

District of Columbia Corrections Information Council

Inspection Report

USP Victorville

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 Victorville

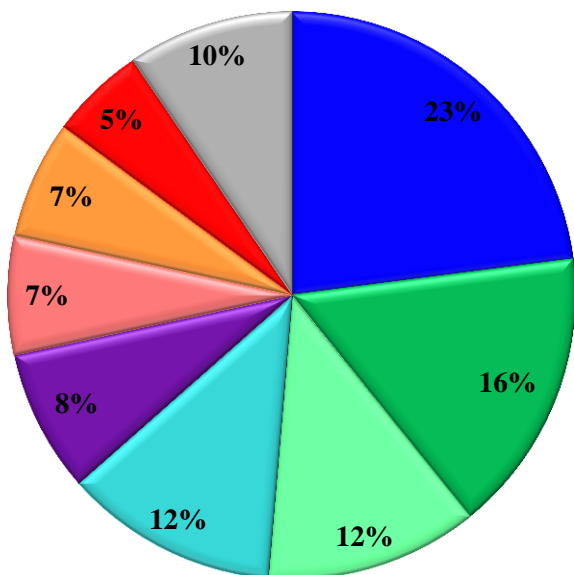
Adelanto, California • Date of Inspection: April 30, 2014
2,594 Miles from DC: 38 Hours by Car / 63 Hours by Bus/Transit

Demographics

- Security Level: High
- Rated Capacity: 720
- Occupancy: 1,308 (182% capacity)
- DC Inmates: 55 (4.2% of total population)
- Inmate-to-Staff Ratio (all staff): 4.7
- Inmate-to-Staff Ratio (custody staff): 8.5

Inmate Concerns

The CIC interviewed 15 DC inmates as part of the on-site inspection and received approximately 75 concerns from DC inmates. A summary of these concerns is below.



Staff Conduct (17)	DC Specific Issues (12)	SHU (9)
Safety (9)	Education and Programming (6)	Disciplinary Process (5)
Mail (5)	Health Services (4)	Other Issues (7)

Best Practices

Education Partnership with the State of California

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

Disciplinary Hearing Officer (DHO)

- In warranted situations, the DHO treats drug and alcohol offenses as mental health issues to be dealt with by Psychology Services rather than as infractions warranting punitive SHU sentencing.

Quality of Apprenticeships

- Victorville offers apprenticeship programs in HVAC and plumbing, as well as a multi-phased Microsoft Office classes. All three are valuable skills and are best practices.

Use of Volunteers

- The facilities at the Victorville correctional complex utilize up to 350 volunteers complex-wide.

CSOSA Community Resource Day

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

Sentence Computation Open House

- The facility holds a weekly records open house where inmates can review sentence computation and security designation with staff.

Inmate Concerns

Facility Safety

- The CIC received numerous inmate reports of Victorville being unsafe and dangerous as well as high rates of gang-related violence. Over half of the inmates interviewed by the CIC reported being assaulted at Victorville or expressed fear for their safety or lives. Additionally, several reported concerns over the influence of gangs within the facility.

- While in protective custody, two DC inmates were stabbed, one of whom had to subsequently undergo reconstructive surgery, and another DC inmate was assaulted and suffered broken bones.

- Out of the 223 inmates in the SHU, 198 were in administrative detention, including a large portion in protective custody.

Distance from DC

- Located over 2,500 miles from DC, Victorville's distance makes visitation from DC very difficult.

- One inmate indicated that the distance from DC is used as a punitive measure for inmates who have a history of disciplinary infractions.

- The CIC recommends: The FBOP establish a video visitation program.

Psychology Services

- Psychology Services informed the CIC that inmates often contact their department for reasons related to manipulation and garnering attention.
- The CIC recommends all reported mental health concern be treated with gravity, particularly for suicidal inmates.

Special Housing Unit (SHU)

- In the SHU, some inmates were previously triple-celled, forcing one inmate to sleep on a mattress on the floor. The FBOP indicated that this practice is not currently occurring, and the CIC recommends the facility ensure this practice does not occur again.

- In the SHU, pens were confiscated and replaced with rubber pencils, which do not write well enough to fill out grievance forms or write letters.

Mail

- Inmates at USP Victorville reported not receiving mail. The CIC mailed 44 DC inmates at the facility, and 34 did not receive the letter from the CIC.
- The CIC recommends USP Victorville follow the FBOP policy for handling of legal correspondence.

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I. Facility Overview

Demographics

Facility Population		
Total inmates	1,308	
DC inmates ¹	55 (4.2% of total population)	
Rated capacity	720	
Percent of capacity	182%	
Inmate-to-staff ratio (all staff for entire FCC)	4.7:1	
Inmate-to-staff ratio (custody staff for entire FCC)	8.5:1	
Race (1,293 inmates with data available)		
	Number of Inmates	Percentage of Population
Black	499	38.6%
White	723	55.9%
Other	71	6.4%
Ethnicity (1,293 inmates with data available)		
	Number of Inmates	Percentage of Population
Hispanic	471	36.4%
Non-Hispanic	822	63.6%
Sentence Information (1,289 inmates with data available)		
Mean sentence	167.9 months	
Median sentence	120.0 months	
Mean time remaining (new law / old law)	95.0 / 256.3 months	
Median time remaining (new law / old law)	48.0 / 76.0 months	
Offense Information (1,286 inmates with data available)		
	Number of Inmates	Percentage of Population
Violent offenders ²	436	33.9%
Drug offenders	366	28.5%
Sex offenders	15	1.2%
Months Remaining to Release (1,106 inmates with data available)		
	Number of Inmates	Percentage of Population
4 months or less	69	6.2%
5-8 months	69	6.2%
9-12 months	72	6.5%
13-24 months	144	13.0%
25-60 months	290	26.2%
61-120 months	208	18.8%
121 months or more	254	23.0%

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

General Information

The CIC inspected United States Penitentiary (USP) Victorville in Adelanto, California on April 30, 2014. USP Victorville is a high security facility for male inmates. Part of Federal Correctional Complex (FCC) Victorville, USP Victorville is located in the proximity of Federal Correctional Institution (FCI) Victorville Medium I and FCI Victorville Medium II.³ The Warden at FCC Victorville is Richard Ives.

