

District of Columbia Corrections Information Council

Inspection Report

USP Canaan

January 7, 2016



District of Columbia Corrections Information Council (CIC)

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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

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USP Canaan

Waymart, Pennsylvania

Date of Inspection: August 4, 2014

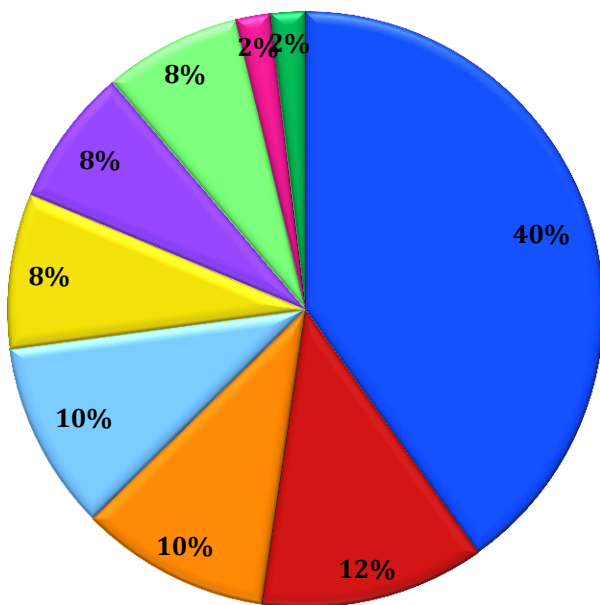
262 Miles from DC: 4.5 Hours by Car / Not Accessible by Public Transit

Demographics

- Security Level: High
- Rated Capacity: 1,599
- Occupancy (July 2014): 1,486 (93.0% capacity)
- DC Inmates: 179 (12.0% of total population)
- Average Age of DC Inmates: 38.5 years old
- Average Sentence of DC Inmates: 178.4 months
- Inmate-to-Staff Ratio: 3.8:1

Inmate Concerns

The CIC interviewed 29 DC inmates on the inspection date and heard approximately 107 concerns and 8 positive comments. A summary of the inmate concerns is below.



| | | |
|------------------------------------|-----------------------------------|---|
| Staff Conduct (43) | Health Services (13) | Communication / Visitation (11) |
| Sentence / Parole Issues (9) | Education / Programming (8) | Daily Life Issues (11) |
| SHU / DHO (8) | DC Specific Issues (2) | Release / Pre- Release Services (2) |
| Institutional Safety (0) | Facility Issues (0) | Other Issues (0) |

Best Practices

Residential Drug Abuse Program (RDAP) and Challenge Program at a USP.

RDAP. This residential substance abuse treatment program receives positive reviews from participants and has been shown to reduce recidivism. RDAP is generally offered at only lower security levels, and offering RDAP at a USP is a best practice. The Challenge Program is a residential treatment program for high-security inmates with substance abuse, mental health, or co-occurring disorders. The Challenge and RDAP coordinator was accessible to inmates and went above and beyond his job description to ensure inmate success, both in residential programs and upon reentry.

Post-Secondary Education. At the time of the CIC inspection, 14 inmates were enrolled in college correspondence courses, including six inmates from DC. Policies that enable and encourage post-secondary education are a best practice.

Release Preparation Program (RPP). Almost one-third of DC inmates participate in the RPP classes. The staff at Canaan was knowledgeable about reentry services in DC.

Participation in CSOSA Community Resource Day. At the time of the CIC onsite inspection USP Canaan was not participating in the quarterly CSOSA Community Resource Day, which provides reentry resources to DC inmates. However, Canaan now participates quarterly.

Recommendations

Tension Between Staff and Inmates. Of the 29 inmates the CIC spoke with, 26 reported disrespectful staff or increased tension between inmates and staff since the killing of a corrections officer at the facility by an inmate.

Education. As of July 2014, 43 DC inmates were on the GED waitlist, and, as of October 2015, 28 DC inmates were on the GED waitlist. The CIC recommends Canaan increase the number of education teachers and GED classes offered to eliminate the GED waitlist and increase other educational and programming opportunities.

Increase Programming Opportunities. Programming should be expanded to include more vocational, apprenticeship, and educational opportunities. This will better prepare inmates for successful reentry to the DC community.

Thoroughly Investigate Excessive Use of Force Claims. The CIC received five inmate concerns regarding excessive use of force by staff and one regarding excessive use of restraints. The CIC recommends Canaan thoroughly review all allegations of excessive use of force and review all applicable camera footage.

Sentence Computation and Security Designation. Five inmates reported concerns regarding the disparate impact on DC inmates with violent DC code offenses in the federal system, since the majority of federal inmates are convicted of non-violent drug offenses. Specifically, inmates convicted of violent crimes are oftentimes precluded from placement in lower security level facilities and programming opportunities.

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I. Facility Overview

Demographics

| Facility Population | | |
|--|---------------------------------|---------------------------------|
| Total inmates | 1,486 | |
| DC inmates ¹ | 179 (12.0% of total population) | |
| Rated capacity | 1,599 | |
| Percent of capacity | 93.0% | |
| Inmate-to-staff ratio | 3.8:1 | |
| Race (179 DC inmates with data available) | | |
| | Number of Inmates | Percentage of Population |
| Black | 175 | 97.8% |
| White | 4 | 2.2% |
| Other | 0 | 0% |
| Ethnicity (179 DC inmates with data available) | | |
| | Number of Inmates | Percentage of Population |
| Hispanic | 2 | 1.1% |
| Non-Hispanic | 177 | 98.9% |
| Sentence Information (179 DC inmates with data available) | | |
| Mean sentence | 178.4 | |
| Median sentence | 72.0 | |
| Offense Information (179 DC inmates with data available) | | |
| | Number of Inmates | Percentage of Population |
| Violent offenders ² | 100 | 54.6% |
| Drug offenders | 16 | 9.1% |
| Sex offenders | 6 | 3.4% |
| Months Remaining to Release (179 DC inmates with data available) | | |
| | Number of Inmates | Percentage of Population |
| 12 months or less | 28 | 15.6% |
| 13-59 months | 71 | 39.7% |
| 60-83 months | 3 | 1.7% |
| 84 months or more | 77 | 43.0% |

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

General Information

The CIC inspected United States Penitentiary (USP) Canaan in Waymart, Pennsylvania on August 7, 2014. USP Canaan is a high security facility for male offenders. The inspection consisted of a facility tour, discussions with staff, and interviews with 29 inmates.

