**Appendix to DOJ Report and Recommendations**
**Concerning the Use of Restrictive Housing**

## Federal Bureau of Prison, Program Statements

A1 PS 5270.10, *Special Housing Units*

A2 PS 5270.09, *Inmate Discipline Program*

A3 PS 5217.01, *Special Management Units*

A4 PS 5212.07, *Control Unit Programs*

A5 PS 5310.16, *Treatment and Care of Inmates with Mental Illness*

A6 PS 5324.08, *Suicide Prevention Program*

A7 PS 5330.11, *Psychology Treatment Programs*

A8 PS 6010.03, *Psychiatric Evaluation and Treatment*

## Institution Supplements

B1 FLM 5310.16A, *ADX Institution Supplement, Treatment and Care of Inmates with Mental Illness*

## Audits and Reports

C1 CNA Analysis & Solutions, *Federal Bureau of Prisons: Special Housing Unit Review and Assessment*

C2 Bureau of Prisons response to CNA Audit, February 2015

C3 Government Accountability Office, *Bureau of Prisons: Improvements Needed in Bureau of Prisons' Monitoring and Evaluation of Impact of Segregated Housing*

## Other Documents

D1 Directory of Bureau of Prisons' Psychology Treatment Programs

E1 ICE Directive 11065.1, *Review of the Use of Segregation for ICE Detainees*

F1 Allen J. Beck, Bureau of Justice Statistics, *Use of Restrictive Housing in U.S. Prisons and Jails, 2011-12*

G1 Association of State Correctional Administrators, *Restrictive Status Housing Policy Guidelines*

H1 Bibliography of Studies on Impact of Restrictive Housing

**U.S. Department of Justice**
Federal Bureau of Prisons

P R O G R A M  S T A T E M E N T
OPI: CPD/CSB
NUMBER: 5270.10
DATE: July 29, 2011
EFFECTIVE DATE: August 1, 2011

# Special Housing Units

/s/
*Approved*: Thomas R. Kane
Acting Director, Federal Bureau of Prisons

1. **PURPOSE AND SCOPE**

**§ 541.20 Purpose.**

**This subpart describes the Federal Bureau of Prisons' (Bureau) operation of special housing units (SHU) at Bureau institutions. The Bureau's operation of SHUs is authorized by 18 U.S.C. 4042(a)(2) and (3).**

a. **Program Objectives**. The expected results of this program are:

- A safe and orderly environment will be provided for inmates and staff.
- Living conditions for inmates in disciplinary segregation and administrative detention will meet or exceed applicable standards.
- Accurate and complete records will be maintained on conditions and events in special housing units.

b. **Summary of Changes**

*Policy Rescinded*
P5270.08 Inmate Discipline and Special Housing Units (12/4/09)

The former Program Statement **Inmate Discipline and Special Housing Units** is being reissued as two separate Program Statements.

**Federal Regulations from 28 CFR are shown in this type.**
Implementing instructions are shown in this type.

Removes the language requiring staff in a control unit to adhere to the 90-day limit for an inmate's placement in post-disciplinary detention.

Provides guidance for post disciplinary detention in excess of 90 days and every additional 60 days.

## 2. SPECIAL HOUSING UNITS (SHUS)

### § 541.21 Special Housing Units (SHUs).

**Special Housing Units (SHUs) are housing units in Bureau institutions where inmates are securely separated from the general inmate population, and may be housed either alone or with other inmates. 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.**

For inmates with suspected or confirmed contagious diseases, refer to the Program Statements **Intake Screening**, **Infectious Disease Management**, and **Patient Care**, and, when applicable, the Pandemic Influenza Plan**.**

Alternative segregation housing arrangements outside the Special Housing Unit itself must be proposed by the Warden to the Regional Director, and ultimately approved by the Assistant Director, Correctional Programs Division, before activation. Alternative segregation housing of this type will only be approved as SHU overflow for inmates in administrative detention or disciplinary segregation status. Operation of such alternative segregation housing requires compliance with all Bureau rules, policies, staffing, and post orders for operating Special Housing Units.

## 3. STATUS WHEN PLACED IN THE SHU

### § 541.22 Status when placed in the SHU.

**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.**

The Warden may impose temporarily more restrictive conditions on an inmate (which may be in an area ordinarily set aside for disciplinary segregation and therefore requires the withdrawal of

privileges ordinarily afforded in administrative detention status, until a hearing before the DHO can be held) who:

- Is causing a serious disruption (threatening life, serious bodily harm, or property) in administrative detention;
- Cannot be controlled within the physical confines of administrative detention; and
- Upon advice of qualified health personnel, does not require confinement in the institution hospital if the institution has one for mental or physical treatment, or who would ordinarily be housed in the institution hospital for mental or physical treatment, but who cannot safely be housed there because the hospital does not have a room or cell with adequate security provisions.

Inmate confined under these more restrictive conditions must have their status reviewed and fully documented on a new BP-A0321 every 5 days.

The Warden may delegate this authority no further than to the official in charge of the institution when the move is necessary.

A fully documented report *Special Housing Unit - Temporary Restrictive Housing Order* (BP-A0321) is maintained in the Inmate Central File.

**(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).**

4. **ADMINISTRATIVE DETENTION STATUS**

**§ 541.23 Administrative detention status.**

**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.**

This includes newly arrived inmates from the Bus, Airlift, and U.S. Marshals Service.

**(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.**

If an inmate is terminating confinement in disciplinary segregation and staff determine placement in general population is not prudent, the inmate may be placed in administrative detention status if warranted by the conditions established above. The Segregation Review Official (SRO) advises the inmate of this determination and the reason for the action via an *Administrative Detention Order* (ADO) (BP-A0308). The Warden or shift supervisor can order immediate segregation.

The decision for post-disciplinary detention must be based on a separate review, not solely on the initial hearing before the DHO that resulted in the inmate's placement in disciplinary segregation.

Except for pretrial inmates or inmates in a control unit program, staff ordinarily, within 90 days of an inmate's placement in post-disciplinary detention, must either return the inmate to the general inmate population or request a transfer of the inmate to a more suitable institution using Form EMS-A409 *Request for Transfer/Application of Management Variable*. The Regional Correctional Programs Administrator will be copied on the completed form.

The institution must generate a regional referral for each inmate in post-disciplinary detention in excess of 90 days that includes case-specific information stating why the inmate is not appropriate for return to general population or immediate transfer. The Regional Director must submit a recommendation for post-disciplinary detention in excess of 90 days and every additional 60 days thereafter to the Assistant Director, Correctional Programs Division (CPD) for concurrence. Distribution includes a copy to the GroupWise mailbox BOP-CPD/DHO~. The institution generates an Administrative Detention Order (ADO) that cites the same case-specific information and includes documentation indicating that the SRO has advised the inmate of the basis for the extended stay.

## 5. DISCIPLINARY SEGREGATION STATUS

### § 541.24 Disciplinary segregation status.

**You may be placed in disciplinary segregation status only by the DHO as a**

**disciplinary sanction.**

6. **NOTICE RECEIVED WHEN PLACED IN THE SHU**

**§ 541.25 Notice received when placed in the SHU.**

**You will be notified of the reason(s) you are placed in the SHU as follows:**

The Lieutenant or other correctional supervisor prepares an Administrative Detention Order (ADO). A new ADO is required if an inmate's status in administrative detention changes. Distribution of copies is indicated on the ADO.

**(a) *Administrative detention status.* When placed in administrative detention status, you will receive a copy of the administrative detention order, ordinarily within 24 hours, detailing the reason(s) for your placement. However, when placed in administrative detention status pending classification or while in holdover status, you will not receive an administrative detention order.**

Pending classification refers to newly arrived inmates.

**(b) *Disciplinary segregation status.* When you are to be placed in disciplinary segregation status as a sanction for violating Bureau regulations, you will be informed by the DHO at the end of your discipline hearing.**

7. **REVIEW OF PLACEMENT IN THE SHU**

**§ 541.26 Review of placement in the SHU.**

**Your placement in the SHU will be reviewed by the Segregation Review Official (SRO) as follows:**

**(a) *Three day review.* Within three work days of your placement in administrative detention status, not counting the day you were admitted, weekends, and holidays, the SRO will review the supporting records. If you are in disciplinary segregation status, this review will not occur.**

For reviews of Protection Cases see section 9.

**(b) *Seven day reviews.* Within seven continuous calendar days of your placement in either administrative detention or disciplinary segregation status, the SRO will formally review your status at a hearing you can attend. Subsequent reviews of your records will be performed in your absence by the SRO every seven continuous calendar days thereafter.**

**(c) *Thirty day reviews.* After every 30 calendar days of continuous placement in either administrative detention or disciplinary segregation status, the SRO will formally review your status at a hearing you can attend.**

**(d) *Administrative remedy program.* You can submit a formal grievance challenging your placement in the SHU through the Administrative Remedy Program, 28 CFR part 542, subpart B.**

28 CFR Part 542, Subpart B, refers to the Program Statement **Administrative Remedy Program.**

The SRO refers to the individual at each Bureau institution assigned to review the status of each inmate housed in disciplinary segregation and administrative detention. The SRO must conduct the required reviews. The SRO does not have to be a DHO. Ordinarily, the SRO is the Captain (may be delegated to a Lieutenant responsible for supervision of the SHU). This review must include:

- A review of the inmate's records while in the SHU *(Special Housing Unit Record* (BP-A0292)).
- All available memoranda from staff (including psychology staff).
- All available investigatory memoranda.
- The SRO completes a *Special Housing Review* form (BP-A0295) after review of the *Special Housing Unit Record* and other relevant documentation. Maintain permanent logs.

8. **PROTECTION CASE – PLACEMENT IN ADMINISTRATIVE DETENTION STATUS**

**§ 541.27 Protection case – placement in Administrative Detention status.**

**You may be placed in administrative detention status as a protection case in the following circumstances.**

**(a) *Victim of inmate assault or threats.* You were the victim of an inmate assault, or are being threatened by other inmates, including threats of harm if you do not act in a certain way, for example, threats of harm unless you engage in sexual activity.**

**(b) *Inmate informant.* Your safety is threatened because you provided, or are perceived as having provided, information to staff or law enforcement authorities regarding other inmates or persons in the community.**

**(c) *Inmate refusal to enter general population.* You refuse to enter the general population because of alleged pressures or threats from unidentified inmates, or**

**for no expressed reason.**

**(d) *Staff concern.* Based on evidence, staff believe your safety may be seriously jeopardized by placement in the general population.**

9. **PROTECTION CASE – REVIEW OF PLACEMENT IN THE SHU**

**§ 541.28 Protection case – review of placement in the SHU.**

**(a) *Staff investigation.* Whenever you are placed in the SHU as a protection case, whether requested by you or staff, an investigation will occur to verify the reasons for your placement.**

**(b) *Hearing.* You will receive a hearing according to the procedural requirements of § 541.26(b) within seven calendar days of your placement. Additionally, if you feel at any time your placement in the SHU as a protection case is unnecessary, you may request a hearing under this section.**

**(c) *Periodic review.* If you remain in administrative detention status following such a hearing, you will be periodically reviewed as an ordinary administrative detention case under § 541.26.**

When an inmate is placed in administrative detention for protection, the Warden or designee (ordinarily the Captain), must review the placement within two work days of the placement to determine if continued protective custody is necessary. This review includes documents that led to the inmate being placed in protective custody status and any other documents pertinent to the inmate's protection.

10. **STAFF VERIFICATION OF NEED FOR PROTECTION**

**§ 541.29 Staff verification of need for protection.**

**If a staff investigation verifies your need for placement in the SHU as a protection case, you may remain in the SHU or be transferred to another institution where your status as a protection case may not be necessary, at the Warden's discretion.**

11. **LACK OF VERIFICATION OF NEED FOR PROTECTION**

**§ 541.30 Lack of verification of need for protection.**

**If a staff investigation fails to verify your need for placement in the SHU as a protection case, you will be instructed to return to the general population. If you refuse to return to the general population under these circumstances, you may be**

**subject to disciplinary action.**

Inmates refusing placement in general population should be maintained in Administrative Detention status and, if appropriate, initiate disciplinary action.

12. **CONDITIONS OF CONFINEMENT IN THE SHU**

**§ 541.31 Conditions of confinement in the SHU.**

**Your living conditions in the SHU will meet or exceed standards for healthy and humane treatment, including, but not limited to, the following specific conditions:**

**(a) *Environment.* Your living quarters will be well-ventilated, adequately lighted, appropriately heated, and maintained in a sanitary condition.**

**(b) *Cell Occupancy.* Your living quarters will ordinarily house only the amount of occupants for which it is designed. The Warden, however, may authorize more occupants so long as adequate standards can be maintained.**

**(c) *Clothing.* You will receive adequate institution clothing, including footwear, while housed in the SHU. You will be provided necessary opportunities to exchange clothing and/or have it washed.**

**(d) *Bedding.* You will receive a mattress, blankets, a pillow, and linens for sleeping. You will receive necessary opportunities to exchange linens.**

If the institution issues the combination mattress with a pillow incorporated, a separate pillow will not be issued. Staff may remove an inmate's mattress during non-sleeping daytime hours as a "loss of privilege" sanction imposed by the UDC/DHO. Removal of an inmate's mattress is otherwise prohibited, absent life or safety concerns as specifically documented and authorized by the Warden, or his or her designee.

**(e) *Food*. You will receive nutritionally adequate meals.**

Refer to the Program Statement Food Service Manual for standards and guidelines for feeding inmates in Special Housing Units.

**(f) *Personal hygiene.* You will have access to a wash basin and toilet. You will receive personal items necessary to maintain an acceptable level of personal hygiene, for example, toilet tissue, soap, toothbrush and cleanser, shaving utensils, *etc.* You will ordinarily have an opportunity to shower and shave at least three times per week. You will have access to hair care services as necessary.**

**(g) *Exercise.* You will receive the opportunity to exercise outside your individual**

**quarters at least five hours per week, ordinarily on different days in one-hour periods. You can be denied these exercise periods for a week at a time by order of the Warden if it is determined that your use of exercise privileges threatens safety, security, and orderly operation of a correctional facility, or public safety.**

If weather and resources permit, the inmate shall receive outdoor exercise periods. "Week" means one calendar week.

Restriction or denial of exercise is not used as punishment. The Warden or Acting Warden may not delegate the authority to restrict or deny exercise. Exercise periods are only restricted or denied when the inmate's activities pose a threat to the safety, security and orderly operation of a correctional facility, or health conditions of the unit.

The appropriate staff member recommends recreation restrictions to a supervisor who then makes the recommendation to the Warden in writing. The recommending staff member describes briefly the reason for recommending a restriction and its proposed extent. The Warden reviews the recommendation and approves, modifies, or denies the restriction. If the Warden approves a restriction, it must be based on the conclusion that the inmate's actions pose a threat to the safety, security, and orderly operation of a correctional facility or health conditions of the unit.

**(h) *Personal property.* In either status, your amount of personal property may be limited for reasons of fire safety or sanitation.**

**(1) In administrative detention status you are ordinarily allowed a reasonable amount of personal property and reasonable access to the commissary.**

**(2) In disciplinary segregation status your personal property will be impounded, with the exception of limited reading/writing materials, and religious articles. Also, your commissary privileges may be limited.**

(3) Personal property ordinarily allowed in administrative detention (if not otherwise a threat to institution security) includes:

- Bible, Koran, or other scriptures (1)
- Books, paperback (5)
- Eyeglasses, prescription (2)
- Legal material (see policy on inmate legal activities)
- Magazine (3)
- Mail (10)
- Newspaper (1)
- Personal hygiene items (1 of each type) (no dental floss or razors*)
- Photo album (25 photos)
- Authorized religious medals/headgear (e.g., kufi)

- Shoes, shower (1)
- Shoes, other (1)
- Snack foods without aluminum foil wrappers (5 individual packs)
- Soft drinks, powdered (1 container)
- Stationery/stamps (20 each)
- Wedding band (1)
- Radio with ear plugs (1)
- Watch (1)

*Razors are controlled by SHU staff. Only disposable razors are used.

The Warden may modify the quantity and type of personal property allowed. Personal property may be limited or withheld for reasons of security, fire safety, or housekeeping.

Unauthorized use of any authorized item may result in the restriction of the item. If there are numerous misuses of an authorized item, the Warden may determine that the item will not be issued in the SHU.

**Reading Material**. You will receive a reasonable amount of non-legal reading material, not to exceed five books per inmate at any one time, on a circulating basis. Staff shall provide the inmate the opportunity to possess religious scriptures of the inmate's faith.

### (i) *Correspondence*. You will receive correspondence privileges according to part 540, subpart B.

Part 540, Subpart B, refers to the Program Statement **Correspondence**.

### (j) *Telephone*. You will receive telephone privileges according to part 540, subpart I.

Part 540, Subpart I, refers to the Program Statement **Inmate Telephone Regulations**.

If the inmate has not been restricted from telephone use as the result of a specific disciplinary sanction, he/she is allowed to make one telephone call per month. Meaning, the inmate should receive a phone call within the first 30 calendar days of placement in the Special Housing Unit and within every 30 calendar days thereafter.

### (k) *Visiting*. You will receive visiting privileges according to part 540, subpart D.

Part 540, Subpart D, refers to the Program Statement **Visiting Regulations**.

### (l) *Legal activities*. You will receive an opportunity to perform personal legal activities according to part 543, subpart B.

Part 543, Subpart B, refers to the Program Statement **Inmate Legal Activities**.

**(m) *Staff monitoring*. You will be monitored by staff assigned to the SHU, including program and unit team staff.**

Program staff, including unit staff, arrange to visit inmates in a SHU within a reasonable time after receiving the inmate's request.

In addition to direct supervision by the unit officer, qualified health personnel and one or more responsible officers the Warden designates (ordinarily the Institution Duty Officer) visit each segregated inmate daily, including weekends and holidays. A Lieutenant must visit the SHU during each shift to ensure all procedures are followed.

Duress buttons, if present, will be utilized only for emergency and/or life threatening situations, to include health related issues. The use of the duress button for anything other than an emergency and/or life threatening situation is subject to disciplinary action.

**(n) *Programming activities.* In administrative detention status, you will have access to programming activities to the extent safety, security, orderly operation of a correctional facility, or public safety are not jeopardized. In disciplinary segregation status, your participation in programming activities, *e.g.*, educational programs, may be suspended.**

**(o) *Administrative Remedy Program.* You can submit a formal grievance challenging any aspect of your confinement in the SHU through the Administrative Remedy Program, 28 CFR part 542, subpart B.**

28 CFR Part 542, Subpart B, refers to the Program Statement **Administrative Remedy Program**.

13. **MEDICAL AND MENTAL HEALTH CARE IN THE SHU**

**§ 541.32 Medical and mental health care in the SHU.**

**(a) *Medical care.* A health services staff member will visit you daily to provide necessary medical care. Emergency medical care is always available.**

While in a SHU, inmates may continue taking their prescribed medications.

