



**District of Columbia
Corrections Information Council**

Inspection Report

USP Atlanta

Reverend Samuel W. Whittaker
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February 10, 2014

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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USP Atlanta

Atlanta, Georgia

Inspection Date: February 10, 2014

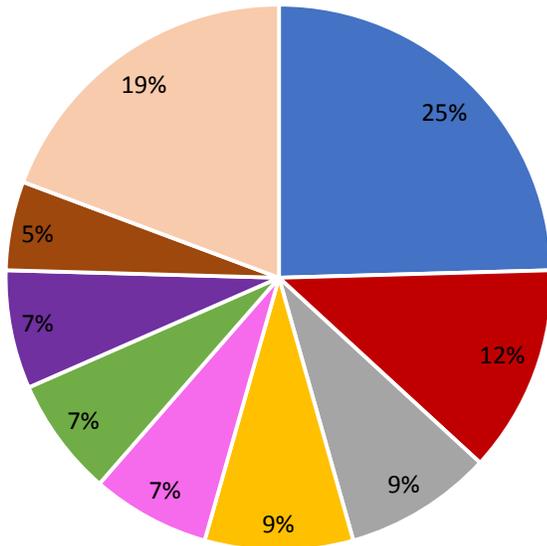
642 miles from downtown DC: 9.5 hours by car, 15.5 hours by bus/transit

Demographics

- Security Level: Medium
- Occupancy (Sept. 2013): 1,641
- Capacity: 1,439 (114% capacity)
- Number of DC inmates (Jan. 2014): 40
- DC Inmates Median Sentence Length: 10 years
- Inmate-to-Staff Ratio: 3.56
- Custody Staff Ratio: 6.36

Inmate Concerns

The CIC received 57 concerns and nine positive comments from 12 on-site inmate interviews. It should be noted that Atlanta received the largest number of positive comments from any facility visited to date. The concerns are outlined by topic below and listed, along with positive comments, on page nine of this report.



Best Practices

Overall Commitment to Reentry

- Each department (including accounting) offers reentry programming, and each inmate nearing release receives an individualized skills development plan. Atlanta also participates in quarterly CSOSA videoconferencing.

Mental Health Care

- The facility offers a wide range of mental health services to inmates. Overall, the Psychology Department at Atlanta is a best practice.

Secure Mental Health Step-Down Program

- SMH-SDP is a residential, psychological treatment program offered to inmates with mental illness who do not require more intensive inpatient treatment. Counselors employ a range of therapeutic practices to facilitate day-to-day functioning in the prison environment, minimize relapse, and decrease the likelihood of recidivism.

UNICOR

- Inmates learn valuable job skills while producing items for various government agencies. The recidivism rate for inmates that participate in UNICOR is lower than for the non-UNICOR general population.

HVAC and Other Vocational Training Programs

- Atlanta's two year HVAC program results in NCCER certification. Atlanta also offers certification courses in forklift operation, electrical maintenance and custodial services—all valuable job skills given the high rate of construction in DC.

Staff Diversity

- The staff at USP Atlanta is the most diverse the CIC has seen in a FBOP facility thus far.

Positive Comments from Inmates

- Atlanta received more positive comments from inmates than other FBOP facilities the CIC has visited. These are provided in the table on page 11 of this report.

Inmate Consolidated Network (ICN)

- ICN is a computer literacy and professional skills program piloted by USP Atlanta.

Areas for Improvement

Visitation

- Atlanta is over 600 miles from DC; this distance does not facilitate visitation. Five out of 12 DC inmates reported concerns with visitation or access to visitation. The CIC recommends USP Atlanta implement a video visitation program for DC inmates.

Programming in the SHU

- The CIC recommends USP Atlanta begin offering programming to inmates in the SHU.

Administrative Remedies

- Three of the 12 inmates interviewed reported issues with administrative remedies, including unavailable forms and ineffective process.

Medical/Dental Care

- The CIC heard several medical and dental concerns from inmates.