DC residents constitute 12% of the population at USP Canaan, with 179 DC inmates. The rated capacity of the facility is 1,599. At the time of the CIC inspection, the total population was 1,486, which represents 93% of the rated capacity. The inmate-to-staff ratio was 3.8:1.³

General Population Housing Units

The facility contains six housing units with approximately 120 inmates per unit. Each unit has 64 cells. All general population housing units have televisions, phones, computers, and microwaves for inmate use located in the common area. The CIC inspected two housing units during the on-site visit: Unit C-1 and Unit C-2.

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.⁴ 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. Inmates are also permitted to receive one non-contact visit per month and make one 15-minute phone call per month. Inmates may be allowed to make additional calls in the event of an emergency or death.

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.⁵ 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.⁶

The SHU at USP Canaan is designed to house 236 inmates. At the time of the CIC inspection, 215 inmates were in the SHU, representing 91% capacity. Out of the inmates in the SHU, 100 were in protective custody. Approximately 20 to 30 DC inmates were in the SHU. Inmates in the SHU have access to educational programming, and the Education Department makes rounds and provides GED materials, law library materials, and book carts. The SHU at USP Canaan has a four-point restraint cell with a camera mounted in the cell in compliance with FBOP policy.

At the USP Canaan SHU, inmates receive the standard recreation time of one hour per day, five days per week. Visitation is based on a points system. Each inmate receives eight points per month. One point is used for a weekday visit and two points are used for a weekend visit. Inmates in the SHU receive visits in accordance with this point system. Inmates in the SHU are

provided with one 15 minute phone call per month, provided they are not on phone restriction. A physician assistant is assigned to the SHU, and a psychologist conducts mental health rounds once per day. Staff rotates in the SHU every six to 12 months. A lieutenant is always in the SHU from 6:00 AM to 10:00 PM.

II. Health Services

Medical Indicators

| Diseases | | |
|--|--|-------|
| HIV | Inmates diagnosed with HIV | 17 |
| | Highest number of HIV-positive inmates indicated in ACA audit | 12 |
| | Inmates on highly active antiretroviral treatment (HAART) | 12 |
| | Inmates who have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml | 8 |
| Tuberculosis | Inmates tested for TB outside of intake screening in the prior 12 months | 1,314 |
| | Inmates treated for latent TB in the prior 12 months | 1 |
| | Inmates who are new converters on a TB test, indicating new infection within the prior 12 months | 15 |
| | Inmates treated for latent TB in the prior 12 months | 1 |
| | Inmates who completed treatment for latent TB in the prior 12 months | 0 |
| Diabetes | Diabetic inmates reviewed by ACA audit | 63 |
| | Diabetic inmates under treatment for at least 6 months with hemoglobin A1C level measuring less than 9% | 39 |
| Hepatitis C | Inmates diagnosed with Hepatitis C | 159 |
| MRSA | Inmates diagnosed with MRSA within the prior 12 months | 40 |
| Mental Health | | |
| Inmates diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) ⁷ | | 320 |
| Deaths by suicide | | 0 |
| Suicide attempts | | 6 |
| Other Indicators | | |
| Completed dental treatment plans during the prior 12 months | | 215 |
| Inmates transported off-site for treatment of emergency health conditions | | 118 |
| Inmate admissions to off-site hospitals | | 66 |
| Specialty consults ordered | | 2,169 |
| Specialty consults completed | | 2,169 |

Source: ACA Audit conducted April 10-12, 2012. Statistics dated February 22, 2012.
Total inmates at time of audit: 1,745. Average daily population: 1,745.

Medical Care

USP Canaan is a Medical Care Level II facility.⁸ The Health Services Department employs 21 staff members including one Health Services Administrator, one Assistant Health Services Administrator, one Clinical Director, two health services technicians, five paramedics, three physician assistants, and two nurses, and additional support staff. Health Services has a satellite office in the SHU.

Health Services can accommodate routine procedures including X-rays, routine examinations, medication, and chronic care concerns. Medical records are stored in electronic format.

Pursuant to FBOP policy, inmates submit a cop-out request to receive medical care.⁹ The standard FBOP fees are charged for medical care: \$2.00 for sick calls and no charge for emergency care, chronic care, or care for indigent inmates.¹⁰

Dental Care

USP Canaan has two dentists and one dental technician. At the time of the on-site inspection, USP Canaan was operating with one dentist and the wait time was two to three days for dental emergencies and 12 to 18 months for routine check-ups. An additional dentist is now on staff. The waiting period for dentures is set according to an FBOP-wide list.

Mental Health Care

USP Canaan is a Mental Health Care Level II facility.¹¹ The Psychology Services employs 16 staff includes five psychologists, ten mid-level practitioners, and one administrative assistant. Group and individual therapy is available.

Staff reported that 1.9% of inmates are on psychotropic medication.¹² Medication is provided through a pill line and also delivered to individual cells as necessary. USP Canaan has two pharmacists and one pharmacy technician.

Suicide Prevention

FBOP policy requires facilities to implement suicide prevention practices.¹³ During the mental health screening conducted upon intake, inmates are screened for suicide risk. Inmates may also be referred by staff or refer themselves to Psychology Services for a psychological evaluation. Inmates who pose a suicide risk are placed on Suicide Watch, which requires constant visual surveillance. Only the Program Coordinator may take an inmate off Suicide Watch, and follow-up evaluation and care is required.

The suicide prevention program and Suicide Watch at USP Canaan operate in accordance with FBOP guidelines. Inmates placed on Suicide Watch are monitored constantly. They are placed

in observation cells and provided with a suicide-proof mattress, smock, and blanket. After an inmate leaves Suicide Watch, follow-up care is provided by Psychology Services.

USP Canaan has an inmate companion program as part of its suicide prevention policies. The inmate companion program trains inmates to monitor fellow inmates who are on Suicide Watch. USP Canaan is in the process of establishing a similar mental health companion program.

Residential Drug Abuse Program (RDAP)

RDAP is a voluntary treatment program available to inmates with a documented alcohol or substance abuse problem.¹⁴ Given that a majority of inmates in federal prison have regularly used drugs and meet the criteria for substance abuse or dependence, RDAP addresses a significant need.¹⁵ RDAP utilizes cognitive behavioral therapy and is intended to be a comprehensive counseling program. Inmates who qualify begin with a residential treatment program and then participate in follow-up treatment and community-based treatment. The residential treatment is composed of three phases: Orientation Phase, Core Treatment Phase, and Transition Phase. During this portion, inmates live on a separate unit for at least nine months and complete a minimum of 500 treatment hours with RDAP staff, individually and in groups.

