

FCI Edgefield Inspection Report



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**District of Columbia
Corrections Information Council**

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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 (BOP), 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 BOP, the Director of the DOC, and the community.

Although the CIC does not handle individual complaints or 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.

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Inspection Methodology

The CIC conducted an onsite inspection of FCI Edgefield on November 17, 2014. The CIC was escorted by the Executive Assistant, the Warden, and other members of the executive staff during the onsite inspection. The onsite inspection consisted of a facility tour, discussions with staff, interviews with 20 DC inmates, and document review.

Prior to the onsite inspection, the CIC communicated with all incarcerated DC residents at FCI Edgefield, informing them of the impending inspection and offering them the opportunity for a confidential interview with a member of the CIC. The onsite inspection consisted of an opening session with the executive staff, a tour of the facility, dialogue with facility staff, and confidential interviews with DC inmates. Throughout the inspection process, the CIC received and reviewed general inmate and facility data related to staffing, significant incidents, urine surveillance, and disciplinary records. The CIC also reviewed an education report, menus, the most recent American Correctional Association (ACA) Audit, and administrative remedy filings and responses at the facility, regional, and central office levels.

After the CIC inspection process was completed and report drafted, on April 10, 2017, the CIC provided the Federal Bureau of Prisons (“BOP”) with a draft version of the report for review of factual information and requested responses to follow-up questions. Some updates to information received at the time of the inspection have been added to the report below, and the full BOP Response to the CIC draft report, dated May 10, 2017, is included in the final published report.

Executive Summary

FCI Edgefield

Location: Edgefield, South Carolina
Distance from DC: 543 miles from DC
7.7 hours by car / not accessible by
public transit
Date of Inspection: November 17, 2014

INSTITUTION PROFILE

As of November 2014, except as otherwise noted

Security Level: Medium
Rated Capacity: 1,152
Occupancy*: 1600 (138.8% capacity)
DC Inmates*: 82 (5.1% of total population)
Avg Age of DC Inmates: 40.9 years old
Avg Sentence of DC Inmates: 195.1 months
Inmate-to-Staff Ratio (FCI & SCP): 7.16 : 1
(data from 2013 ACA Audit)

KEY FINDINGS

- **Facility Staff:** During the inspection, the Executive Staff engaged in open and candid discussions with CIC staff. DC inmates provided both concerns and positive feedback regarding the warden and unit teams. The CIC notes that the positive feedback regarding staff is higher than at most other facilities.
- **Poor Health Care:** The CIC received more numerous and serious concerns at FCI Edgefield than at the majority of other medically similar facilities. Inmates reported poor to non-existent medical care and provided disconcerting examples, including those that have led to inmate deaths. The Health Services department at FCI Edgefield is not understaffed in comparison to other Care Level II facilities; as such, the CIC strongly urges FCI Edgefield to evaluate and replace existing medical staff as necessary.
- **Psychology Training:** Psychology staff emphasizes that all mental health needs and suicide concerns must be taken seriously and not viewed as malingering or manipulative behavior. This attitude leads to more appropriate responses to the behavior of inmates with mental health needs. Staff also maintains a psychology alert file to store ideas for how to help particular inmates.
- **Quality of Programming:** FCI Edgefield offers a culinary arts program that leads to certification. The automotive repair vocational training program is offered through a partnership with Meineke, which has hired three individuals who have been released from the facility
- **UNICOR:** Through UNICOR, inmates manufacture products and provide services to the government and private sector. The UNICOR factory at FCI Edgefield produces textiles and offers a 6,000 hour quality assurance apprenticeship certified through the South Carolina Department of Labor.
- **Commissary:** The Trust Fund Supervisor meets with an Inmate Commissary Committee to determine which items are sold in the commissary. The committee consists of two inmate representatives chosen from each unit for a one-year position.
- **Threshold Program:** FCI Edgefield offers this non-residential, faith-based reentry program that is designed to strengthen inmate community reentry and reduce recidivism through spiritual understanding.

RECOMMENDATIONS

1. Ensure that staff responds immediately to the in-cell panic button.
2. Guarantee that Education does weekly Special Housing Unit (SHU) rounds and distributes programming packets and books.
3. Ensure SHU inmates have access to envelopes, visitation forms, cop-outs, and hygiene and cleaning products.
4. Implement recent Department of Justice (DOJ) guidelines for the use of Restricted Housing.
5. Evaluate and replace medical staff personnel who are failing to provide quality medical care.
6. Contract with an ophthalmologist to provide onsite care and ensure inmates receive eyeglasses in a timely manner.
7. Evaluate hygiene and food handling practices.
8. Provide DC-specific sentence computation training.
9. Expand the length of the Release Preparation Program (RPP) and require completion for all inmates within 18 months of release.
10. Ensure that all DC residents released from FCI Edgefield have social security cards, pursuant to the national memorandum of understanding (MOU) between BOP and the Social Security Administration.
11. Ensure all eligible men receive a minimum of six months of Residential Reentry Center (RRC) time and consistently track the amount of time case managers spend on coordinating RRC placement.

I. Facility Overview

Federal Correctional Institution (FCI) Edgefield is a medium security facility located in Edgefield, South Carolina for male inmates. A total of 82 DC inmates constitute 5% of the population at FCI Edgefield. The rated capacity of the facility is 1152. At the time of the CIC inspection, the total population was 1600 (138.8% of capacity). The satellite camp at the facility had 500 inmates, which is the largest satellite camp for a secure facility in the BOP. The inmate-to-staff ratio for the both FCI & the minimum security satellite camp (SCP) Edgefield was 7.16 : 1.¹

General Population Housing Units

The facility is comprised of four housing units with approximately 580 inmates on three of the units and a capacity of 144 inmates in the SHU. The CIC inspected one housing unit during the onsite visit: Unit A-1. Each unit contains four pods, with approximately 140 inmates per pod and two to three inmates per cell; each pod has 25 three-person cells. Each unit is staffed by a unit manager, four case managers, four correctional officers (COs), three to four counselors, and a secretary. The case managers handle issues such as transfers, referrals, placement at Residential Reentry Centers (RRCs, also known as halfway houses), and unit team meetings for assessment of inmate progress. The case managers work closely with the counselors. The case managers and counselors hold an open house on their pods once a week during the day to provide access to all inmates who want to review their documents or have questions or concerns. Each pod also has two group activity rooms which are used for Alcoholics Anonymous and financial classes.

Special Housing Unit (SHU)

The Special Housing Unit (SHU), often referred to as segregated housing, is a unit designed to separate inmates securely from the general inmate population.² Inmates in the SHU are generally confined to their cells for 23 to 24 hours a day. BOP policy provides for five hours of recreation time per week, which ordinarily should occur in one-hour periods on separate days.³ Inmates are also permitted to receive one non-contact visit per month and make one 15-minute phone call per month.⁴ Inmates may be allowed to make additional calls in the event of an emergency or death.⁵

¹ Data taken from 2013 ACA Audit as part of CIC's document request.

² 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.").

³ *Id.*

⁴ *Id.*

⁵ *Id.*

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.⁶ Administrative detention can be used 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.⁷

The SHU at FCI Edgefield is designed to house 144 inmates. While staff reported that the SHU occupancy previously averaged around 140 inmates, at the time of the CIC inspection, 93 inmates were in the SHU (64.6% capacity). Out of the 93 inmates, 25 were in disciplinary

⁶ 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>.

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

(a) *Administrative detention status.* Administrative detention status is an administrative 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. Administrative detention status is non-punitive, and can occur for a variety of reasons.