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Inspection Report: USP Atlanta

Publication Date: November 3, 2014

Facility Overview

The CIC inspected United States Penitentiary (USP) Atlanta on February 10, 2014. The inspection consisted of a facility tour, discussions with staff, interviews with 12 DC inmates, and document review. On the date of the CIC inspection, USP Atlanta had 1,641 inmates, including 40 inmates from DC.

Demographics Data (Nov. 2013)

Total Inmates	1,641	
DC Inmates	40	
Rated Capacity	1,439	
Percent Capacity	114%	
Total Staff	461	
Custody Staff	249	
Inmate/Staff Ratio	3.56	
Inmate/Custody Staff Ratio	6.36	
Racial Breakdown		
	Total Number	Percentage of Population
Black	928	56.6%
White	291	17.7%
Hispanic	413	25.2%
Other	9	0.5%
Inmate Sentence Information		
Inmates with data available	1,498	
Mean sentence (months)	156.6	
Median sentence	126.0	
Mean time remaining (new law/old law)	80.4/82.5	
Median time remaining (new law/old law)	56.0/60.5	
Months to Release		
	Number of Inmates (out of 1,498 with data available)	Percentage of Population (with data available)
4 months or less	112	7.5%
5-8 months	79	5.3%
9-12 months	73	4.9%
13-24 months	173	11.5%
25-60 months	344	23.0%
61-120 months	367	24.5%
121 months or more	350	23.4%
Offenses		
	Total Inmates (out of 1,575 with data available)	Percentage of Population (with data available)
Violent offenders	573	36.4%
Drug offenders	662	42.0%
Sex offenders	33	2.1%

Medical Care

Atlanta is a Medical Care Level II facility.¹ It has X-ray equipment and can handle basic testing and suturing. More complex cases are sent to Atlanta Medical Center, Grady Medical Center, or one of several other FBOP institutions. USP Atlanta has an urgent care room, and all staff are trained in CPR and in the use of the automated external defibrillator.

Staff informed the CIC that inmates wait no longer than two weeks for non-emergency care and are seen for sick calls the same day as a cop-out is submitted. Atlanta charges the FBOP-standard \$2.00 for sick call, and there is no charge for emergency care, chronic care, or care for indigent inmates. Indigence is determined using the standard FBOP calculation - less than \$6 in the inmate's commissary account for the last 30 days. Medical staff conducts sick call in the SHU once a week. The medical staff partner with education staff to provide nutrition and diet classes for inmates nearing reentry, and USP Atlanta is developing a diabetes-management class.

Atlanta has two dentists and two dental hygienists. They work to educate inmates on oral hygiene in addition to providing treatment and cleanings.

Mental Health Care

Atlanta is a Mental Health Care Level III facility, and provides individual and group therapy, as well as non-residential drug abuse programming, including addiction recovery programs. Alcoholics Anonymous and Narcotics Anonymous groups meet once a week in USP Atlanta.

Atlanta will offer two group therapy programs, which were scheduled to begin in September 2014. The depression therapy group is an evidence-based group that teaches mindfulness and meditation over the course of eight to ten sessions. Inmates with a history of depression can gain skills to help deal with their symptoms while in prison and upon release. Facilitators also help inmates find outpatient care upon release if necessary.

USP Atlanta also has a coping skills group. Inmates with Mental Health Care Level II designations are targeted for this group, which progresses through three monthly modules: Coping with Stress, Coping with Anger, and Coping with Depression. Psychology staff works with inmates to find them community treatment options upon release.

Individual therapy at Atlanta varies according to inmates' FBOP Mental Health Care Level designations. Standard policy at the facility calls for a minimum of quarterly meetings between mental health care professions and Mental Health Care Level II inmates, weekly sessions with Care Level III inmates, and daily sessions with Care Level IV inmates.