The rated capacity of USP Victorville is 720. At the time of inspection, the total population was 1,308, which represents 182% capacity. DC inmates constituted 4.6% of the population, with 55 DC inmates at USP Victorville. The inmate to staff ratio at the FCC for all staff was 4.7:1 and for custody staff was 8.5:1.⁴ FCC Victorville uses a consolidated staffing structure, whereby certain staff members are utilized at multiple facilities on the complex, to maximize resources.

The CIC inspection consisted of a facility tour, discussions with staff, and interviews with DC inmates. During the inspection, the CIC toured Psychology Services, Health Services, the Special Housing Unit (SHU), two housing units, the Education Department, the Recreation Department, the dining area, the commissary, the chapel, and the library.

While 55 DC inmates were at USP Victorville at the time of the inspection, only 34 DC inmates remained at the facility as of July 2015. The FBOP reported to the CIC that this drop was a result of DC inmates being transferred to facilities closer to their release residence.

General Population Housing Units

The CIC inspected two housing units during the on-site inspection. The facility contains 12 housing units each holding 128 inmates. Each general population unit contains 64 two-person cells and is staffed by a unit manager, two unit counselors, and two case managers.

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.⁵ 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.⁶ Inmates are also permitted to receive one non-contact visit per month and make one 15-minute phone call per month.⁷ Inmates may be allowed to make additional calls in the event of an emergency or death.⁸

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.⁹ 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.¹⁰

The SHU at USP Victorville is designed to house 238 inmates. On the day of the CIC inspection, 233 inmates were in the SHU, representing 97.9% capacity. Out of the 233 inmates, 25 were in disciplinary segregation and the remaining inmates were in administrative detention. A large portion of the inmates in administrative detention were under protective custody. The average stay in the SHU from May 1, 2013, through May 1, 2014, was 56 days.

Health Services conducts rounds daily in the SHU. The SHU has its own examination rooms, and medical examinations are conducted every Wednesday. Psychology Services conducts mental health rounds daily, and Unit Team staff conducts rounds every day of the week. Inmates are offered the standard recreation time of one hour per day, five days per week. Inmates also have access to the leisure and law library services, as well as self-study courses in GED, Adult Continuing Education (ACE), English as a Second Language (ESL), post-secondary education and correspondence programs, Release Preparation Program (RPP), job search information, and parenting. Programs are managed by the Education Department through regular visits to the SHU and recommendations made by the Unit Team.

II. Health Services

Medical Indicators

Diseases		
HIV	Inmates diagnosed with HIV	40
	Highest number of HIV-positive inmates indicated in ACA audit	40
	Inmates on highly active antiretroviral treatment (HAART)	39
	Inmates who have been on antiretroviral treatment for at least 6 months with a viral load of less than 50 cps/ml	30
Tuberculosis	Inmates tested for TB outside of intake screening in the prior 12 months	3,998
	Inmates diagnosed with active TB in the prior 12 months	0
	Inmates who are new converters on a TB test indicating new infection within the prior 12 months	88
	Inmates treated for latent TB in the prior 12 months	88
	Inmates who completed treatment for latent TB in the prior 12 months	81
Diabetes	Diabetic inmates reviewed by ACA audit	148
	Diabetic inmates under treatment for at least 6 months with hemoglobin A1C level measuring less than 9%	36
Hepatitis C	Inmates diagnosed with Hepatitis C	501
MRSA	Inmates diagnosed with MRSA within the prior 12 months	30
Mental Health		
	Inmates diagnosed with an Axis I disorder (excluding sole diagnosis of substance abuse) ¹¹	432
	Deaths by suicide	0
	Suicide attempts	46
Other Indicators		
	Completed dental treatment plans during the prior 12 months	153
	Inmates transported off-site for treatment of emergency health conditions	104
	Inmate admissions to off-site hospitals	152
	Specialty consults ordered	3,036
	Specialty consults completed	2,039

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

Medical Care

USP Victorville is a Medical Care Level II facility.¹² As of July 2015, the Health Services for the entire FCC included 61 staff and 15 vacancies. The 76 authorized staff positions, including vacant positions, consist of seven doctors, four Nurse Practitioners, nine Physician Assistants, 21 nurses, one physical therapist, four paramedics, one social worker, one phlebotomist, four dentists, three dental hygienists, four pharmacists, one pharmacy technician, four medication technicians, five health information technologists, four administrators, and three administrative assistants. Out of the 76 authorized positions, 18 are contract or outside consultants. Members of the medical staff are on-site from 5:30 AM to 10:00 PM. After these hours, the operations lieutenant will contact an on-call physician, who will either report to the facility or authorize transport to the local hospital. For all life-threatening emergencies, the operations lieutenant will directly activate 911 emergency medical services. Additionally, all staff members are trained in CPR and the use of automated external defibrillators.