(b) *Disciplinary segregation status.* Disciplinary segregation status is a punitive status imposed only by a Discipline Hearing Officer (DHO) as a sanction for committing a prohibited act(s).

Id.

⁷ 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>.

You may be placed in administrative detention status for the following reasons:

(a) *Pending Classification or Reclassification.* You are a new commitment pending classification or under review for Reclassification.

(b) *Holdover Status.* You are in holdover status during transfer to a designated institution or other destination.

(c) *Removal from general population.* 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 and:

(1) *Investigation.* You are under investigation or awaiting a hearing for possibly violating a Bureau regulation or criminal law;

(2) *Transfer.* You are pending transfer to another institution or location;

(3) *Protection cases.* You requested, or staff determined you need, administrative detention status for your own protection; or

(4) *Post-disciplinary detention.* You are ending confinement in disciplinary segregation status, and your return to the general population would threaten the safety, security, and orderly operation of a correctional facility, or public safety.

Id.

segregation, and 68 were in administrative detention. A total of six DC inmates were in the SHU.

Inmates in the SHU at FCI Edgefield have access to educational programming, and teachers put together packets for inmates in the GED program. Inmates in the SHU also have access to the law library and book carts, with new inventory delivered each Wednesday.

Staff rotates quarterly in the SHU. The unit team staff conducts rounds once per day. Both a member of the medical staff and a psychologist conduct rounds once per day. The other departments conduct rounds of the SHU at least once a week. Inmates receive the standard recreation time of one hour per day, five days per week. Pursuant to BOP policy, inmates may make one 15-minute phone call per month, and they may use the phone in cases of emergency or death. Inmates may receive visitors once a week while in disciplinary segregation, and any day when in administrative detention. Inmates may also make purchases from the commissary once per week by using a list of items and having purchases delivered directly to their cells. Inmates in disciplinary segregation receive a limited list.

Inmate Feedback

The CIC received mixed reports from DC inmates about staff, including 14 positive comments and 11 concerns. Positive comments about staff included the fair unit teams, positive changes made by the warden, and respectful staff. The concerns referenced staff conduct, including unprofessional staff. The CIC also received reports of lengthy non-medical staff response time to medical emergencies after inmates pressed the in-cell panic button. One DC inmate reported staff directing him to not speak poorly about the facility to the CIC.

CIC received five concerns regarding the facilities, including three concerns citing insufficient cell space. There were also two reports that staff is not following medical recommendations for cell placement, including an inmate with epilepsy placed on the top bunk.

CIC received 18 concerns about the SHU regarding prolonged Special Investigations Section (SIS) investigations that resulted in extended SHU stays as well as a lack of hygiene items and paper items, including envelopes, visitation forms, GED material, and cop-out.

Recommendations

- 1. Ensure that staff responds immediately to the in-cell panic button:** The CIC commends FCI Edgefield for receiving numerous positive comments from inmates about staff. The facility should, however, address reports of lengthy staff response to the in-cell panic button. Lengthy response times can exacerbate medical emergencies and lead to serious injuries or death. The CIC recommends that staff in the SHU and general population respond immediately to the panic button and that the facility begin tracking response time.
- 2. Guarantee that Education does weekly SHU rounds and distributes programming packets and books:** DC inmates reported not receiving education material. In the SHU, inmates spend 23 to 24 hours per day in their cells. This time can be best spent through

reading and completing programming packets. The CIC recommends that Education conduct weekly rounds and ensure inmates have access to education materials including books at all times.

3. **Ensure SHU inmates have access to envelopes, visitation forms, cop-outs, and hygiene and cleaning products:** SHU inmates should be granted similar access to certain items as general inmates, such as envelopes, visitation forms, cop-outs, and hygiene and cleaning products. Due to inmate reports that this practice is inconsistent, the CIC recommends that staff ensure that SHU inmates are provided with these items.
4. **Implement recent DOJ guidelines for the use of Restricted Housing:** Inmates reported long SIS investigations for alleged disciplinary infractions. In January 2016, President Barack Obama formally adopted the Department of Justice's (DOJ) recommendations concerning the use of restricted housing.⁸ The CIC agrees with and reiterates the Presidential Executive Order per DOJ recommendations that:
 - An inmate should not be placed in restrictive housing pending investigation of a disciplinary offense unless the inmate's presence in general population would pose a danger.
 - Except in emergency situations, an inmate should not be initially placed in investigative segregation without prior approval by a supervisory official.
 - Correctional staff should complete their disciplinary investigation as expeditiously as possible.
 - An inmate who demonstrates good behavior during investigative segregation should be considered for release to the general population while awaiting his or her disciplinary hearing.

The Bureau indicates that, since November 2016, it has adopted and implemented DOJ's recommendations concerning the use of restrictive housing into its policies and procedures.

⁸ U.S. DEP'T OF JUSTICE, REPORT AND RECOMMENDATIONS CONCERNING THE USE OF RESTRICTIVE HOUSING (2016) *available at* <https://www.justice.gov/restrictivehousing>

II. Health Services

FCI Edgefield is a Medical Care Level II facility and a Mental Health Care Level II facility. A table with facility medical indicators is available at Appendix B.

Medical Care

FCI Edgefield is a Medical Care Level II facility.⁹ The Health Services Department includes two doctors, four physician assistants, five nurses, a lab technician, an infectious disease coordinator,

⁹ 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 BOP Program Statements do not define the classification levels, other BOP 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.

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 an X-ray technician who is at the facility once to twice a week. In total, Health Services had 15 staff at the facility at the time of CIC inspection. Per the May 10, 2017 BOP Response to a draft of this report (hereinafter, "BOP Response 5.10.17"), FCI Edgefield reports having 28 staff in Health Services as of April 27, 2017.

Annual doctor visits are required for the chronic care patients at the facility. Health Services can accommodate routine procedures including X-rays, routine examinations, medication, and chronic care concerns. Health Services also includes a Suicide Watch room and two negative pressure rooms. All staff members are trained yearly in the use of automated external defibrillators and CPR. Per BOP Response 5.10.17, lab work is sent to the Federal Medical Center in Springfield, Missouri and outside contractors for testing, and medical records are stored electronically. For urgent health concerns that cannot be handled onsite at FCI Edgefield, inmates are treated at Edgefield County Hospital or Aiken Regional Medical Centers, which are located 2.4 and 22.9 miles away, respectively.

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>.

Pursuant to BOP policy, inmates submit a cop-out request to receive medical care.¹⁰ The standard BOP fees are charged for medical care: \$2.00 for sick calls and no charge for emergency care, chronic care, or care for indigent inmates.¹¹ Inmates are seen the same day for urgent sick calls; otherwise, the sick calls are scheduled.

Medication

FCI Edgefield has one pharmacist and one pharmacy technician. Medication is provided three times per day through a pill line and is delivered as necessary to individual cells. Nurses distribute medication to inmates in the SHU twice a day.

Disability Accommodations

¹⁰ 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.

¹¹ 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 BOP 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.*

FCI Edgefield had 15 inmates in wheelchairs at the time of CIC inspection. Per BOP Response 5.10.17, the facility reported having 8 inmates using wheelchairs as of April 27, 2017.

Dental Care

Dental care is provided onsite at the facility. FCI Edgefield has two dentists, a dental hygienist, and a contract dental assistant. Inmates may submit a cop-out for check-ups every 12 months. The wait time for partials or dentures is approximately 24 to 36 months.

Mental Health Care

FCI Edgefield is a Mental Health Care Level II facility.¹² The Psychology Services staff includes a Chief Psychologist and three additional psychologists. At the time of the CIC

¹² In 2014, the BOP publicly defined the Mental Health Care Levels used in the BOP 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
 - 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.