Secure Mental Health Step-Down Program

USP Atlanta offers a Secure Mental Health Step-Down Program (SMH-SDP). This program provides mental health treatment for male inmates who do not require inpatient care, but struggle with serious mental illnesses (Care Level III) and histories of violence that prevents normal functioning in the prison environment. The program uses a variety of treatment methods, including cognitive behavioral therapy, cognitive rehabilitation, psycho-educational components, and skills-training to promote healthy functionality in the community, minimize the need for

inpatient treatment, and reduce recidivism. When an inmate nears release, program staff coordinates with social workers, Residential Reentry Centers, and supervision offices to facilitate reentry. This is a best practice at USP Atlanta.

In February 2014, the SMH-SDP had 15 inmate participants. By September 2014, the program had 22 inmate participants. Many inmates have reportedly made significant progress, with six inmates earning Treatment Phase Level III status (Level IV is the highest, while Level I is the lowest). Staff noticed improvement in personal care, social skills, mental illness awareness, and decreased evidence of criminal thinking. Atlanta employs the services of a telepsychiatrist, and hired a psychiatric nurse practitioner to begin work in September 2014.

Atlanta has implemented additional components to the SMH-SDP program since February 2014. New arrivals are provided with an orientation group and pretreatment group, and they attend a weekly development group for a total of three programming hours per week outside of their cell. Treatment Phase II inmates are provided with five hours of out-of-cell programming per week, with four psychoeducational groups and one development group. In total, treatment staff offers 17 groups in the pod group room weekly.

In July 2014, Atlanta began offering barbering services to the SMH-SDP population. The Business Office contracts with a community barber who comes into the unit twice per month to offer inmates haircuts and shaves. Staff reported that inmates enjoy and are grateful for this service.

In July 2014, Atlanta also began a system for program participation pay. SMH-SDP participants can be assigned to work details as SMH-SDP participants and are paid according to their Treatment Phase Level for Levels II through IV (\$0.67/day for Level II, \$1.00/day for Level III, and \$1.33/day for Level IV). In August 2014, Atlanta hired eight inmates for three types of SMH-SDP inmate job positions, including unit orderly, laundry orderly, and condiment packet assembler.

Atlanta purchased recreation activities for SMH-SDP inmates to use in their cells, including bingo, jigsaw puzzles, board games, and word puzzles. Atlanta stated that it continues to seek creative ways to help inmates productively use in-cell time. Atlanta also plans on including an informal chess class offered by inmates. Improved weather in addition to more comfortable relationships among program participants has led to increased participant recreation. Inmates have asked for a greater variety of healthy snacks to be available for purchase, and Atlanta has worked to accommodate that request.

Inmates also create a community newsletter each day, in lieu of a daily community meeting. Staff has noticed a large increase in the quality and quantity of inmate participation in this newsletter.

This program and staff coordination for reentry is a best practice at USP Atlanta.

Medical Indicators

Source: ACA audit conducted August 14-16. Average daily inmate population for that period: 2,400.

Deaths	
Total Deaths	5
Unexpected Natural Deaths	2
Deaths by Suicide	0
Suicide Attempts	0

Communicable Disease Indicators

HIV	
Highest number of HIV-positive inmates indicated in ACA audit	32
Inmates on antiretroviral treatment "at a given point in time"	27
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	2
Tuberculosis	
Inmates who are new converters on a TB test, indicating new infection within the last 12 months	26
Inmates tested for TB in the last 12 months	287
Inmates treated for latent TB in the last 12 months	3
Inmates who completed treatment for latent TB in the last 12 months	0
Hepatitis C	
Inmates diagnosed with Hepatitis C "at a given point in time"	15
MRSA	
Inmates diagnosed with MRSA within the last 12 months	22
Other Health Indicators	
Diabetic inmates reviewed	96
Diabetic inmates "at a given point in time" under treatment for at least six months with hemoglobin A1C level measuring less than 9%	23
Completed dental treatment plans during last 12 months	1,185
Inmate admissions to off-site hospitals	83
Inmates transported off-site for treatment of emergency health conditions	53
Specialty consults completed	123
Specialty consults ordered	164
Mental Health Indicators	
Number of offenders diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) at a given point in time	634

Programming

UNICOR

UNICOR is an FBOP-wide program that employs inmates in factories producing different items. Atlanta’s UNICOR factory makes mattresses, custom draperies, and camouflage trousers. It also produces specialty items like tarps to cover missiles and State Department diplomatic bags that protect their contents from X-ray inspection.