In addition to routine sick calls, pill lines, and chronic care clinics, on-site services include dental, optometry, and orthopedic evaluations. Health Services can accommodate routine procedures including X-rays and routine examinations. Health Services also includes an outpatient clinic where inmates are triaged by medical staff as necessary. An optometrist serves the entire FCC and sees patients twice per month at each of the facilities.

Pursuant to FBOP policy, inmates submit a cop-out request to receive medical care.¹³ The standard FBOP fees are applied for medical care: \$2.00 for sick calls and no charge for emergency care, chronic care, or care for indigent inmates.¹⁴ The average wait time for sick calls is no more than two weeks.

Medication

Medication is provided through a pill line at meal times.

Dental Care

Dental care is provided on-site at the facility. A dentist, dental hygienist, and dental assistant provide dental care at the dental clinic. The wait time for ordinary procedures such as check-ups and routine cleanings is approximately four years.

Mental Health Care

USP Victorville is a Mental Health Care Level II facility.¹⁵ Psychology Services for the entire FCC has 18 staff total, including eight psychologists, seven treatment specialists, and three psychology technicians. A member of Psychology Services is on-call 24 hours a day. Staff reported that the facility has several Mental Health Care Level III inmates, and approximately 15% of all inmates are on psychiatric medication.

Suicide Prevention

FBOP policy requires facilities to implement suicide prevention practices.¹⁶ A mental health screening is conducted upon intake, including a screening for suicide risk.¹⁷ Additionally, inmates may refer themselves or be referred by staff to Psychology Services for an evaluation.¹⁸ Inmates who pose a suicide risk at intake or a later time are placed on Suicide Watch, which requires constant visual surveillance.¹⁹ Only the Program Coordinator may take an inmate off Suicide Watch.²⁰ After an inmate is taken off Suicide Watch, follow-up evaluation and care is required.²¹

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

When discussing suicide prevention procedures, the head of the Psychology Services informed the CIC that the department must use discernment in deciding which inmate's cop-outs to respond to as "many inmates are not suicidal, they just want attention," and the facility has limited resources. The CIC recommends that all suicide ideation or threats of suicide are taken seriously and treated with the necessary gravity.²²

III. Education and Programming

Education Indicators

Education Program Enrollment (FY 2013)		
	Total Enrolled	Total Completed
GED Programs	59	18
ESL Programs	18	13
Parenting Programs	0	0
Post-Secondary Education	2	0
Occupational/Vocational Programs	130	88

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

Education Services

Education is a significant factor in reducing recidivism.²³ The FBOP requires that all inmates who enter FBOP custody without a GED or high school diploma must enroll in education classes and participate in 240 hours of instruction towards their GED before they are permitted to withdraw from the programming.²⁴ From January through April of 2014, Victorville had 35 inmates enrolled in GED classes with 10 completions. Staff informed the CIC that the GED program was the first priority in education.

The State of California subsidizes the tuition for incarcerated individuals in the state, and USP Victorville participates through a partnership with Coastline Community College. Inmates are not required to pay tuition, but they are responsible for the cost of books and other materials. At the time of inspection, 40 inmates at Victorville were enrolled in college correspondence courses. This is the largest number of inmates enrolled in college correspondence classes out of the institutions inspected by the CIC. This partnership and the subsidized tuition are best practices.

Vocational Programming

Vocational training provides individuals with marketable skills that increase the likelihood of obtaining employment after release and substantially decrease the likelihood of recidivism.²⁵ Inmates learn about available programming at USP Victorville during the Admissions and Orientation process. Classes on Microsoft Word, Excel, and PowerPoint are offered four times per day in the computer lab, which has 18 computers. At the time of inspection, 150 inmates were enrolled in the computer classes, with 18 inmates in each class. Computer literacy classes enable inmates to gain valuable job and technological skills, which are important for successful reentry.²⁶ The importance of technology in both the workplace and daily life makes this a best practice at the facility.

USP Victorville offers 8,000-hour apprenticeship courses in HVAC and plumbing, which are certified by the U.S. Department of Labor. At the time of inspection, 32 inmates were enrolled in these apprenticeship courses, and four inmates received their certification in the first five months of 2014. USP Victorville also offers a dental hygienist certification program, an Automotive Service Excellence (ASE) certification through a local community college, and a ServSafe certification program through Food Service.

Federal Prison Industries (UNICOR)

Federal Prison Industries, also known by its trade name UNICOR, is a government-owned corporation that employs inmates in a factory setting to manufacture products and provide services to the government and private sector.²⁷ UNICOR offers valuable vocational skills and employment training as well as a demonstrated reduction in recidivism rates.²⁸ In 2014, 62 FBOP facilities had a UNICOR program, for a total of 78 factories employing over 12,000 inmates.²⁹

USP Victorville currently contracts with the U.S. Department of Homeland Security. Workers at the UNICOR factory refurbish and recondition equipment and vehicles with emergency sirens, lights, gun racks, scanners, radios, cages, and other components.

IV. Discipline and Administrative Remedies

Disciplinary Hearing Officer (DHO)

The Disciplinary Hearing Officer (DHO) handles serious disciplinary infractions as well as any matters referred by the Unit Disciplinary Committee (UDC). Disciplinary measures may include revocation of an inmate’s visiting privileges, revocation of phone privileges, forfeiture of good time credit, or placement in disciplinary segregation within the SHU, among others. Staff at USP Victorville indicated that the average wait time to see the DHO for a hearing was two to three weeks. The most frequent infractions at the facility are possession of weapons or contraband alcohol made at the facility.