(1) **Mental Health Care Level One.** Inmates classified as CARE1-MH are not required to receive any regular mental health services or to have a treatment plan. When mental health services are provided to these inmates, they are documented in PDS.

(2) **Mental Health Care Level Two.** Required services include, but are not limited to:

- A diagnosis and mental health care level for each inmate will be documented in a Diagnostic and Care Level Formulation note in PDS.
- A rationale for the diagnosis and assigned care level will also be documented in the Diagnostic and Care Level Formulation note in PDS.
- A collaborative, individualized treatment plan that describes the inmate's problems and goals, and the interventions planned to assist with goal attainment will be developed, reviewed, and updated at least every 12 months.
- Evidence-based psychosocial interventions on at least a monthly basis (if group treatment is offered, it should occur at least every other week, to provide continuity of care).

(3) **Mental Health Care Level Three.** Required services include, but are not limited to:

- A diagnosis and mental health care level for each inmate will be documented in a Diagnostic and Care Level Formulation note in PDS.
- A rationale for the diagnosis and assigned care level will also be documented in the Diagnostic and Care Level Formulation note in PDS.
- A collaborative, individualized treatment plan that describes the inmate's problems and goals, and the interventions planned to assist with goal attainment, will be developed, reviewed, and updated at least every 6 months.
- Evidence-based psychosocial interventions on at least a weekly basis are provided via enhanced outpatient care or on a scheduled basis consistent with a residential Psychology Treatment Program.

(4) **Mental Health Care Level Four.** This treatment takes place only in a Medical Referral Center. Required services include, but are not limited to:

- A diagnosis and mental health care level for each inmate will be documented in the Diagnostic and Care Level Formulation note in PDS.
- A rationale for the diagnosis and assigned care level will also be documented in the Diagnostic and Care Level Formulation note in PDS.
- A collaborative, individualized treatment plan that describes the inmate's problems and goals, and the interventions planned to assist with goal attainment will be developed, reviewed, and updated at least every 90 days.
- Evidence-based psychosocial interventions and/or individual mental health contacts will occur on at least a weekly basis.

At CARE4-MH sites, for inmates too cognitively impaired to engage in traditional psychosocial interventions (i.e., severe neurocognitive disorders), supportive contacts from a broad variety of providers may be the most appropriate care plan. Frequency and type of care will be determined on an individual basis for these cases.

Id.

inspection, the facility was preparing to hire three new psychology staff members. Per BOP Response 5.10.17, the facility reports that Psychology Services has a chief psychologist and five additional psychologists.

Staff reported that approximately 75 inmates were classified as Mental Health Care Level II and over 200 inmates were on psychiatric medication at the time of the CIC inspection. Per BOP Response 5.10.17, there were 37 Care Level II inmates, four Care Level III inmates, and 218 on psychiatric medication. At the time of the CIC inspection, no inmates were classified as Mental Health Care Level III or IV. Group and individual therapy is available. Staff meets with Mental Health Care Level II inmates once a month, institutes a treatment plan, and then provides follow-up care. Any inmate may also submit a request, electronically or by paper, to see a psychologist. Urgent requests will be seen the same day, while other requests may take two to three days. A psychologist is also available at main line during lunch, and the psychology staff stays in close communication with correctional officers and medical staff. Staff is implementing a recovery model that emphasizes that inmates with mental illness are more than just their mental illness.

Psychology Services offers several evidence-based classes for inmates. The cognitive skills program provides a basic class that deals with issues such as emotional regulation and anger management. The drug education class lasts 12 hours and qualifies as a judicially-required drug treatment program. The facility also offers a 12-week non-residential drug treatment program, which is primarily journal-based. Inmates in the drug education class are encouraged to enroll in the non-residential treatment program.

At the time of the CIC inspection, FCI Edgefield had plans to implement a mental health companion program. After training, mental health companions assist inmates with mental health needs around the facility, including helping them get to meals, the shower, and the pill line. Staff noted that the recently updated Program Statement for *Treatment and Care of Mental Illness* formalized the procedure for implementing a mental health companion program.¹³ Per BOP Response 5.10.17, the mental health companion program has since been implemented, with 43 companions at the facility as of April 27, 2017.

Suicide Prevention

BOP policy requires facilities to implement suicide prevention practices.¹⁴ A mental health screening is conducted upon intake, including a screening for suicide risk.¹⁵ Additionally, inmates may refer themselves or be referred by staff to Psychology Services for an evaluation.¹⁶ Inmates who pose a suicide risk at intake or a later time are placed on Suicide Watch, which

¹³ See 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.

¹⁴ 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.

¹⁵ *Id.*

¹⁶ *Id.*

requires constant visual surveillance.¹⁷ Only the Program Coordinator may take an inmate off Suicide Watch.¹⁸ After an inmate is taken off Suicide Watch, follow-up evaluation and care are required.¹⁹

According to facility staff, the suicide prevention program and Suicide Watch at FCI Edgefield operate in accordance with BOP guidelines. Staff in SHU receives quarterly training, while medical staff receives training twice a year. Out of the 32-hour annual refresher training for staff, four hours are dedicated to suicide prevention. The staff is trained not to interpret behavior as willful misbehavior, malingering, or being lazy; instead, staff should focus on the mental health needs underlying the behavior.²⁰

Any staff member can place inmates on Suicide Watch, and staff monitors phone calls and mail for signs indicating a need for referral. Staff also maintains a psychology alert file to store ideas for how to help particular inmates and encourages inmates during Admissions and Orientation to let them know who needs help. Inmates on Suicide Watch 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 follows up with daily, weekly, and then twice a week care. At the time of the CIC inspection, no inmates were on Suicide Watch.

FCI Edgefield has an inmate suicide companion program. The program trains inmates to monitor fellow inmates who are on Suicide Watch, and they notify staff of any emergencies. Inmates receive four hours of training initially, with two hours of training every four months, and

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ 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).”).

an additional four hours of training every six months. At the time of the CIC inspection, there were 22 inmate companions, including three from DC.

Inmate Feedback

Health Services was the number one concern among DC inmates. The 53 reported concerns included: poor quality of medical care, non-existent medical care, inmate deaths due to poor and/or non-existent medical care, and inadequate or non-existent response to medical conditions or serious medical concerns. There were also several reports of a DC inmate who had died in the law library several months before the CIC inspection.

The CIC received four reports of extensive delays in obtaining glasses and/or inability to see the ophthalmologist. Five inmates reported poor dental care, specifically that dental mostly pulls teeth rather than provide appropriate treatment.

Recommendations

- 5. Evaluate and replace medical staff personnel who are failing to provide quality medical care:** The CIC received more numerous and serious concerns at FCI Edgefield than at the majority of other medically similar facilities. Although the CIC believes the BOP should receive additional funding to hire additional medical staff, the Health Services department at FCI Edgefield is not understaffed in comparison to other Care Level II facilities. The CIC, therefore, recommends FCI Edgefield strictly monitor health care providers, including tracking the number of patients seen and the outcomes of each case. Additional information may be acquired from peer review and patient surveys. FCI Edgefield should then replace medical staff members who are providing poor medical outcomes and who can become liabilities to the facility.
- 6. Contract with an ophthalmologist to provide onsite care and ensure inmates receive eyeglasses in a timely manner:** Limited eyesight is a general safety hazard and impedes inmates' ability to work and fully participate in programming. The CIC recommends FCI Edgefield contract with an ophthalmologist for site visits to ensure inmates receive eyeglasses promptly. FCI Edgefield should also track the number of patients the ophthalmologist sees and the outcomes of the appointments.