**(b) *Mental health care.* After every 30 calendar days of continuous placement in either administrative detention or disciplinary segregation status, mental health staff will examine you, including a personal interview. Emergency mental health care is always available.**

Staff conduct a psychiatric or psychological assessment, including a personal interview, when administrative detention continues beyond 30 days. The assessment, submitted to the SRO in a written report with a copy to the inmate's central file, addresses:

- The inmate's adjustment to surroundings.
- The threat the inmate poses to self, staff, and other inmates.

Staff conduct a similar psychiatric or psychological assessment and report at 30 day intervals should detention continue for an extended period.

## 14. RELEASE FROM THE SHU

### § 541.33 Release from the SHU.

**(a) *Administrative detention status.* You will be released from administrative detention status when the reasons for your placement no longer exist.**

**(b) *Disciplinary segregation status.* You will be released from disciplinary segregation status after satisfying the sanction imposed by the DHO. The SRO may release you earlier if it is determined you no longer require disciplinary segregation status.**

The SRO may not increase any previously imposed sanction(s). When considering release from disciplinary segregation, the SRO first consults with the Captain and must notify the DHO of the inmate's release from disciplinary segregation before satisfying the imposed sanction.

## 15. AGENCY'S ACA ACCREDITATION PROVISIONS

*ACA Standards*

- 4th Edition Standards for Adult Correctional Institutions: 4-4133, 4-4235, 4-4249, 4-4250, 4-4251, 4-4252, 4-4253, 4-4254, 4-4255, 4-4256, 4-4258, 4-4260, 4-4261, 4-4262, 4-4263, 4-4264, 4-4265, 4-4266, 4-4267, 4-4268, 4-4269, 4-4270, 4-4271, 4-4272, and 4-4273.
- 4th Edition Performance-Based Standards for Adult Local Detention Facilities: 4-ALDF-2A-44, 4-ALDF-2A-45, 4-ALDF-2A-46, 4-ALDF-2A-47, 4-ALDF-2A-48, 4-ALDF-2A-49, 4-ALDF-2A-50, 4-ALDF-2A-51, 4-ALDF-2A-53, 4-ALDF-2A-55, 4-ALDF-2A-56, 4-ALDF-2A-57, 4-ALDF-2A-58, 4-ALDF-2A-59, 4-ALDF-2A-60, 4-ALDF-2A-61, 4-ALDF-2A-62, 4-ALDF-2A-63, 4-ALDF-2A-64, 4-ALDF-2A-65, and 4-ALDF-2A–66.

## REFERENCES

*Program Statements*

P1315.07 Inmate Legal Activities (11/5/99)
P1330.16 Administrative Remedy Program (12/31/07)

| | |
|---|---|
| P4700.05 | Food Service Manual (6/12/2006) |
| P5100.08 | Inmate Security Designation and Custody Classification (9/12/06) |
| P5212.07 | Control Unit Programs (2/20/01) |
| P5264.08 | Inmate Telephone Regulations (1/24/08) |
| P5265.14 | Correspondence (4/5/11) |
| P5267.08 | Visiting Regulations (5/11/06) |
| P5270.09 | Inmate Discipline (7/8/11) |
| P6031.01 | Patient Care (1/15/05) |
| P6340.04 | Psychiatric Services (1/15/05) |
| P6360.01 | Pharmacy Services (1/15/05) |

*Records Retention Requirements*

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.

**U.S. Department of Justice**
Federal Bureau of Prisons

P R O G R A M  S T A T E M E N T
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# Inmate Discipline Program

/s/
*Approved*: Thomas R. Kane
Acting Director, Federal Bureau of Prisons

## 1. PURPOSE AND SCOPE

### § 541.1 Purpose.

**This subpart describes the Federal Bureau of Prisons' (Bureau) inmate discipline program. This program helps ensure the safety, security, and orderly operation of correctional facilities, and the protection of the public, by allowing Bureau staff to impose sanctions on inmates who commit prohibited acts. Sanctions will not be imposed in a capricious or retaliatory manner. The Bureau's inmate discipline program is authorized by 18 U.S.C. 4042(a)(3).**

### § 541.2 Application.

**This program applies to sentenced and unsentenced inmates in Bureau custody. It also applies to sentenced and unsentenced inmates designated to any prison, institution, or facility in which persons are held in custody by direction of, or under an agreement with, the Bureau of Prisons.**

This policy applies to all persons in the custody of the Federal Bureau of Prisons or Bureau contract facilities, including persons charged with or convicted of offenses against the United States; D.C. Code felony offenders; and persons held as witnesses, detainees, or otherwise. These provisions do not apply to Federal inmates designated to a non-Federal facility (e.g., inmates serving Federal sentences in state or county facilities).

**Federal Regulations from 28 Code of Federal Regulations, part 541, are shown in this type.**
Implementing instructions are shown in this type.

## 2. SUMMARY OF CHANGES

a. Establish Greatest and High severity level prohibited acts for sexual assault of any person. The Greatest severity level act (114) requires the use or threat of force. The High severity level act (229) is for incidents without the use or threat of force.

b. Increase the severity level of escapes from non-secure facilities from a High to a Greatest severity level prohibited act.

c. Amend the Code 104 to include any instrument used as a weapon.

d. Establish a Code 115 for destroying and/or disposing of any item during a search or attempt to search.

e. Establish a High severity level prohibited act code for escape from a work detail, a non-secure institution, or other non-secure custody, including a community facility, with subsequent voluntary return to custody within four hours.

f. Clarify possession of a cellular telephone or other electronic communications device is a Greatest severity level prohibited act.

g. Increase the severity level of all alcohol-related offenses from a High to a Greatest severity level prohibited act.

h. Establish a High severity level prohibited act code for stalking.

i. Establish a High severity level prohibited act code for possession of stolen property.

j. Establish a Moderate severity level prohibited act code for circulating a petition.

k. Establish a High severity level prohibited act code for refusing to participate in a required physical test or examination unrelated to testing for drug abuse (e.g., DNA, HIV, TB).

l. Increase the severity level for tattooing and self-mutilation to a High severity level prohibited act.

m. Establish a Moderate severity level prohibited act code for the fraudulent or deceptive completion of a skills test.

n. Increase the severity level for conducting a business to a Moderate severity level prohibited act.

o. Establish a Moderate severity level prohibited act code for communicating gang affiliation.

p. Establish Greatest, High, and Moderate severity level prohibited acts for abuse of the mail.

q. Establish a sanction of monetary fine.

r. Remove the formal sanctions of reprimand and warning.

s. Increase the sanction of disciplinary segregation from a range of 7 to 60 days to a range of 1 to 18 months.

t. Change from three work days to five work days for the UDC to ordinarily conduct a review.

u. The Special Housing Unit policy (conditions of disciplinary segregation, administrative detention, and protection cases) has been removed and guidance is provided in a separate program statement.

## 3. PRINCIPLES

Several general principles apply to every disciplinary action:

a. Incident reports can be written by Bureau staff, Federal Prison Industries (FPI) staff, and Public Health Service (PHS) officers detailed to the Bureau. Community Corrections Managers may take disciplinary action on inmates in contract RRC's.

b. Staff take disciplinary action at such times and to the degree necessary to regulate an inmate's behavior within Bureau rules and institution guidelines and to promote a safe and orderly institution environment.

c. Staff control inmate behavior in an impartial and consistent manner.

d. Disciplinary action may not be capricious or retaliatory.

e. Staff may not impose or allow corporal punishment of any kind.

## 4. DIRECTIVES AFFECTED

### a. Directive Rescinded

P5270.08 Inmate Discipline and Special Housing Units (12/4/09)

### b. Directives Referenced

P1315.07 Inmate Legal Activities (11/5/99)
P1330.16 Administrative Remedy Program (12/31/07)

P1505.03 Language Translations Used in Official Documents (10/31/97)
P2000.02 Accounting Management Manual (10/15/86)
P4500.07 Trust Fund/Deposit Fund Manual (4/19/10)
P4700.05 Food Service Manual (6/12/06)
P5100.08 Inmate Security Designation and Custody Classification (9/12/06)
P5162.05 Categorization of Offenses (3/16/09)
P5180.05 Central Inmate Monitoring System (PS Only) (12/31/07)
P5180.06 Central Inmate Monitoring System (Operations Manual Only) (3/24/08)
P5212.07 Control Unit Programs (2/20/01)
P5215.05 Youth Corrections Act (YCA) Inmates and Programs (3/17/99)
P5264.08 Inmate Telephone Regulations (1/24/08)
P5265.14 Correspondence (4/5/11)
P5267.08 Visiting Regulations (5/11/06)
P5270.10 Special Housing Units (8/1/11)
P5322.12 Inmate Classification and Program Review (11/29/06)
P5360.09 Religious Beliefs and Practices (12/31/04)
P5380.08 Financial Responsibility Program, Inmate (8/15/05)
P5500.11 Correctional Services Manual (10/10/03)
P5500.12 Correctional Services Procedures Manual (10/10/03)
P5521.05 Searches of Housing Units, Inmates, and Inmate Work Areas (6/30/97)
P5580.07 Inmate Personal Property (12/28/05)
P5800.15 Correctional Systems Manual (1/1/09)
P5880.28 Sentence Computation Manual (CCCA of 1984) (7/20/99)
P5880.30 Sentence Computation Manual (Old Law, Pre-CCCA of 1984) (9/8/99)
P5880.32 Sentence Computation Manual (District of Columbia) (1/23/01)
P5884.03 Good Conduct Time Under the Prison Litigation Reform Act (3/31/06)
P7300.09 Community Corrections Manual (5/19/99)
P7331.04 Pretrial Inmates (1/31/03)

c. Rules cited in this Program Statement are contained in 28 CFR § 541.2 and §§ 541.10-23.

## 5. AGENCY ACA ACCREDITATION PROVISIONS

a. American Correctional Association 4th Edition Standards for Adult Correctional Institutions:

4-4226, 4-4227, 4-4228, 4-4229, 4-4230, 4-4231, 4-4232, 4-4233, 4-4234, 4-4235, 4-4236, 4-4237, 4-4238, 4-4239, 4-4240, 4-4241, 4-4242, 4-4243, 4-4244, 4-4245, 4-4246, 4-4247, 4-4248, 4-4255, 4-4399

b. American Correctional Association 4th Edition Performance-Based Standards for Adult Local Detention Facilities:

4-ALDF-2A-47, 4-ALDF-2A-50, 4-ALDF-3A-01, 4-ALDF-3A-02, 4-ALDF-4C-40, 4-ALDF-6C-01, 4-ALDF-6C-02, 4-ALDF-6C-03, 4-ALDF-6C-04, 4-ALDF-6C-05,

4-ALDF-6C-06, 4-ALDF-6C-07, 4-ALDF-6C-08, 4-ALDF-6C-09, 4-ALDF-6C-10, 4-ALDF-6C-11, 4-ALDF-6C-12, 4-ALDF-6C-13, 4-ALDF-6C-14, 4-ALDF-6C-15, 4-ALDF-6C-16, 4-ALDF-6C-17, and 4-ALDF-6C-18.

## 6. INSTITUTION SUPPLEMENTS

None required.

## 7. NOTICE TO INMATE OF THE INMATE DISCIPLINE PROGRAM

Staff must give each inmate a copy of the following documents promptly after his/her arrival at an institution:

- Summary of the Inmate Discipline System (Appendix B).
- Inmate Rights and Responsibilities (Appendix C).
- Prohibited Acts and Available Sanctions (Table 1).

Receipt of these documents must be noted on the intake screening form and maintained in the inmate's central file. The receipt is kept in the inmate's central file.

To the extent reasonably available, a qualified staff member or translator will help an inmate who has a language or literacy problem, in accordance with the Program Statement **Language Translations Used in Official Documents**.

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**CHAPTER 1.**

## § 541.3 Prohibited acts and available sanctions.

**(a) *Prohibited acts.* The list of prohibited acts are divided into four separate categories based on severity: Greatest; High; Moderate; and Low. We describe the prohibited acts in Table 1 - Prohibited Acts and Available Sanctions. Aiding, attempting, abetting, or making plans to commit any of the prohibited acts is treated the same as committing the act itself.**

**(b) *Available sanctions.* The list of available sanctions for committing prohibited acts is listed in Table 1 - Prohibited Acts and Available Sanctions. If you commit repetitive prohibited acts, we can impose increased sanctions, as listed in Table 2 - Additional Available Sanctions for Repeated Prohibited Acts Within the Same Severity Level.**

(1) **Greatest Severity Level Offenses**. The Discipline Hearing Officer (DHO) imposes one or more of sanctions A through E. Sanction B.1 must be imposed for a VCCLEA inmate rated "violent" (an inmate who, per the Violent Crime Control and Law Enforcement Act of 1994, committed a crime of violence on or after September 13, 1994) and for a PLRA inmate (an inmate sentenced for an offense committed on or after April 26, 1996, per the Prison Litigation Reform Act). The DHO may impose any available sanctions (A through M) in addition to sanctions A through E. All Greatest severity level charges must be referred to the DHO.

(2) **High Severity Level Offenses**. The DHO imposes one or more of sanctions A through M, and, except as noted in the sanction, may also suspend one or more sanctions A through M. Sanction B.1 must be imposed for a VCCLEA inmate rated "violent" and for a PLRA inmate. All High severity level charges must be referred to the DHO.

Prohibited Act Code 225, Stalking, is for the purpose of punishing repetitive inmate behavior, e.g., loitering, staring, leering, inappropriate remarks (short of insolence, profanity, or sexual proposals), that are not clearly covered by another prohibited act code. When staff encounter such behavior, the inmate should be specifically warned that it is inappropriate and must cease. If the behavior fits another prohibited act code provision, the inmate should be charged with violating that specific provision instead of stalking. Examples of other prohibited act code behavior that may be used instead of Code 225, Stalking, include, but are not limited to Insolence (Code 312), Being in an Unauthorized Area (Code 316), Threatening (Code 203), and Making a Sexual Proposal or Threat (Code 206).

(3) **Moderate Severity Level Offenses**. The DHO imposes at least one sanction A through M, but, except as noted in the sanction, may suspend any sanction(s) imposed. Sanction B.1 ordinarily must be imposed for a VCCLEA inmate rated "violent" and for a PLRA inmate.

Except for charges referred to the DHO, the Unit Discipline Committee (UDC) shall impose at least one sanction F through M, but may suspend any sanctions imposed.

The UDC ordinarily refers to the DHO a moderate severity level charge for a VCCLEA inmate rated "violent" or for a PLRA inmate if the inmate was found to have committed two moderate offenses during his/her current anniversary year (the 12-month period for which an inmate may be eligible to earn good conduct time [GCT]). The UDC must document the reasons why a third charge for such an inmate was not referred to the DHO.

A prohibited act charge for 331 involving tobacco or nutritional supplements must be referred to the DHO for final disposition.

(4) **Low Severity Level Offenses**. The DHO imposes at least one sanction B.1, or D through M. The DHO may suspend any sanction(s) imposed; however, a B.1 sanction may not be suspended. Except for charges referred to the DHO, the UDC imposes at least one sanction F through M, but may suspend any sanction(s) imposed.

The UDC ordinarily refers to the DHO a low severity level charge for a VCCLEA inmate rated "violent" or for a PLRA inmate if the inmate had been found to have committed three low offenses during his/her current anniversary year. The UDC must document the reasons why a charge for such an inmate was not referred to the DHO.

Sanction B.1 may be imposed on the Low severity level **only** if the inmate has committed a Low severity level prohibited act more than once within a six-month period (except for a VCCLEA inmate rated "violent" or a PLRA inmate).

(5) **All Severity Level Offenses**. In all categories of severity**, aiding** another person to commit any of these offenses, **attempting** to commit them, or **making plans** to commit them, **is considered equivalent to committing the offense itself**. In these cases, the letter "A" is combined with the offense code. For example, planning an escape is Escape, Code 102A. Attempting to adulterate food or drink is Code 209A.

When the prohibited act is **Interfering with a Staff Member in the Performance of Duties (Code 198, 298, 398 or 498) or Conduct Which Disrupts (Code 199, 299, 399, or 499)**, the DHO or UDC must specify the severity level of the conduct that is most comparable to an offense(s) at that severity level. **Example:** "I find the act of Conduct Which Disrupts (Code 299) to be of High severity level, most comparable to the prohibited act of Engaging in a Group Demonstration (Code 212)."

**Suspensions of any sanction cannot exceed six months**. Suspended sanctions may only be revoked and executed if the inmate is found to have committed a subsequent prohibited act. Only the DHO may execute, suspend, or revoke and execute suspension of sanctions A through E (B and B.1. may never be suspended). The DHO or UDC may execute, suspend, or revoke and

execute suspensions of sanctions F through M. The DHO may execute UDC-suspended sanctions. However, the UDC may **not** execute DHO-suspended sanctions A through E.

When an inmate receives an incident report while on a DHO-imposed, but suspended sanction, the new incident report is forwarded by the UDC to the DHO, both for a final disposition on the new incident report, and for a disposition on the suspended sanction. This procedure is not necessary when the UDC informally resolves the new incident report. The DHO may return an incident report to the UDC if a decision not to execute the suspended sanction is made.

The UDC or DHO may impose increased sanctions for repeated, frequent offenses per the guidelines in Table 2.

Noting that not all UDC or DHO decisions finding an inmate committed a prohibited act will result in a change to the inmate's security designation score, the Unit Team may recommend a greater security transfer, using their professional judgment, and in accordance with the policy on Inmate Security Designation and Custody Classification.

**§ 541.4 Loss of good conduct sentence credit as a mandatory sanction.**

**(a) You will lose good conduct sentence credit as a mandatory disciplinary sanction if you are in one of the following two groups:**

**(1) *VCCLEA-violent inmates.* The date of your U.S. Code offense was on or after September 13, 1994, but before April 26, 1996, and you committed a "crime of violence" as defined by the Violent Crime Control and Law Enforcement Act of 1994 (VCCLEA); or**

**(2) *PLRA inmates and D.C. Code offenders.* The date of your U.S. Code offense was on or after April 26, 1996, and, therefore, under the Prison Litigation Reform Act (PLRA), or the date of your District of Columbia (DC) Code offense was on or after August 5, 2000.**

**(b) If you are an inmate in one of the above groups and commit a prohibited act, you will lose good conduct sentence credit as a mandatory disciplinary sanction. The amount of good conduct sentence credit you will lose depends on the severity level of the prohibited act(s) committed, as follows:**

**(1) *Greatest Severity Level Offenses.* You will lose at least 41 days, or 75% of available credit if less than 54 days are available for the prorated period, for each act committed.**

**(2) *High Severity Level Offenses.* You will lose at least 27 days, or 50% of available credit if less than 54 days are available for the prorated period, for each act committed.**

**(3) *Moderate Severity Level Offenses.* You will lose at least 14 days, or 25% of available credit if less than 54 days are available for the prorated period, after committing two or more Moderate severity acts during the current year of your good conduct sentence credit availability.**

**(4) *Low Severity Level Offenses.* You will lose at least 7 days, or 12.5% of available credit if less than 54 days are available for the prorated period, after committing three or more Low severity acts during the current year of your good conduct sentence credit availability.**

**Available Sanctions** (upon finding the inmate committed the prohibited act(s)):

**(A) Recommend Parole Date Rescission or Retardation.** The DHO may recommend retardation or rescission of parole grants to the U.S. Parole Commission or respective parole authority.