The CIC was able to sit in on a DHO hearing during the inspection. The DHO informed the CIC that weapons violations are usually given 60 days disciplinary segregation in the SHU. The DHO also stated that drug and alcohol violators were only given time in the SHU when addiction was not a part of the violation. The DHO stated, “Addicts are addicts,” and that their behavior is better addressed by Psychology staff through counseling. This effort to address the underlying cause of the problem rather than impose punitive measures for the behavior is a best practice.

Significant Incidents

Significant Incident History ³⁰	
Institution locked down	16
Inmate suicides	2
Inmate homicides	1
Inmate deaths from natural causes	2
Assault on inmate, with weapon	10
Assault on inmate, without weapon	53
Assault on staff, with weapon	0
Assault on staff, without weapon	26
Attempted assault on inmate, with weapon	0
Attempted assault on inmate, without weapon	1
Attempted assault on staff, with weapon	2
Attempted assault on staff, without weapon	15
Escape from secure facility	0
Escape from non-secure facility	0
Sexual act, non-consensual, on inmate	0
Sexual assault on staff	0
Sexual contact, abusive, on inmate	4
Uses of chemicals	30
Uses of force	77
Uses of restraints	28
Form 583 reports filed (reports to Central Office) ³¹	221

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

Administrative Remedy Program

The Administrative Remedy Program allows inmates to seek formal review of issues related to their confinement.³² 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.³³ 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.³⁴ The tables below provide an overview of the categories with the most numerous administrative remedy filings submitted at each level regarding USP Victorville, as well as filings relating to the SHU.

Facility Level Requests (BP-9s)					
	Submitted	Rejected	Filed	Answered	Granted
Staff	73	21	52	1	1
Medical	117	52	65	12	10
Institutional Operation	54	37	17	12	0
DHO Appeals	42	41	1	6	0
Regional Office Appeals (BP-10s)					
	Submitted	Rejected	Filed	Answered	Granted
DHO Appeals ³⁵	117	60	57	5	0
Staff	83	61	22	1	0
Medical	38	12	26	0	0
Classification	16	8	8	0	0
Central Office Appeals (BP-11s)					
	Submitted	Rejected	Filed	Answered	Granted
DHO Appeals	61	37	24	0	0
Staff	19	14	5	0	0
Medical	18	8	10	0	0
Classification	7	4	3	0	0

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

Administrative Remedy Filings Related to the SHU					
	Submitted	Rejected	Filed	Answered	Granted
BP-9s (facility level)	25	20	5	3	1
BP-10s (Regional Office)	3	1	2	1	0
BP-11s (Central Office)	4	3	1	0	0

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

V. Visitation and Communication

Visitation

USP Victorville is 2,594 miles from DC. The facility is 38 hours from DC by car and 63 hours by bus. The distance between Victorville and DC makes visitation difficult to impossible, and several DC inmates reported concerns regarding the long distance between the facility and DC. Strong ties to one's community and family are important in reducing recidivism.³⁶

Email

All general population inmates in FBOP facilities have access to email through CorrLinks, the email server on the TRULINCS software platform used in FBOP facilities. Funding for TRULINCS is provided by the Inmate Trust Fund, which is maintained by profits from inmate purchases of commissary products, telephone services, and fees for use of TRULINCS. At USP Victorville, the cost is \$0.50 per minute while using the CorrLinks system to read or compose a message.

Mail

Pursuant to federal regulation, ordinary mail may be opened and inspected for contraband and content outside of an inmate's presence.³⁷ Special mail, including legal mail, must be opened in the recipient inmate's presence and inspected only for contraband.³⁸ For outgoing special mail, an inmate may seal the envelope prior to giving it to staff and the mail is not subject to inspection.³⁹

The CIC sent letters to all 55 DC inmates at USP Victorville who were at the facility when the CIC requested the inspection, and 44 were returned to the CIC marked "return to sender." All of the letters were properly addressed and sent in accordance with FBOP mailing policies. Of the 44 letters returned to the CIC, ten inmates had been relocated to another facility. Therefore, 34 of the 45 inmates who were still at USP Victorville did not receive a letter informing them of the CIC inspection and their opportunity for a confidential interview. All of the 11 inmates who received the letters were in the general population.

Phone

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

VI. Daily Life Services

Religious Services

FCC Victorville has seven chaplains total, shared between the facilities at the complex. At USP Victorville, there are two dedicated chaplains as well as a Religious Services coordinator. There are 18 different faith groups represented at the facility. All faith books are available in the library. USP Victorville has an indoor chapel and an outdoor worship area, and the facility offers services in both English and Spanish. The entire FCC has between 100 to 350 volunteers, depending on the time of year and currently offered programs, who assist in areas from religious services to the teaching of reentry classes. Ordained volunteers officiate various services on Sundays. USP Victorville also participates in a spiritual mentoring program called “Kairos.”

Threshold Program

The Threshold Program is a non-residential, faith-based reentry program in which inmates may voluntarily enroll.⁴⁰ It is a modified version of the Life Connections Program, which is an 18-month, residential program.⁴¹ Threshold is designed to strengthen inmate community reentry and reduce recidivism through a spiritual understanding.⁴² It is taught by chaplains and volunteers ordinarily over a period of six to nine months, and involves mentoring and community service work as well.⁴³ At USP Victorville, the program lasts six months and inmates must have release dates within three years to be eligible.