III. Education and Programming

Education Indicators

Education Program Enrollment (FY 2013)		
	Total Enrolled	Total Completed
GED Programs	386	71

ESL Programs	9	3
Parenting Programs	61	118
Post-Secondary Education	19	2
Occupational/Vocational Programs	357	441

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

Education Services

The BOP requires that all inmates who enter BOP custody without a GED or high school diploma enroll in education classes and participate in 240 hours of instruction towards their GED before they are permitted to withdraw from the programming.²¹ To be exempt from the GED requirement, an inmate must demonstrate within 60 days of arrival that he 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.

FCI Edgefield offers three education curriculum levels (K-5, pre-GED, and GED) in accordance with BOP standards curriculum. At the time of the CIC inspection, 18 DC inmates were enrolled in GED programming; 50 DC inmates already had a high school diploma or GED, including 13 who earned it in BOP custody; and 11 DC inmates had stopped working towards their GED after completing the mandatory 240 hours, with an average of approximately 600 hours completed in the GED program. The facility also offers English as a Second Language (ESL), Adult Continuing Education (ACE) classes, and parenting classes. The facility provides brochures on colleges that offer correspondence courses, and inmates apply through staff and are responsible for the costs of tuition and supplies. At the time of the CIC inspection, one inmate was enrolled in college correspondence courses.

At the time of CIC inspection, staff included six teachers, one education technician, and three vocational training instructors, with one vacancy for teachers and one for Vocational Training (VT) instructors. Per BOP Response 5.10.17, as of April 2017, staffing at FCI Edgefield included nine teachers, one education technician, and one VT instructor with three vacancies for VT instructors and one vacancy for a teacher. Inmates may request accommodations for special learning needs, and a special education instructor is included in the staff. The Education Department also employs 60 inmates. The facility indicated that it would like to expand the programming and educational opportunities available to inmates.

Vocational Programming

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.

At FCI Edgefield, vocational training programming includes culinary arts, computer and employment skills, automotive repair, small appliances, and welding.²² Staff reported that the remote location of the facility makes it difficult to get certified trainers for apprenticeship and vocational training programs.

The culinary arts vocational apprenticeship program is a 6,000-hour course and requires inmates to spend 36 months training to be chefs and head cooks. Furthermore, the culinary arts program offers a ServSafe certification and a National Occupational Competency Testing Institute (NOCTI) certification. For either certification, inmates spend two months learning food preparation and serving skills, and the certifications are recognized throughout the industry. At the time of the CIC inspection, four inmates were enrolled in the apprenticeship, including one DC inmate.

In the computer vocational training program, students learn about typing and Microsoft products, and the program includes a reentry focus that addresses employment and resume skills. One DC inmate was enrolled in the course. The automotive repair vocational training program is offered through a partnership with Meineke, which has hired three individuals who have been released from the facility.

Federal Prison Industries (UNICOR)

Federal Prison Industries, also known as 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. UNICOR offers valuable vocational skills and

²² As of April 2017, FCI Edgefield is adding Teacher's Aide and Janitorial/Custodian Apprenticeships to their curriculum.

employment training and reduces recidivism rates.²³ In 2014, 62 BOP facilities had a UNICOR program, for a total of 78 factories employing over 12,000 inmates.²⁴

The UNICOR factory at FCI Edgefield produces textiles, including t-shirts and pants for the BOP, trousers for the military, and chef coats and hats for a private company. Staff at the factory noted that they are adjusting to working with private businesses. The factory is an ISO-9000 certified company and is inspected every six months through an outside, non-governmental audit.

The factory employs 325 inmates, including 17 DC inmates. The pay grade varies according to education level (from \$0.23 to \$1.15 per hour), and new employees are given orientation and trained by the most experienced workers. At the time of the CIC inspection, 150 to 180 inmates were on the waiting list, which had recently been reduced because the factory had received more work. The factory uses four priority lists for the waiting list: veteran status, former UNICOR experience, financial responsibility plans, or release date within 24 months. Inmates are also required to have a GED unless the current demand is very high. Most inmates who are in UNICOR are housed in Unit B to enable the factory to operate when the facility is on lockdown, which could be highly disruptive to maintaining contracts.

The UNICOR factory offers a quality assurance apprenticeship that is certified through the South Carolina Department of Labor, Licensing and Regulation. The apprenticeship requires 6,000 hours, and six inmates are accepted each year. Staff noted that the factory finally has enough work to have the apprenticeship program at the facility. For an inmate to qualify, he must have good conduct and no recent incidents at the facility, be within two to three years of release, and be chosen through a staff vote.

²³ UNICOR is considered “one of the Bureau’s most important correctional programs that has proven to reduce recidivism.” 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>.

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>.

²⁴ 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.

Inmate Feedback

CIC did not receive any feedback from DC inmates regarding education and programming.

Recommendations

The CIC commends FCI Edgefield for its quality programming and does not have any key recommendations at this time.

7.

IV. Discipline and Administrative Remedies

Disciplinary Hearing Officer (DHO)

The DHO handles serious disciplinary infractions and other matters referred by the Unit Disciplinary Committee (UDC). Disciplinary measures include, but are not limited to: revocation of an inmate's visiting privileges, revocation of phone privileges, forfeiture of good time credit, or placement in disciplinary segregation within the SHU. Staff at FCI Edgefield indicated that the DHO hears cases weekly. The most frequent infractions at the facility are drugs and alcohol. The CIC did not receive aggregate data regarding Significant Incidents at the time of the inspection in November 2014.

Administrative Remedy Program

The Administrative Remedy Program allows inmates to seek formal review of issues related to their confinement.²⁵ 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 BOP officials and either rejected or filed.²⁶ All requests or appeals that are filed must be answered within specific time frames, and

²⁵ 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.*

²⁶ 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.

remedy of the issue may be granted at any level.²⁷ The tables below provide an overview of the categories with the most numerous administrative remedy filings submitted at each level regarding FCI Edgefield, as well as filings related to the SHU.

Facility Level Requests (BP-9s)					
	Submitted	Rejected	Filed	Answered	Granted
Medical	13	4	9	0	0
Staff	3	1	2	0	0
Education/Recreation	2	1	1	0	0
UDC Actions ²⁸	2	0	2	0	0

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. Except for certain telephone-related issues, inmates have 20 days to complete the informal resolution and submit the initial request (BP-9) for formal review of the issue. *Id.* Requests can be rejected for incorrectly filling out the provided form, including multiple unrelated issues on the form, writing the request in obscene or abusive manner, or failing to meet any other requirement in the BOP policies. *Id.* BOP policy notes that facilities should be flexible in deciding whether to reject a submission, especially if it raises sensitive or problematic issues. *Id.* If an inmate's request is not rejected at the institution but the inmate is not satisfied with the Warden's response, the inmate may file an appeal to the Regional Office (BP-10) within 20 days of the date the Warden signed the response. *Id.* Inmates may submit initial requests directly to the Regional Office for DHO appeals or sensitive issues that the inmate believes would cause danger if known at the institution. *Id.* An inmate who is unsatisfied with the response from the Regional Director may file an appeal with the Central Office (BP-11) within 30 days of the date the Regional Director signed the response. *Id.* Inmates may be granted an extension for the filing times if they demonstrate a valid reason for the extension, including submission of a written verification from staff. *Id.* After a request or appeal is accepted and filed, the facility, Regional Office, and Central Office have specific time frames to answer the filing. *Id.*

²⁷ 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>. With respect to the administrative remedy process, the Prison Litigation Reform Act provides that:

No action shall be brought with respect to prison conditions under section 1979 of the Revised Statutes of the United States (42 U.S.C. 1983), or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.