**(B) Forfeit Earned Statutory Good Time, Non-vested Good Conduct Time, or Terminate or Disallow Extra Good Time.**

*Forfeited good conduct time* (GCT) is not eligible for restoration. However, *forfeited statutory good time* (SGT) may be restored. Restoration of statutory good time is approved at initial eligibility only when the inmate has shown a period of improved good behavior. When the Warden (or designee) denies restoration of forfeited statutory good time, the unit team notifies the inmate of the reasons for denial. The unit team establishes a new eligibility date, not to exceed six months from the date of denial.

An application for restoration of statutory good time is forwarded from the inmate's unit team, through the DHO and Captain for comments, to the Warden for final decision.

Inmates who committed their crimes on or after November 1, 1987, and are sentenced under the Sentencing Reform Act provisions of the Comprehensive Crime Control Act, are only eligible to receive 54 days GCT credit (18 U.S.C. § 3624(b)). This credit is given at the end of each year served and, once given, is vested. For these inmates, the DHO's authority is final and subject only to review by the Regional Director to ensure conformity with the discipline policy and by inmate appeal through Administrative Remedy procedures.

The statutory good time available for forfeiture is limited to an amount computed by multiplying the months served at the time of the offense for which forfeiture is taken, by the applicable monthly rate specified in 18 U.S.C. § 4161 (less previous forfeiture or withholding). The amount of GCT available for forfeiture is limited to total days in "non-vested" status at the time of misconduct (less previous forfeiture).

Forfeiture of GCT may not be suspended.

Disallowance of extra good time is limited to extra good time for the calendar month in which the violation occurs. It may not be withheld or restored.

The sanction of termination or disallowance of extra good time may not be suspended.

Forfeited GCT will not be restored. Authority to restore forfeited statutory good time is delegated to the Warden, and may not be delegated lower than the Associate Warden level. Limitations on this sanction and eligibility for restoration are based on the severity scale. (See Table 2.)

To ensure an inmate's case is not overlooked when statutory good time has been forfeited, the unit manager will ensure the eligibility requirements are reviewed for restoration per the time frames in the Program Statement on Classification and Program Review of Inmates. A recommendation of the unit team for or against restoration is forwarded to the Warden through the DHO and Captain. Except as noted, eligibility for restoration of forfeited statutory good time is computed from the date of the withholding or forfeiture action by the DHO.

An inmate who has escaped and receives a forfeiture at a subsequent in absentia hearing begins the eligibility for restoration period upon return to Bureau custody. The Warden refers to the Regional Director any case where exceptional circumstances support restoration of statutory good time before completion of the eligibility requirements.

Sanction B does not apply to inmates committed under the Comprehensive Crime Control Act for crimes committed on or after November 1, 1987, and prior to passage of the Violent Crime Control and Law Enforcement Act of 1994 (September 23, 1994). For those inmates, the applicable sanction is B.1.

**(B.1) Disallowance of Good Conduct Time.** An inmate sentenced under the Sentencing Reform Act provisions of the Comprehensive Crime Control Act (committed a crime on or after November 1, 1987) may not receive statutory good time, but is eligible to receive 54 days GCT credit each year (18 U.S.C. § 3624(b)). Once awarded, the credit is vested, and may not be disallowed.

Crimes committed on or after September 13, 1994, and before April 26, 1996, (VCCLEA) credit is not vested unless the inmate has earned or is making satisfactory progress toward a high school diploma or equivalent degree (or is exempt because of a learning disability).

For crimes committed on or after April 26, 1996, (PLRA and SRAA) GCT credit toward an inmate's service of sentence vests on the date the inmate is released. Once disallowed, the credit may not be restored, except by immediate review or appeal as indicated below. Prior to this award being made, the credit may be disallowed for an inmate found to have committed a prohibited act.

A sanction of GCT disallowance may not be suspended. Only the DHO can take action to disallow GCT. The DHO considers the severity of the prohibited act and the suggested disallowance guidelines in making a determination.

A decision to go above the guideline is warranted for a greatly aggravated offense or a repeated violation of another prohibited act within a relatively short time (e.g., within 24 months for a greatest severity level prohibited act, 18 months for a high severity level prohibited act, and 12 months for a moderate severity level prohibited act). A decision to go below the guidelines is warranted for strong mitigating factors. A decision above or below the guidelines is justified in the DHO report.

VCCLEA inmates rated "violent" and PLRA inmates are ordinarily disallowed GCT for each prohibited act they are found to have committed at a DHO hearing, consistent with the following:

- **Greatest Severity Level Offenses**. A minimum of 41 days (or, if less than 54 days are available for the prorated period, a minimum of 75% of available GCT) for each act committed.

- **High Severity Level Offenses**. A minimum of 27 days (or, if less than 54 days are available for the prorated period, a minimum of 50% of available GCT) for each act committed.

- **Moderate Severity Level Offenses**. A minimum of 14 days (or, if less than 54 days are available for the prorated period, a minimum of 25% of available GCT) for each act committed if the inmate has committed two or more moderate severity level offenses during the current anniversary period.

- **Low Severity Level Offenses**. A minimum of 7 days (or, if less than 54 days are available for the prorated period, a minimum of 12.5% of available GCT) for each act committed if the inmate has committed three or more low moderate offenses during the current anniversary period.

Except for VCCLEA inmates rated "violent" or PLRA inmates, Sanction B.1 may be imposed on the Low severity level only where the inmate has committed a Low severity level act more than once within a six-month period.

GCT credit may only be given to an inmate serving a sentence of more than one year, but less than life. In the last year or part of a year of an inmate's sentence, only the GCT available for the time remaining may be disallowed.

**(C) Disciplinary Segregation.** The DHO may direct that an inmate be placed or retained in disciplinary segregation. Consecutive disciplinary segregation sanctions can be imposed for inmates found to have committed offenses that are part of different acts only. Limits on time in disciplinary segregation are based on the severity scale (see Tables 1 and 2).

Unless otherwise specified by the DHO, disciplinary segregation placements for different or separate prohibited acts are imposed consecutively.

**(D) Make Monetary Restitution.** The DHO may direct that an inmate reimburse the U.S. Treasury for damages to U.S. Government property that the individual caused or contributed to. The UDC is prohibited from imposing the sanction of make monetary restitution.

Commissary privileges should be suspended by the DHO until restitution is made. See the Program Statement **Trust Fund/Deposit Fund Manual** for instructions regarding impoundment of inmate funds.

**(E) Monetary Fine.** The DHO may direct that an inmate pay a fine, as follows:

- Greatest severity level offense – Up to $500, or 75% of the inmate's trust fund balance.
- High severity level offense – Up to $300, or 50% of the inmate's trust fund balance.
- Moderate severity level offense – Up to $100, or 25% of the inmate's trust fund balance.
- Low severity level offense – Up to $50, or 12.5% of the inmate's trust fund balance.

Commissary privileges should be suspended until the fine is paid. See the Trust Fund/Deposit Fund Manual for instructions regarding impoundment of inmate funds.

This sanction cannot be used as a form of monetary restitution. The UDC is prohibited from imposing the sanction of monetary fine.

**(F) Loss of Privileges (e.g., visiting, telephone, e-mail, commissary, movies, recreation).** The DHO or UDC may direct that an inmate forego specific privileges for a specified time.

The DHO or UDC may impose non-contact visiting or immediate family-only visitation in addition to loss of visiting.

Loss of recreation privileges (exercise periods) may not be imposed on inmates in a Special Housing Unit (SHU), but may be used for general population inmates.

The DHO or UDC may impose a loss of mattress sanction from lights on to lights off for inmates in the SHU. Staff must ensure the inmate has a mattress from lights off to lights on.

**(G) Change Housing (Quarters)**. The DHO or UDC may direct that an inmate be moved to other housing.

**(H) Remove from Program or Group Activity.** The DHO or UDC may direct that an inmate not participate in any program or group activity for a specified time.

**(I) Loss of Job.** The DHO or UDC may direct that an inmate be removed from his/her present job or assigned to another job.

**(J) Impound Inmate's Personal Property.** The DHO or UDC may direct that an inmate's personal property be stored in the institution for a specified time.

**(K) Confiscate Contraband.**

**(L) Restrict Quarters.** The DHO or UDC may direct that an inmate be confined to quarters or its immediate area for a specified time.

**(M) Extra Duty.** The DHO or UDC may direct that an inmate perform tasks other than those performed during his/her regular job.

**CHAPTER 2.**

## § 541.5 Discipline process.

**(a) *Incident report.* The discipline process starts when staff witness or reasonably believe that you committed a prohibited act. A staff member will issue you an incident report describing the incident and the prohibited act(s) you are charged with committing. You will ordinarily receive the incident report within 24 hours of staff becoming aware of your involvement in the incident.**

When staff witness or reasonably believe that a violation of Bureau regulations has been committed, staff must prepare an incident report and forward it to the appropriate Lieutenant. The Lieutenant will enter the incident report into SENTRY.

The reporting employee immediately completes Part 1 of the incident report. The incident is a prohibited act listed in Appendix C. The entire language of the prohibited act(s) does not have to be copied. For example, "Destroying Government Property, Code 218" or "Possessing Narcotics, Code 113" would be acceptable listings.

The description of the incident should contain all facts known by the employee that are not confidential. Anything unusual about the inmate's behavior should be noted. The reporting employee also lists persons (staff, inmates, others) at the scene, and physical evidence (weapons, property, etc.) the employee may have handled. The report reflects any actions taken, including use of force. The reporting employee signs the report, enters his/her title, date, and time, and forwards it to the Lieutenant. The description of the incident provides the inmate with specific evidence for which he/she may prepare a defense.

References to attachments and other investigative materials should not be identified in Section 11 of the report. For example, if staff observe two inmates in a physical altercation, the reporting officer should describe in Section 11 specific actions by each inmate; e.g., throwing punches to the head with a closed fist, striking one another with closed fists, biting, scratching, hair pulling.

Acts are different or separate if they have different elements (time, place, persons involved, actions). For example, if an inmate is involved in a fight with another inmate and also strikes a staff member trying to break it up, the inmate can be charged with fighting (Code 201) and assaulting a staff member (Code 224 or 101, depending on seriousness of injuries).

Code 305, Possession of anything not authorized, may be appropriate for inmates possessing items in excess of authorized limits.

Codes 199, 299, and 399, most like 196, 296, and 396, respectively, may be appropriate for inmates using electronic messaging (e.g., TRULINCS) in violation of policy. Sanctions Code F., Loss of privileges, in the form of loss of electronic messaging privileges, may be an appropriate sanction for these offenses.

**(b) *Investigation.* After you receive an incident report, a Bureau staff member will investigate it.**

The Investigating Officer is an employee at the supervisory level who conducts an investigation of alleged inmate misconduct. The Investigating Officer must be IDC-certified, and may not be the employee reporting the incident or otherwise be involved in the incident. The officer is ordinarily a Lieutenant, but the Warden may appoint another staff member.

Staff conduct the investigation as promptly as possible. The Investigating Officer is ordinarily appointed within 24 hours of the incident report. The investigation should be finished within 24 hours after the appointment.

When it appears likely that the incident may involve criminal prosecution, the investigating officer suspends the investigation. Staff may not question the inmate until the FBI or other investigative agency releases the incident report for administrative processing. The incident report should then be delivered to the inmate by the end of the next business day. The time frame for processing the Incident report is suspended until it is released for processing.

The Investigating Officer may informally resolve the Incident report (except for prohibited acts in the Greatest or High severity level categories) or conduct an investigation consistent with this section.

**(1) *Information:* The investigator will specifically inform you:**

**(A) of the charge(s) against you; and**

**(B) that you may remain silent at all stages of the discipline process, but that your silence may be used to draw an adverse inference against you at any stage of the process. Your silence alone, however, cannot be the basis for finding you committed the prohibited act(s).**

**(2) *Statement:* When the investigator asks for your statement, you may give an explanation of the incident, request any witnesses be interviewed, or request that other evidence be obtained and reviewed. However, the staff investigation of the incident report may be suspended before requesting your statement if it is being investigated for possible criminal prosecution.**

The Investigating Officer provides a copy of the incident report to the inmate at the beginning of the investigation, unless there is good cause for later delivery, such as absence of the inmate from the institution or a medical condition that argues against delivery. If the investigation is delayed, any employee may deliver the charge(s) to the inmate. The reason for the delay must be documented in the discipline record.

The incident report should be delivered to the inmate within 24 hours of the time staff become aware of the inmate's alleged misconduct. If an incident is referred for prosecution, the report is delivered by the end of the next business day after release for administrative processing. (The five-day time frame for a UDC review starts when the incident report is released for administrative processing.)

The staff member must record the date and time the inmate received a copy of the report. The investigator also reads the charge(s) to the inmate and asks for the inmate's statement about the incident.

The investigator then talks to persons with direct and relevant information, and summarizes their statements. (For example, if an inmate was in a fight, the investigator talks with the other inmate(s) involved.) Often, the investigator will want to talk to the reporting employee to obtain a report firsthand and to clarify any questions. Although an inmate may not identify or request any witnesses at this stage of the discipline process, the investigator should interview any witnesses to the incident (and victims, if applicable) to record their statements. The investigator records the disposition of evidence.

If practicable, the inmate's statements offering a rationale for his/her conduct or for the charges against him/her should be investigated. If the inmate requests exculpatory evidence, such as video or audio surveillance, the investigator must make every effort to review and preserve the evidence. It would also be prudent for the investigator to review and preserve the video or audio surveillance even if the inmate does not make a specific request as such evidence is relevant to the incident.

An inmate who receives an Incident report based on a "positive" urine test may claim this result comes from either:

- Permissible medication he/she was given.
- A combination of medications he/she is taking.

In the first situation, the investigator must contact Health Services staff to determine if the inmate is receiving medication that contains the compound found in the urinalysis. In the second situation, the investigator must confirm that the inmate is authorized to take the medications. When necessary, the testing laboratory is contacted to see if the combined medications could produce a "false positive."

While an inmate can challenge the **results** of a urine test, and this may be considered by the DHO, the validity of the testing **process** is not at issue. Neither the investigator nor the DHO has the experience to assess the accuracy of the laboratory process. See the Program Statement **Urine Surveillance**.

Under Comments and Conclusions, the investigator may include:

- Comments on the inmate's prior record and behavior.
- Analysis of any conflict between witnesses.
- Conclusions regarding what happened.

The investigator must record all steps and actions taken on the incident report and forward the relevant materials to staff holding the initial hearing.

**The inmate does not receive a copy of the investigation (Sections 23 through 27 of the incident report).** However, if the case is ultimately forwarded to the DHO, the DHO must give a copy of the investigation and other relevant materials to the inmate's staff representative, if requested, for use on the inmate's behalf.

The UDC chairman or DHO taking **final** action ensures that the required information is entered into SENTRY. The unit team files all discipline documents in the inmate's central file.

**(3) *Informally resolving the incident report.* The incident report may be informally resolved at any stage of the disciplinary process, except for prohibited acts in the Greatest and High severity levels, or as otherwise required by law or these regulations. If the incident report is informally resolved, it will be removed from your records.**

The Bureau encourages informal resolution of incidents. However, prohibited acts in the Greatest severity level (100 level) and High severity level (200 level) may not be informally resolved, and must be referred to the DHO. Moderate severity level (300 level) and Low severity level (400 level) offenses can be informally resolved at any stage of the process. A record of any informal resolution is maintained in SENTRY. However, the incident report is not filed in the inmate's central file.

Staff may suspend discipline proceedings up to two calendar weeks while informal resolution is undertaken. If informal resolution is unsuccessful, staff may reinstate disciplinary proceedings at the stage at which they were suspended. The time requirements then restart at the point at which they were suspended. Staff are required to write the incident report before starting informal resolution so the facts of the incident will be preserved if informal resolution is not successful. While informal resolution requires the consent of both staff and inmate to be successful, the determination to informally resolve an incident report is solely at the discretion of staff.

**CHAPTER 3.**

## § 541.6 Mentally ill inmates.

**If it appears you are mentally ill at any stage of the discipline process, you will be examined by mental health staff.**

**(a) *Competency to Participate in Disciplinary Proceedings.* If evidence indicates that you cannot understand the nature of the disciplinary proceedings, or cannot help in your own defense, disciplinary proceedings may be postponed until you are competent to participate. The Unit Disciplinary Committee or Discipline Hearing Officer will make this decision based on evidence, including evidence presented by mental health staff.**

**(b) *Responsibility for Conduct.* You will not be disciplined for conduct committed when, as the result of a severe mental disease or defect, you were unable to appreciate the nature and quality, or wrongfulness of the act. The UDC or DHO will make this decision based on evidence, including evidence presented by mental health staff.**

If it appears at any stage of the discipline process that an inmate is mentally ill, staff refers him/her to a mental health professional to determine whether he/she is responsible for his/her conduct or is incompetent. Staff may take no discipline action against an inmate who is determined by a mental health professional to be incompetent to participate in the disciplinary proceedings or not responsible for his/her behavior.

A person is **not responsible** for his/her conduct if, at the time of the conduct, as a result of a severe mental disease or defect, he/she was unable to appreciate the nature and quality or the wrongfulness of his/her acts. When a person is determined not responsible for his/her conduct, the incident report shows as a finding that the person did not commit the prohibited act because he/she was found not mentally responsible. The incident report is retained in the inmate's central file. The DHO or UDC, as appropriate, enters this finding into SENTRY in the Chronological Disciplinary Record.

A person is **incompetent** if he/she lacks the ability to understand the disciplinary proceedings, or to assist in his/her defense. When a person is determined incompetent, the disciplinary proceedings are postponed until the inmate is able to understand the proceedings and assist in his/her defense. If competency is not restored within a reasonable time, the incident report shows as a finding that the inmate is incompetent. The incident report is retained in the inmate's central file. The DHO or UDC chairman records the finding into SENTRY in the Chronological Disciplinary Record.

Generally, the UDC initiates referral to a mental health professional. However, staff at any stage of the discipline process may make such a referral. The completed mental health evaluation is returned to the UDC, which then decides whether the incident may be handled by the UDC (other than Greatest or High severity level), or referred to the DHO. In Greatest or High severity level cases, the UDC may refer an inmate for a mental health evaluation along with referral to the DHO. The completed evaluation is returned to the UDC, which forwards it to the DHO.