Recreation

USP Victorville offers organized sports, wellness activities, hobby craft, and music classes. Available sports include basketball, handball, volleyball, soccer, flag football, softball, and bowling. A number of wellness activities are organized and run by inmates, such as jump rope, aerobic exercises, stretching, and yoga. The facility also offers basic nutrition classes and maintains a small library of books on wellness that may be signed out by interested individuals. Traditional hobbies and crafts are provided as well. For music classes, the classes are taught by fellow inmates and overseen by Recreation staff.

Library

USP Victorville has a library where inmates are able to read magazines, newspapers, and books. Inmates may also make copies at the library.

Meals

Food Service at USP Victorville employs 180 to 200 inmates in three shifts. The dining area can seat up to 350 inmates, who eat in a “split yard” system. One side of the yard completes each meal and leaves before individuals from the other side of the yard arrive. Staff at USP Victorville stands main line during the lunch meal to be available to address inmate inquiries.

Inmates in the SHU have their meals prepared in the main kitchen and transported to the SHU, where they are warmed and served.

Victorville offers several dietary options. Religious diet meals are available to inmates who qualify, as approved by the Chaplain. These meals are pre-prepared and stored in a separate religious diet room. Vegetarians are given daily options on the main line such as peanut butter and jelly sandwiches, cottage cheese, and soy burgers.

Commissary

The commissary employs eight inmates, none of whom are from DC. Each general population inmate is provided the opportunity to shop in the commissary once per week, with a maximum spending allowance of \$320 per month. An additional \$50 is added to this maximum during the December holiday season. Executive staff at the facility determines what items are sold. As per FBOP policy, all products are marked up 30%, except for religious items.

Records Open House

The facility holds a weekly open house where inmates can discuss sentence computation and designation with staff, including the calculation of good time credit, sentence length, and release dates.

VII. Reentry Services

Release Preparation Program

All FBOP facilities follow a Release Preparation Program (RPP), intended to prepare inmates for community reentry upon release.⁴⁴ The program operates at both the unit and facility level, and institutions are responsible for developing their own curriculum. Inmates generally receive training on resume writing, job search skills, job retention skills, and other topics relevant to reentry. The program is overseen at the facility level by the Reentry Affairs Coordinator (RAC), a dedicated position within the executive staff.⁴⁵ Along with an inmate's case manager, the RAC coordinates placement in a Residential Reentry Center (RRC, also known as a halfway house) as an inmate nears the end of his sentence.⁴⁶ For male DC inmates in FBOP custody, the RRC is Hope Village, in Southeast DC.⁴⁷

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

MOU with Social Security Administration

The FBOP has a nationwide Memorandum of Understanding (MOU) with the Social Security Administration to facilitate the process of inmates obtaining Social Security Number (SSN) cards prior to release.⁴⁸ 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, and one in which FCC Victorville participates.

CSOSA Outreach

The Court Services and Offender Supervision Agency of Washington, DC (CSOSA) provides a quarterly Community Resource Day for DC inmates in FBOP custody. Through videoconferencing, CSOSA staff and representatives from other organizations provide information on housing, healthcare, employment, education, and other resources in the DC area to DC inmates who are within 90 days of release. This is an important service for ensuring that returning citizens receive the information and connection to services necessary for successful reentry. The CIC recommends that all FBOP facilities with DC inmates implement the Community Resource Day program. USP Victorville participates in CSOSA Community Resource Day, and this is a best practice.

VIII. Inmate Concerns

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

Total Concerns Reported: 74

Staff Conduct (Total Concerns: 17)
<ul style="list-style-type: none">• Staff is disrespectful.• Inmates are treated very poorly by staff.• Staff is racist.• Staff steals inmates' property.• Staff is not held accountable for anything.• Staff rewards people for spilling other people's business.• Staff members abuse inmates.• Some staff members are violent.• One inmate's glasses were broken by a CO.• COs favor Hispanic inmates and give them better work assignments.• COs are mad at the inmates for being incarcerated.• One inmate's case manager will not correct his SSN on paperwork.• One inmate said that a computer broke his MP3 player, and that staff was dismissive of this complaint.• Staff lies and puts concerns off; one inmate can't get his date for halfway house transfer.• One inmate is targeted by staff for harassment.• Staff needs to act how they want inmates to behave. It shouldn't be a one-way street.• One inmate was told by COs to return to his cell without being interviewed by the CIC after he had waited for three hours.
DC Specific Issues (Total Concerns: 12)
<p>Distance from DC</p> <ul style="list-style-type: none">• Facility is too far from DC. [x2]• One inmate hates being this far from home.• One inmate is tired of being so far from his family. The last time he saw his children was 2011.• One inmate is upset that DC inmates are supposed to be housed 500 miles from DC, but he is in California. <p>DC Inmates Treated Differently</p> <ul style="list-style-type: none">• The entire federal system dislikes DC inmates.

- DC inmates are treated worse and grouped together.
- DC inmates are called the “DC Blacks,” and are treated like a gang and lumped together.
- DC inmates are disproportionately sent to the SHU, while gang members are favored.
- DC inmates are belittled and blamed for the Lorton shutdown; called trouble-makers.
- DC inmates are treated differently because one killed a Crip a few years ago.
- All DC inmates were on lockdown when one inmate arrived at USP Victorville because other inmates told the COs that the DC inmates were planning an attack. This was not true and no one was planning such an attack.

Special Housing Unit (SHU)

(Total Concerns: 9)

General

- Pens were confiscated and replaced with pencils, which do not write well enough to fill out grievance forms or letters. Inmate believes this is so inmates cannot file grievances or write to the CIC.
- One inmate served more time in the SHU than he was given.
- One inmate was placed in the SHU for fighting, but the other inmate had pulled a knife on him.
- The SHU is loud.