42 U.S.C. § 1997e(a) (2006).

²⁸ The Unit Disciplinary Committee (UDC) reviews incident reports after a staff investigation and can either impose sanctions on an inmate who committed a prohibited act or refer the incident to the DHO for further review. Unit Discipline Committee (UDC) review of the

Regional Office Appeals (BP-10s)					
	Submitted	Rejected	Filed	Answered	Granted
Medical	13	4	9	0	0
DHO Appeals ²⁹	7	4	3	1	0
Staff	3	2	1	0	0
Classification	2	0	2	0	0
Jail Time	2	1	1	0	0
Central Office Appeals (BP-11s)					
	Submitted	Rejected	Filed	Answered	Granted
Staff	3	0	3	0	0
Transfer	1	0	1	0	0

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

Administrative Remedy Filings Related to the SHU					
	Submitted	Rejected	Filed	Answered	Granted
BP-9s (facility level)	0	0	0	0	0
BP-10s (Regional Office)	0	0	0	0	0
BP-11s (Central Office)	0	0	0	0	0

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

Inmate Feedback

CIC received four concerns about administrative remedies, including lack of responses to filed administrative remedies and staff not submitting completed administrative remedy forms.

Recommendations

Recommendations with respect to the administrative remedy process will be included in a separate CIC thematic report given that concerns around this issue have been identified not just for a specific facility, but across BOP facilities.

incident report, 28 C.F.R. § 541.7 (2011), *available at* <http://www.gpo.gov/fdsys/pkg/CFR-2011-title28-vol2/pdf/CFR-2011-title28-vol2-sec541-7.pdf>.

²⁹ BOP 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.

V. Visitation and Communication

FCI Edgefield is 543 miles from DC. It is 7 hours and 41 minutes from DC by car and is not accessible by bus or other public transportation.

Communication

Email:

All general population inmates in BOP facilities have access to email through CorrLinks, the email server on the TRULINCS software platform used in BOP 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 FCI Edgefield, an email costs \$0.05 to send and to receive using CorrLinks].

Mail:

FCI Edgefield follows BOP policy for mail services. Pursuant to BOP 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.³⁰ For outgoing mail, an inmate may seal the envelope prior to giving it to staff, and the mail is not subject to inspection.

³⁰ 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 BOP 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). For legal mail to be processed under the special mail procedures, BOP 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 (e.g., "Special Mail — Open only in the presence of the inmate," "Attorney-Client — Open only in the presence of the inmate," "Legal Mail — Open only in the presence of the inmate," or similar markings). FED. BUREAU OF PRISONS, U.S. DEP'T OF JUSTICE,

Phone:

Phones are located within the housing units at a cost of \$3.15 for a 15-minute call.

Inmate Feedback

CIC did not receive any feedback from DC inmates regarding the communication and visitation.

Recommendations

Although CIC is a proponent of BOP moving inmates closer DC to facilitate visitation and family connections, CIC does not have any key recommendations for FCI Edgefield specifically at this time. General recommendation is that BOP continue to explore video visitation as an option for those who are so very far away from loved ones in DC.

VI. Daily Life Services

Religious Services

FCI Edgefield has four dedicated Religious Services staff, including the Supervisory Chaplain, two additional chaplains, and a Religious Services Assistant. The three chaplains are Evangelical, Lutheran, and Baptist. A Rabbi is currently on contract, and a Catholic Priest was formerly on contract. There are 12 different faith groups represented at the facility, with the largest faith groups being Christian Protestant, Sunni Muslim, and Roman Catholic. The facility has an indoor chapel and an outdoor religious area that includes a sweat lodge. Baptisms are offered by an ordained minister. The department is open seven days a week for eight hours a day, and each faith group is provided one hour of worship and one hour of study per week. Approximately one-quarter of the inmates who identify with a faith group regularly attend religious services. There are between 45 and 50 active Religious Services volunteers who run various faith groups, reentry programs, and other classes within the facility. Most of the volunteers are Christian, and staff noted the difficulty of recruiting Muslim volunteers in the area.

FCI Edgefield offers the Threshold Program, a non-residential, faith-based reentry program in which inmates may voluntarily enroll.³¹ It is a modified version of the Life Connections Program, which is an 18-month, residential program.³² Threshold is designed to strengthen inmate community reentry and reduce recidivism through a spiritual understanding.³³ It is taught by chaplains and volunteers ordinarily over a period of six to nine months and involves mentoring and community service work.³⁴ The Threshold Program at FCI Edgefield was relatively new, and five inmates were participating in the program at the time of the CIC inspection. The program operates on a six to nine month schedule and has 15 inmates per group. The chaplain described the program as providing a spiritual understanding of behavior modification to help participants make better decisions.

Recreation

The Recreation Department at FCI Edgefield is open from 6:00 AM until 8:30 PM and offers a wide variety of recreation activities and intramural leagues. Outdoor recreational space includes softball, basketball, football, volleyball, soccer, and corn hole. Several intramural leagues are available for most outdoor sports. Flag football teams are chosen through a draft, and no more

³¹ 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.

³² *Id.*

³³ *Id.*

³⁴ *Id.*

than five of the 13 teammates may be from the same geographic area. The facility also offers several classes, including fusion, calisthenics, and health and wellness. Over 20 DC residents actively participated in the Recreation Department, including four in leather crafting, four in a drawing class, twelve in their own Go-go band, and two who are referees for sports leagues. Indoor activities include art, cards, chess, checkers, musical instruments, and leather crafting. The department has an art room, a music room, an exercise room, and a health and wellness room. A concert with inmate performances is held every Veterans Day.

Library

FCI Edgefield has a library where inmates can watch movies and read magazines, newspapers, and books. The library is open six days and four nights a week; on weekdays, the library is accessible only during non-working hours. Books not available onsite at the facility can be borrowed through an interlibrary loan. Inmates in the SHU have access to book carts.

Typewriters and word processing tablets are available for inmate use and for printing. Inmates may also make copies at the library.

Meals

Food Service at FCI Edgefield employs 234 inmates, including nine DC inmates. The dining hall can seat up to 650 inmates but ordinarily serves approximately 330 inmates at one time. Staff stands main line during lunch and is available to answer inmate questions and address concerns. FCI Edgefield spends approximately \$3.31 per day on meals for each inmate.

FCI Edgefield follows standard BOP menu guidelines and offers vegetarian, heart-healthy, and religious diet options. Religious diet meals arrive sealed at the facility already prepared in accordance with certified religious diet standards and are stored in a separate kitchen area. A total of 38 inmates are on religious diets. Vegetarians are given daily options on the main line that include cottage cheese, soy variations of meat options, and tofu. Heart-healthy options are baked rather than fried and have no added salt. 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.

Commissary

The commissary employs four staff employees and seven inmates, including one from DC. Each inmate in the general population is allowed to make purchases at the commissary once a week, with a maximum spending limit of \$290 per month except in November and December, when the limit is increased to \$350. Per BOP policy, all products are marked up 30% with the exception of religious items. The commissary can carry up to 600 different types of items for purchase.

At FCI Edgefield, the Trust Fund Supervisor meets with an Inmate Commissary Committee to determine what items are sold in the commissary. The committee consists of two inmate representatives chosen from each unit by the counselors for a one-year position. The

representatives gather input from other inmates to help select the items for sale, and they also work closely with Religious Services.