The factory has 323 inmate employees on the 2,000-square-foot factory floor. The average salary is \$100 to \$150 per month. The waiting list for UNICOR positions at Atlanta is generally 150 to 200 inmates, with priority given to inmates with court fines and prior UNICOR experience. The factory runs from 7:30 am to 3:15 pm on weekdays and will work overtime if

necessary to fill orders. The factory functions similar to a factory outside of the prison setting, and the staff are passionate about its operation.

HVAC Program

The HVAC (Heating, Ventilation, and Air Conditioning) program at Atlanta is taught by a local HVAC technician. The two-year program includes a core course to teach inmates basic skills and an advanced course to prepare inmates for a career in HVAC maintenance. The program is affiliated with the University of Florida, and, upon completion, inmates receive certification from the National Center for Construction Education and Research (NCCER), a national organization unaffiliated with the FBOP. Inmates also receive EPA Section 609 Certification (motor vehicle air conditioning service and repair). The two classes combined require approximately 900 hours to complete. There are about 20 inmates in each class, and inmates also serve as teaching assistants.

Inmate Consolidated Network (ICN)

The ICN is a computer literacy and professional skills program piloted by USP Atlanta. There are five classes in the system: English as a Second Language, Keyboarding, Spanish as a Second Language, Microsoft Office Suite, and Résumé Writing.

GED Program

USP Atlanta had 181 GED program enrollments in 2013, with 62 completions. Atlanta is ready for the 2015 transition to computer-based GED programming.

Other Programs and Libraries

Atlanta offers vocational programs in electrical maintenance, custodial services, and Occupational Safety and Health Administration (OSHA) forklift operation, which all result in certification. The facility’s business manager teaches a nine-week reentry course in budgeting, banking, and credit scores. The library has 12 computer terminals for legal research, and five different newspaper subscriptions. Inmates vote on which subscriptions to maintain. Inmates may also access books through an interlibrary loan.

Educational Indicators (FY 2012)

	Total Enrollments	Total Completion
GED Programs	484	48
ESL Programs	38	0
Parenting Programs	30	17
Post-Secondary Education	17	0
Occupational/Vocational Programs	132	113

Special Housing Unit (SHU)

At time of inspection, 143 inmates were in the SHU. At USP Atlanta, the average time an inmate spends in the SHU is 57 days. Inmates in the SHU have access to video visitation; however, visitors must travel to the facility to access the video visitation.

Correctional staff in the Atlanta SHU bid on posts quarterly and are rotated as the roster requires. Senior staff members across relevant departments meet every week to review SHU inmates' cases. Atlanta follows the normal SHU recreation schedule: five hours of recreation per week per inmate. No programming is offered for inmates in disciplinary segregation. Inmates in the SHU receive the same food as inmates in general population. The case manager does daily rounds, and inmates may file a cop-out to request assistance.

DHO hearings are generally held twice per week—Thursdays and Fridays—and inmates may have representation in a hearing. Inmates generally see the DHO within 14 days of an alleged offense. Standard disciplinary policy at Atlanta calls for a one-to-one reduction in good time credit for each day sentenced to the SHU - an inmate who spends 30 days in disciplinary segregation will also likely have 30 days of good time credit deducted. Atlanta staff reports that possession of cell phones and marijuana are the most common infractions resulting in disciplinary segregation sentences.

Reentry Programming

Reentry programming is an ongoing theme at USP Atlanta. Every department in the facility offers reentry classes, including the accounting and administrative departments. The reentry staff meet with unit teams within 28 days of arrival and compile an individualized skills development plan for each inmate. College courses and vocational programs are available. Reentry seminars are offered monthly and the facility participates in CSOSA's quarterly Community Resource Day. The Community Resource Day provides videoconferencing for DC inmates to access government, employment, housing, and treatment resources in the District. USP Atlanta's commitment to reentry is a best practice.