Cells

- Inmates are housed three to a cell in the SHU.
- Inmates are frequently housed three to a cell, where one inmate must sleep on the floor.
- One inmate was forced into a three-person cell upon arrival.

Mental Health

- Psychology does “rounds,” but this really just entails walking around.
- When making rounds, Psych staff just walks through and signs the logbook.

Safety

(Total Concerns: 9)

- One inmate was stabbed while in protective custody and fears for his life.
- One inmate was stabbed and beaten to the extent that reconstructive surgery was required. Staff was present but did not intervene.
- One inmate was assaulted while asleep and suffering broken bones. Staff did not investigate.
- One inmate was assaulted by another inmate and was in a lot of pain as a result of the assault, but staff did nothing to investigate or provide medical assistance.
- In three-person cells, it is dangerous to all inmates in the cell to have an inmate sleeping on the floor.
- Gangs matter much more in California. Those not in a gang are at risk.
- This location and facility is what they call “Gangland.”
- Staff does not protect inmates, but only fellow COs.
- One inmate said that the facility was only calm and quiet because of the CIC inspection, and that it was “all for show.” Usually it is not like this.

Education and Programming

(Total Concerns: 6)

- Education Department only offers a couple of low-level programs in certain areas.

<p>Victorville is not doing enough to provide employable skills upon release.</p> <ul style="list-style-type: none">• There are not enough educational programs aimed at financial literacy, despite the relationship between poverty and crime that results in incarceration.• There is no incentive to complete programming.• One inmate cannot get into a GED class because his release date is too far away.• Programs are not meant for people with life sentences.• The facility needs programs to help people release aggression, like boxing.
<p style="text-align: center;">Mail (Total Concerns: 5)</p>
<ul style="list-style-type: none">• One inmate has not received his mail since arriving at the facility.• Staff opens inmates' mail.• One inmate said staff keeps all his mail.• Inmates did not receive the CIC mailing.• One inmate's CIC legal mail was opened when he received it.
<p style="text-align: center;">Disciplinary Process (Total Concerns: 5)</p>
<ul style="list-style-type: none">• Inmates are written up if they refuse to triple-cell.• One inmate said that handcuffs are placed too tight and they cut off circulation.• DHO plays a "drag game," where they lose paperwork and keep inmates waiting.• Good time can be taken away, but not earned.• One inmate had four years of good conduct until he came here.
<p style="text-align: center;">Health Services (Total Concerns: 6)</p>
<p>Medical</p> <ul style="list-style-type: none">• Inmate who was stabbed waited a week to see Medical staff. He was in a lot of pain but was only given Tylenol for several weeks. By the time his wound was addressed, it had healed incorrectly. A nerve is damaged permanently.• One inmate has been waiting a long time for medical care.• One inmate put in a sick call because of a body rash and did not see Medical for three weeks.• One inmate had a torn meniscus, but it was incorrectly treated as arthritis for three years. <p>Mental Health</p> <ul style="list-style-type: none">• Psychology does "rounds," but this really just entails walking around.• When making rounds, psych staff just walks through and signs the logbook.
<p style="text-align: center;">Other Issues (Total Concerns: 7)</p>
<ul style="list-style-type: none">• One inmate said Victorville was the worst facility he has ever been in.• One inmate was at the facility for thirty days before he received his property.• One inmate's property was lost during transfer.• One inmate has 22 points and should be at a Medium.• Food is always cold.• One inmate only makes \$5 to \$12 dollars per month at his job.• The Administrative Remedy process is broken at Victorville.

IX. FBOP Response

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

The Bureau reviewed all the inmate concerns and is working toward making improvements as appropriate. The draft report mentions triple bunking in the Special Housing Unit (SHU). Inmates are not currently being triple bunked in the SHU. Video visiting is being tested at other facilities and if approved could be implemented at USP Victorville. The Bureau believes the Health Services medical treatment at USP Victorville adequately cares for the needs of their population with treatment. The Bureau recognizes the seriousness of the mental health needs of the USP Victorville population, especially those inmates that display suicidal ideation. It also recognizes the distractions of those inmates attempting to manipulate Psychology staff. The Medical and Psychology departments at FCC Victorville are actively recruiting staff to fill the current vacancies. As noted above, there are eight psychologists between the three facilities. They are actively attempting to hire additional psychologists.

The draft report indicated over half the D.C. offenders claimed they were either assaulted or expressed fear for their safety. Of the 34 D.C. offenders remaining at USP Victorville, only four had a documented history of either assault or fighting with other inmates at USP Victorville prior to the CIC inspection. Several others had documented histories of threatening and assaulting staff, upon a thorough review of their disciplinary history records. All allegations of assault are taken seriously and thoroughly investigated.