Inmate Feedback

DC inmates reported 20 complaints regarding daily life services, vermin in the kitchen, unsanitary food handling practices, and dirty laundry. Inmates also described the library as small, antiquated, and inaccessible on the weekends or in the evenings. One inmate reported not being able to eat before sunrise for Ramadan. Another inmate reported that other inmates in the facility do not like inmates from DC.

Recommendations

- 7. Evaluate hygiene and food handling practices:** The CIC received reports of vermin in the kitchen and unsanitary food handling. The CIC recommends FCI Edgefield evaluate their current food handling process and inspect food preparation areas for vermin. FCI Edgefield should also address reports of dirty laundry, which can also become a health issue.

VII. Reentry Services

At the time of the CIC inspection, approximately 17.3% of DC inmates were set to be released within 12 months.

Release Preparation Program

All BOP facilities follow a Release Preparation Program (RPP) intended to prepare inmates for community reentry upon release.³⁵ 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.³⁶ 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.³⁷ For male DC inmates in BOP custody, the RRC is Hope Village, in Southeast DC.³⁸

Unit staff attempts to place all inmates at an RRC prior to release, pursuant to the Second Chance Act,³⁹ although they noted that some RRCs will not take recommended inmates, and some inmates are denied RRC placement due to having a detainer (a pending charge in another jurisdiction). The unit staff tries to help inmates remove their detainers, including assisting

³⁵ 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 BOP 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 BOP. Given the importance of reentry preparation for successful transition back into the community, this is an important development at the BOP.

³⁶ 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.

³⁷ Inmates must participate in the Release Preparation Program to receive placement time at an RRC.

³⁸ While the BOP 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.

³⁹ The Second Chance Act guaranteed consideration for six to 12 month pre-release community supervision to all inmates in federal prisons. *See* Second Chance Act of 2007, Pub. L. No. 110-199, 122 Stat. 657 (2008), *available at* <http://www.gpo.gov/fdsys/pkg/PLAW-110publ199/pdf/PLAW-110publ199.pdf>.

inmates with making contact with the applicable jurisdiction. Staff also noted that delays in U.S. Parole Commission responses make it difficult for inmates to receive RRC placement because they have only one or two months remaining before release.

MOU with Social Security Administration

The BOP 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.⁴⁰ 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.

CSOSA Outreach

The Court Services and Offender Supervision Agency of Washington, DC (CSOSA) provides a quarterly Community Resource Day for DC inmates in BOP 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. FCI Edgefield participates in the program.

Inmate Feedback

CIC received seven concerns from DC inmates regarding sentence computation and designation, including improper computation of good time credit. Inmates also reported that BOP staff does not understand and/or incorrectly computes sentences for DC inmates. One inmate reported being denied a transfer to DC due to his race.

CIC also received seven concerns regarding the US Parole Commission, including improper use of applicable guidelines. DC inmates also indicated a lack of available programming to satisfy parole stipulations or requirements. Three inmates reported they have exceeded their parole eligibility date and have not received a parole eligibility hearing.

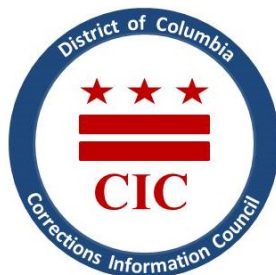
Recommendations

- 8. Provide DC specific sentence computation training:** The CIC recommends the BOP implement a DC specific computation training for all case managers and unit managers to ensure they know how to compute DC Old Law sentences, including parole eligibility dates and preparing DC halfway house designation packages.

⁴⁰ 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.

- 9. Expand the length of the RPP and require completion for all inmates within 18 months of release:** Although the topics covered in the RPP are helpful for reentry, the length of the program is currently insufficient to ensure successful reentry. The CIC recommends that the length of the program be expanded to at least 80 hours to cover adequately the six RPP categories. The facility should require all DC inmates to complete the program within 18 months of release.
- 10. Ensure that all DC residents released from FCI Edgefield have all vital documents, including birth certificates and social security cards:** The CIC recommends all DC residents depart secure BOP custody with vital documents as they are an essential component of successful reentry.
- 11. Ensure all eligible men receive a minimum of six months of RRC time and consistently track the amount of time case managers spend on coordinating RRC placement:** RRC time has been shown to be a critical part in successful reentry, and CIC recommends that FCI Edgefield prioritize efforts to secure a minimum of six months for each returning citizen. To promote this priority, FCI Edgefield should also track the amount of time case managers spend on securing RRC time for inmates and adjust the time as necessary.

Recommendations with respect to sentence computation, security designation, and the US Parole Commission will be included in a separate CIC thematic report given that concerns around this issue have been identified not just for a specific facility, but across BOP facilities.



**District of Columbia
Corrections Information Council**

The electronic version of this report
is available on the CIC website:
<http://www.cic.dc.gov/>



U.S. Department of Justice

Federal Bureau of Prisons

Washington, DC 20534

MAY 10 2017

Michelle R. Bonner, Esq.
Executive Director
DC Corrections Information Council
2901 14th Street, NW
Washington, DC 20009

Dear Ms. Bonner,

This letter is in response to the draft inspection report received on April 10, 2017, regarding the November 17, 2014, visit to FCI Edgefield. The Bureau of Prisons (Bureau) recognizes the value of the Corrections Information Council (CIC) inspections of its facilities and the voice it provides the D.C. Superior Court inmates. We hope to continue working closely to improve the Bureau facilities and raise awareness with regard to those inmates' needs. I offer the following response to the questions and/or statements in the report:

Throughout the report unsubstantiated allegations are made without direct observation of the CIC or supported by facts that can be corroborated. The Bureau takes allegations of misconduct seriously. If provided with specific case information, the Bureau will assist in any assessment and investigate.

Factual Clarification:

The draft report was prepared and submitted to the Bureau 29 months after the inspection was conducted. At the time of the inspection there were 82 DC inmates housed at FCI Edgefield. As of April 27, 2017, there were 59.

The draft report indicates: *"In total, Health Services has 15 staff at the facility."*

Response: As of April 27, 2017, there were 28 staff in Health Services.

The draft report indicates: *"Lab work is sent to a private*

medical facility for testing, and medical records are stored electronically."

Response: Lab work is sent to the Federal Medical Center in Springfield, Missouri and outside contractors for testing.

The draft report states: *"FCI Edgefield is a Mental Health Care Level II facility. The Psychology Services staff includes a Chief Psychologist and three additional psychologists. At the time of the CIC inspection, the facility was preparing to hire three new psychology staff members. "*

Response: The Psychology Services staff compliment as of April 27, 2017, includes a Chief Psychologist and five additional psychologists.

The draft report states: *Staff reported that approximately 75 inmates are classified as Mental Health Care Level II and over 200 inmates are on psychiatric medication."*

Response: As of April 27, 2017, there are 37 inmates classified as Mental Health Care Level II and four Care Level III, and 218 inmates are on psychiatric medication.

The draft report states: *"FCI Edgefield has 15 inmates in wheelchairs."*

Response: There are eight inmates using wheelchairs as of April 27, 2017.

The draft report states: *"At the time of the CIC inspection, FCI Edgefield had plans to implement a mental health companion program."*

Response: As of April 2017, FCI Edgefield has 43 inmate mental health companions at the FCI and eight at the camp facility.