After successfully completing the residential portion of the program, inmates participate in Follow-Up Treatment, which is based on a standardized treatment protocol that reviews concepts learned during the residential treatment. Inmates must remain in Follow-Up Treatment for 12 months or until transferred to a Residential Reentry Center (RRC). The final component of RDAP is the Community Transitional Drug Abuse Treatment (TDAT), which usually occurs during a 120-day placement at a RRC.¹⁶ Inmates who successfully complete RDAP may qualify for up to a year of sentence reduction, and a facility may also offer its own incentives.¹⁷

RDAP units are typically cleaner and display a more positive atmosphere than other general population units. As of September 2015, 14 DC inmates were enrolled in the program, out of a total of 122 inmates. The waiting list included at least 20 inmates.

Challenge Program

The Challenge Program is a residential treatment program that is similar to RDAP and was developed for inmates with substance abuse or mental health needs in high security facilities.¹⁸ The Challenge Program is valuable and versatile since treatment can target mental health and co-occurring disorders in addition to substance abuse.

Treatment proceeds in three phases: Orientation Phase, Core Treatment Phase, and Transition Phase. Normally, the Orientation Phase lasts one month, the Core Treatment Phase lasts six months, and the Transition Phase lasts two months. Treatment progress reviews are conducted every 60 days and recorded in the Psychological Data System (PDS). Although the Challenge Program does not qualify inmates for reduced sentences, completing the Challenge Program may lower an inmate's security point total. Inmates may also earn financial awards—generally \$40

for each completed phase of treatment—to make up for time lost from work. Individual institutions may offer incentives unique to the particular institutions.

The Challenge Program takes place on a unit devoted solely to the program, and inmates with a history of drug abuse, mental illness, or both may qualify.¹⁹ Depending on an inmate's diagnosis, the inmate may participate in the Drug Abuse Track or the Mental Illness Track. The Drug Abuse Track calls for 500 contact hours (face-to-face contact with treatment staff) over at least nine months of half-day programming. Programming does not take place on weekends or holidays. The Mental Illness Track calls for a specialized program, with contact hours based on the needs of the particular inmate.

At the time of the CIC inspection, 113 inmates were participating in the Challenge Program, including 29 inmates from DC.

III. Education and Programming

Education Indicators

| Education Program Enrollment (FY 2013) | | |
|---|----------------|-----------------|
| | Total Enrolled | Total Completed |
| GED Programs | 218 | 46 |
| ESL Programs | 20 | 10 |
| Parenting Programs | 147 | 111 |
| Post-Secondary Education | 6 | 0 |
| Occupational/Vocational Programs | 82 | 92 |

Source: Federal Bureau of Prisons. Statistics dated as fiscal year 2013 (October 2012 to September 2013).

| Comparative GED Program Enrollment (FY 2013) | | |
|---|----------------|-----------------|
| | Total Enrolled | Total Completed |
| USP Lewisburg | 304 | 59 |
| USP Hazelton | 280 | N/A |
| USP Canaan | 218 | 46 |
| USP Victorville | 59 | 18 |
| Total | 1,345 | 171 |

Source: Federal Bureau of Prisons. Statistics dated as fiscal year 2013 (October 2012 to September 2013).

Education Services

Education is a significant factor in reducing recidivism.²⁰ The FBOP requires all inmates who enter FBOP custody without a GED or high school diploma to enroll in education classes and participate in 240 hours of instruction towards their GED.²¹ To be exempt from the GED requirement, an inmate must demonstrate within 60 days of arrival that the inmate has a high school diploma or GED. Inmates who are not exempt are tested using the Tests of Adult Basic Education (TABE), which allows for placement in an appropriate class level. Inmates who test below a fifth grade level are placed in special education classes.

Out of the 182 DC inmates at the facility, 28 had obtained a GED at Canaan, 26 were enrolled in GED classes at the time of the CIC inspection, and 43 were on the GED waiting list. Facility-wide, 34 inmates completed 240 hours of GED programming and were permitted to withdraw from the program in accordance with FBOP policy.

On the date of the CIC inspection, 14 inmates, including six DC inmates, were enrolled in college courses at Ohio University, Stratford University, or Ashworth College.

The Education Department at USP Canaan also offers parenting classes and a job portfolio program. In fiscal year 2013, 111 inmates completed the parenting program, including 18 DC inmates, and 64 inmates completed the Job Portfolio class, including ten DC inmates. At the time of the inspection, both the parenting classes and the Job Portfolio class had two DC inmates enrolled.

Vocational Programming

Vocational training provides individuals with marketable skills that increase the likelihood of obtaining employment after release and decrease the likelihood of recidivism. Notably, employment post release is the greatest indicator of recidivism.²² At the time of the CIC inspection, USP Canaan offered Horticulture and Culinary Arts Programs. This program had 14 inmates enrolled, including two DC inmates. USP Canaan also offers U.S. Department of Labor certified apprenticeship programs in plumbing, HVAC, landscape/horticulture, and electric.

Federal Prison Industries (UNICOR)

Federal Prison Industries, also known as by its trade name UNICOR, is a government-owned corporation that employs inmates to manufacture products and provide services to government agencies and private sector partners.²³ UNICOR offers valuable vocational skills and employment training. UNICOR has been praised for successfully reducing recidivism rates, and research shows the reduction can be substantial.²⁴ In 2014, 62 FBOP facilities had a UNICOR program, for a total of 78 factories employing over 12,000 inmates.²⁵ The UNICOR factory at USP Canaan closed two months prior to the CIC inspection and is still owned by UNICOR.

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. The most frequent infractions at USP Canaan are refusal to work, possession of a weapon, destruction of property under \$100, drug and alcohol possession, and assault.

Significant Incidents

| Significant Incident History ²⁶ | |
|--|-----|
| Institution locked down | 3 |
| Inmate suicide | 0 |
| Inmate homicides | 0 |
| Inmates death from natural causes | 2 |
| Assault on inmate, with weapon | 10 |
| Assault on inmate, without weapon | 46 |
| Assault on staff, with weapon | 3 |
| Assault on staff, without weapon | 17 |
| Attempted assault on inmate, with weapon | 0 |
| Attempted assault on inmate, without weapon | 3 |
| Attempted assault on staff, with weapon | 0 |
| Attempted assault on staff, without weapon | 15 |
| Escape from secure facility | 0 |
| Escape from non-secure facility | 3 |
| Sexual act, non-consensual, on inmate | 0 |
| Sexual assault on staff | 0 |
| Sexual contact, abusive, on inmate | 2 |
| Uses of chemicals | 18 |
| Uses of force | 45 |
| Uses of restraints | 35 |
| Form 583 reports filed (reports to Central Office) ²⁷ | 174 |

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

Administrative Remedy Program

The Administrative Remedy Program allows inmates to seek formal review of issues related to their confinement.²⁸ 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.²⁹ 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.³⁰ The tables below provide an overview of the categories with the most numerous administrative remedy filings submitted at each level regarding USP Canaan, as well as filings related to the SHU.

