

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CORRECTIONS INFORMATION COUNCIL**



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Inspection of the Correctional Treatment Facility

The District of Columbia Corrections Information Council ("CIC") inspected the Correctional Treatment Facility ("CTF") at 1901 E Street, S.E. in Washington, D.C. on May 20 and 21, 2002. The CIC's report follows:

Background

The CTF was built in 1991 as a treatment center for D.C. prisoners who need extensive drug therapy. In subsequent years it has been used as a prison for female prisoners and, with the transfer of most prisoners convicted of a felony to the federal prison system, it is now being used as an overflow facility for the Central Detention Facility (the "Jail"). Accordingly, prisoners awaiting trial, convicted prisoners awaiting sentencing, and misdemeanants serving sentences are all in this facility. The misdemeanants serve sentences at the CTF not exceeding one year and the average sentence served is six months.

In addition, approximately 200 felons who have violated parole are held at the CTF awaiting further disposition by the Parole Commission or the courts. During the inspection, several people suggested that in the future all felons may be held at the Jail and all misdemeanants at the CTF. It is not clear that the CTF has sufficient capacity to do this. All prisoners come from the Jail and are released from the Jail and it is the Jail which selects the prisoners to be held at the CTF. Because the CTF is no longer primarily a treatment facility, consideration is being given to changing its name.

The facility is operated by the Corrections Corporation of America ("CCA") under a twenty year contract ("the Contract") with the District which is administered by the District of Columbia Department of Corrections ("DOC").

The Inspection

CCA personnel responded favorably to the CIC's request to inspect the facility shortly after the request was received by them and then handled the inspection in a thoroughly professional manner. The CIC was given access to all parts of the facility and allowed to speak with anyone we wished to during the inspection.

The CIC spent several hours with the Warden and the three Assistant Wardens on the morning of May 20. Two representatives of DOC were also present.

The facility, its programs and inmate population were described to the CIC in detail. The

prisoner count as of that day was 740 for a facility which can hold a maximum of 868. The Contract states that CCA is not obliged to accept more than 898 prisoners. 118 women were among that day's count.

CTF stated that all eligible inmates, 60-70% of the total population, were in an educational or work program. The numbers did not appear to bear out that claim. Current numbers we were given are as follows: Educational - 5 GED, 9 Basic Life Skills, 25 Street Law, 65 Adult Basic Education ; Vocational - 16 Computer Literacy, 29 Graphic Arts, 22 Commercial Cleaning, 17 Interior Renovation, 22 Barbering Science, 39 Outreach Programs. During the inspection, the Graphic Arts teacher told us she had only 3 students. Except for Computer Literacy, all these programs are open to any inmate. It is not clear whether these programs are suited to the new and highly transient population that CTF is now dealing with, but court orders require that some of these programs be offered. For instance, no women are signing up for the alternate employment classes. Courses that can be completed in 60-180 days are needed. It may be that DOC has to seek changes in these court orders. Inmates are not compensated for work done in the work programs though the inmates are doing work to maintain and renovate the building.

The CTF currently has 378 employees, including 6 Case Managers and 9 Counselors working with the prisoners. Case Managers have a college or University degree in a relevant subject whereas Counselors may or may not have such a degree and are largely people who have learned on the job. Their duties are identical. We were told that D.C. residents are reluctant to take jobs with CCA because of CCA's policy of moving employees to other parts of the country.

Each of these employees has a caseload of about 70 prisoners. The CIC was told that the ACA standard is a maximum of 100 per employee. The CIC met with two Counselors who said that they meet with each of their prisoner-clients for approximately 30 minutes each week, either individually or in groups. The CIC was unable to verify this claim. The CIC was given a Job Description for Case Managers and Counselors.

CCA is planning to reduce staff on the grounds that fewer employees are required to maintain a detention facility. CCA, which is currently compensated on a per diem fee basis at \$82.73 per day for each prisoner in the facility, would prefer to have a guarantee of a minimum number of inmates at the facility. DOC is reluctant to give such a guarantee. The DOC is represented at the CTF by six employees whose principal function is to ensure that CCA is in compliance with the Contract. CCA has an employee on site who performs the same function. DOC personnel also help manage the grievance system. The principal DOC on-site employee attends the Warden's bi-weekly staff meetings and tries to meet with the warden weekly.

New volunteers have not been trained at the CTF in over a year and a half. CIC was told that DOC is considering imposing a requirement that all volunteers receive 40 hours of training before being allowed to work in the building.