**CHAPTER 4.**

## § 541.7 Unit Discipline Committee (UDC) review of the incident report.

**A Unit Discipline Committee (UDC) will review the incident report once the staff investigation is complete. The UDC's review involves the following:**

**(a) *Available dispositions.* The UDC will make one of the following decisions after reviewing the incident report:**

**(1) You committed the prohibited act(s) charged, and/or a similar prohibited act(s) as described in the incident report;**

**(2) You did not commit the prohibited act(s) charged; or**

**(3) The incident report will be referred to the Discipline Hearing Officer (DHO) for further review, based on the seriousness of the prohibited act(s) charged.**

**(4) If you are charged with a Greatest or High severity prohibited act, or are an inmate covered by § 541.4, the UDC will automatically refer the incident report to the DHO for further review.**

**(b) *UDC members.* The UDC ordinarily consists of two or more staff. UDC members will not be victims, witnesses, investigators, or otherwise significantly involved in the incident.**

The Warden designates ordinarily two or more unit staff members to hold an initial review and impose available sanctions upon completion of the investigation of alleged misconduct for moderate category and low category offenses. One staff member UDCs are permitted when other members are not reasonably available.

Only one unit staff member is required to hold an initial review when the incident report is required by policy to be referred to the DHO.

A staff member witnessing an incident may serve on the UDC in cases where virtually every staff member in the institution witnessed the incident in whole or in part.

A staff member may not sit on the UDC without successfully completing the self-study program for UDC certification.

Each Warden must select at least one UDC Trainer to monitor the progress of staff participating in the self-study program.

**(c) *Timing.* The UDC will ordinarily review the incident report within five work days after it is issued, not counting the day it was issued, weekends, and holidays. UDC review of the incident report may also be suspended if it is being investigated for possible criminal prosecution.**

The Warden's approval is required for any extension beyond five work days. The UDC will ensure the approval is documented and included in the discipline packet. The time that an incident report is suspended for referral to another agency for possible prosecution is not included in this five work day time frame. The time line commences when the incident report is released from the outside agency for administrative processing. However, the inmate should be advised of the delay, and if appropriate, the reason for the delay.

**(d) *Inmate appearance.* You are permitted to appear before the UDC during its review of the incident report, except during UDC deliberations or when your presence would jeopardize institution security, at the UDC's discretion. Also:**

**(1) You may appear either in person or electronically (for example, by video or telephone conferencing) at the UDC's discretion.**

**(2) You may waive your appearance before the UDC. If you waive your appearance, the UDC will review the incident report in your absence.**

**(3) If you escape or are otherwise absent from custody, the UDC will conduct a review in your absence at the institution where you were last confined.**

The UDC must document its reasons for excluding an inmate from the hearing.

A waiver may be in writing, signed by the inmate, or if the inmate refuses to sign, by a memo indicating the inmate's refusal to appear (Waiver of Appearance (BP-A0307)).

**(e) *Evidence.* You are entitled to make a statement and present documentary evidence to the UDC on your own behalf. The UDC will consider all evidence presented during its review. The UDC's decision will be based on at least some facts and, if there is conflicting evidence, on the greater weight of the evidence.**

The phrase "some facts" refers to facts indicating the inmate committed the prohibited act. The phrase "greater weight of the evidence" refers to the strength of the evidence.

**(f) *Sanctions.* If you committed a prohibited act(s), the UDC can impose any of the available sanctions listed in Tables 1 and 2, except loss of good conduct sentence credit, disciplinary segregation, or monetary fines.**

**(g) *Referral to the DHO.* If the UDC refers the incident report to the DHO for further review, the UDC will advise you of your rights at the upcoming DHO hearing, as detailed in § 541.8.**

The UDC is prohibited from imposing the sanctions of make monetary restitution or monetary fines.

The UDC forwards copies of relevant documents to the DHO with a statement of reasons for the referral, along with recommendations for sanctions if the DHO finds the inmate has committed the act or another prohibited act. The UDC Chair records reasons for the referral and recommendations for disposition in the "Committee Action" section of the incident report. Recommendations are contingent upon a DHO finding that the inmate committed the act.

When charges are referred to the DHO, the UDC advises the inmate of the rights afforded at a hearing. The UDC asks the inmate to choose a staff representative, if any, and the names of witnesses the inmate wishes to be called to testify and what testimony they are expected to provide. The UDC advises the inmate that he/she may waive the right to be present at the hearing, but still have witnesses or a staff representative appear on his/her behalf.

If an inmate waives the right to appear at the UDC review, the UDC ensures the inmate is advised of the rights afforded at a hearing before the DHO (see forms for Inmate Rights at Discipline Hearing and Notice of Discipline Hearing Before the Discipline Hearing Officer (DHO)).

**(h) *Written report.* You will receive a written copy of the UDC's decision following its review of the incident report.**

The UDC prepares a record of its proceedings, which need not be verbatim. A record of the hearing and supporting documents is kept in the inmate's central file.

The UDC gives the inmate a written copy of the decision and disposition by the close of business the next work day. Action taken as a minor disposition may be reviewed under the Administrative Remedy Program (see 28 CFR Part 542, Subpart B.).

All UDC member**(s)** must print their name and sign Part II of the incident report to certify they served on the UDC and that the completed Part II accurately reflects their review.

When the UDC finds the inmate committed the prohibited act charged or a similar prohibited act reflected in the incident report, the chair ensures the information is entered into SENTRY in the Chronological Disciplinary Record.

**(i) *Appeals.* You may appeal the UDC's action(s) through the Administrative Remedy Program, 28 CFR Part 542, Subpart B.**

The Program Statement **Administrative Remedy Program** covers the regulations in 28 CFR Part 542, Subpart B. In addition to a review under the Administrative Remedy procedure, the Warden or designee audits and reviews discipline hearings and dispositions to ensure conformity with this policy.

When the UDC holds a full review and determines that the inmate did not commit a prohibited act of Moderate or Low severity, the UDC expunges the inmate's file of the incident report and related documents.

**CHAPTER 5.**

## § 541.8 Discipline Hearing Officer (DHO) hearing.

**The Discipline Hearing Officer (DHO) will only conduct a hearing on the incident report if referred by the UDC. The DHO's hearing involves the following:**

**(a) *Available dispositions.* The DHO will make one of the following decisions after a hearing on the incident report:**

**(1) You committed the prohibited act(s) charged, and/or a similar prohibited act(s) as described in the incident report;**

**(2) You did not commit the prohibited act(s) charged; or**

**(3) The incident report will be referred back for further investigation, review, and disposition.**

**(b) *Discipline Hearing Officer.* The DHO will be an impartial decision maker who was not a victim, witness, investigator, or otherwise significantly involved in the incident.**

The term Discipline Hearing Officer (DHO) refers to a one-person, independent officer who conducts hearings and imposes sanctions for incidents of misconduct referred by the UDC. A DHO may not conduct hearings without receiving specialized training and passing a certification test. If the institution's assigned DHO is unable to conduct hearings, the Warden arranges for another DHO, who must be certified.

The DHO may not hear any case not referred by the UDC. Only the DHO has authority to impose or suspend sanctions A through E.

**(c) *Timing.* You will receive written notice of the charge(s) against you at least 24 hours before the DHO's hearing. You may waive this requirement, in which case the DHO's hearing can be conducted sooner.**

The inmate does not appear before the DHO less than 24 hours before receiving written notice, unless he/she is to be released from custody within that time or waives the 24-hour notice requirement.

**(d) *Staff Representative.* You are entitled to have a staff representative during the DHO hearing process as follows:**

**(1) *How to get a staff representative.* You may request the staff representative of your choice, so long as that person was not a victim, witness, investigator, or otherwise significantly involved in the incident. If your request(s) cannot be fulfilled, and you still want a staff representative, the Warden will appoint one. The Warden will also appoint a staff representative if it appears you are unable to adequately represent yourself before the DHO, for example, if you are illiterate or have difficulty understanding the charges against you.**

**(2) *How the staff representative will help you.* Prior to the DHO's hearing, the staff representative will be available to help you understand the incident report charges and potential consequences. The staff representative may also assist you by speaking with and scheduling witnesses, obtaining written statements, and otherwise helping you prepare evidence for presentation at the DHO's hearing. During the DHO's hearing, you are entitled to have the staff representative appear and assist you in understanding the proceedings. The staff representative can also assist you in presenting evidence during the DHO's hearing.**

**(3) *How the staff representative may appear.* Your staff representative may appear either in person or electronically (for example, by video or telephone conferencing) at the DHO's discretion. If your staff representative is not available for the scheduled hearing, you may either select another staff representative, request the hearing be postponed for a reasonable amount of time until your staff representative can appear, or proceed without a staff representative.**

The Warden provides a full-time staff member to represent an inmate, if requested. If the request cannot be fulfilled, and the inmate still wants a staff representative, the Warden will appoint one. The executive staff, the DHO or alternate DHO, reporting officer, investigating officer, witnesses to the incident, and UDC members involved in the case may not be staff representatives. The Warden may exclude other staff in a particular case or when there is a potential conflict.

The DHO arranges for the presence of the staff representative selected by the inmate. If the staff member declines or is unavailable, the inmate can select another representative, wait a reasonable period for the staff member's return, or proceed without a representative. The DHO affords a staff representative adequate time to speak with the inmate and interview witnesses. While it is expected that a staff member will have ample time to prepare before the hearing, delays to allow additional preparation may be ordered by the DHO.

**(e) *Inmate appearance.* You are permitted to appear before the DHO during the hearing on the incident report as follows:**

**(1) You may appear either in person or electronically (for example, by video or telephone conferencing), at the DHO's discretion.**

**(2) Your appearance may be prohibited during DHO deliberations or when your presence would jeopardize institution security, at the DHO's discretion.**

**(3) You may waive your appearance before the DHO. If you waive your appearance, the DHO hearing will be conducted in your absence.**

**(4) If you escape or are otherwise absent from custody, the DHO will conduct a hearing in your absence at the institution where you were last confined.**

Although an inmate may waive the right to be present, he/she may elect to have a staff representative and witness(es) appear.

The DHO must document reason(s) for excluding an inmate from the hearing. An inmate may waive the right to be present, provided the waiver is documented and reviewed by the DHO. A waiver may be in writing, signed by the inmate, or if the inmate refuses to sign, by a memo signed by staff and witnessed by a second staff member indicating the inmate's refusal to appear.

The DHO may conduct a hearing in the absence of an inmate when the inmate waives the right to appear. If an inmate escapes or is otherwise absent, the DHO conducts a hearing in the inmate's absence at the institution in which the inmate was last confined. When an inmate returns to custody following an absence during which sanctions were imposed by the DHO, the Warden has the charges reheard before the DHO, ordinarily within 60 days after the inmate's arrival at the institution to which he/she is designated after return to custody, following an appearance before the UDC at that institution.

The UDC ensures that the inmate is aware of all rights for an appearance before the DHO, including delivery of charge(s), advisement of the right to remain silent, and other rights exercised before the DHO. Procedural requirements before the DHO apply to this in-person hearing, except that written statements of witnesses not readily available may be liberally used in place of in-person witnesses.

The DHO may affirm the earlier action taken, dismiss the charge(s), modify the finding of the original DHO as to the offense committed, or modify sanctions imposed in the inmate's absence.

When an inmate escapes, and is in local custody where a hearing may be held, an in-person rather than in-absentia hearing may be held at the DHO's discretion.

**(f) *Evidence and witnesses.* You are entitled to make a statement and present documentary evidence to the DHO on your own behalf. The DHO will consider all evidence presented during the hearing. The DHO's decision will be based on**

**at least some facts and, if there is conflicting evidence, on the greater weight of the evidence. Witnesses may appear at the DHO's hearing as follows:**

**(1) Witnesses may appear before the DHO either in person or electronically (for example, by video or telephone conferencing) at the DHO's discretion.**

**(2) The DHO will call witnesses who have information directly relevant to the charge(s) and who are reasonably available. However, the DHO need not call witnesses adverse to you if their testimony is adequately summarized in the incident report or other investigation materials.**

**(3) You or your staff representative may request witnesses appear at the hearing to testify on your behalf. Your requested witnesses may not appear if, in the DHO's discretion, they are not reasonably available, their presence at the hearing would jeopardize institution security, or they would present repetitive evidence.**

**(4) If your requested witnesses are unavailable to appear, written statements can be requested by either the DHO or staff representative. The written statements can then be considered during the DHO's hearing.**

**(5) Only the DHO may directly question witnesses at the DHO's hearing. Any questions by you or your staff representative must be submitted to the DHO, who will present the question to the witness in his/her discretion.**

**(6) The DHO may consider evidence provided by a confidential informant (CI) that the DHO finds reliable. You will not be informed of the CI's identity. You will be informed of the CI's testimony to the extent it will not jeopardize institution security, at the DHO's discretion.**

The DHO may refer the case back to the UDC for further information or disposition when the case does not warrant DHO involvement. When further investigation or more evidence is needed, the DHO may postpone or, before deciding whether a prohibited act was committed, continue the hearing until a later date. A postponement or continuance must be for good cause (determined by the DHO) and documented in the record.

The phrase "some facts" refers to facts indicating the inmate committed the prohibited act. The phrase "greater weight of the evidence" refers to the strength of the evidence, not to its quantity or to the number of witnesses testifying.

The DHO may consider negative information (e.g., known peddler of contraband) as part of the fact-finding process. Negative information may be used to draw an adverse inference against the inmate. However, negative information alone may not be used to support a finding that an inmate committed a prohibited act.

- **Witnesses**. An inmate may request witnesses from outside the institution. In such instances, the inmate charged may be excluded during the appearance of an outside witness. An outside witness should appear in an area in which outside visitors are usually allowed. Written statements from outside witnesses may be used by the DHO in lieu of live testimony.

  The DHO need not call repetitive witnesses. The reporting officer and other adverse witnesses need not be called if their knowledge of the incident is adequately summarized in the incident report and other investigative materials. The DHO must document reasons for declining to call requested witnesses in the DHO report, or, if the reasons are confidential, in a separate report, not available to the inmate.

  The inmate's staff representative, or, when the inmate waives staff representation, the DHO, questions witnesses requested by the inmate, who are called before the DHO. An inmate who waives staff representation may submit questions for requested witnesses in writing to the DHO. The inmate may not question witnesses.

  When an inmate is excluded during the appearance of a witness, including an outside witness, the DHO informs the inmate before the close of the hearing of the substance of the testimony, except where security would be jeopardized.

  There is no minimum or maximum number of witnesses who may be called; the number should be based on the situation and the information to be presented. While several eyewitnesses may be called, it is expected that the number of character witnesses would be limited, at the discretion of the DHO.

  The DHO may not refuse to call a witness who is reasonably available (e.g., on a different shift) and has information relevant to the charge **solely** because the witness (staff or inmate) does not wish to appear. An inmate witness can be required to attend, and failure to cooperate with the DHO can result in disciplinary action (e.g., for Refusing to Obey an Order of a Staff Member, Code 307).

  The DHO may notify the inmate when a witness does not wish to testify. This may be warranted when it appears that to force the witness's appearance could result in threats to a person's safety, or disruption to security or orderly running of the institution.

  The statement of an inmate requesting a witness is not enough to mandate the witness's appearance. There must be an indication that the witness has information directly relevant to the charges.

  The DHO may remind an inmate witness that statements at the hearing must be "true" to the best of the inmate's knowledge.

  On occasion, an inmate may request a witness who is not reasonably available to testify in person (e.g., an inmate from another institution). When this occurs, the DHO ordinarily

allows time for the written statement of the witness to be received, if he/she is expected to have relevant information. The witness should sign the written statement. If an extension is not granted, the DHO must clearly state in the record reasons for not granting it.

- **Confidential informants**. When a discipline decision is based on confidential informant information, the UDC or DHO must document, ordinarily in the hearing report, their finding as to the reliability of each confidential informant and the factual basis for that finding. If the report would reveal the confidential informant's identity, this finding is part of a separate report prepared by the DHO, not available to the inmate.

  Confidential informant information should not be used, or relied on in the report, when independent information is available to support a finding. Just because an informant provided information that opened an investigation does not mean that informant must be referred to, as long as there are other facts or independent evidence.

  An **informant** is a person (non-staff, ordinarily an inmate) who provides staff (usually at the person's initiation) with information about the commission of an offense or about misconduct. A **confidential informant** is one whose identity must be protected for personal safety. Ordinarily, the finding that an inmate committed a prohibited act must be supported by more than one reliable confidential source. If there is only one, the confidential information must be corroborated by independently verified evidence linking the inmate to the prohibited act.

  Uncorroborated confidential information from a single informant is **insufficient** as the sole basis for a finding, **unless** the circumstances of the incident and the knowledge possessed by the informant are convincing enough to show that the information must be reliable. In an unwitnessed assault, for example, the statement of a seriously injured assault victim **could** be sufficient to support a finding without corroborating evidence.

  The reliability of a confidential informant must be established before the information may be used to support a finding. Reliability may be determined by a record of past reliability or by other factors that reasonably convince the DHO. The staff member providing information to the DHO must include a written statement of the frequency with which the informant provided information, the period during which the informant provided information, and the information's accuracy. If reliability is based on other factors, they must be clearly specified.

  Staff have an obligation to determine whether there is any basis for concluding that the informant is providing false information. Neither the DHO nor UDC may consider information obtained in exchange for the promise of a favor to support its finding.

  Confidential information presented to the UDC or DHO must be in writing and must state facts and the manner in which the informant learned the facts. If possible, the statement must be signed by the confidential informant. If the informant does not write a statement,

the staff member receiving the information provides the information in language as close to the informant's as possible (actual words where possible).

The identity of a confidential informant must be known, at a minimum, by the DHO. Where the UDC does not make a final disposition, but refers a case to the DHO, the UDC need not know the identity of an informant or the substance of the information.

An inmate's staff representative need not know the identity of informants. While confidential information may, at the discretion of the DHO, be divulged to, and challenged by, a staff representative, the **reliability** of informants may not be questioned by the staff representative. The DHO is responsible for establishing reliability.

Confidential informants' statements must, at a minimum, be incorporated in discipline hearing reports by reference. The UDC or DHO must document, ordinarily in the UDC or DHO report, their finding as to the reliability of each informant and its factual basis. The report must identify specific information relied on and the factual basis for that reliance. When the DHO decides that information given by a single confidential informant is sufficient, the report should include a rationale for that decision.

When the DHO determines that including information in the report would not reveal the identity of the informant, such information is included. When the DHO determines that including information in the report might reveal the identity of the informant, the DHO prepares a separate report documenting the findings of the reliability of each informant, their factual basis, the information relied on, and the factual basis for that reliance. This separate report need not be placed in the inmate central file, but is retained in a secure location as long as it is available for later administrative or judicial review, and as long as the separate report is incorporated by reference into the DHO report.

Since information received anonymously does not meet the necessary reliability standard, it may not be used as evidence in making a finding. Such information, however, may be used in the investigation.