| Facility Level Requests (BP-9s) | | | | | |
|----------------------------------|-----------|----------|-------|----------|---------|
| | Submitted | Rejected | Filed | Answered | Granted |
| Medical | 157 | 67 | 90 | 3 | 0 |
| Staff | 138 | 87 | 51 | 1 | 0 |
| Search/Restraint | 136 | 69 | 67 | 33 | 0 |
| Institution Operation | 103 | 53 | 50 | 29 | 0 |
| Regional Office Appeals (BP-10s) | | | | | |
| | Submitted | Rejected | Filed | Answered | Granted |
| DHO Appeals ³¹ | 223 | 136 | 87 | 17 | 8 |
| Search/Restraint | 74 | 35 | 39 | 2 | 0 |
| Medical | 57 | 22 | 35 | 6 | 3 |
| Staff | 54 | 36 | 18 | 0 | 0 |
| Central Office Appeals (BP-11s) | | | | | |
| | Submitted | Rejected | Filed | Answered | Granted |
| DHO Appeals | 76 | 31 | 45 | 1 | 0 |
| Search/Restraint | 35 | 8 | 27 | 0 | 0 |
| Medical | 24 | 5 | 19 | 0 | 0 |
| Staff | 16 | 7 | 9 | 0 | 0 |

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

| Administrative Remedies Related to the SHU | | | | | |
|--|-----------|----------|-------|----------|---------|
| | Submitted | Rejected | Filed | Answered | Granted |
| BP-9s (facility level) | 42 | 23 | 19 | 4 | 0 |
| BP-10s (Regional Office) | 6 | 3 | 3 | 36 | 0 |
| BP-11s (Central Office) | 3 | 2 | 1 | 5 | 0 |

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

The table below provides a breakdown of the administrative remedy filings relating to staff based on the subject classification.

| Facility Level Requests Concerning Staff (BP-9s) | | | | | |
|--|------------------|-----------------|--------------|-----------------|----------------|
| | Submitted | Rejected | Filed | Answered | Granted |
| Misconduct by Staff | 135 | 86 | 49 | 48 | 0 |
| Harassment by Staff | 2 | 1 | 1 | 0 | 0 |
| Other Complaint Against Staff | 1 | 0 | 1 | 1 | 0 |
| Regional Office Appeals Concerning Staff (BP-10s) | | | | | |
| | Submitted | Rejected | Filed | Answered | Granted |
| Misconduct by Staff | 40 | 23 | 17 | 16 | 0 |
| Other Complaint Against Staff | 13 | 12 | 1 | 1 | 0 |
| Harassment by Staff | 1 | 1 | 0 | 0 | 0 |
| Central Office Appeals Concerning Staff (BP-11s) | | | | | |
| | Submitted | Rejected | Filed | Answered | Granted |
| Misconduct by Staff | 10 | 4 | 6 | 3 | 0 |
| Other Complaint Against Staff | 5 | 3 | 2 | 0 | 0 |
| Assault by Staff | 1 | 0 | 1 | 1 | 0 |

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

V. Visitation and Communication

Visitation

USP Canaan is 262 miles from DC, which equates to a four hour and 30 minute drive from DC by car. It is not accessible by bus or public transportation.

Computer

USP Canaan has computers available for use in each unit. Three computers were available in the units inspected by the CIC. Inmates can use computers to access email and the law library.

Email

All general population inmates in FBOP facilities have access to email through CorrLinks, the email server on the TRULINCS software platform used in FBOP facilities. Funding for TRULINCS is provided entirely by the Inmate Trust Fund, which is maintained by profits from inmate purchases of commissary products, telephone services, and fees for use of TRULINCS. At USP Canaan, it costs \$.50 per minute to use the system to send or receive an email.

Mail

Pursuant to FBOP policy, ordinary mail may be opened and inspected for contraband and content outside of an inmate's presence. Special mail, including legal mail, must be opened in the recipient inmate's presence and inspected only for contraband.³²

USP Canaan follows FBOP policy for mail services, and inmates did not report issues with special or legal mail being opened outside of their presence.

Phone

Phones are located within the housing units at a cost of \$3.25 for a 15-minute call.

VI. Daily Life Services

Religious Services

USP Canaan has four dedicated Religious Services staff and 24 volunteers who run various faith groups, reentry programs, and educational classes within the facility. USP Canaan offers a weekly sweat lodge, and baptisms are performed by an ordained minister. There are 15 different faith groups represented at the facility.

Recreation

Inmates at USP Canaan have access to outdoor basketball and soccer areas. Recreation activities include basketball, floor hockey, indoor soccer, indoor volleyball, and chess. The Recreation Department offers classes in crochet, painting, art, leather craft, yoga, spinning, general wellness, nutrition, guitar, music theory, and over 40 *Get Fit* classes.

Library

USP Canaan has a leisure library in which inmates are able to read books, newspapers, and magazines. Both *The New York Times* and *The Washington Post* are available to inmates.

Meals

Food Service at USP Canaan employs 170 inmates in two shifts. The dining hall can seat up to 430 inmates, and the facility follows the standard FBOP menu. Inmates in the SHU eat the same meals as the general population, with the meals prepared in the main kitchen and then transported to the SHU.

USP Canaan offers vegetarian, heart healthy, and religious meal options. Religious diet meals arrive sealed at the facility already prepared in accordance with kosher standards and are stored in a separate kitchen area. Inmates of all faiths are provided with the same religious diet. Heart healthy options are baked rather than fried and have no added salt.

Commissary

Each inmate in general population is allowed to shop at the commissary once per week, with a maximum spending limit of \$350 per month. As per FBOP policy, all products are marked up 30%, except for religious items.³³

VII. Reentry Services

Release Preparation Program

All FBOP facilities follow a Release Preparation Program (RPP), intended to prepare inmates for community reentry upon release.³⁴ 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).³⁵

RPP is comprised of numerous classes in six core categories including, Health and Nutrition, Personal Growth, Release requirements, Community Resources, Employment, and Personal Finance. These classes vary in the amount of times and sessions to complete. The RPP classes are taught by Canaan staff, staff from Residential Reentry, and U.S. probation. All inmates are given the opportunity to participate in RPP. There is no limit to the number of enrollees, however, inmates within 30 months of their projected release are given priority for participation should the class size exceed the size of the room. At the time of the CIC inspection, 54 DC inmates were participating in the program.

The inmate's case manager and the RAC coordinate placement in a Residential Reentry Center (RRC, also known as a halfway house) as an inmate nears the end of his sentence.³⁶ For male DC inmates in FBOP custody, the RRC is Hope Village, in Southeast DC.³⁷ Inmates are strongly encouraged to participate in the RPP classes in order to better prepare them for release to the community, however, they are not excluded from RCC placement if they fail to complete the class.