The draft reports states: *"Health Services was the number one concern among DC inmates. The 53 reported concerns included: poor quality of medical care, non-existent medical care, inmate deaths due to poor and/or non-existent medical care, and inadequate or non-existent response to medical conditions or serious medical concerns. There were also several reports of a DC inmate who had died in the law library several months before the CIC inspection."*

Response: The mission and vision of the Health Services

Department is to provide constitutionally, cost-effective, high quality medical and dental care to the inmate population. Health Services continues to hire and maintain staff that can deliver high-quality patient care. Staff performance is individually evaluated, monitored daily and reviewed with staff quarterly. Staff members continuously receive competency-based orientation, on-going skill development and continuing education to further enhance their expertise. The CIC did not provide any specific information regarding the unsubstantiated allegation regarding the death of an inmate in the law library several months before their inspection. If specific information is provided, the Bureau will investigate further into the allegations.

The draft report states: *"The CIC received four reports of extensive delays in obtaining glasses and/or inability to see the ophthalmologist. Five inmates reported poor dental care, specifically that dental mostly pulls teeth rather than provide appropriate treatment."*

Response: The Contract Optometrist evaluates patients weekly every Wednesday, 7:30am through 3:00pm and again every other Friday (twice a month), same times, to evaluate inmates. This Optometrist availability has increased from four times per month to six times per month, thus reducing the waiting list significantly from a one year waiting list to a three month waiting list. When eyeglasses are prescribed, the mandatory-sourced orders are sent to FCC Butner, North Carolina and filled through the UNICOR Optics operation. The CIC provided no specific details regarding the inmates that reported poor dental care. Therefore, these claims cannot be investigated or substantiated.

The draft report states: *"Staff includes six teachers, one education technician, and three vocational training instructors, with one vacancy for teachers and one for Vocational Training (VT) instructors. Inmates may request accommodations for special learning needs, and a special education instructor is included in the staff. The Education Department also employs 60 inmates. The facility indicated that it would like to expand the programming and educational opportunities available to inmates."*

Response: Current staffing includes nine teachers, one education technician, and one vocational training instructors with three vacancies for Vocational Training (VT) instructors and one for teacher.

The draft report states: "At FCI Edgefield, vocational training programming includes culinary arts, computer and employment skills, automotive repair, small appliances, and welding. Staff reported that the remote location of the facility makes it difficult to get certified trainers for apprenticeship and vocational training programs. The culinary arts vocational apprenticeship program is a 6,000-hour course and requires inmates to spend 36 months training to be chefs and head cooks. Furthermore, the culinary arts program offers a ServSafe certification and a National Occupational Competency Testing Institute (NOCTI) certification. For either certification, inmates spend two months learning food preparation and serving skills, and the certifications are recognized throughout the industry. At the time of the CIC inspection, four inmates were enrolled in the apprenticeship, including one DC inmate."

Response: The institution is adding Teacher's Aide and Janitorial/Custodian Apprenticeships to their curriculum.

Recommendations by CIC:

Ensure that staff responds immediately to the in-cell panic button. The Draft Report indicates: "The CIC commends FCI Edgefield for receiving numerous positive comments from inmates about staff. The facility should, however, address reports of lengthy staff response to the in-cell panic button. Lengthy response times can exacerbate medical emergencies and lead to serious injuries or death. The CIC recommends that staff in the SHU and general population respond immediately to the panic button and that the facility begin tracking response time."

Response: Without specific information regarding this topic, these claims are unsubstantiated and cannot be further investigated by the Bureau. Once the in-cell duress button is activated, a light is illuminated outside the affected cell. At the same time, an alarm and cell identifier light is also illuminated at the Officer's Station. Officers immediately respond to the affected cell and assesses the situation. Staff at FCI Edgefield respond to the duress alarms immediately, to ensure the safety and well-being of the inmate.

Guarantee that Education does weekly Special Housing Unit (SHU) rounds and distributes programming packets and books. The Draft Report indicates: "DC inmates reported not receiving education material. In the SHU, inmates spend 23 to 24 hours per day in their cells. This time can be best spent through reading and

completing programming packets. The CIC recommends that Education conduct weekly rounds and ensure inmates have access to education materials including books at all times."

Response: The Supervisor of Education conducts weekly SHU rounds on Tuesdays to address the educational needs of all assigned inmates. Education Technicians conduct weekly rounds on Fridays to distribute books and educational materials to inmates in the SHU. During these rounds, staff first update the book cart by rotating books and educational materials and then visits each housing range to distribute the materials. The Education Technician delivers and/or retrieves packets developed by the teachers to students housed in the unit. Inmates in SHU are encouraged to continue education programming and are provided leisure reading materials upon request.

Ensure SHU inmates have access to envelopes, visitation forms, cop-outs, and hygiene and cleaning products. The Draft Report indicates: *"SHU inmates should be granted similar access to certain items as general inmates, such as envelopes, visitation forms, cop-outs, and hygiene and cleaning products. Due to inmate reports that this practice is inconsistent, the CIC recommends that staff ensure that SHU inmates are provided with these items."*

Response: Institution clothing and linen services, hygiene, stationery supplies and sanitation supplies are always available twice per week for each inmate housed in the SHU. Cell cleaning occurs weekly and staff oversee the process to ensure cleaning supplies, utensils, and excessive or unauthorized items are removed from cells in a timely manner. The materials available to inmates include envelopes, writing paper, pens, Inmate Request to Staff Member forms, hygiene items (toothbrush, toothpaste, soap and deodorant). Additional supplies are issued upon request. Unit Team Staff conduct daily rounds in the Special Housing Unit, providing inmates access to the Administrative Remedy Program, determine inmate program needs, and allowing for increased inmate access to the staff.

Implement recent Department of Justice (DOJ) guidelines for the use of Restricted Housing. The Draft Report indicates: *"Inmates reported long SIS investigations for alleged disciplinary infractions. Current FBOP policy does not require that FBOP staff complete disciplinary investigations within a specific time frame. In January 2016, President Barack Obama formally adopted the Department of Justice's (DOJ) recommendations concerning the use of restricted housing. The*

CIC agrees with and reiterates the DOJ recommendations that:

- An inmate should not be placed in restrictive housing pending investigation of a disciplinary offense unless the inmate's presence in general population would pose a danger.*
- Except in emergency situations, an inmate should not be initially placed in investigative segregation without prior approval by a supervisory official.*
- Correctional staff should complete their disciplinary investigation as expeditiously as possible.*
- An inmate who demonstrates good behavior during investigative segregation should be considered for release to the general population while awaiting his or her disciplinary hearing."*

Response: The CIC inspection of FCI Edgefield was conducted in November 2014. Since November 2016, the Bureau has adopted and implemented the DOJ's recommendations concerning the use of restricted housing into its policies and procedures.

Evaluate and replace medical staff personnel who are failing to provide quality medical care. *The Draft Report indicates: "The CIC received more numerous and serious concerns at FCI Edgefield than at the majority of other medically similar facilities. Although the CIC believes the FBOP should receive additional funding to hire additional medical staff, the Health Services department at FCI Edgefield is not understaffed in comparison to other Care Level II facilities. The CIC, therefore, recommends FCI Edgefield strictly monitor health care providers, including tracking the number of patients seen and the outcomes of each case. Additional information may be acquired from peer review and patient surveys. FCI Edgefield should then replace medical staff members who are providing poor medical outcomes and who can become liabilities to the facility."*

Response: Health Services continues to hire and maintain staff that can deliver high-quality patient care. Staff performance is individually evaluated and monitored daily and reviewed with staff quarterly. Staff members continuously receive competency-based orientation, on-going skill development and continuing education to further enhance their expertise. FCI Edgefield utilizes the agency's team approach to inmate health care that engages the right healthcare provider delivering the right health services to achieve successful health outcomes and effective internal systems of control. The health care team consists of clinical, administrative, and allied health personnel that maximize the care delivered within the institution and efficiently coordinate care that is delivered in the community. Through American Correctional Association and

Joint Commission on Accreditation of healthcare organization accreditations, September 2014 and March 2017 respectively, FCI Edgefield has escalated the local delivery of medically necessary care to inmates, monitored the efficiency of clinic operations and inmates with high-risk health conditions, and employed the right skill-leveled health care workers to deliver care. Pursuant to Program Statement 6027.02, Health Care Provider Credential Verification, Privileges, and Practice Agreement Program, peer reviews are a routine function, done at FCI Edgefield, and used to review the current knowledge and skills of health care providers.