Meals

The meal hall at Atlanta serves three meals per day. Each meal is served in shifts as the dining hall serves 300 inmates at one time. The kitchen serves a main line buffet, a salad bar, and a hot bar. Heart-healthy and vegetarian options are available. Food service employs 325 inmates and has a \$3 million budget, spending about \$3 per day on each inmate. Atlanta staff stands mainline during the noon meal.

Religious Services

Communities of 18 different faiths are present at USP Atlanta. All faith-based services are listed on a calendar available to inmates. The Chaplain works to connect inmates nearing release with faith-based organizations in their hometowns with the goal of discouraging recidivism. Religious Services also offers classes for inmates. The CIC observed a class run by Religious Services staff called "The Successful Family."

Inmates with Disabilities

Atlanta has a staff member trained in American Sign Language, and the units have TTY phones (Text Telephone for inmates who are deaf or hard of hearing).

Administrative Remedies

Below is general information about the administrative remedies filed at the facility, Regional Office, and Central Office levels regarding USP Atlanta.

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

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
Medical	50	4	46	3	1
Staff	35	6	29	1	0
Work Assignments	19	1	18	3	1

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

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
DHO Appeals	215	126	89	6	2
Medical	48	28	20	0	0
Staff	38	29	9	0	0

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

Type of Appeal	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
DHO Appeals	51	24	27	0	0
Medical	20	12	8	0	0
Staff	12	9	3	0	0

Administrative SHU/DHO Appeals Indicators

Administrative SHU/DHO Indicators	Number Submitted	Number Rejected	Number Filed	Number Answered	Number Granted
BP-9s (facility level) related to SHU	16	9	7	9	0
BP-10s (regional office) related to SHU	2	1	1	3	0
BP-11s (Central Office) related to SHU	6	3	3	0	0
BP-9s related to DHO appeals ²	2	2	0	9	0
BP-10s related to DHO appeals	215	126	89	6	2
BP-11s related to DHO appeals	51	24	27	0	0

Significant Incidents (all of 2013)

Source: Federal Bureau of Prisons

Institution locked down	1 (10/2013)
Inmate suicides	1 (10/2013)
Inmate homicides	0
Inmate deaths from natural causes	2 (4/2013, 5/2013)
Assault on inmate, with weapon	1 (10/2013)
Assault on inmate, without weapon	19
Assault on staff, with weapon	3 (1: 8/2013, 2: 12/2013)
Assault on staff, without weapon	6
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	0
Escape from secure facility	0
Escape from non-secure facility	1
Sexual act, non-consensual, on inmate	0
Sexual assault on staff	0
Sexual contact, abusive, on inmate	0
583 reports (significant incidents reported to FBOP Central Office)	94
Chemicals used	0
Use of force	16
Use of restraints	3

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

<p>Staff (14)</p> <ul style="list-style-type: none">• Some staff are unprofessional.• Staff are unprofessional.• The COs do not respect the inmates.• Staff will not process visitor requests.• Staff will not put in the paperwork for one inmate to help him get rid of his Public Safety Factor (designation), despite the fact that he has low points.• Several counselors are former COs.• One staff member curses at inmates and tries to intimidate them.• They lock down the entire facility over a conflict between one inmate and the Warden.• The Warden locks people down for everything.• Inmate requests are often met with “casework is aware of your request.”• One case manager delayed a transfer for two years. <p>Administrative Remedies</p> <ul style="list-style-type: none">• Staff requires inmates to fill out cop-outs to get administrative remedy forms, instead of just giving the forms to inmates.• Staff is resistant to giving administrative remedy forms.• Staff does not honor the administrative remedy process. No responses, and appeal process is very difficult.
<p>Medical / Dental (7)</p> <p>Medical</p> <ul style="list-style-type: none">• One inmate snapped his wrist. He was x-rayed “fast, in like five days.” He was never seen for treatment. This occurred in June 2010.• Medical care was bad at Rivers; here it’s worse.• One inmate is chronic care and is supposed to be seen every 90 days. His last visit happened two months after the 90 days had passed.• One inmate can’t get a medical checkup. <p>Dental</p> <ul style="list-style-type: none">• One inmate can’t get a teeth cleaning.• One inmate has had his teeth cleaned once in five years.• One inmate has been waiting two years for a filling.