When relying on confidential informant information in making a finding, the DHO must justify the reliability of this information and its factual basis. If the testimony of conflicting witnesses (any witness, not just confidential informants) is presented, or there are other conflicts in the evidence, the DHO indicates in the record the reason for believing the testimony of one witness over another or otherwise resolving the conflict. When including this information in the written report would jeopardize security, the DHO may provide it in a separate report, not available to the inmate.

**(g) *Sanctions.* If you committed a prohibited act(s), the DHO can impose any of the available sanctions listed in Tables 1 and 2.**

The Regional Director audits discipline hearings and dispositions to ensure conformity with this policy.

**(h) *Written Report.* You will receive a written copy of the DHO's decision following the hearing. The DHO is not required to prepare a verbatim record of the hearing. The DHO's written report will document the following:**

**(1) Whether you were advised of your rights during the DHO process;**

**(2) The evidence relied on by the DHO;**

**(3) The DHO's decision;**

**(4) The sanction imposed by the DHO; and**

**(5) The reason(s) for the sanction(s) imposed.**

The DHO prepares a record of the proceedings. The evidence, decision, and reasons for actions taken must be specific, unless this would jeopardize security. The DHO gives the inmate a written copy of the decisions and disposition, ordinarily within 15 work days of the decision.

The DHO signs the discipline hearing report, certifying that it accurately reflects the proceedings.

A record of the hearing and supporting documents are kept in the inmate central file.

The DHO ensures that the required information is entered into SENTRY in the inmate's Chronological Disciplinary Record.

If the DHO expunges an incident report, unit staff must ensure the inmate's central file does not include the incident report and/or related documents.

References to significant prohibited acts that are not supported by disciplinary actions and hearings may not be used by the Bureau in ways that have an adverse impact on an inmate, specifically the forfeiture or disallowance of good time, good conduct time, or a parole recommendation. Staff may maintain such references in an inmate's central file for use in making classification, administrative transfer, and other decisions if the following conditions are met:

- References in an inmate's central file must be maintained accurately. For example, an inmate suspected of being involved in an escape attempt who was never found to have violated disciplinary regulations or was never charged due to lack of evidence would have to have the lack of evidence noted in any reference to alleged involvement in the escape attempt.

- Placement of a reference to 100 or 200 severity level offenses not supported by disciplinary action in an inmate's central file may only be done with the written approval of the Warden of the institution where the incident occurred. This must be documented in the inmate's central file. Approval signifies that in the Warden's judgment this information is necessary for proper management of the inmate.

### (i) *Appeals.* You may appeal the DHO's action(s) through the Administrative Remedy Program, 28 CFR Part 542, Subpart B.

The reviewing official (Warden, Regional Director, or General Counsel) may approve, modify, reverse, or send back with directions, including ordering a rehearing, any action of the UDC or DHO, but may not increase a valid sanction. The initial reviewing official for the UDC is the Warden. The decision of the DHO is final and subject to review only by the Regional Director to ensure conformity with the discipline policy and by appeal through the Administrative Remedy program. The DHO ensures the inmate is notified that any appeal must be made within the time frames in the Administrative Remedy procedures. The Warden may also review DHO hearings to the extent he or she considers necessary to ensure substantial compliance with the provisions of the discipline policy. Also, the DHO may receive informal complaints about the procedure and correct mistakes locally.

On appeals, the reviewing authority considers:

- Whether the UDC or DHO substantially complied with regulations on inmate discipline.
- Whether the UDC or DHO based its decision on facts.
- If there was conflicting evidence, whether the decision was based on the greater weight of the evidence.
- Whether an appropriate sanction was imposed or the severity level of the prohibited act, and other relevant circumstances.

The reviewing official is limited to determining if the UDC or DHO could have rationally concluded that the evidence supports the decision, not necessarily whether the reviewing official would have made the same decision.

The investigator, UDC members, DHO, reporting officer, or staff representative may not investigate or help prepare the response to administrative appeals from UDC or DHO actions.

Where a remand is directed, the UDC or DHO is bound by the original sanction(s), except where:

- The sanction is in violation of policy.
- The remand is made specifically because of the sanction.
- The inmate's behavior or activity since the first hearing is determined by the UDC or DHO to justify an increase or decrease in sanction(s). The intervening behavior or activity and the reasons for an increase or decrease in sanction(s) must be documented in the hearing record.

When an appeal results in the original sanction being replaced by a suspended sanction, the suspension (when possible) runs from the date the original sanction was imposed.

When an inmate files a Regional or Central Office appeal of a disciplinary action, those offices may request copies of disciplinary records. Each Warden will designate an appropriate staff member with the proper clearance to ensure that copies sent for review or appeal include confidential information, witness and notice of rights forms, staff memos concerning the incident, investigative reports, and any dissenting reports. Documentation is forwarded within three working days of the receipt of request.

## Appendix A. LIST OF FORMS

- Incident Report (BP-A0288 JUN 11).
- Inmate Rights at Discipline Hearing (BP-A0293 JUN 11).
- Notice of Discipline Hearing Before the Discipline Hearing Officer (DHO) (BP-A0294 JUN 11).
- Duties of Staff Representative (BP-A0306 JUN 11).
- Waiver of Appearance (BP-A0307 JUN 11).
- Discipline Hearing Officer (DHO) Report (BP-A0304 JUN 11).

## Appendix B. SUMMARY OF INMATE DISCIPLINE SYSTEM

1. Staff becomes aware of inmate's involvement in incident or once the report is released for administrative processing following a referral for criminal prosecution.

ordinarily maximum of 24 hours

2. Staff gives inmate notice of charges by delivering Incident Report.

maximum ordinarily of 5 work days from the time staff became aware of the inmate's involvement in the incident. (Excludes the day staff become aware of the inmate's involvement, weekends, and holidays.)

3. Initial review (UDC)

minimum of 24 hours (unless waived)

4. Discipline Hearing Officer (DHO) Hearing

**NOTE**: Time limits are subject to exceptions as provided in the rules.

Staff may suspend disciplinary proceedings for a period not to exceed two calendar weeks while undertaking informal resolution. If informal resolution is unsuccessful, staff may reinitiate disciplinary proceedings. The requirements then begin running at the same point at which they were suspended.

## Appendix C. INMATE RIGHTS AND RESPONSIBILITIES

| RIGHTS | RESPONSIBILITIES |
|---|---|
| 1. You have the right to expect that you will be treated in a respectful, impartial, and fair manner by all staff. | 1. You are responsible for treating inmates and staff in the same manner. |
| 2. You have the right to be informed of the rules, procedures, and schedules concerning the operation of the institution. | 2. You have the responsibility to know and abide by them. |
| 3. You have the right to freedom of religious affiliation and voluntary worship. | 3. You have the responsibility to recognize and respect the rights of others in this regard. |
| 4. You have the right to health care, which includes nutritious meals, proper bedding and clothing,- and a laundry schedule for cleanliness of the same, an opportunity to shower regularly, proper ventilation for warmth and fresh air, a regular exercise period, toilet articles, and medical and dental treatment. | 4. It is your responsibility not to waste food, to follow the laundry and shower schedule, maintain neat and clean living quarters, to keep your area free of contraband, and to seek medical and dental care as you may need it. |
| 5. You have the opportunity to visit and correspond with family members and friends, and correspond with members of the news media, in accordance with Bureau rules and institution guidelines. | 5. It is your responsibility to conduct yourself properly during visits. You will not engage in inappropriate conduct during visits to include sexual acts and introduction of contraband, and not to violate the law or Bureau guidelines through your correspondence. |
| 6. You have the right to unrestricted and confidential access to the courts by correspondence (on matters such as the legality of your conviction, civil matters, pending criminal cases, and conditions of your imprisonment.) | 6. You have the responsibility to present honestly and fairly your petitions, questions, and problems to the court. |

7. You have the right to legal counsel from an attorney of your choice by interviews and correspondence.

7. It is your responsibility to use the services of an attorney honestly and fairly.

8. You have the right to participate in the use of law library reference materials to assist you in resolving legal problems. You also have the right to receive help when it is available through a legal assistance program.

8. It is your responsibility to use these resources in keeping with the procedures and schedule prescribed and to respect the rights of other inmates to the use of the materials and assistance.

9. You have the right to a wide range of reading materials for educational purposes and for your own enjoyment. These materials may include magazines and newspapers sent from the community, with certain restrictions.

9. It is your responsibility to seek and use such materials for your personal benefit, without depriving others of their equal rights to the use of this material.

10. You have the right to participate in educational, vocational training, counseling, and employment programs as resources permit, and in keeping with your interests, needs, and abilities.

10. You have the responsibility to take advantage of activities which will aid you to live a successful and law-abiding life within the institution and in the community. You will be expected to abide by the regulations governing the participation in such activities.

11. You have the right to use your funds for commissary and other purchases, consistent with institution security and good order, for opening bank and/or savings accounts, and for assisting your family, in accordance with Bureau rules.

11. You have the responsibility to meet your financial and legal obligations, including, but not limited to, DHO and court-imposed assessments, fines, and restitution. You also have the responsibility to make use of your funds in a manner consistent with your release plans, your family needs, and for other obligations that you may have.

## Appendix D. DATA ENTRY INSTRUCTIONS

Each Discipline Hearing Officer (DHO) or Unit Discipline Committee (UDC) is responsible for the validity and accuracy of the data on all cases resolved at their level. It is critical that the data is reported correctly and uniformly.

**Prohibited Acts**. Data collection requirements apply only to the following prohibited acts:

- Code 100 – Killing.
- Code 101 – Assaulting any Person (Serious).
- Code 107 – Taking Hostages.
- Code 114 – Sexual Assault by Force.
- Code 203 – Threatening Another with Bodily Harm.
- Code 205 – Engaging in Sexual Acts.
- Code 206 – Making Sexual Proposals or Threats to Another.
- Code 224 – Assaulting any Person (Less Serious).
- Code 225 – Stalking.
- Code 229 – Sexual Assault without Force.

**SENTRY Screens**. When an inmate is found to have committed one or more of the prohibited acts listed above, the DHO or UDC enters data on the following SENTRY screens:

- Add Hearings/Findings or Update Status After Procedural Hearing.
- Update Hearing/Findings or Execute/Unexecute Sanctions.

Because data collection is not required at the charging or accusatory levels, there are no additional requirements for the Update Charges screen.

**Data Keying Requirements**. Four characters are available to enter data on a particular act; the fourth is always used for aiding and abetting or attempts (for example, code 101**A**).

For the prohibited acts specified above, SENTRY allows three additional characters (fields) for DHOs or UDCs to input data:

- The first field requires data on **type of victim**.
- The second requires data on **type of weapon** used.
- The third applies to the **nature of the injury**.

A fourth, separate field records whether the incident was referred for prosecution.

**Type of Victim**. The DHO and UDC Chairman must select one of three codes that best identifies the victim's status and enter it in the Additional Tracking Identifier (ATI) field for the prohibited act (e.g., ATI.: S, ATI.: O):

I = Inmate
S = Staff
O = Other

There can be only one victim for each prohibited act. When there are multiple victims (two or more inmates, or one staff member and one inmate), there must be multiple prohibited acts against the inmate. If there are multiple acts for the same code, they must be keyed under separate incident report numbers even though the finding could be based on a single incident report.

"Other" is entered when the victim is a visitor, contracting staff, U.S. Marshal, etc.

**Type of Weapons Classification**. DHOs must review the list of weapons codes starting from the top (code "A") to the bottom (code "N"). Using this rank-ordered review, select the **first** code that **best** describes the most serious weapon the inmate used or attempted to use. The selection is placed in the second position after the type of victim (e.g. ATI.: S**B**, ATI.: O**F**):

A gun
B sharp object (used to inflict cutting injury)
C pointed object (used to inflict stabbing injury)
D solid\blunt object (thrown or used to hit)
E toxic or flammable fluids or substances
F fists\hands
G feet\legs
H bodily fluids\waste (spit, urine, feces, blood, etc.)
J teeth
K head
L water
M other or unknown
N no weapon

"Weapons" refers to objects, instruments, or substances listed above that the inmate controlled at the time of the offense, and are considered an element of the offense.

When an inmate threatens to use a weapon that was not readily available or under his or her control at the time of the incident, select code "N", "no weapon."

**Nature of Injury Assessment**. The level of injury is best assessed by considering the medical treatment required, if any. Choose the injury code that best describes the most serious injury suffered. The choice is placed in the third position after type of weapon (e.g., ATI.: SB**4**, ATI.: OF**1**):

1 **No injury** - The victim or medical staff reported no injuries.

2 **Minor injury -** The victim received minor injuries that may have been treated at the facility, or treated at the facility with a possible recommendation for a non-inmate victim to consult with his/her physician.

3 **Moderate injury -** The victim received more serious injuries that generally require treatment at an outside hospital, or, in the case of non-inmate victims, treatment by their own physicians. Moderate injuries are not judged life-threatening.

4 **Major injury -** The victim received injuries that are life-threatening, requiring emergency medical treatment at an outside hospital.

5 **Fatal injury -** The victim received injuries resulting in loss of life.

**Example One**: ATI.: **SB4** – "Staff-**S**" victim, with the weapon being a "sharp object-**B**", and "major injuries-**4**" sustained.

**Example Two**: ATI.: **OF1** – "Other-**O**" victim with the weapon being "fists/hands-**F**", and "no injury-**1**" sustained.

**Referrals for Prosecution (RFP)**. For this system to provide accurate data, it is imperative that Special Investigative Supervisors (SIS) and Special Investigative Agents (SIA) refer assaults for prosecution and record the data in section 25 of the incident report. This is a separate field; the DHO keys either accepted or declined for prosecution by the Assistant U.S. Attorney in the screens for:

- Add Hearings/Findings.
- Update Status After Procedural Hearing.
- Update Hearing/Findings.
- Execute/Unexecute Sanctions.

The SIS or SIA documents this under "Other Facts" in section 25 of the incident report (e.g., RFP.: A for accepted or RFP.: D for declined).

**Table 1. PROHIBITED ACTS AND AVAILABLE SANCTIONS**

**GREATEST SEVERITY LEVEL PROHIBITED ACTS**

**100 Killing.**

**101 Assaulting any person, or an armed assault on the institution's secure perimeter (a charge for assaulting any person at this level is to be used only when serious physical injury has been attempted or accomplished).**

**102 Escape from escort; escape from any secure or non-secure institution, including community confinement; escape from unescorted community program or activity; escape from outside a secure institution.**

**103 Setting a fire (charged with this act in this category only when found to pose a threat to life or a threat of serious bodily harm or in furtherance of a prohibited act of Greatest Severity, *e.g.,* in furtherance of a riot or escape; otherwise the charge is properly classified Code 218, or 329).**

**104 Possession, manufacture, or introduction of a gun, firearm, weapon, sharpened instrument, knife, dangerous chemical, explosive, ammunition, or any instrument used as a weapon.**

**105 Rioting.**

**106 Encouraging others to riot.**

**107 Taking hostage(s).**

**108 Possession, manufacture, introduction, or loss of a hazardous tool (tools most likely to be used in an escape or escape attempt or to serve as weapons capable of doing serious bodily harm to others; or those hazardous to institutional security or personal safety; *e.g.,* hacksaw blade, body armor, maps, handmade rope, or other escape paraphernalia, portable telephone, pager, or other electronic device).**

**109 (Not to be used).**

**110 Refusing to provide a urine sample; refusing to breathe into a Breathalyzer; refusing to take part in other drug-abuse testing.**

**111 Introduction or making of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.**

**112 Use of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.**

**113 Possession of any narcotics, marijuana, drugs, alcohol, intoxicants, or related paraphernalia, not prescribed for the individual by the medical staff.**

**114 Sexual assault of any person, involving non-consensual touching by force or threat of force.**

**115 Destroying and/or disposing of any item during a search or attempt to search.**

**196 Use of the mail for an illegal purpose or to commit or further a Greatest category prohibited act.**

**197 Use of the telephone for an illegal purpose or to commit or further a Greatest category prohibited act.**

**198 Interfering with a staff member in the performance of duties most like another Greatest severity prohibited act. This charge is to be used only when another charge of Greatest severity is not accurate. The offending conduct must be charged as "most like" one of the listed Greatest severity prohibited acts.**

**199 Conduct which disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another Greatest severity prohibited act. This charge is to be used only when another charge of Greatest severity is not accurate. The offending conduct must be charged as "most like" one of the listed Greatest severity prohibited acts.**

**AVAILABLE SANCTIONS FOR GREATEST SEVERITY LEVEL PROHIBITED ACTS**

**A. Recommend parole date rescission or retardation.**

**B. Forfeit and/or withhold earned statutory good time or non-vested good conduct time (up to 100%) and/or terminate or disallow extra good time (an extra good time or good conduct time sanction may not be suspended).**

**B.1. Disallow ordinarily between 50% and 75% (27-41 days) of good conduct time credit available for year (a good conduct time sanction may not be suspended).**

**C. Disciplinary segregation (up to 12 months).**

**D. Make monetary restitution.**

**E. Monetary fine.**

**F. Loss of privileges (*e.g.,* visiting, telephone, commissary, movies, recreation).**

**G. Change housing (quarters).**

**H. Remove from program and/or group activity.**

**I. Loss of job.**

**J. Impound inmate's personal property.**

**K. Confiscate contraband.**

**L. Restrict to quarters.**

**M. Extra duty.**

**HIGH SEVERITY LEVEL PROHIBITED ACTS**

**200 Escape from a work detail, non-secure institution, or other non-secure confinement, including community confinement, with subsequent voluntary return to Bureau of Prisons custody within four hours.**

**201 Fighting with another person.**

**202 (Not to be used).**

**203 Threatening another with bodily harm or any other offense.**

**204 Extortion; blackmail; protection; demanding or receiving money or anything of value in return for protection against others, to avoid bodily harm, or under threat of informing.**

**205 Engaging in sexual acts.**

**206 Making sexual proposals or threats to another.**

**207 Wearing a disguise or a mask.**

**208 Possession of any unauthorized locking device, or lock pick, or tampering with or blocking any lock device (includes keys), or destroying, altering, interfering with, improperly using, or damaging any security device, mechanism, or procedure.**

**209 Adulteration of any food or drink.**

**210 (Not to be used).**

**211 Possessing any officer's or staff clothing.**

**212 Engaging in or encouraging a group demonstration.**

**213 Encouraging others to refuse to work, or to participate in a work stoppage.**

**214 (Not to be used).**

**215 (Not to be used).**

**216 Giving or offering an official or staff member a bribe, or anything of value.**

**217 Giving money to, or receiving money from, any person for the purpose of introducing contraband or any other illegal or prohibited purpose.**

**218 Destroying, altering, or damaging government property, or the property of another person, having a value in excess of $100.00, or destroying, altering, damaging life-safety devices (e.g., fire alarm) regardless of financial value.**

**219 Stealing; theft (including data obtained through the unauthorized use of a communications device, or through unauthorized access to disks, tapes, or computer printouts or other automated equipment on which data is stored).**

