate in RDAP programming every day from 7:30 am to 10:45 am and, generally, work or attend school in the afternoon. RDAP includes a two-month Orientation Phase, a five-month Core Treatment Phase, and a two-month Transition Phase. Inmates may qualify for up to a year of sentence reduction through completion of the program.

RDAP is a comprehensive substance abuse treatment program, using cognitive behavioral therapy to teach improved decision-making and broad-based lifestyle change. Allenwood also addresses Post Traumatic Stress Disorder (PTSD) in its treatment plans, especially for veterans. The RDAP unit at Allenwood accommodates up to 96 inmates. On the day of inspection, 49 inmates were on the waiting list, including one DC inmate. No inmates currently enrolled in RDAP were from DC.

At Allenwood, RDAP staff use additional materials beyond the standard RDAP materials. These materials are approved by the FBOP Central Office and teach a holistic approach that includes aspects of health and life management.

### **Psychology**

In addition to RDAP, Allenwood Low offers Alcoholics Anonymous and Narcotics Anonymous meetings. Individual therapy is offered quarterly for Mental Health Care Level II inmates and weekly for Care Level III inmates.

### **Sentence Calculation Open House in Records Department**

USP Allenwood and FCI Allenwood Low offer biweekly sessions with their Records Office where inmates can meet with staff to review good time calculations, expected release dates, and other aspects of their sentences.

Federal sentencing laws can be complex and the statutes and program statements can be difficult to navigate. DC inmates face the additional complication of the interaction between DC and federal regulations. DC inmates consistently voice concerns about calculation of good time and problems with their release dates. FCI Allenwood Low offers inmates the opportunity to meet with records staff to determine the correct sentence designation and computation issues. This is a best practice and the CIC recommends that the FBOP adopt this practice at all facilities.

### **CSOSA Community Resource Day**

The Court Services and Offender Supervision Agency of Washington, DC (CSOSA) provides a quarterly Community Resource Day for DC inmates in FBOP custody who are approaching release. Through videoconferencing, government organizations and agencies as well as non-profit service providers offer information on DC housing, healthcare, employment, and education to Allenwood inmates who have less than a year remaining on their sentences. FCI Allenwood Low has participated in this videoconferencing once and the CIC recommends the facility continue with this best practice.

### **Job-Search Resources**

Allenwood Low has a touch screen kiosk where inmates can search for jobs in different locations, including DC. The Career Resource Center also has DC resources available.

## **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 of 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 complex to report directly. All names, identifying information, and confidential information is removed from published concerns and comments.

The CIC conducted six inmate interviews on the date of the inspection. All the inmate concerns from the CIC interviews at Allenwood FCI Low are included in the table below. The CIC also highlights the following inmate concerns and recommends the staff at Allenwood Low investigate and remedy as necessary.

### **Possible PREA Violation**

One inmate informed the CIC that he did not report a possible Prison Rape Elimination Act (PREA) violation because he feared he would be placed in the SHU. The CIC recommends Allenwood Low investigate the possibility of staff retaliation and take necessary action to ensure inmates are not retaliated against for reporting violations, especially with respect to PREA.

### **Programming Deficiencies**

Two out of the six DC inmates interviewed informed the CIC that there was no programming available.

<b>Programming/Employment (4)</b>
<ul style="list-style-type: none"><li>• There is no programming at the Low (2).</li><li>• No place for a tradesman to work here (2).</li><li>• There is no reentry planning at the Low.</li></ul>
<b>Staff (3)</b>
<ul style="list-style-type: none"><li>• The staff do not respect inmates.</li><li>• One inmate was incident-free until he arrived here; now, he has write-ups for petty infractions (because he was eating a cookie on his way out of the cafeteria and he called the CO the wrong name by mistake).</li><li>• Two or three months ago, a staff member was strip searching one inmate and grabbed his private region. He is afraid to file a complaint because he will just get put in the SHU.</li></ul>
<b>DC Inmates Treated Differently by Staff (2)</b>
<ul style="list-style-type: none"><li>• DC and black inmates are treated differently; they do not get a warning like other inmates.</li><li>• There is no respect for DC inmates.</li></ul>
<b>Food (2)</b>
<ul style="list-style-type: none"><li>• An inmate once found maggots in his food.</li><li>• The food is bad, and it's the same thing every day.</li></ul>
<b>Medical (2)</b>
<ul style="list-style-type: none"><li>• There is often a 1.5 to 2 week wait for sick call.</li><li>• \$2 charge to see the doctor.</li></ul>

**Other (5)**

- 10 minute moves: it's hard to get from Brady to the law library, print what is needed, and get back all in ten minutes.
- Inmates are not issued clothes that fit.
- The chaplain service could be better; there's no rabbi.
- The IDs are not liked because of the chain around the neck; clips would be better.
- Hope Village is a poor reentry facility.



## **Facility Responses to Inmate Concerns**

<b>Staff</b>
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<p><i>One inmate reported that he did not report a possible PREA violation because he feared retribution by staff.</i></p>
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| <ul style="list-style-type: none"><li>• Staff and inmates are informed that this policy implements the Bureau’s “zero tolerance” of sexually abusive behavior, and sexual harassment, as defined in this policy; standard procedures are in place to detect and prevent sexually abusive behavior and sexual harassment at all Bureau facilities; victims of sexually abusive behavior and sexual harassment receive timely and effective responses to their physical, psychological, and security needs; allegations of sexually abusive behavior and sexual harassment receive timely intervention upon report; and the perpetrators of sexually abusive behavior and sexual harassment will be disciplined and, when appropriate, prosecuted in accordance with Bureau policy and Federal law.</li></ul> |
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<sup>1</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.

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 [Designation and Sentence Computation Center] 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 [Office of Medical Designations and Transportation], as the medical need of the inmate is the primary factor in the designation decision.

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

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

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

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

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

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

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