The FBOP 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.

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.³⁸ USP Canaan participates in this program. 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

USP Canaan participates in the quarterly Community Resource Day offered to DC inmates by the Court Services and Offender Supervision Agency of Washington, DC (CSOSA). 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 information and connection to services necessary for successful reentry. USP Canaan encourages DC inmate participation in the CSOSA Community Resource Day and Participates quarterly. CSOSA also places hard copies of their handbook at USP Canaan for inmate use.

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 cannot be reported directly. All names, identifying information, and confidential information is removed from published concerns and comments.

Total Concerns Reported: 107

| Staff Conduct (Total Concerns: 43) |
|---|
| Staff Attitude <ul style="list-style-type: none">• Staff is disrespectful. [x7]• COs are disrespectful.• Staff members do not treat inmates with respect.• Staff shows no respect for inmates and tries to start things.• Staff is disrespectful to inmates and starts fights with inmates.• Many staff members talk down to inmates.• Staff treats people poorly.• Staff members are unprofessional. [x2]• Staff is unprofessional. They speak crazy.• COs speak any kind of way.• There are shakedowns that are not called for.• Inmate reported that a CO does things like open food up, throw it on the floor, and say, “You got a problem with that?”• Inmate reported that a CO talks down to people, and will lie about things to brush people off.• Some staff messes up cells when doing shakedown of cells. They throw stuff around much worse than at other facilities.• Inmate has issues with an officer on his unit. |
| Tension with Staff <ul style="list-style-type: none">• Since a CO was killed, COs have animosity toward all inmates, especially DC guys.• Inmate was present before CO was killed—says there is now more tension and things haven’t been the same.• Inmate was at USP Canaan when CO was killed. Since then, staff treatment of inmates is much worse. Staff talks to you nasty and writes you up easily.• The facility has changed since a CO was killed.• Since a CO was killed, staff members try to provoke inmates.• When the CO was killed, everything changed. Since then, COs have an attitude and treat inmates differently.• The facility is way worse since a CO was killed.• One CO is harassing an inmate, and it’s gotten worse. |
| Staff Violence <ul style="list-style-type: none">• COs are roughing people up.• Inmate was beat up three times by COs where there were no cameras. |

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| <ul style="list-style-type: none"> • Staff will break arms and teeth where there are no cameras. • Inmate has been assaulted by staff. • Last year, they were beating guys up in the SHU. |
| Racism <ul style="list-style-type: none"> • The staff is racist. • Several staff members are racist and use the word “n****r.” |
| Case Managers <ul style="list-style-type: none"> • One inmate’s case manager doesn’t know anything. • Inmate’s case manager treats him poorly. |
| Staff Retaliation <ul style="list-style-type: none"> • Staff is terrible. There’s nobody you can go to—the higher ups are buddies; they tell officers there was a complaint and then COs retaliate. |
| Staff Falsify Reports <ul style="list-style-type: none"> • One inmate was told he had a register number and to know his place. The next day, he was written up for cursing at that CO, which was false. |
| Abuse of Restraints <ul style="list-style-type: none"> • Inmate was put in four-point restraints for ten hours. |
| Administrative Remedy Program <ul style="list-style-type: none"> • Inmate filed an administrative remedy, and staff threw it in the trash. |
| <p style="text-align: center;">Health Services (Total Concerns: 13)</p> |
| Medical <ul style="list-style-type: none"> • Medical is terrible. • Facility is bad with medical. • Medical is bad—inmate cannot get treatment for medical needs. • Medical staff are not seeing inmate for medical problems. • Treatment is poor. One inmate got sick at USP Canaan and died at FMC Butner. • Inmate caught a staph infection. • Inmate has an infection on his leg, and Medical will not see him. • Inmate has TB and is not getting medication for pain. • Inmate had a knee operation and did not get meds until three days after the operation. • Facility is charging \$4 for one pill. |
| Dental <ul style="list-style-type: none"> • Dental is okay, but has kind of a long wait. • Seeing dental is a slow process. |
| Eye Care <ul style="list-style-type: none"> • Inmate cannot get glasses. |
| <p style="text-align: center;">Communication and Visitation (Total Concerns: 11)</p> |
| Visitation <ul style="list-style-type: none"> • Inmate doesn’t get visitation because he’s too far from home. • Inmate hasn’t received a visitor in eight years. • Visits are not right—inmates cannot touch loved ones. • You have to shout across the visiting room. • Staff is rude to visitors and family during visits and calls. • Inmate’s visitation was taken away for an extended period. |
| Phone |

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|---|
| <ul style="list-style-type: none"> • Legal calls are very hard to get set up. • Staff does not allow legal calls; staff says you can only have a legal call when you are in court. • Charges for phone calls were supposed to be reduced. |
| Mail <ul style="list-style-type: none"> • Staff throws away DC inmate's legal mail. • The last letter an inmate received from the CIC was marked "open in front of inmate" but was delivered to inmate already opened and then stapled back closed. |
| <p style="text-align: center;">Sentence Designation, Computation, and Parole (Total Concerns: 9)</p> |
| Public Safety Factor <ul style="list-style-type: none"> • Public Safety Factor (PSF) is a problem for most DC inmates. • Inmate was concerned that his PSF is not being handled properly and his request to have it waived was denied with no explanation. • Inmate applied to waive his PSF but was denied. • Inmate has a public safety factor and doesn't know why. • Inmate cannot work because of his PSF. |
| Sentence Computation <ul style="list-style-type: none"> • Inmate is unable to connect with sentence computation open house. • Inmate is not credited with good time. • Case manager not doing parole time correctly. |
| Parole <ul style="list-style-type: none"> • Facility is bad with parole board hearings. |
| <p style="text-align: center;">Education and Programming (Total Concerns: 8)</p> |
| General <ul style="list-style-type: none"> • There is a lack of programming, which leads to not enough movement on the unit and misdirected aggression. • There is a lack of things for inmates to do. • Not enough work available. Inmate is stuck with fines, but has no job to earn money. |
| Education <ul style="list-style-type: none"> • There are no educational or GED programs. • GED program is no good. • Inmate cannot afford college classes since closure of UNICOR factory. • Inmate can't pay for college. |
| RDAP <ul style="list-style-type: none"> • Inmate was refused RDAP participation because of an outstanding detainer. |
| <p style="text-align: center;">Daily Life Issues (Total Concerns: 11)</p> |
| Meals <ul style="list-style-type: none"> • Food is terrible. • Food is no good and undercooked. • Food is cold. • There was salmonella in the meal hall two and a half years ago. |
| Library <ul style="list-style-type: none"> • Inmates do not get reading material. • Inmate would like to have access to updated DC cases. • Law library line takes forever. |