Contract with an ophthalmologist to provide onsite care and ensure inmates receive eyeglasses in a timely manner. The Draft Report indicates: *"Limited eyesight is a general safety hazard and impedes inmates' ability to work and fully participate in programming. The CIC recommends FCI Edgefield contract with an ophthalmologist for site visits to ensure inmates receive eyeglasses promptly. FCI Edgefield should also track the number of patients the ophthalmologist sees and the outcomes of the appointments."*

Response: A Contract Optometrist evaluates patients at FCI Edgefield weekly. Bi-monthly, the Optometrist re-evaluates inmates seen during this period. This Optometrist availability has increased from four times per month to six times per month, thus reducing the waiting list significantly from a one year waiting list to a three month waiting list. When eye glasses are prescribed, the mandatory-sourced orders are sent to an outside facility to be filled. All orders are maintained on a working list, with completions based on the receipt of the order(s), by the factory.

Evaluate hygiene and food handling practices. The Draft Report indicates: *"The CIC received reports of vermin in the kitchen and unsanitary food handling. The CIC recommends FCI Edgefield evaluate their current food handling process and inspect food preparation areas for vermin. FCI Edgefield should also address reports of dirty laundry, which can also become a health issue."*

Response: Pursuant to Program Statement 4700.06, Food Service Manual, insects, rodents, and other pests are controlled by the routine inspection of all incoming food and supplies, eliminating harborage conditions, and reporting any findings to the Environmental Safety and Compliance Manager. Additionally, the Food Service Department has contracted a Pest Control Service to come in monthly to perform pest control services. An

additional company conducts a quarterly fogging of the Food Service kitchen. A catch-basin system is used to collect soiled Food Service laundry items and turned in by staff to laundry services weekly. FCI Food Service inspections are completed weekly by the Assistant Food Service Administrator and monthly by the Food Service Administrator and the Environmental and Safety Compliance Manager.

Provide DC-specific sentence computation training. The Draft Report indicates: *"The CIC recommends the FBOP implement a DC specific computation training for all case managers and unit managers to ensure they know how to compute DC Old Law sentences, including parole eligibility dates and preparing DC halfway house designation packages."*

Response: New Case Managers receive training with regard to DC specific parole eligible inmates and preparing Residential Reentry requests during their first year in the position. The Designations and Sentence Computation Center has a specific team dedicated to DC computations and is available for guidance to all Bureau staff with questions regarding these types of sentences.

Expand the length of the Release Preparation Program (RPP) and require completion for all inmates within 18 months of release. The Draft Report indicates: *"Although the topics covered in the RPP are helpful for reentry, the length of the program is currently insufficient to ensure successful reentry. The CIC recommends that the length of the program be expanded to at least 80 hours to cover adequately the six RPP categories. The facility should require all DC inmates to complete the program within 18 months of release."*

Response: The Release Preparation Program recognizes that an inmate's preparation for release begins at initial commitment and continues throughout incarceration and until final release to the community. FCI Edgefield's program ensures inmates participate in both unit and institutional programs to enhance their successful reintegration into the community as well as benefit from the partnerships with private industry, other federal agencies, community service providers and Residential Reentry Centers, to provide information, programs, and services to our releasing inmates. The institution has developed and maintained local course activities, monitored course documentation and developed program plans. Since May 2016, inmates within 18 months of release housed at FCI Edgefield, have been identified and placed on an institutional call-out for

participation in the Release Preparation Program (RPP). Inmates receive information from U. S. Probation Officers (USPOs), Residential Reentry Managers (RRM), Case Management Coordinator and other community resources to provide assistance with their reentry.

Ensure that all DC residents released from FCI Edgefield have social security cards, pursuant to the national memorandum of understanding (MOU) between BOP and the Social Security Administration. The Draft Report indicates: *"The CIC recommends all DC residents depart secure FBOP custody with vital documents as they are an essential component of successful reentry."*

Response: The Bureau completes Social Security card applications for inmates with US citizenship according to the Memorandum of Understanding the Bureau has with the Social Security Administration (SSA). There is a list of conditions where they do not issue the cards from the applications the Bureau sends them. In most cases, they will not process the applications if the individual is a naturalized citizen. Those cases require an in-person visit to the SSA office. Not all inmates receive them and are instructed to report to their nearest Social Security office upon release to apply for them in person. The SSA determines to whom they issue cards.

Ensure all eligible men receive a minimum of six months of Residential Reentry Center (RRC) time and consistently track the amount of time case managers spend on coordinating RRC placement. The Draft Report indicates: *"RRC time has been shown to be a critical part in successful reentry, and CIC recommends that FCI Edgefield prioritize efforts to secure a minimum of six months for each returning citizen. To promote this priority, FCI Edgefield should also track the amount of time case managers spend on securing RRC time for inmates and adjust the time as necessary."*

Response: Section 251 of the Second Chance Act of 2007 (Public Law 110-199) changes the Bureau of Prisons (BOP) statutory authority for making pre-release residential re-entry center (RRC) placement decisions. The Act requires the BOP, to the extent practicable, to ensure that inmates are afforded a reasonable opportunity to prepare for re-entry into the community and prescribes a maximum allowable amount of time for pre-release placement in an RRC to 12 months. The Act requires that the regulations ensure that pre-release RRC placement is conducted in a manner consistent with the statute regarding place of imprisonment (18 U.S.C. § 3621(b)), determined on an

individual basis, and of sufficient duration to provide the greatest likelihood of successful re-entry. The Bureau sees no reason or benefit in tracking the amount of time Case Managers spend coordinating RRC placement.

The Bureau's goal is to place inmates in RRCs for the amount of time necessary to provide the greatest likelihood of successful re-entry into the community. Staff make inmates' pre-release RRC placement decisions on an individual basis based on the criteria found in 18 U.S.C. § 3621(b), which includes, but is not limited to, the following: the inmate's need for re-entry services, the resources and ability of the RRC to meet the offender's needs, the nature and circumstances of the inmate's offense, the inmate's history, any statement by the sentencing court regarding a period of community confinement, any potential risks to public safety, and the need for the BOP to manage the inmate population in a responsible manner.

Due to the fact the Second Chance Act prescribes the maximum amount of time for which inmates are eligible for pre-release RRC placement as 12 months, FCI Edgefield staff are reviewing each inmate for pre-release RRC placement 17-19 months before the inmate's projected release date. Notwithstanding the statutory cap of 12 months, it is the institution's experience that inmates' re-entry needs can usually be met with six months or less in an RRC. FCI Edgefield will continue to balance each inmate's individual needs with the agency's duty to use its limited resources judiciously and to provide re-entry services to as many inmates as possible.

I appreciate the opportunity to review and provide comments to your inspection report of FCI Edgefield. I hope to continue working closely with the CIC to improve the operations of Bureau facilities and ensure we are meeting the needs of the inmate population.

Please contact me at (202)353-3646 if I can be of further assistance.

Sincerely,



Scott Finley, Administrator
Correctional Programs Branch