All prisoner releases are made by DOC at the Jail. Most CTF prisoners are transferred to the Jail before 10 a.m. but there are exceptions. It is CTF's understanding that the Jail tries not to release women after dark. CTF makes an effort to verify that its prisoners have a place to go upon release but if the prisoners have completed their sentences, they are released even with no place to go. CTF makes no effort to find employment for prisoners scheduled for release.

DOC is currently in negotiations with CCA to restructure the Contract in light of the change in the prisoner population. DOC expects to decrease the per diem payment to CCA. At a later stage, DOC is considering proposing that the Contract be converted into a performance based contract.

In monitoring compliance with the Contract and compliance with sound correctional practices, DOC finds that complaints by inmates with medical procedures are the most numerous.

The CIC toured the facility and talked with both staff and inmates.

The CIC toured the pods at the CTF, visiting one women's pod and two men's pods. In talking with prisoners we did not come across any information which was inconsistent with the above. Inmates seemed to understand the grievance system and did not express any doubts that it is available to them or that a grievance would be fairly handled. Medical Request forms were readily available and the inmates understood the process to get an appointment and agreed that they would be seen the next day.

The blue phones are in all wards for collect telephone calls and are available to anyone with a D.C.D.C. number. However, the CIC has received information indicating that telephone charges by the CTF are excessive.

The Special Management Unit houses disciplinary cases and prisoners under some form of special custody, including prisoners in a witness protection program.

Discussions were held with two inmates in the unit and with the Counselor for the unit.

The CIC inspected the daily visiting hours and recreation programs and facilities.

The library contained up to date, though limited, legal materials. The general reading library was quite limited and contained few books which would be likely to appeal to the inmate population.

The CIC met with two Counselors. The first was a substance abuse counselor. He said his caseload was 64 individuals in two different pods. He estimated that 1 out of ten want to do the right thing after release and that number would increase with more intense drug counseling. They try to put together a release plan for each inmate which involves checking with their previous employer as to whether they are still wanted and looking into whether they have a place to stay after release. Their clothing is retained for only 30 days which means that almost all inmates are sent to the Jail for release in their jumpsuits. Inmates are given a check for the funds in their accounts the day after their release meaning they are released with no funds. To get these funds they need a picture ID; the Jail takes their Jail ID upon release so that if they have no other ID they cannot get the funds due them from the CTF. Many inmates are released without any ID.

If they are indigent they can submit a gratuity form and get a payment from the Jail for about \$50, but that may also be paid the next day.

When received from the Jail, the money in their possession comes from the Jail in the form of a check which is lumped together with the funds of other new inmates processed during the same period. This can take two or more weeks. This delay in receiving the funds of new inmates leaves these individuals without funds for the canteen for a considerable period of time and is a major source of complaints and tension with the counselors. Often the inmates have left the CTF when the funds are received from the Jail.

The Disciplinary System appears to work adequately.

The CIC discussed the mental health system with the Mental Health Director who felt his

function was adequately staffed. He had difficulty describing his program and the numbers of patients involved to CIC members. Inmates leave the CTF with three days' medication. The Mental Health Unit operates programs in Depression Management (very small), Anger Management (20 per month), Drug Relapse Prevention (24) and Women's Empowerment. The Lifeline Program is a more intense drug therapy program.

The Health Services Unit employs 41 persons including 2 physicians, 2 dentists, a hygienist and nine nurses. Staff is on duty at all times. The unit operates a 17 bed infirmary. Serious cases involving hospitalization are transferred to Greater Southeast Community Hospital. CTF has no internal pharmacy and fills almost all its prescriptions with Diamond Drug. All bills from the pharmacy are verified by the Health Services Administrator and paid by CCA. The Administrator claimed that CTF's files were in order when a prisoner is sent to a federal facility and that prisoners are sent off with 5 days supply of prescription drugs. Prescriptions for 30 days are filled in 48 hours. Sick call requests are answered the next day by a nurse's call in the pod where the patient resides. The Medical staff admits that there is a great deal of abuse of the system at CTF by inmates who complain of nonexistent problems.

Staff would like to be able to fill the full complement of nursing staff which is currently short ten positions (4 licensed nurse practitioners, 5 RN's and a Director of nursing). These hires are being held up because of ongoing negotiations with CHIPS an outside contractor for medical services.

The Medical Services Director recited the regimen for pregnant female inmates. All women are tested for pregnancy upon admission at the Jail. They are all seen by a physician within 7 days of reaching CTF. The CIC did not attempt to verify this claim. The CIC was told that AIDS treatment follows guidelines received from the CDC and Johns Hopkins which are updated annually. Every treatment is different depending on the history of the patient and the patient's response to or resistance to drugs. The CTF outside consultant on infectious diseases visits CTF once a week but was not present on the day of the inspection to corroborate that CDC guidelines are followed. As noted below, information was received by the CIC to the contrary.