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| Religious Services <ul style="list-style-type: none"> • Religious Services is the worst. There is no pastor. • Facility is the worst place inmate has been to as far as Religious Services. |
| Barber <ul style="list-style-type: none"> • Inmate needs a haircut. |
| Laundry <ul style="list-style-type: none"> • Have to wear dirty clothes; clothes are not cleaned and given same underwear. |
| <p style="text-align: center;">Special Housing Unit and Disciplinary Hearing Officer (Total Concerns: 8)</p> |
| SHU <ul style="list-style-type: none"> • Inmate was in the SHU for 60 days and lost 20 pounds. • Staff in the SHU constantly takes away outdoor time. • Inmate was sent to the SHU for time out and was not told why. • The SHU is the worst; worse than at the Supermax [ADX Florence]. • Inmates cannot write with the rubber pencils provided in the SHU. • Inmate cannot lie down because of water leaks. • One inmate's items were stolen while in the SHU. |
| DHO <ul style="list-style-type: none"> • DHO took inmate's visitation privileges for 10 months. |
| <p style="text-align: center;">DC Specific Issues (Total Concerns: 2)</p> |
| Treatment as a Group <ul style="list-style-type: none"> • DC inmates are not treated the same when it comes to going to the FCIs. • DC inmates are treated as a group, like DC guys are trouble. |
| <p style="text-align: center;">Release and Pre-Release Services (Total Concerns: 2)</p> |
| CSOSA <ul style="list-style-type: none"> • One inmate doesn't know what CSOSA is doing to help them in their situation. CSOSA is not helping the inmate go home smoothly. |
| Residential Reentry Centers <ul style="list-style-type: none"> • Halfway house time taken away, and will not receive six months. |

IX. Inmate Positive Comments

Total Comments Reported: 8

| Staff Conduct (Total Comments: 3) |
|--|
| General <ul style="list-style-type: none">• Some COs are good. [x2]• The Captain is fair.• Warden has been getting rid of any staff who try to get revenge for the death of the CO. |
| Health Services (Total Comments: 3) |
| Medical <ul style="list-style-type: none">• Medical staff is okay.• Inmate is being treated for diabetes and hepatitis C, and the inmate can see Medical within a few days. |
| Dental <ul style="list-style-type: none">• Teeth cleaning is done every year. |
| Education and Programming (Total Comments: 1) |
| Challenge Program <ul style="list-style-type: none">• The Challenge unit is good. |
| Daily Life Issues (Total Comments: 1) |
| Meals <ul style="list-style-type: none">• One inmate is on a special heart-healthy diet. |

IX. FBOP Response

After the CIC inspection process was complete, the CIC provided the FBOP with a draft version of the USP Canaan 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.

FBOP Response

Tensions between Staff and Inmates

Of the 29 inmates the CIC spoke with, 26 reported disrespectful staff or increased tension between inmates and staff since the killing of a Correctional Officer at the facility by an inmate.

Response: In February 2013, a staff member was the victim of a homicide by an inmate in full view of an open cell block. In the aftermath, the facility was on lock-down status. Lock-downs inevitably cause stress between staff and inmates. Since that time, the facility has re-opened and staff and inmates have acclimated to the normal operating status.

Increase Programming Opportunities

Programming should be expanded to include more vocational, apprenticeship, and educational opportunities. This will better prepare inmates for successful reentry to the DC community.

Response: None of the vocational, apprenticeship, or educational programs offered above the GED level at USP Canaan are currently at their capacity or have unrealistic waiting lists for participation. Since a GED is usually a prerequisite for enrollment in these programs, emphasis is focused on inmates obtaining this base level of education. USP Canaan has a reentry affairs coordinator dedicated to developing partnerships with other agencies and volunteers. The intention is to develop programs specifically designed to assist in successful reentry.

Education

As of July 2014, 43 DC inmates on the GED waiting list. The CIC recommends USP Canaan increase the number of education teachers to eliminate the GED waitlist and increase other education and programming opportunities.

Response: Currently, there are 28 DC inmates on the GED waiting list. There are 125 inmates enrolled in Pre-GED classes with the average class size being 21 students. These classes are being taught by staff and inmate tutors. GED is a critical step towards successful reentry and the waiting list is determined by several factors including an inmate's projected release date.

Communication with CSOSA

CSOSA and USP Canaan should work together to increase communication for the benefit of DC inmates. Canaan reported a lack of timely communication with CSOSA.

Response: USP Canaan has been working with CSOSA and is now participating in the quarterly

CSOSA Community Resource Day.

Participation in CSOSA Community Resource Day

The CIC recommends Canaan continue working toward participation in the quarterly CSOSA Community Resource Day, which provides reentry resources to DC inmates.

Response: USP Canaan has been working with CSOSA and is now participating in the quarterly CSOSA Community Resource Day.

Thoroughly Investigate Excessive Use of Force Claims

The CIC received five inmate concerns regarding excessive use of force by staff and one regarding excessive use of restraints. The CIC recommends Canaan thoroughly review all allegations of excessive use of force and review all applicable camera footage.

Response: All allegations of misconduct, including those regarding Use of Force, are taken seriously and thoroughly investigated. The Warden, Associate Warden, Captain and Health Services Administrator at USP Canaan, along with Correctional Services staff at the regional level, review all Use of Force documents. In certain instances of reported misconduct, an investigation would include the review of all available camera footage. The use of restraints is approved only by the warden and is reviewed after 24 hours by the Warden, Associate Warden, Captain, unit manager, Health Services Administrator, and a psychologist. It should be noted, while an inmate is in restraints, they are checked by staff every 15 minutes, to include a shift supervisor every two hours, medical staff twice per shift, and a psychologist every 24 hours.

Sentence Computation and Security Designation

Five inmates report concerns regarding the disparate impact on DC inmates with violent state offenses in the federal system, since the majority of federal inmates are convicted of non-violent drug offenses. Specifically, inmates convicted of violent crimes are oftentimes precluded from placement in lower security level facilities and programming opportunities.

Response: The Bureau does not consider violent DC offenses as having a disparate impact on DC inmates as it relates to their placement in Bureau facilities. The Bureau utilizes a designation and classification system that factors violence non-specific to any jurisdiction as well as numerous other variables in placing inmates in the various security level facilities. The draft report implies DC offenders should proportionally be placed in less secure facilities to allow for additional programming not available in higher security level facilities. Most high security level facilities offer the same programs found in less secure facilities.

The Bureau reviewed all the inmates concerns and is working toward making improvements as appropriate.