Endnotes

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

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

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

⁴ Increased overcrowding and lowered inmate-to-staff ratios negatively affect the availability of productive work and programming opportunities for inmates, poses increased risks of violence to staff and inmates, and strains the infrastructure of facilities. *See Reassessing Solitary Confinement: The Human Rights, Fiscal, and Public Safety Consequences: Hearing Before the Subcomm. on the Constitution, Civil Rights, and Human Rights of the S. Comm. on the Judiciary, 112th Cong. (June 19, 2012) (testimony of Charles E. Samuels, Jr., Dir., Fed. Bureau of Prisons), available at* <http://www.justice.gov/ola/testimony/112-2/06-19-12-bop-samuels.pdf>. The FBOP has stated that overcrowding is its biggest challenge, especially its effect on staffing and safety. *See U.S. DEP’T OF JUSTICE, FY 2016 PERFORMANCE BUDGET CONGRESSIONAL SUBMISSION: FEDERAL PRISON SYSTEM: SALARIES AND EXPENSES (Feb. 2015), available at*

http://www.justice.gov/sites/default/files/jmd/pages/attachments/2015/02/02/27._federal_bureau_of_prisons_bop_se.pdf (“The largest internal challenge for the BOP is to provide adequate levels of bed space and staffing to safely manage the growing inmate population. Crowding is a very real danger in prisons—causing frustration and anger for inmates whose access to basic necessities like toilets, showers, and meals becomes very limited and who face hours of idleness resulting from limited availability of productive work and program opportunities. Crowding also strains facilities’ infrastructure like water, sewage, and power systems, and increases the maintenance service needed to keep these systems operational.”). In fiscal year 2014, the FBOP was operating system-wide at an inmate-to-staff ratio of 4.58, after an average ratio of 4.87 between 2005 and 2013. *Id.* In comparison, the five states with the highest prison populations had an average inmate-to-staff ratio of 3.10, and the FBOP previously operated at a ratio of 3.75 in fiscal year 1998. *Id.*

⁵ 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.”).

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ Status when placed in the SHU, 28 C.F.R. § 541.22 (2013), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/xml/CFR-2012-title28-vol2-part541-subpartB.xml>.

¹⁰ Administrative detention status, 28 C.F.R. § 541.23 (2013), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/xml/CFR-2012-title28-vol2-part541-subpartB.xml>.

¹¹ Under the fourth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), Axis I disorders included all psychological diagnoses except personality disorders and intellectual disability. Common Axis I disorders included depression, bi-polar disorder, post-traumatic stress disorder, anxiety disorders, alcohol and substance abuse disorders, eating disorders, and schizophrenia. The DSM-5 removed the multi-axial system for diagnostic classification and combined all diagnoses from Axis I, Axis II, and Axis III into a single axis. For more information, see AM. PSYCHIATRIC ASS’N, PERSONALITY DISORDERS FACT SHEET (2013), *available at* <http://www.dsm5.org/Documents/Personality%20Disorders%20Fact%20Sheet.pdf>; AM. PSYCHIATRIC ASS’N, FREQUENTLY ASKED QUESTIONS ABOUT DSM-5 IMPLEMENTATION—FOR CLINICIANS (rev. Aug. 1, 2013), *available at* <http://www.dsm5.org/Documents/FAQ%20for%20Clinicians%208-1-13.pdf>; and Espen Røysamb et al., *The Joint Structure of DSM-IV Axis I and Axis II Disorders*, 120 J. ABNORMAL PSYCHOL. 198 (2011), *available at* <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3081882>.

¹² 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.

- 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>. *See also*, 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.

¹³ 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.

¹⁴ 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.*

¹⁵ In 2014, the FBOP publicly defined the Mental Health Care Levels used in the FBOP system, as well as the treatment requirements for each level.

- (1) **CARE1-MH: No Significant Mental Health Care.** An individual is considered to meet CARE1-MH criteria if he/she:
 - Shows no significant level of functional impairment associated with a mental illness and demonstrates no need for regular mental health interventions; and
 - Has no history of serious functional impairment due to mental illness or if a history of mental illness is present, the inmate has consistently demonstrated appropriate help-seeking behavior in response to any reemergence of symptoms.
- (2) **CARE2-MH: Routine Outpatient Mental Health Care or Crisis-Oriented Mental Health Care.** An individual is considered to meet CARE2-MH criteria if he/she has a mental illness requiring:
 - Routine outpatient mental health care on an ongoing basis; and/or
 - Brief, crisis-oriented mental health care of significant intensity; e.g., placement on suicide watch or behavioral observation status.
- (3) **CARE3-MH: Enhanced Outpatient Mental Health Care or Residential Mental Health Care.** An individual is considered to meet the criteria for CARE3-MH if he/she has a mental illness requiring:
 - Enhanced outpatient mental health care (i.e., weekly mental health interventions); or P5310.16 5/1/2014 9
 - Residential mental health care (i.e., placement in a residential Psychology Treatment Program).
- (4) **CARE4-MH: Inpatient Psychiatric Care.** A mentally ill inmate may meet the criteria for CARE4-MH and require acute care in a psychiatric hospital if the inmate is gravely disabled and cannot function in general population in a CARE3-MH environment.

FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5310.16, TREATMENT AND CARE OF MENTAL ILLNESS (May 1, 2014), *available at* http://www.bop.gov/policy/progstat/5310_016.pdf.

¹⁶ 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.