**220 Demonstrating, practicing, or using martial arts, boxing (except for use of a punching bag), wrestling, or other forms of physical encounter, or military exercises or drill (except for drill authorized by staff).**

**221 Being in an unauthorized area with a person of the opposite sex without staff permission.**

**222 (Not to be used).**

**223 (Not to be used).**

**224 Assaulting any person (a charge at this level is used when less serious physical injury or contact has been attempted or accomplished by an inmate).**

**225 Stalking another person through repeated behavior which harasses, alarms, or annoys the person, after having been previously warned to stop such conduct.**

**226 Possession of stolen property.**

**227 Refusing to participate in a required physical test or examination unrelated to testing for drug abuse (e.g., DNA, HIV, tuberculosis).**

**228 Tattooing or self-mutilation.**

**229 Sexual assault of any person, involving non-consensual touching without force or threat of force.**

**296 Use of the mail for abuses other than criminal activity which circumvent mail monitoring procedures (e.g., use of the mail to commit or further a High category prohibited act, special mail abuse; writing letters in code; directing others to send, sending, or receiving a letter or mail through unauthorized means; sending mail for other inmates without authorization; sending correspondence to a specific address with directions or intent to have the correspondence sent to an unauthorized person; and using a fictitious return address in an attempt to send or receive unauthorized correspondence).**

**297 Use of the telephone for abuses other than illegal activity which circumvent the ability of staff to monitor frequency of telephone use, content of the call, or the number called; or to commit or further a High category prohibited act.**

**298 Interfering with a staff member in the performance of duties most like another High severity prohibited act. This charge is to be used only when another charge of High severity is not accurate. The offending conduct must be charged as "most like" one of the listed High severity prohibited acts.**

**299 Conduct which disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another High severity prohibited act. This charge is to be used only when another charge of High severity is not accurate. The offending conduct must be charged as "most like" one of the listed High severity prohibited acts.**

**AVAILABLE SANCTIONS FOR HIGH SEVERITY LEVEL PROHIBITED ACTS**

**A. Recommend parole date rescission or retardation.**

**B. Forfeit and/or withhold earned statutory good time or non-vested good conduct time up to 50% or up to 60 days, whichever is less, and/or terminate or disallow extra good time (an extra good time or good conduct time sanction may not be suspended).**

**B.1 Disallow ordinarily between 25% and 50% (14-27 days) of good conduct time credit available for year (a good conduct time sanction may not be suspended).**

**C. Disciplinary segregation (up to 6 months).**

**D. Make monetary restitution.**

**E. Monetary fine.**

**F. Loss of privileges (*e.g.,* visiting, telephone, commissary, movies, recreation).**

**G. Change housing (quarters).**

**H. Remove from program and/or group activity.**

**I. Loss of job.**

**J. Impound inmate's personal property.**

**K. Confiscate contraband.**

**L. Restrict to quarters.**

**M. Extra duty.**

**MODERATE SEVERITY LEVEL PROHIBITED ACTS**

**300 Indecent Exposure.**

**301 (Not to be used).**

**302 Misuse of authorized medication.**

**303 Possession of money or currency, unless specifically authorized, or in excess of the amount authorized.**

**304 Loaning of property or anything of value for profit or increased return.**

**305 Possession of anything not authorized for retention or receipt by the inmate, and not issued to him through regular channels.**

**306 Refusing to work or to accept a program assignment.**

**307 Refusing to obey an order of any staff member (may be categorized and charged in terms of greater severity, according to the nature of the order being disobeyed, *e.g.* failure to obey an order which furthers a riot would be charged as 105, Rioting; refusing to obey an order which furthers a fight would be charged as 201, Fighting; refusing to provide a urine sample when ordered as part of a drug-abuse test would be charged as 110).**

**308 Violating a condition of a furlough.**

**309 Violating a condition of a community program.**

**310 Unexcused absence from work or any program assignment.**

**311 Failing to perform work as instructed by the supervisor.**

**312 Insolence towards a staff member.**

**313 Lying or providing a false statement to a staff member.**

**314 Counterfeiting, forging, or unauthorized reproduction of any document, article of identification, money, security, or official paper (may be categorized in terms of greater severity according to the nature of the item being reproduced, *e.g.,* counterfeiting release papers to effect escape, Code 102).**

**315 Participating in an unauthorized meeting or gathering.**

**316 Being in an unauthorized area without staff authorization.**

**317 Failure to follow safety or sanitation regulations (including safety regulations, chemical instructions, tools, MSDS sheets, OSHA standards).**

**318 Using any equipment or machinery without staff authorization.**

**319 Using any equipment or machinery contrary to instructions or posted safety standards.**

**320 Failing to stand count.**

**321 Interfering with the taking of count.**

**322 (Not to be used).**

**323 (Not to be used).**

**324 Gambling.**

**325 Preparing or conducting a gambling pool.**

**326 Possession of gambling paraphernalia.**

**327 Unauthorized contacts with the public.**

**328 Giving money or anything of value to, or accepting money or anything of value from, another inmate or any other person without staff authorization.**

**329 Destroying, altering, or damaging government property, or the property of another person, having a value of $100.00 or less.**

**330 Being unsanitary or untidy; failing to keep one's person or quarters in accordance with posted standards.**

**331 Possession, manufacture, introduction, or loss of a non-hazardous tool, equipment, supplies, or other non-hazardous contraband (tools not likely to be used in an escape or escape attempt, or to serve as a weapon capable of doing serious bodily harm to others, or not hazardous to institutional security or personal safety) (other non-hazardous contraband includes such items as food, cosmetics, cleaning supplies, smoking apparatus and tobacco in any form where prohibited, and unauthorized nutritional/dietary supplements).**

**332 Smoking where prohibited.**

**333 Fraudulent or deceptive completion of a skills test (*e.g.,* cheating on a GED, or other educational or vocational skills test).**

**334 Conducting a business; conducting or directing an investment transaction without staff authorization.**

**335 Communicating gang affiliation; participating in gang related activities; possession of paraphernalia indicating gang affiliation.**

**336 Circulating a petition.**

**396 Use of the mail for abuses other than criminal activity which do not circumvent mail monitoring; or use of the mail to commit or further a Moderate category prohibited act.**

**397 Use of the telephone for abuses other than illegal activity which do not circumvent the ability of staff to monitor frequency of telephone use, content of the call, or the number called; or to commit or further a Moderate category prohibited act.**

**398 Interfering with a staff member in the performance of duties most like another Moderate severity prohibited act. This charge is to be used only when another charge of Moderate severity is not accurate. The offending conduct must be charged as "most like" one of the listed Moderate severity prohibited acts.**

**399 Conduct which disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another Moderate severity prohibited act. This charge is to be used only when another charge of Moderate severity is not accurate. The offending conduct must be charged as "most like" one of the listed Moderate severity prohibited acts.**

**AVAILABLE SANCTIONS FOR MODERATE SEVERITY LEVEL PROHIBITED ACTS**

**A. Recommend parole date rescission or retardation.**

**B. Forfeit and/or withhold earned statutory good time or non-vested good conduct time up to 25% or up to 30 days, whichever is less, and/or terminate or disallow extra good time (an extra good time or good conduct time sanction may not be suspended).**

**B.1 Disallow ordinarily up to 25% (1-14 days) of good conduct time credit available for year (a good conduct time sanction may not be suspended).**

**C. Disciplinary segregation (up to 3 months).**

**D. Make monetary restitution.**

**E. Monetary fine.**

**F. Loss of privileges (*e.g.,* visiting, telephone, commissary, movies, recreation).**

**G. Change housing (quarters).**

**H. Remove from program and/or group activity.**

**I. Loss of job.**

**J. Impound inmate's personal property.**

**K. Confiscate contraband.**

**L. Restrict to quarters.**

**M. Extra duty.**

**LOW SEVERITY LEVEL PROHIBITED ACTS**

**400 (Not to be used).**

**401 (Not to be used).**

**402 Malingering, feigning illness.**

**403 (Not to be used).**

**404 Using abusive or obscene language.**

**405 (Not to be used).**

**406 (Not to be used).**

**407 Conduct with a visitor in violation of Bureau regulations.**

**408 (Not to be used).**

**409 Unauthorized physical contact (e.g., kissing, embracing).**

**498 Interfering with a staff member in the performance of duties most like another Low severity prohibited act. This charge is to be used only when another charge of Low severity is not accurate. The offending conduct must be charged as "most like" one of the listed Low severity prohibited acts.**

**499 Conduct which disrupts or interferes with the security or orderly running of the institution or the Bureau of Prisons most like another Low severity prohibited act. This charge is to be used only when another charge of Low severity is not accurate. The offending conduct must be charged as "most like" one of the listed Low severity prohibited acts.**

**AVAILABLE SANCTIONS FOR LOW SEVERITY LEVEL PROHIBITED ACTS**

**B.1 Disallow ordinarily up to 12.5% (1-7 days) of good conduct time credit available for year (to be used only where inmate found to have committed a second violation of the same prohibited act within 6 months); Disallow ordinarily up to 25% (1-14 days) of good conduct time credit available for year (to be used only where inmate found to have committed a third violation of the same prohibited act within 6 months) (a good conduct time sanction may not be suspended).**

**D. Make monetary restitution.**

**E. Monetary fine.**

**F. Loss of privileges (e.g., visiting, telephone, commissary, movies, recreation).**

**G. Change housing (quarters).**

**H. Remove from program and/or group activity.**

**I. Loss of job.**

**J. Impound inmate's personal property.**

**K. Confiscate contraband**

**L. Restrict to quarters.**

**M. Extra duty.**

**Table 2. ADDITIONAL AVAILABLE SANCTIONS FOR REPEATED PROHIBITED ACTS WITHIN THE SAME SEVERITY LEVEL**

| Prohibited Act Severity Level | Time Period for Prior Offense (same code) | Frequency of Repeated Offense | Additional Available Sanctions |
|---|---|---|---|
| Low Severity (400 level) | 6 months | 2nd offense | 1. Disciplinary segregation (up to 1 month).<br>2. Forfeit earned SGT or non-vested GCT up to 10% or up to 15 days, whichever is less, and/or terminate or disallow extra good time (EGT) (an EGT sanction may not be suspended). |
| | | 3rd or more offense | Any available Moderate severity level sanction (300 series). |
| Moderate Severity (300 level) | 12 months | 2nd offense | 1. Disciplinary segregation (up to 6 months).<br>2. Forfeit earned SGT or non-vested GCT up to 37 1/2% or up to 45 days, whichever is less, and/or terminate or disallow EGT (an EGT sanction may not be suspended). |
| | | 3rd or more offense | Any available High severity level sanction (200 series). |
| High Severity (200 level) | 18 months | 2nd offense | 1. Disciplinary segregation (up to 12 months).<br>2. Forfeit earned SGT or non-vested GCT up to 75% or up to 90 days, whichever is less, and/or terminate or disallow EGT (an EGT sanction may not be suspended). |
| | | 3rd or more offense | Any available Greatest severity level sanction (100 series). |
| Greatest Severity (100 level) | 24 months | 2nd or more offense | Disciplinary Segregation (up to 18 months). |

**U.S. Department of Justice**
Federal Bureau of Prisons

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# Special Management Units

*Approved*: Harley G. Lappin
Director, Federal Bureau of Prisons

## 1. PURPOSE AND SCOPE

To provide guidance and procedures for operating Special Management Units (SMU).

Some inmates, such as those who participated in or had a leadership role in geographical group/gang-related activity, present unique security and management concerns. Accordingly, the Bureau of Prisons (Bureau) designates inmates to SMUs where greater management of their interaction is necessary to ensure the safety, security, or orderly operation of Bureau facilities, or protection of the public.

SMU designation is non-punitive, and may be appropriate for any inmate meeting the referral criteria in Section 2 below. Conditions of confinement for SMU inmates are more restrictive than for general population inmates, and are described in Section 5. Inmates are expected to complete the four-level SMU program in 18 to 24 months, at which time they may be redesignated to an appropriate facility.

a. **Program Objectives.** The expected results of this program are:

- Inmates who meet the criteria for designation to a SMU will be referred for redesignation.
- SMU inmates will complete a four-level program and be redesignated to the general population.
- Safe and orderly environments at all insitutions will be further enhanced by the operation of SMUs.

b. **Pretrial/Holdover/Detainee Procedures.** This Program Statement applies only to sentenced inmates.

## 2. REFERRAL CRITERIA

Designation to a SMU may be considered for any sentenced inmate whose interaction requires greater management to ensure the safety, security, or orderly operation of Bureau facilities, or protection of the public, because the inmate meets **any** of the following criteria:

- Participated in disruptive geographical group/gang-related activity.
- Had a leadership role in disruptive geographical group/gang-related activity.
- Has a history of serious and/or disruptive disciplinary infractions.
- Committed any 100-level prohibited act, according to 28 CFR part 541, after being classified as a member of a Disruptive Group pursuant to 28 CFR part 524.
- Participated in, organized, or facilitated any group misconduct that adversely affected the orderly operation of a correctional facility.
- Otherwise participated in or was associated with activity such that greater management of the inmate's interaction with other persons is necessary to ensure the safety, security, or orderly operation of Bureau facilities, or protection of the public.

## 3. REFERRAL PROCEDURES

a. **Referral.** If an inmate appears to satisfy any of the referral criteria above, the Unit Team may present a redesignation referral to the Warden. The referral packet consists of a completed Request for Transfer/Application of Management Variable (EMS-A409), copies of pertinent Special Investigative Supervisor reports and incident reports, and a cover memorandum to the Warden summarizing the rationale for referral for SMU designation. If the Warden approves the referral, it is submitted to the Regional Director. The packet may be submitted electronically at all stages. The Unit Team will be notified if the Warden denies the referral.

b. **Hearing.** If the Regional Director determines that sufficient evidence exists to convene a hearing, the Regional Director appoints a Hearing Administrator to conduct a hearing into whether the inmate meets the criteria for SMU designation. The Hearing Administrator will have been trained and certified as a Discipline Hearing Officer, will be an impartial decision-maker, and will not have been personally involved as a witness or victim in any relevant disciplinary action involving that inmate.

The Warden will be notified of the Regional Director's decision to conduct a hearing before the inmate is provided pre-hearing notice. The inmate's security needs will be assessed and staff made aware of any additional security precautions.

(1) **Pre-Hearing Notice.** The Hearing Administrator completes the form BP-A0935, *Notice to Inmate: Hearing Referral for Designation to a Special Management Unit* (available on Sallyport) and sends it to the inmate's current institution. Unit team staff provide the inmate with a copy of the Notice at least 24 hours before the hearing, and document delivery to the inmate. If the inmate is illiterate, the delivering staff member will read the notice verbatim. If the inmate does not speak English, the Unit Team staff will make arrangements to provide translation.

The Notice will:

- Advise the inmate of the date and time of the hearing.
- Advise the inmate of the opportunity to appear at the hearing.
- Provide a sufficiently detailed explanation of the reasons for the referral. Such explanation will not include information that would jeopardize the safety, security, or orderly operation of correctional facilities, or protection of the public.
- Inform the inmate that a non-probationary staff member will be available to help the inmate compile documentary evidence and written witness statements to present at the hearing. The assisting staff member's responsibility in this role is limited to assisting the inmate in obtaining copies of documents needed, for example, from his central file or other reasonably available source(s), or a written statement(s) from other reasonably available inmates or staff.

(2) **Inmate Appearance and Evidence.** The inmate has the opportunity to appear at the hearing, make an oral statement, and present documentary evidence and written witness statements, except where contrary to the safety, security, or orderly operation of Bureau facilities, or protection of the public. The Hearing Administrator, after consultation with the facility where the inmate is housed, will determine whether the inmate appears at the hearing via videoconference, telephone conference, or in-person. The Warden or designee will determine the location of the hearing. The inmate may not call witnesses at the hearing.

c. **Post-Hearing Findings and Decision.** The Hearing Administrator considers whether, based on information obtained during the referral process and presented at the hearing, the inmate meets the criteria for the SMU program. The Hearing Administrator prepares the form BP-A0936, *Hearing Administrator's Report on Referral for Designation to a Special Management Unit* (available on Sallyport) and provides it to the Regional Director. The Report provides a detailed explanation of the reasons for the Hearing Administrator's findings, but does not include information that would jeopardize the safety, security, or orderly operation of correctional facilities, or protection of the public.

The Regional Director considers whether, based on the Hearing Administrator's findings, the SMU referral is necessary to ensure the safety, security, or orderly operation of Bureau facilities, or protection of the public. The Regional Director includes a recommendation on the Report and forwards it to the Designation and Sentence Computation Center (DSCC).

When considering inmates for designation to the SMU, appropriate DSCC staff involved in the designation process shall review the inmate's CIM assignment to ensure inmates who are separatees pursuant to the CIM Manual are not designated to the same SMU without written concurrence of the Central Office. The DSCC will then review the Report and, after consulting with the Assistant Director, Correctional Programs Division, Central Office, indicate whether SMU referral is approved. If SMU referral is approved, the DSCC selects the SMU that best meets the inmate's greater management needs, and enters said approval on the CMC Clearance Data Sheet. The DSCC forwards the decision to the receiving Regional Director and Warden, with copies to the referring Regional Director and Warden. If a SMU referral is denied, the

DSCC should consider a secondary referral code/rationale provided in the referral, i.e., greater security, adjustment purposes, etc.

d. **Post-Decision Notice and Appeal.** The inmate's copy of the completed Report is sent to the referring Warden, who ensures delivery to the inmate. The Report advises the inmate of the opportunity to appeal the decision and the Hearing Administrator's findings through the Administrative Remedy Program, directly to the Office of General Counsel.

An inmate's appeal of the decision or the Hearing Administrator's findings does not delay designation and transfer to a SMU. Designation and transfer are effected; the inmate may proceed with the appeal while housed in the SMU.

e. **Notice for Current SMU Inmates.** Inmates currently in a SMU are provided the BP-A0937, *Notice to Inmate of Designation to a Special Management Unit* (available on Sallyport). This Notice informs the inmate of the right to appeal the designation decision and the inmate's individual conditions of confinement.

f. **Inmates in Disciplinary Segregation.** When an inmate serving a sanction of disciplinary segregation is designated to a SMU, the referring Regional Director may:

- Direct that the inmate complete the disciplinary segregation period at the current institution; or
- Request that the inmate complete the disciplinary segregation period at the receiving institution before transfer into the SMU.