Endnotes

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

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

³ 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>.*

⁴ FED. BUREAU OF PRISONS, U.S. DEP’T OF JUSTICE, PROGRAM STATEMENT NO. 5270.10, SPECIAL HOUSING UNITS (July 29, 2011), *available at* http://www.bop.gov/policy/progstat/5270_010.pdf (“Special housing units help ensure the safety, security, and orderly operation of correctional facilities, and protect the public, by providing alternative housing assignments for inmates removed from the general population.”).

⁵ When placed in the SHU, you are either in administrative detention status or disciplinary segregation status. Administrative detention status is 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>.

⁶ *Id.* You may be placed in administrative detention status for the following reasons: (a) you are pending classification or reclassification; (b) you are in holdover status during transfer to a designated institution or other destination; or (c) 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.

⁷ 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 ASSOC., PERSONALITY DISORDERS FACT SHEET (2013), *available at* <http://www.dsm5.org/Documents/Personality%20Disorders%20Fact%20Sheet.pdf>; AM. PSYCHIATRIC ASSOC., 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>.

⁸ Inmates and facilities are classified according to Medical Care Level. Inmate classifications are based on the medical history and health condition of the inmate, while facility classifications are based on the inmate care level that the facility is staffed and equipped to handle. While FBOP Program Statements do not define the classification levels, other FBOP and DOJ documents describe the four levels.

- Inmates with Care Level 1 needs are generally healthy, under 70 years of age, and may have limited medical needs requiring clinician evaluation and monitoring. Examples of such conditions are mild asthma, diet-controlled diabetes, and patients with human immunodeficiency virus (HIV) who are stable and do not require medications.
- Inmates with Care Level 2 needs are those who are stable outpatients, requiring at least quarterly clinician evaluation. Examples of such conditions are medication-controlled diabetes, epilepsy, and emphysema.
- Inmates with Care Level 3 needs are fragile outpatients who require frequent clinical contacts, and/or who may require some assistance with activities of daily living, but do not require daily nursing supervision. This Care Level may include stabilization of medical or mental health conditions that may require periodic hospitalization. Other examples of this Care Level are patients with cancer in remission less than a year, advanced HIV disease, severe mental illness in remission on medication, severe congestive heart failure, and end-stage liver disease.

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

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

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

See also, 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>.

⁹ 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.

¹⁰ 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. 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. Wardens may impose restrictions on an inmate to prevent abuse of the exemption for indigence. *Id.*

¹¹ 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 INMATES WITH MENTAL ILLNESS (May 1, 2014), *available at* http://www.bop.gov/policy/progstat/5310_016.pdf.

¹² Prescription medication is the most common treatment for federal prison inmates. DORIS J. JAMES & LAUREN E. GLAZE, BUREAU OF JUSTICE STATISTICS, U.S. DEP'T OF JUSTICE, MENTAL HEALTH PROBLEMS OF PRISON AND JAIL INMATES (2006), *available at* <http://www.bjs.gov/content/pub/pdf/mhppji.pdf> (reporting that 19.5% of inmates in federal prisons received medication for mental health needs, while 15.1% received professional mental health therapy).

¹³ 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.

¹⁴ Federal law mandates that the FBOP administer RDAP and defines eligible prisoners as those "determined by the Federal Bureau of Prisons to have a substance abuse problem." 18 U.S.C. § 3621(e)(5)(B)(1). The FBOP has full discretion to set its own admission standards. When already in FBOP custody, an inmate will not necessarily become eligible for RDAP solely through a diagnosis of addiction or substance abuse issues. The FBOP requires that inmates have a verifiable substance abuse problem, which is usually established via a presentence report, and focuses on eligible inmates whose substance abuse was at least contributing factor to their current incarceration. *See* FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5330.11, PSYCHOLOGY TREATMENT PROGRAMS (Mar. 16, 2009), *available at* http://www.bop.gov/policy/progstat/5330_011.pdf; FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5310.12, PSYCHOLOGY SERVICES MANUAL (Mar. 7, 1995), *available at* http://www.bop.gov/policy/progstat/5310_012.pdf. In *Laws v. Barron*, 348 F. Supp. 2d 795 (E.D. Ky. 2004), the petitioner filed a habeas claim against a warden to contest his denial of participation in RDAP. The court denied the claim, citing the FBOP's broad discretion in determining its own admission standards. *Id.* Inmates have few means to challenge a denial of their participation in RDAP because courts have found that inmates have no constitutional right to participate in RDAP. *See Saunders v. United States*, 2007 U.S. Dist. LEXIS 88289 (E.D.N.Y. Nov. 28, 2007).

¹⁵ DORIS J. JAMES & LAUREN E. GLAZE, U.S. DEP'T OF JUSTICE, BUREAU OF JUSTICE STATISTICS, MENTAL HEALTH PROBLEMS OF PRISON AND JAIL INMATES (rev. Dec. 14, 2006), *available at* <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>. Based on the most recent comprehensive study of mental health and drug abuse concerns, 82.3% of inmates with a mental health problem and 75.4% of inmates without one have regularly used drugs, with most of them having used drugs in the month prior to their offense. *Id.* Additionally, 63.5% of federal inmates with a mental health problem had a substance abuse or dependence problem, as well as 49.5% of inmates without a mental health problem. *Id.* Individuals with a history of drug abuse or dependence are more likely to recidivate, and completion of substance abuse treatment can significantly lower the rates of recidivism. *See* BETH M. HUEBNER, DRUG ABUSE, TREATMENT, AND PROBATIONER RECIDIVISM (2006), *available at* <http://www.icjia.state.il.us/public/pdf/ResearchReports/Drug%20Abuse%20Treatment%20and%20Probationer%20Recidivism.pdf>; *see also* MATTHEW R. DUROSE ET AL., U.S. DEP'T OF JUSTICE, BUREAU OF JUSTICE STATISTICS, RECIDIVISM OF PRISONERS RELEASED IN 30 STATES IN 2005: PATTERNS FROM 2005 TO 2010 (Apr. 2014), *available at* <http://www.bjs.gov/content/pub/pdf/rprts05p0510.pdf>.

¹⁶ Inmates who did not volunteer for RDAP but have a documented drug abuse problem may be required to participate in TDAT as a condition of participation in a community-based program. FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5330.11, PSYCHOLOGY TREATMENT PROGRAMS (Mar. 16, 2009), *available at* http://www.bop.gov/policy/progstat/5330_011.pdf.

¹⁷ 18 U.S.C. § 3621(e)(2)(B). The FBOP has broad discretion to determine which inmates who have successfully completed RDAP will receive the sentence reduction. *See Lopez v. Davis*, 531 U.S. 230 (2001). RDAP is currently the only program available to reduce an inmate sentence outside of good time credit.

¹⁸ 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.