DC Inmate Specific Issues (5)
<ul style="list-style-type: none"> • They don't allow more than a certain number of DC inmates at each facility. • Now that Atlanta is an FCI, they have a cap on the DC inmate population. • DC inmates get locked up faster than others. • One officer harasses DC inmates. • There was a fistfight, and they locked up "lots" of DC prisoners. Some are still in the SHU, while some were transferred.
Food (5)
<ul style="list-style-type: none"> • The food is bad; they served better food the day the CIC came. • The food is awful. • Vegetarian options are inadequate. • They don't follow the national menu—don't give the right portions. • Meals do not meet inmates' dietary needs.
Visitation (4)
<ul style="list-style-type: none"> • One inmate hasn't been able to see his family for five years. He has kids and can't see them. • Staff is disrespectful to visitors; male officers try to speak to inmates' girlfriends. • Only gets to see his kids once a year. • Families want to carpool, but it often doesn't work due to the visitation schedule.
Sentence Designation and Computation (4)
<ul style="list-style-type: none"> • One inmate has no disciplinary infractions and is concerned that his points are incorrect. • There are problems regarding good time credit; there is a difference between Atlanta rules and FBOP policy. • One inmate did not receive all his good time credit. • One inmate is eligible for parole, yet has never seen a parole board.
SHU (4)
<ul style="list-style-type: none"> • Sanitation in the SHU is subpar. • No linen exchange in the SHU. • No cleaning supplies in the SHU. • If you don't cooperate in the SHU, they transfer you.
Law Library (3)
<ul style="list-style-type: none"> • No Superior Court cases in the law library. • DC cases aren't updated online. • No CPI (Criminal Practice Institute) manuals from the DC Public Defender Service.
Other (11)
<ul style="list-style-type: none"> • One inmate does not feel safe. • A FOIA request was necessary for an inmate to get his own medical files. • One inmate's FRP requirements are too high for him to pay. • One inmate's shirt was falling apart. • Commissary prices are high—a can of cardboard-packed tuna is \$1.45. • The laundry is very unsanitary; things come back dirtier than when they went in. One inmate caught scabies from this practice. • You have to pay orderlies to wash your clothes; otherwise, you have to hand-wash

everything.

- Confrontations are growing over the TV and the telephone.
- One inmate couldn't get into a Residential Reentry Center because of a bureaucratic mistake.
- One inmate isn't being paid correctly at UNICOR.
- About 100 people share one phone.

Inmate Positive Comments

Staff (4)
<ul style="list-style-type: none">• Staff is more professional than at Fairton.• If the inmates are motivated, staff will assist you.• There are more African-American staff here; it is a plus of being here.• The Warden is by the book, and staff don't assault inmates.
Medical/Dental (1)
<ul style="list-style-type: none">• Inmates are seen the same day for sick call.
Psychological Services (1)
<ul style="list-style-type: none">• One inmate has mental health needs that are being cared for.
Programming/Education (3) (compliments outnumber complaints)
<ul style="list-style-type: none">• One inmate has been in UNICOR since June 2010.• College courses are available.• Atlanta really pushes reentry.

¹ 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 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>.

² FBOP regulations permit inmates to begin appeals of DHO decisions at the regional level (BP-10), instead of the facility level (BP-9).

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 incarcerating District of Columbia Code Offenders operated by the Federal Bureau of Prisons, the District of Columbia Department of Corrections, and their private contract facilities.

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