## 4. CENTRAL INMATE MONITORING (CIM) ASSIGNMENTS

CIM assignments regarding SMU candidates will be finalized prior to assignment to a specific SMU. This will ensure the most appropriate placement of each SMU inmate.

a. **CIM Assignment Related to SMU Placement**. Inmates with CIM assignments related to their SMU placement may be housed in the same institution/SMU housing unit during Levels One and Two, due to the institution's ability to prevent any physical contact between them. SMU inmates approved for Levels Three and Four, however, must demonstrate a willingness and subsequent ability to effectively coexist with other inmates. Inmates who fail to demonstrate these traits with other inmates, and specifically their CIM assignments (individuals or group) will retain those assignments and may be removed from the SMU program pending redesignation to another appropriate facility, consistent with the orderly running and operations of our institutions.

b. **CIM Assignments Unrelated to SMU Placement**. Occasionally, a SMU candidate will have a verified separation need from another SMU candidate that is unrelated to each inmate's consideration for SMU placement. For example, inmate "A" previously testified against inmate "B," and both inmates were made separatees from each other. Under these type circumstances, inmates "A" and "B" should be housed in different SMUs.

## 5. CONDITIONS OF CONFINEMENT

Conditions of confinement for SMU inmates will be more restrictive than for general population inmates. An inmate's individual conditions will be limited in accordance with this policy as necessary to ensure the safety of others, to protect the security or orderly operation of the institution, or protection of the public. Individual conditions may be further limited as part of a disciplinary sanction imposed pursuant to 28 CFR part 541, except as specified below. Individual conditions are ordinarily made less restrictive when an inmate progresses from level-to-level of the SMU program. The cell door of each inmate in the SMU will be clearly marked with the inmate's Level and any enhanced security needs for that inmate.

The Warden must request a policy waiver, in accordance with the policy on Directives Management Manual, to impose restrictions more stringent than those allowed by this Program Statement or other applicable national directives. Conditions required by regulations, however, may not be waived.

a. **Minimal Conditions.** Except as provided above, minimal conditions of confinement for SMU inmates are as follows, and in accordance with the policy on Occupational Safety, Environmental Compliance, and Fire Protection, and Directives referenced in this Program Statement.

(1) **Environment.** Living quarters are well ventilated, adequately lighted, appropriately heated, and maintained in a sanitary condition.

(2) **Cell Occupancy.** Living quarters ordinarily house only the number of occupants for which they are designed. The Warden, however, may authorize additional occupants as long as adequate standards can be maintained.

(3) **Bedding.** Inmates receive a mattress, blankets, a pillow, and linens for sleeping. Inmates have necessary opportunities to exchange linens.

(4) **Clothing.** Inmates receive adequate institution clothing, including footwear. Inmates have opportunities to exchange clothing or have it washed.

(5) **Personal Hygiene.** Inmates have access to a wash basin and toilet. Inmates receive necessary personal hygiene items. Inmates have the opportunity to shower and shave at least three times per week. Inmates have access to necessary hair care services.

(6) **Meals.** Inmates receive nutritionally adequate meals and may be required to eat all meals in their living quarters.

(7) **Recreation.** Inmates have the opportunity to exercise outside their individual quarters for five hours per week, ordinarily in one-hour periods on different days. The Warden may deny these exercise periods for up to one week at a time if it is determined that an inmate's recreation

itself jeopardizes the safety, security, or orderly operation of the institution. However, recreation conditions specified here may **not** otherwise be limited, even as part of a disciplinary sanction imposed under 28 CFR part 541.

(8) **Personal Property.** Inmates may have reasonable amounts of personal property. Personal property may be limited for reasons of fire safety, sanitation, or available space.

(9) **Commissary.** Inmates have access to the commissary, as determined by the Warden.

(10) **Visits.** Inmates may receive visitors in accordance with 28 CFR part 540. Inmates may be provided non-contact visits, through the use of videoconferencing or other technology.

(11) **Correspondence and Telephone Use.** Inmates may correspond with persons in the community and use the telephone in accordance with 28 CFR part 540 and this Program Statement. However, to deter and detect continued involvement in disruptive geographical group/gang-related activity, correspondence and telephone use are subject to monitoring and analysis for intelligence purposes. Special mail and unmonitored attorney telephone calls are handled in accordance with 28 CFR part 540.

Telephone calls are live-monitored where feasible. If live monitoring is not feasible, calls are ordinarily reviewed within 24 hours. If the call is in a language other than English, it is submitted for translation. The translated call summary is analyzed for intelligence purposes. Inmates may use the telephone a minimum of two completed calls per month, unless telephone restrictions have been imposed pursuant to 28 CFR part 541, and may be increased as they progress through the levels of the program.

Correspondence that is prepared in a language other than English will either be directly translated or submitted to the SIS office for translation. All correspondence is analyzed for intelligence purposes before mailing out of the institution and before being delivered to the inmate.

(12) **Legal Activities.** Inmates may perform legal activities in accordance with 28 CFR part 543.

(13) **Religion.** Inmates may pursue religious beliefs and practices in accordance with 28 CFR part 548.

(14) **Library Services.** Inmates have access to library services in accordance with 28 CFR part 544.

(15) **Medical Care.** A health services staff member visits inmates daily to provide necessary medical care. Emergency medical care is always available either at the institution or from the community.

(16) **Mental Health Care.** Each inmate will be evaluated by mental health staff every 30 days. Emergency mental health care is always available either at the institution or from the community.

b. **30-Day Conditions Review.** The Warden will designate staff to conduct reviews every 30 days of inmates assigned to SMUs, as provided on Form BP-A0951, *Special Management Unit (SMU) 30-day Conditions Review*. The original form will be retained in the inmate's central file.

c. **Housing Unit Daily Record.** The housing unit officer completes Form BP-A0950, *Housing Unit Daily Record*, daily for the items provided therein. At Level Four, completion of the daily record form is optional, as determined by the Warden.

d. **Protective Equipment.** Consistent with the Correctional Services Program Statements, appropriate protective equipment will be made available for Special Management Units. The location of this protective equipment will be in an area accessible to staff as determined by the Warden.

6. **PROGRAM STRUCTURE AND REVIEWS**

SMUs consist of four program levels, differentiated by the conditions of confinement and expected time frames for completion, as described below. Completion of all levels is expected within 18-24 months.

<table>
<tr><th>Level</th><th>Expected Level Completion Time</th><th>SMU Reviews</th></tr>
<tr><td>One</td><td>4 Months</td><td>Initially Within 28 Days<br>Subsequently Every 90 Days</td></tr>
<tr><td>Two</td><td>6 - 8 Months</td><td rowspan="2">Every 90 days</td></tr>
<tr><td>Three</td><td>6 - 8 Months</td></tr>
<tr><td>Four</td><td>2 - 4 Months</td><td>Every 30 days</td></tr>
</table>

a. **Level One**

**Inmate Interaction**: At this level, interaction between inmates is minimal (for example, shower, recreation, programming). The Associate Warden is responsible for determining which inmates may be housed or participate in activities together, as necessary to protect the safety, security, and good order of the institution. Inmates will ordinarily be restricted to their assigned cells.

**Admission and Orientation**: Inmates will participate in an institution and unit admission and orientation (A&O) program as outlined in the policy on A&O. The goal of the SMU A&O

program is to provide inmates with information regarding the institution operations, program availability, and the requirements for successful progression through each of the four levels of the program, based upon specific goals established for each inmate.

**Programming:** Initial programming assessment will occur within the first 28 days of an inmate's arrival at the SMU. Institution and SMU staff will interact with each inmate on an individual basis to:

- Assess the inmate's program and counseling needs;
- Discuss the SMU program objectives/expectations;
- Establish a set of program goals based on the inmate's individual needs and the programming available within the unit; and
- Communicate requirements of the SMU program, to include the expectations the inmate must meet before he will be considered for a general population institution.

**Property**: Inmates will have limited personal property, as determined by the Warden through the Institution Supplement.

**Level Progression**: Progression through Level One is based upon the inmate's compliance with behavioral expectations as established by institution and SMU staff. A multi-discipline Special Management Review will be conducted by the Unit Manager, Captain, and Associate Warden (chairperson)(or their acting). This review will include input from the SMU unit team, correctional staff, psychology staff, education staff, and other appropriate staff to determine the inmate's readiness to progress to the next level. Review of the inmate will be documented on Form BP-A0949, *Special Management Review Report*, along with any accompanying memoranda from any member referred to above, and will be filed in Section 2 of the inmate's Central File. After the initial programming assessment, Level One inmates will be reviewed at least every 90 days. Inmates are expected to progress to Level Two after four months.

b. **Level Two**

**Inmate Interaction**: At this level, interaction between inmates is minimal (for example, shower, recreation, programming). The Associate Warden is responsible for determining which inmates may be housed or participate in activities together, as necessary to protect the safety, security, and good order of the institution. Inmates will ordinarily be restricted to their assigned cells, but out-of-cell activities/programming may be increased on a case-by-case behavioral performance basis.

**Programming:** Inmates will continue their involvement in GED or ESL either individually or in a classroom setting. Initially during this level, inmates may be involved in programs on a self-study basis. Then, individual and small group counseling sessions dealing specifically with treatment readiness and fundamental communication skills will be required. The Associate Warden is responsible for determining which inmates will participate in group activities. All program activities should reinforce the goal of coexisting and acting responsibly.

Curriculum at this level will target "treatment readiness skills" (e.g., basic empathy, attending, responding, respect, genuineness, etc.) to enhance inmate receptivity to the new concepts which they will be exposed to in Level Three. Small group counseling sessions, in particular, should focus on treatment readiness and fundamental communication skills.

**Property**: At this level, staff may incrementally allow inmates to have additional personal property, based on individual performance.

**Level Progression**: Progression through this level is based upon the inmate demonstrating the potential for positive "community" interaction. During Level Two, inmates generally program and function separately. Progression to Level Three, however, requires that the inmate demonstrate the ability to coexist with other individuals, groups, or gangs. Accordingly, the multi-discipline Special Management Unit Review prior to Level Three consideration must address CIM assignments in detail. The inmate's willingness/unwillingness to coexist with his CIM assignments must be documented via a memorandum to the file. This memorandum may also be used as rationale in any subsequent CIM declassification request. Review of the inmate will be documented on Form BP-A0949, *Special Management Review Report*, along with any accompanying memoranda from any member referred to above, and will be filed in Section 2 of the inmate's Central File. Level Two inmates will be reviewed at least every 90 days. Inmates are expected to progress to Level Three after six to eight months. Inmates who fail to make satisfactory progress may be returned to a previous level.

c. **Level Three**

**Inmate Interaction**: Inmates at this level will begin to interact in an open, but supervised, setting with individuals from various groups, to include open movement in the unit and frequent group counseling sessions commensurate with the inmate's demonstrated ability to effectively coexist with other inmates. The Associate Warden is responsible for determining which inmates may be housed or participate in activities together, as necessary to protect the safety, security, and good order of the institution. There will also be increased privileges (e.g., increased commissary, property, etc.) at this level for those who accomplish unit goals and maintain appropriate conduct.

**Programming:** Activities at this level will intensify, with more active involvement on the inmate's part in the group counseling sessions. The Associate Warden is responsible for determining which inmates will participate in group activities.

The focus and emphasis of the SMU program counseling activities will be to minimize the tendency of SMU inmates to involve themselves in disruptive behavior. Counseling will focus on encouraging inmates to find ways in which they can coexist appropriately with other inmates in a general population setting and behave responsibly. Counseling will be value driven and involve cognitive restructuring, and emphasize responsibility and accountability. First and foremost, the inmates must be taught to look toward the future, as the decisions they are making affect their families and their ability to prepare themselves for eventual reentry to society.

**Property**: At this level inmate access to personal property may be incrementally increased from Level Two based on individual performance.

**Level Progression**: Progression through this level is based upon the inmate's ability to demonstrate positive "community" interaction skills. Progression to Level Four should be based on a determination that the inmate will likely meet the redesignation criteria provided in Section 8, **Redesignation**, below. Review of the inmate will be documented on Form BP-A0949, *Special Management Review Report*, along with any accompanying memoranda from any member referred to above, and will be filed in Section 2 of the inmate's Central File. Level Three inmates will be reviewed at least every 90 days. Inmates are expected to progress to Level Four after six to eight months. Inmates who fail to make satisfactory progress may be returned to a previous level.

d. **Level Four**

**Inmate Interaction**: At this level inmates must be able to demonstrate their sustained ability to coexist and interact appropriately with other individuals and groups in the unit. The Associate Warden is responsible for determining which inmates will participate in group activities.

**Programming:** Inmates will continue to participate in counseling programs outlined in Level Three.

**Property**: Level Four inmates may be considered for the same personal property privileges as general population inmates.

**Level Progression**: This level will encompass the inmate's last two-to-four months in the SMU. Level Four inmate reviews will be conducted every 30 days, and documented the same as previous reviews. The inmate's successful progression through this phase will indicate he is prepared to function in a general population setting with inmates of various group affiliations. Ordinarily, inmates who successfully complete the SMU program will be redesignated to the general population of another facility. In some situations, however, the SMU unit team may recommend that the SMU graduate be assigned to the general population of that facility. Inmates who fail to make satisfactory progress may be returned to a previous level.

## 7. PERIODIC REVIEW

SMU inmates are reviewed by the Unit Team in conjunction with regularly scheduled Program Reviews as provided in the policy on Inmate Classification and Program Review. The Unit Team specifically reviews inmates for progression through the levels of the program. An inmate's institutional adjustment, program participation, personal hygiene, and cell sanitation are considered when reviewing the inmate for progression to further levels.

## 8. REDESIGNATION

a. **Redesignation Criteria.** To be redesignated from SMU status, an inmate must:

- For 12 to 18 months, abstain from all of the following:
  - Geographical group/gang-related activity.
  - Serious and/or disruptive disciplinary infractions.
  - Group misconduct that adversely affects the orderly operation of a correctional facility.
- Demonstrate a sustained ability to coexist with other inmates, staff, and other persons.

b. **Referral Procedures.** When an inmate has met the redesignation criteria, the Unit Team submits a referral to the Warden for designation to the general population, ordinarily of another institution.

If an inmate is not recommended by the Unit Team for redesignation after 24 months, a referral for continued SMU designation must be submitted to the Regional Director. If the Regional Director approves continued SMU designation, the inmate receives written notice of the decision and the rationale for it. The inmate may appeal the decision by attempting informal resolution and filing a formal request with institution staff, as provided by the Administrative Remedy Program.

c. **SMU Failures.** If an inmate continues to exhibit disruptive conduct after 6 additional months in the SMU, the inmate may be referred for designation to another appropriate facility, consistent with the orderly running and operations of our institutions.

## 9. INSTITUTION SUPPLEMENT

Each institution with a SMU will develop an Institution Supplement that addresses local operations and procedures. The Institution Supplement must be reviewed for legal sufficiency by the Regional Counsel prior to implementation.

## REFERENCES

*Program Statements*

P1600.09 Occupational Safety, Environmental Compliance, and Fire Protection (10/31/07)
P5100.08 Inmate Security Designation and Custody Classification (9/12/06)
P5180.05 Central Inmate Monitoring System (12/31/07)
P5230.05 Grooming (11/4/96)
P5264.08 Inmate Telephone Regulations (1/24/08)
P5265.11 Correspondence (7/9/99)
P5267.08 Visiting Regulations (5/11/06)

P5270.07 Inmate Discipline and Special Housing Units (3/20/06)
P5290.14 Admission and Orientation Program (4/3/03)
P5300.21 Education, Training and Leisure Time Program Standards (2/18/02)
P5322.12 Inmate Classification and Program Review (11/29/06)
P5360.09 Religious Beliefs and Practices (12/31/04)
P5370.11 Recreation Programs, Inmate (6/28/08)
P5521.05 Searches of Housing Units, Inmates, and Inmate Work Areas (6/30/97)
P5580.07 Personal Property, Inmate (12/28/05)
P5803.07 Progress Reports (3/16/98)
P6031.01 Patient Care (1/15/05)
P6340.04 Psychiatric Services (1/15/05)

*ACA Standards*

- 4th Edition Standards for Adult Correctional Institutions: 4-4277, 4-4287, 4-4288, 4-4290, 4-4292, 4-4295, 4-4296, 4-4297, 4-4299, 4-4300, 4-4301, 4-4363M.
- Performance Based Standards for Adult Local Detention Facilities, 4th Edition: None.
- 2nd Edition Standards for Administration of Correctional Agencies: 2-CO-4A-01, 2-CO-4B-01, 2-CO-4B-04, 2-CO-4F-01.

*Records Retention Requirements*

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport and BOPDOCS.

**U.S. Department of Justice**
Federal Bureau of Prisons

# Program Statement

**OPI:** CPD
**NUMBER:** 5212.07
**DATE:** 2/20/2001
**SUBJECT:** Control Unit Programs

1. **[PURPOSE AND SCOPE §541.40**

**a. In an effort to maintain a safe and orderly environment within its institutions, the Bureau of Prisons operates control unit programs intended to place into a separate unit those inmates who are unable to function in a less restrictive environment without being a threat to others or to the orderly operation of the institution. The Bureau of Prisons provides written criteria for the:**

**(1) Referral of an inmate for possible placement within a control unit;**
**(2) Selection of an inmate for placement within a control unit;**
**(3) Regular review of an inmate while housed in a control unit; and,**
**(4) Release of an inmate from a control unit.]**

Correctional institutions occasionally experience disruptions of regular activities by individual or small groups of inmates. Programs that serve the vast majority, such as industries, education, and vocational training, are made less effective by violence, threats of violence, and major security breaches. To protect the majority of inmates and still fulfill the Bureau's obligation to provide safekeeping, care, and subsistence to those who are violent and disruptive, special programs are needed.

Ordinary techniques for segregation or transfer have provided a means of separating some disruptive inmates in the past. However, they have proven ineffective with others. Established segregation programs for short periods of restriction are not

satisfactory for inmates who need a longer period of control and supervisory care. Their inability to be safely placed into the population of other institutions precludes regular transfer.

**[b. The Bureau of Prisons provides an inmate confined within a control unit the opportunity to participate in programs and activities restricted as necessary to protect the security, good order, or discipline of the unit.]**

2. **SUMMARY OF CHANGES.** The following are highlights of changes to this Program Statement:

a. References to psychiatrist and psychiatric evaluation or report was changed to psychologist or psychological throughout the program statement.

b. Section 2, Summary of Changes, was added.

c. Section 6.c.(1) clarifies the requirement for mental health, medical, and dental evaluations prior a control unit referral. It also requires that an inmate's refusal to cooperate with a mental health evaluation be documented.

d. Section 11.e.(2) was revised to enact the prohibition of the purchase of weight training equipment for inmates.

e. Section 14.b. requires medical staff to review an inmate's medical record prior to granting an inmate's request for a X-ray in lieu of a digital search to detect contraband. The clause, "no more than two abdominal X-rays per year for non-medical purposes," was removed.

f. Section 15.a. clarifies the requirements for the unit team during 30 day reviews. They must have the collected daily activity data and the mental health assessment report. In addition, a personal interview with the inmate is to be conducted.