¹⁹ For admission into the Challenge Program, an inmate must have either a “history of drug abuse as evidenced by self-report, Presentence Investigation Report (PSR) documentation, or incident reports for use of alcohol or drugs” or a “major mental illness as evidenced by a current diagnosis of a psychotic disorder, mood disorder, anxiety disorder, or personality disorder.” *Id.* Inmates may be placed in the program or voluntarily enroll at any time during the course of their sentence, and inmates with mental health needs may be placed directly in the unit after screening. *Id.* In federal prison, 28.5% of inmates have co-occurring mental health problems and substance dependence or abuse. DORIS J. JAMES & LAUREN E. GLAZE, U.S. DEP’T OF JUSTICE, BUREAU OF JUSTICE STATISTICS, MENTAL HEALTH PROBLEMS OF PRISON AND JAIL INMATES (rev. Dec. 14, 2006), *available at* <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>. Additionally, 63.5% of federal inmates with a mental health problem had a substance abuse or dependence problem, as well as 49.5% of inmates without a mental health problem. *Id.*

²⁰ 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 (analyzing available literature on educational programs for incarcerated individuals and concluding that “[i]nmates who participated in correctional education programs had a 43 percent lower odds of recidivating than inmates who did not”); JAKE CRONIN, UNIV. OF MO., INST. OF PUB. POLICY, THE PATH TO SUCCESSFUL REENTRY: THE RELATIONSHIP BETWEEN CORRECTIONAL EDUCATION, EMPLOYMENT AND RECIDIVISM (Sept. 2011), *available at* http://ipp.missouri.edu/wp-content/uploads/2014/06/the_path_to_successful_reentry.pdf; *see also* John M. Nally et al., *The Post-Release Employment and Recidivism Among Different Types of Offenders with a Different Level of Education: A 5-Year Follow-Up Study in Indiana*, 9 Just. Pol’y J. 16 (2012), *available at* http://www.cjcj.org/uploads/cjcj/documents/the_post-release.pdf; JOHN M. NALLY ET AL., IND. DEP’T OF CORR., THE IMPACT OF EDUCATION AND EMPLOYMENT ON RECIDIVISM (2011), *available at* http://www.in.gov/idoc/files/Impact_of_Education_and_Employment_on_Recidivism.pdf.

²¹ 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.

²² *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. The study concluded that “[e]mployment proves to be the strongest predictor of not returning to prison in each of our models.” *Id.*; *see also* John M. Nally et al., *The Post-Release Employment and Recidivism Among Different Types of Offenders with a Different Level of Education: A 5-Year Follow-Up Study in Indiana*, 9 Just. Pol’y J. 16 (2012), *available at* http://www.cjcj.org/uploads/cjcj/documents/the_post-release.pdf; JOHN M. NALLY ET AL., IND. DEP’T OF CORR., THE IMPACT OF EDUCATION AND EMPLOYMENT ON RECIDIVISM (2011), *available at* http://www.in.gov/idoc/files/Impact_of_Education_and_Employment_on_Recidivism.pdf.

²³ UNICOR products and services are mainly sold to executive agencies in the federal government, with the majority of sales going to the U.S. Department of Defense. In 2011, Congress granted increased authority for UNICOR to partner with private companies. *See* NATHAN JAMES, CONG. RESEARCH SERV., CRS REPORT TO CONGRESS: FEDERAL PRISON INDUSTRIES (Dec. 8, 2011), *available at* <http://www.ndia.org/Divisions/Divisions/SmallBusiness/Documents/Federal%20Prison%20Industries.pdf>; *see also* NATHAN JAMES, CONG. RESEARCH SERV., CRS REPORT TO CONGRESS: FEDERAL PRISON INDUSTRIES (July 13, 2007), *available at* <http://fas.org/srg/crs/misc/RL32380.pdf>.

²⁴ Research studies show that UNICOR can substantially reduce recidivism rates. *See* WILLIAM G. SAYLOR & GERALD G. GAES, U.S. DEP’T OF JUSTICE, POST-RELEASE EMP’T PROJECT, PREP: TRAINING INMATES THROUGH INDUSTRIAL WORK PARTICIPATION, AND VOCATIONAL AND APPRENTICESHIP (Sept. 24, 1996), *available at* http://www.bop.gov/resources/research_projects/published_reports/recidivism/oreprprep_cmq.pdf (“Inmates who worked in prison industries were 24 percent less likely to recidivate throughout the observation period”); *see also* WILLIAM G. SAYLOR & GERALD G. GAES, U.S. DEP’T OF JUSTICE, POST-RELEASE EMP’T PROJECT, PREP STUDY LINKS UNICOR WORK EXPERIENCE WITH SUCCESSFUL POST-RELEASE OUTCOME (Sept. 23, 1994), *available at* <https://www.ncjrs.gov/pdffiles1/Digitization/150221NCJRS.pdf>.

²⁵ FED. PRISON INDUS., INC., FISCAL YEAR 2014 ANNUAL MANAGEMENT REPORT (Nov. 12, 2014), *available at* <http://www.unicor.gov/information/publications/pdfs/corporate/2014%20FPI%20Annual%20Management%20Repo>

rt_C.pdf; *see also* UNICOR, FACTORY LOCATIONS (Jan. 2014), *available at* http://www.unicor.gov/information/publications/pdfs/corporate/CATMC3816_C.pdf.

²⁶ Information regarding significant incidents is provided directly by the FBOP.

²⁷ 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.

²⁸ 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. 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.*

²⁹ Administrative remedy requests and appeals are also referred to as grievances. Unless an inmate is in a contract facility or has been granted an individual exception, inmates are first required to attempt informal resolution by presenting an issue of concern, or grievance, to staff. FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 1330.18, ADMINISTRATIVE REMEDY PROGRAM (Jan. 6, 2014), *available at* http://www.bop.gov/policy/progstat/1330_018.pdf.

³⁰ 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; *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).

³¹ 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.

³² 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>. For legal mail to be processed under the special mail procedures, FBOP policy requires three forms of identification on the envelope: the attorney must be adequately identified on the envelope as an attorney by two means (e.g., use of "Esquire" after the attorney's name, the inclusion of "Attorney-At-Law" on the envelope, or having the attorney's name included in the return address of a law office), and markings must indicate that correspondence may only be opened in the presence of the inmate. 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.

³³ FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 4500.11, TRUST FUND/DEPOSIT FUND MANUAL (Apr. 9, 2015), *available at* http://www.bop.gov/policy/progstat/4500_11.pdf

³⁴ 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. 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.

³⁵ 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.

³⁶ Inmates must participate in the Release Preparation Program to receive placement time at an RRC.

³⁷ 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.

³⁸ *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.



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