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

²² All threats of suicide or other displays of suicidal ideation need to be taken seriously. Research demonstrates that “wanting attention” or other apparently “manipulative” behavior is not mutually exclusive from suicidal intent. *See* Lindsay M. Hayes, Report on Suicide Prevention Practices Within the District of Columbia, Department of Corrections' Central Detention Facility, NIC T.A. No. 13J1092 (Sept. 13, 2013), *available at* http://doc.dc.gov/sites/default/files/dc/sites/doc/release_content/attachments/DC%20JAIL-LH_0.pdf (“Self-harm is often a complex, multifaceted behavior, rather than simply manipulative behavior motivated by secondary gain. At a minimum, any inmate who would go to the extreme of threatening suicide or engaging in self-harming behavior is suffering from at least an emotional imbalance that requires special attention. They may also be mentally ill.”); *see also* Greg E. Dear et al., *Self-Harm in Prison: Manipulators Can Also Be Suicide Attempters*, 27 *Crim. Just. & Behav.* 160 (2000) (finding “substantial co-existence of manipulative motive with both suicidal intent and potentially high lethality of self-harming behavior”); Joel Haycock, *Listening to ‘Attention Seekers’: The Clinical Management of People Threatening Suicide*, 4 *Jail Suicide Update* 8 (1992) (“There are no reliable bases upon

which we can differentiate ‘manipulative’ suicide attempts posing no threat to the inmate’s life from those ‘true, non-manipulative’ attempts which may end in death. The term ‘manipulative’ is simply useless in understanding, and destructive in attempting to manage, the suicidal behavior of inmates (or of anybody else).”)

²³ 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”).

²⁴ 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.

²⁵ 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.cjcr.org/uploads/cjcr/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.

²⁶ Mark Corpora, PowerPoint Presentation, For Computer Use in Prisons (2011), available at <http://nicic.gov/library/027048>.

²⁷ 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/sgp/crs/misc/RL32380.pdf>.

²⁸ 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>.

²⁹ FED. PRISON INDUS., INC., FISCAL YEAR 2014 ANNUAL MANAGEMENT REPORT (Nov. 12, 2014), available at http://www.unicor.gov/information/publications/pdfs/corporate/2014%20FPI%20Annual%20Management%20Report_C.pdf; see also UNICOR, FACTORY LOCATIONS (Jan. 2014), available at http://www.unicor.gov/information/publications/pdfs/corporate/CATMC3816_C.pdf.

³⁰ Information regarding significant incidents is provided directly by the FBOP.

³¹ 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.

³² 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.*

³³ Administrative remedy requests and appeals are also referred to as grievances. FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 1330.18, ADMINISTRATIVE REMEDY PROGRAM (Jan. 6, 2014), available at http://www.bop.gov/policy/progstat/1330_018.pdf.

³⁴ 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).

³⁵ 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>.

³⁶ "Research on people returning from prison shows that family members can be valuable sources of support during incarceration and after release. For example, prison inmates who had more contact with their families and who reported positive relationships overall are less likely to be re-incarcerated." See Ryan Shanahan & Sandra Villalobos Agudelo, Vera Inst. of Just., Family Just. Program, *The Family and Recidivism*, AM. JAILS, Sept. 2012, at 17, available at <http://www.vera.org/files/the-family-and-recidivism.pdf>; see also DAMIAN J. MARTINEZ, FAMILY CONNECTIONS AND PRISONER REENTRY (Apr. 3, 2009), available at <https://ccj.asu.edu/downloads/paper-martinez>.

³⁷ General correspondence, 28 C.F.R. § 540.14 (2009), available at <http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/pdf/CFR-2012-title28-vol2-part540-subpartB.pdf>; see also FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), available at http://www.bop.gov/policy/progstat/5800_016.pdf; FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5265.14, CORRESPONDENCE (Apr. 5, 2011).

³⁸ The content and other material in the envelope of special mail correspondence may not be read or copied by prison staff if the sender is adequately identified on the envelope and the front of the envelope is appropriately marked as "Special Mail." Special mail, 28 C.F.R. § 540.18 (2009), available at <http://www.gpo.gov/fdsys/pkg/CFR-2012-title28-vol2/pdf/CFR-2012-title28-vol2-part540-subpartB.pdf>. The confidentiality of legal mail is protected by numerous court decisions as well as FBOP policy. See, e.g., *Lemon v. Dugger*, 931 F.2d 1465 (11th Cir. 1991); *Davidson v. Scully*, 694 F.2d 50 (2d Cir. 1982); *Jensen v. Klecker*, 648 F.2d 1179 (8th Cir. 1981); *Ramos v. Lamm*, 639 F.2d 559 (10th Cir. 1980); *Smith v. Shimp*, 562 F.2d 423 (7th Cir. 1977); *Taylor v. Sterrett*, 532 F.2d 462 (5th Cir. 1976); *Abu-Jamal v. Price*, No. 95-618 1996 U.S. Dist. LEXIS 8570 (W.D. Pa. Jun. 6, 1996); *Proudfoot v. Williams*, 803 F. Supp. 1048 (E.D. Pa. 1992); see also FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), available at http://www.bop.gov/policy/progstat/5800_016.pdf; FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5265.14, CORRESPONDENCE (Apr. 5, 2011).

³⁹ 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>; see also FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5800.16, MAIL MANAGEMENT MANUAL (Apr. 5, 2011), available at http://www.bop.gov/policy/progstat/5800_016.pdf; FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE, PROGRAM STATEMENT NO. 5265.14, CORRESPONDENCE (Apr. 5, 2011).

⁴⁰ See U.S. DEP'T OF JUSTICE, FY 2016 PERFORMANCE BUDGET CONGRESSIONAL SUBMISSION: FEDERAL PRISON SYSTEM: SALARIES AND EXPENSES (Feb. 2015), available at http://www.justice.gov/sites/default/files/jmd/pages/attachments/2015/02/02/27._federal_bureau_of_prisons_bop_se.pdf.

⁴¹ *Id.*

⁴² *Id.*

⁴³ *Id.*

⁴⁴ 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.

⁴⁵ 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.

⁴⁶ Inmates must participate in the Release Preparation Program to receive placement time at an RRC.

⁴⁷ 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.

⁴⁸ 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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