The CIC requested a copy of the CTF formulary and the Medical Director undertook to look into whether there are any objections to providing a copy. The CIC was later denied a copy of the formulary on the grounds that it is proprietary.

Diabetics are given shots at the Health Department.

Conclusions and Recommendations

The CIC found the CTF to be a clean, well maintained, well managed facility. One does not sense the high degree of tension between inmates or between inmates and staff which one encounters in some penal institutions. CCA staff, of which the CIC met only a small sample, generally seem qualified for their positions and to be doing their jobs reasonably well. Nevertheless the CIC has some recommendations which we feel would improve things at the CTF:

1. CCA is a for profit enterprise and, as such, it is operating the CTF for profit. Profits increase when revenues increase (the inmate population increases) and the costs of doing business (programs for inmates) are reduced, and the CCA will, and should,

do everything it can to maximize profits. CCA has no economic interest in the quality of the product (ex-offenders) it produces or the fate of its inmates after release. In other words the natural economic incentives in the private prison system are wrong for the inmates and wrong for the community. The only way this situation can be reversed is through the Contract between the local government and the private contractor. The contractor must be obliged under the contract to provide appropriate programs and then rigorously audited to see that those commitments are carried out.

DOC is considering concluding a performance based contract with CCA. The CIC would support this development in the strongest terms. If the CCA were entitled to substantial bonuses in the event they meet the criteria which define performance, you can be assured that they will make every effort to do so. Success should not be measured in terms of numbers of inmates completing certain behavior management courses since there is no objective proof that these courses are effective. Success should be measured by the number of D.C. inmates who are not convicted of a crime for a measurable period following release. Such a change in the Contract would radically alter the incentive structure at the CTF and could provide substantial benefit to the District of Columbia by reducing our high recidivism rate.

2. The current programs being offered inmates at the CTF need to be thoroughly reviewed in light of the fact that the average inmate now spends only six months at the CTF. Obviously the courses and work programs offered should be the most effective that one can devise within the time available. The CIC understands that DOC intends to undertake this review.
3. D.C. inmates are being released in the middle of the night without appropriate clothing and without any money. This situation should be halted immediately. There can be no doubt that this way of returning inmates to the community contributes to the District's recidivism rate. CCA case managers and counselors, working in conjunction with DOC, should prepare a post-release plan for each inmate that provides appropriate clothing upon release, incidental spending money, appropriate housing, employment and documentation. Private agencies could be utilized for this purpose. Inmates should be released from the Jail only during daylight hours.
4. The CIC found the Medical Services Staff very uptight and almost hostile in our discussions. We wondered what they might be covering up. The claim that the formulary is proprietary is ludicrous. Not only do doctors in a public institution not have a legal or ownership interest in the list of drugs that they administer, they have no right to deny the list to a duly constituted government inspection body.
5. The CIC has received information from reliable sources that CTF Medical Staff has administered improper medications (namely stavudine together with

zidovudine) to several AIDS patients. This treatment violates the Center for Disease Control guidelines. In another case, Nelfinavir, a highly recommended drug was administered at a dosage below effective levels (750 mg instead of 1250mg). Errors of this kind not only endanger the patient but are a threat to the community by potentially creating a treatment –resistant virus. Staff stated that they could not respond without the names of specific patients and claimed that they are following current CDC guidelines. CTF's outside consultant for infectious diseases was unavailable. This is a serious matter and a review of this issue should be undertaken to see if errors were in fact made and, if so, to ensure that they do not happen again.

6. Efforts should be made to shorten the time it takes to fill prescriptions. Forty-eight hours is too long a time for many diseases. The nursing staff, currently short ten positions, should be brought up to full compliment.
7. The CTF needs to train and admit qualified volunteers to the CTF. Volunteers can be extremely helpful in supplying programs for inmates which will equip them for life after release and in assisting them in making the transition to life on the outside. Forty hours of training to enter a prison as a volunteer appears grossly excessive to the CIC.
8. The Library could be easily improved by a public solicitation for donated books.
9. The mechanisms for transferring inmate funds from the Jail to CTF and for giving inmates their funds upon release could be easily improved if CTF and DOC would sit down and devise a system using current technology. Transfers from the Jail to CTF should be electronic and not by check and should be made the day the inmate is transferred to CTF. It is important that a system be devised to give inmates their accumulated funds in cash upon release so that they do not go to the street penniless. This should not be difficult to do.
10. A review of charges to inmates for telephone calls should be made to ensure that they are not excessive.