3. **PROGRAM OBJECTIVES.** The expected results of this program are:

a. A safe and orderly institutional environment will be enhanced by placing predatory and assaultive inmates in a control unit setting.

b. Appropriate referral information will be prepared and forwarded to the Regional Director and Hearing Administrator for each inmate referred for control unit placement.

c. Services will be available to control unit inmates.

d. Each inmate in a control unit will have a periodic status review and be advised of the projected duration of control unit confinement.

e. Each inmate who returns to a control unit after coming into contact with the public will be searched.

4. **DIRECTIVES AFFECTED**

a. **Directive Rescinded**

PS 5212.06 Control Unit Programs (8/29/95)

b. **Directives Referenced**

| | |
|---|---|
| PS 1330.11 | Administrative Remedy Procedure for Inmates (10/29/93) |
| PS 5265.11 | Correspondence (7/9/99) |
| PS 5270.07 | Inmate Discipline and Special Housing Units (12/29/87) |
| PS 5521.05 | Searches of Housing Units, Inmates, and Inmate Work Areas (6/30/97) |
| PS 6000.05 | Health Services Manual (9/15/96) |

c. Rules cited in this Program Statement are contained in 28 CFR 541.40-50.

5. **STANDARDS REFERENCED.** None

6. **[INSTITUTION REFERRAL §541.41**

**a. The Warden shall submit a recommendation for referral of an inmate for placement in a control unit to the Regional Director in the region where the inmate is located.]**

The written request to the Regional Director will include:

(1) A referral memorandum stating the basis for recommendation.

(2) Copies of all DHO reports, misconduct reports, and investigative materials related to the specific acts that prompted the recommendation. Copies of other relevant materials must also be forwarded.

(3) A copy of an up-to-date progress report that includes the latest incidents of misconduct.

(4) A copy of the pre-sentence investigation.

(5) A copy of an up-to-date mental health report that includes identifying information such as:

- the inmate's name,
- place of birth,
- age, and
- current sentence.

The reason for the control unit referral must be included in this report. In addition, the mental health report will include a discussion (not a one-word response) of relevant background material, including:

- the inmate's family,
- medical,
- sexual,
- education activities and work,
- drug and alcohol use,
- military,
- criminal and legal,
- mental health history, and
- the inmate's view of his or her crime.

The psychologist will discuss the inmate's mental status and provide a diagnostic impression written so that the Hearing Administrator and Executive Panel can understand clearly the inmate's mental health history and present condition. The mental health report will conclude with the psychologist’s findings as to:

- medication,
- expected future behavior, and
- the need for follow-up reviews.

(6) A copy of an up-to-date medical (including dental) report.

(7) A memorandum signed by the Health Services Administrator indicating whether there are any medical/dental problems that preclude placement in a control unit.

**[b. The Warden shall consider the following factors in a recommendation for control unit placement:**

**(1) Any incident during confinement in which the inmate has caused injury to other persons;**

**(2) Any incident in which the inmate has expressed threats to the life or well-being of other persons;**

**(3) Any incident involving possession by the inmate of deadly weapons or dangerous drugs;**

**(4) Any incident in which the inmate is involved in a disruption of the orderly operation of a prison, jail, or other correctional institution;]**

Special reasons are required in the Warden's request to the Regional Director to support the conclusion that the safety of the institution is threatened in a way other than those listed in (1) through (4) above.

**[(5) An escape from a correctional institution.**

**(6) An escape attempt. Depending on the circumstances, an escape attempt, considered alone or together with an inmate's prior history, may warrant consideration for a control unit placement.]**

An escape attempt involving the taking of hostages, or an escape attempt involving the use of weapons, warrants referral to the control unit. Other examples that may warrant a referral include:

- multiple escape attempts,
- an escape attempt otherwise involving injury or threat to life, or
- use of a deadly weapon.

Incidents involving the possession of escape tools or plans, an escape attempt not involving injury or threat to life or use of a deadly weapon ordinarily do not warrant a referral; designating a U.S. Penitentiary for the inmate should be considered first.

**[(7) The nature of the offense for which committed. An inmate may not be considered solely on the nature of the crime which resulted in that inmate's incarceration; however, the nature of the crime may be considered in combination with other factor(s) as described in paragraph (b) of this section.**

**c. The Warden may not refer an inmate for placement in a control unit:**

**(1) If the inmate shows evidence of significant mental disorder or major physical disabilities as documented in a mental health evaluation or a physical examination;]**

A mental health evaluation (by an appropriate mental health professional) and a medical (including dental) examination report (by medical staff) will be available for the Warden's consideration prior to referring an inmate for a control unit placement. The mental health evaluation must include an up-to-date mental health report. If the inmate refuses to cooperate in a mental health evaluation, the psychologist will document this refusal in a report consisting of a record review and staff observation.

The report must include, to the extent possible, the information required in Section 6.a.(5) of this Program Statement. The mental health report will be forwarded with the referral package. Ordinarily, necessary dental work is completed prior to an inmate's transfer to a control unit.

**[(2) On the basis that the inmate is a protection case, e.g., a homosexual, an informant, etc., unless the inmate meets other criteria as described in paragraph (b) of this section.]**

7. **[<u>DESIGNATION OF HEARING ADMINISTRATOR</u> §541.42**

**a. The Regional Director in the region where the inmate is located shall review the institution's recommendation for referral of an inmate for placement in a control unit. If the Regional Director concurs with the recommendation, the Regional Director shall forward a written request, together with the institution's referral material, to the Regional Director of the region where the control unit is located. The Regional Director of the region where the control unit is located shall designate a person in the Regional Office to review the referral material and to conduct a hearing on the appropriateness of an inmate's placement in a control unit.**

**b. The Hearing Administrator shall have the following qualifications:**

**(1) Correctional experience, including institutional work with inmates, processing of inmate disciplinary actions, significant institutional experience in observing and evaluating**

**inmate adjustment and disruptive behavior, and knowledge of the options available in the Bureau of Prisons for dealing with such conduct;**

**(2) Lack of former personal involvement in an Institution Discipline Committee action involving the particular inmate in incident(s) referred; and**

**(3) Familiarity with Bureau of Prisons policies and operations, including the criteria for placement of inmates in different institutions and in a control unit.]**

The Hearing Administrator will contact the recommending institution's Warden to arrange the time and date for the hearing.

8. **[<u>HEARING PROCEDURE</u> §541.43**

**a. The Hearing Administrator shall provide a hearing to an inmate recommended for placement in a control unit. The hearing ordinarily shall take place at the recommending or sending institution.**

**b. The hearing shall proceed as follows.**

**(1) Staff shall provide an inmate with an advance written notice of the hearing and a copy of this rule at least 24 hours prior to the hearing. The notice will advise the inmate of the specific act(s) or other evidence which forms the basis for a recommendation that the inmate be transferred to a control unit, unless such evidence would likely endanger staff or others. If an inmate is illiterate, staff shall explain the notice and this rule to the inmate and document that this explanation has occurred.]**

The Hearing Administrator prepares the "Notice of Control Unit Hearing" (Attachment A). If the Hearing Administrator intends to consider any disciplinary actions the inmate received before or after the control unit referral, these actions must be referred to in the notice.

The Hearing Administrator sends the "Notice of Control Unit Hearing" and a copy of either this Program Statement or the current rule (28 CFR 541.40-50) on control unit programs to the institution for staff delivery to the inmate. The date and time the inmate receives this material will be recorded on the staff copy of the notice.

**[(2) The Hearing Administrator shall provide an inmate the service of a full-time staff member to represent the inmate, if the inmate so desires. The Hearing Administrator shall document in the record of the hearing an inmate's request for, or refusal of staff representation. The inmate may select a staff representative from the local institution. If the selected staff member declines or is unavailable, the inmate has the option of selecting another representative or, in the case of an absent staff member, of waiting a reasonable period (determined by the Hearing Administrator) for the staff member's return, or of proceeding without a staff representative. When an inmate is illiterate, the Warden shall provide a staff representative. The staff representative shall be available to assist the inmate and, if the inmate desires, shall contact witnesses and present favorable evidence at the hearing. The Hearing Administrator shall afford the staff representative adequate time to speak with the inmate and to interview available witnesses.**

**(3) The inmate has the right to be present throughout the hearing, except where institutional security or good order is jeopardized. The Hearing Administrator may conduct a hearing in the absence of the inmate when the inmate refuses to appear. The Hearing Administrator shall document an inmate's refusal to appear, or other reason for non-appearance, in the record of the hearing.]**

An inmate who refuses to appear at the hearing may still elect to have a staff representative and witness(es) appear in his or her behalf.

**[(4) The inmate is entitled to present documentary evidence and to have witnesses appear, provided that calling witnesses would not jeopardize or threaten institutional security or individual safety, and further provided that the witnesses are available at the institution where the hearing is being conducted.**

**(a) The evidence to be presented must be material and relevant to the issue as to whether the inmate can and would function in a general prison population without being or posing a threat to staff or others or to the orderly operation of the institution. The Hearing Administrator may not consider an attempt to reverse or repeal a prior finding of a disciplinary violation.**

**(b) Repetitive witnesses need not be called. Staff who recommend placement in a control unit are not required to appear, provided their recommendation is fully explained in the record. Staff who were involved, in any capacity, in former disciplinary proceedings need not be called as to their involvement in those proceedings, since this hearing is not to go over the factual basis for prior actions which have been decided.]**

A staff witness whom the Hearing Administrator determines can present material and relevant evidence or testimony may not decline to appear.

**[(c) When a witness is not available within the institution, or not permitted to appear, the inmate may submit a written statement by that witness. The Hearing Administrator shall, upon the inmate's request, postpone any decision following the hearing for a reasonable time to permit the obtaining and forwarding of written statements.**

**(d) The Hearing Administrator shall document in the record of the hearing the reasons for declining to permit a witness or to receive documentary evidence.]**

9. **[<u>DECISION OF THE HEARING ADMINISTRATOR</u> §541.44**

**a. At the conclusion of the hearing and following review of all material related to the recommendation for placement of an inmate in a control unit, the Hearing Administrator shall prepare a written decision as to whether this placement is warranted. The Hearing Administrator shall:**

**(1) Prepare a summary of the hearing and of all information presented upon which the decision is based; and**

**(2) Indicate the specific reasons for the decision, to include a description of the act, or series of acts, or evidence on which the decision is based.]**

This description must be sufficiently detailed to give a reader the information upon which the decision is based.

**[b. The Hearing Administrator shall advise the inmate in writing of the decision. The inmate shall receive the information described in paragraph (a) of this section unless it is determined that the release of this information could pose a threat to individual safety, or institutional security, in which**

**case that limited information may be withheld. The Hearing Administrator shall advise the inmate that the decision will be submitted for review of the Executive Panel. The Hearing Administrator shall advise the inmate that, if the inmate so desires, the inmate may submit an appeal of the Hearing Administrator's decision to the Executive Panel. This appeal, with supporting documentation and reasons, must be filed within five working days of the inmate's receipt of the Hearing Administrator's decision.]**

The date and time the inmate receives the Hearing Administrator's written decision (Attachment B), and the name and signature of the staff member notifying the inmate, will be recorded on the notification and on the notification central file copy.

**[c. The Hearing Administrator shall send the decision, whether for or against placement in a control unit, and supporting documentation to the Executive Panel. Ordinarily this is done within 20 working days after conclusion of the hearing. Any reason for extension is to be documented.]**

10. **[<u>EXECUTIVE PANEL REVIEW AND APPEAL</u> §541.45. The Executive Panel is composed of the Regional Director of the region where a control unit is located to which referral is being considered and the Assistant Director, Correctional Programs Division.]**

The Assistant Director, Correctional Programs Division, or appropriate Regional Director may authorize the Deputy Assistant Director, Correctional Programs Division, or Deputy Regional Director, respectively, to sit on the Executive Panel in their places. This authority may not be further delegated.

**[a. The Executive Panel shall review the decision and supporting documentation of the Hearing Administrator and, if submitted, the information contained in an inmate's appeal. The Panel shall accept or reject the Hearing Administrator's decision within 30 working days of its receipt, unless for good cause there is reason for delay, which shall be documented in the record.**

**b. The Executive Panel shall provide a copy of its decision to the Warden at the institution to which the inmate is to be transferred, to the inmate, to the referring Warden and region, and to the Hearing Administrator.]**

The Executive Panel will send the inmate's copy in care of the Warden, who ensures it is delivered to the inmate. The date and time the inmate receives the written decision, and the name and signature of the staff member notifying the inmate, will be recorded on the notification and on the notification central file copy. The referring region's copy is sent to the Regional Director.

If an inmate is approved for control unit placement, the receiving institution Warden will place the inmate on a waiting list and must notify the referring Warden when housing is available. Pending transfer, the inmate is to be considered in holdover status. The referring Warden will arrange for the inmate to receive a physical examination (ordinarily within 30 days of transfer to a control unit) and a current mental health evaluation (ordinarily within 90 days of transfer).

**[c. An inmate may appeal a decision of the Executive Panel, through the Administrative Remedy Procedure, directly to the Office of General Counsel, Bureau of Prisons within 30 calendar days of the inmate's receipt of the Executive Panel's decision.]**

The inmate will be advised of the right to appeal in the notification the Executive Panel sent (see Section 10.b.).

11. **[PROGRAMS AND SERVICES §541.46.]** A unit manager, who provides activities, programs, and services consistent with maintaining the security and good order of the unit, supervises a control unit. **[The Warden shall provide the following services to a control unit inmate. These services must be provided unless compelling security or safety reasons dictate otherwise. These reasons will be documented and signed by the Warden, indicating the Warden's review and approval.**

**a. Education. The Warden shall assign a member of the education staff to the control unit on at least a part-time basis to assist in developing an educational program to fulfill each inmate's academic needs. The education staff member is ordinarily a member of the control unit team.]**

Study courses ordinarily are provided for all levels; i.e., adult basic education, GED programs, correspondence courses, areas of special interest, and college courses.

**[b. Work Assignments. Staff may assign inmates to a work assignment, such as range orderly. The manner in which these**

**duties are carried out will reflect the inmate's unit adjustment, and will assist staff in evaluating the inmate.**

**c. Industries (UNICOR). If an industry program exists in a control unit each inmate participating in this program may earn industrial pay, subject to the regulations of Federal Prison Industries, Inc. (UNICOR). The industry program is supervised by an industry foreman. The control unit team will determine when or if an industry assignment is appropriate for each inmate who submits a request for possible assignment to industries work.**

**d. Legal. An inmate assigned to a control unit may use that unit's inmate basic law library, upon request and in rotation. Consistent with security considerations, the law library is to include basic legal reference books, and ordinarily a table and chair, paper and carbon. Abuse of materials in the inmate law library (for example, a typewriter) may result in a decision by the Warden to limit the use of legal materials. A decision to limit materials due to abuse must be documented in writing and signed by the Warden.]**

On occasion, a control unit may be opened before the unit's inmate basic law library is completed. When this occurs, and pending the basic law library's completion, staff will advise the inmate specifically that legal reference books are available, upon request, from the institution's main law library.

Legal reference books available in the main, but not in an existing basic law library, may be obtained upon request. The governing concept is that an inmate must have access to the same legal reference books available to all other inmates. If an inmate abuses these books, staff may require him or her to use the books under closer supervision (for example, in the inmate's cell).

**[e. Recreation. The recreation program in a control unit shall include the following requirements:**

**(1) Each inmate shall have the opportunity to receive a minimum of seven hours weekly recreation and exercise out of the cell.]**

(a) Upon the Warden's approval, inmates may receive more than seven hours. The Warden may not delegate this authority below the level of Acting Warden. Staff will provide recreation by rotating participants during the day. When an inmate refuses

recreation, staff will note this on the inmate's recreation form. Inmates ordinarily recreate individually.

To allow inmates to recreate as a group, the Warden must send a recommendation through the Regional Director, to the Assistant Director, Correctional Programs Division. Only the Assistant Director may approve group recreation.

(b) Staff may offer outdoor recreation to inmates, weather permitting. Foul-weather gear, when available, will be provided inmates who recreate outdoors during inclement weather.

**[(2) Staff shall provide various games and exercise materials as consistent with security considerations and orderly operation of the unit. Inmates who alter or intentionally damage recreation equipment may be deprived of the use of that equipment in the future.]**

Televisions and radios may be provided within a control unit, consistent with security and good order. Abuse or damage of television rules or equipment will be grounds for individual limitations on the use or removal of the television.

**[f. Case Management Services. The Case Manager is responsible for all areas of case management. This ordinarily includes preparation of the visiting list, notarizing documents, preparation of various reports, and other case management duties. The case manager is ordinarily a member of the control unit team.**

**g. Counselor Services. The unit counselor ordinarily handles phone call requests, special concerns and requests of inmates, and requests for administrative remedy forms. The unit counselor is also available for consultation and for counseling as recommended in the mental health evaluation (see paragraph "i" of this section - Mental Health Services).**

**h. Medical Services. A member of the medical staff shall visit control unit inmates daily. A physician will visit the unit as the need arises.]**

Should an illness require evaluation or treatment that cannot be administered in the unit, and upon the request of the medical doctor or dentist, staff will escort the inmate to the institution medical facility.

**[i. Mental Health Services. During the first 30-day period in a control unit, staff shall schedule the control unit inmate for a psychological evaluation conducted by a psychologist. Additional individual evaluations shall occur every 30 days. The psychologist shall perform and/or supervise needed psychological services. Psychiatric services will be provided when necessary. Inmates requiring prescribed psychotropic medication are not ordinarily housed in a control unit.]**

The evaluation's purpose is to identify any mental health problems and to develop written treatment plans for services to be provided during control unit confinement.

**[j. Religion. Staff shall issue religious materials upon request, limited by security consideration and housekeeping rules in the unit. This material may come from an inmate's personal property or from the chaplain's office. The institutional chaplains shall make at least weekly visits to the control unit. While individual prayer and/or worship is allowed in a control unit, religious assemblies or group meetings are not allowed.]**

Chaplains may make additional visits to their institution's control unit as needed.

**[k. Food Service and Personal Hygiene. Staff shall provide food services and personal hygiene care consistent with the requirements of the current rule regarding Special Housing Units.**

**l. Correspondence. Inmates confined in a control unit are provided correspondence privileges in accordance with the Bureau of Prisons' rule on Inmate Correspondence (see 28 CFR, part 540).]**

28 CFR, Part 540 refers to the Program Statement on Correspondence.

**[m. Visiting. Visits for inmates confined in a control unit are conducted in a controlled visiting area, separated from regular visiting facilities. Staff shall allot a minimum of four hours per month visiting time to a control unit inmate. The number of consecutive hours visiting on a particular day may be limited by the number of visitors waiting to visit. All visitors must be on the inmate's approved visiting list.]**

The Warden may establish a limit, consistent with resources and institution security and good order, on the number of:

- visitors an inmate may receive,
- visits in excess of four each month, and
- number of visiting hours in excess of four allotted each month.

**[n. <u>Commissary</u>. Staff shall establish a commissary purchase schedule. The amount of money which control unit inmates spend per month is comparable to the spending limitation for inmates residing in the general population. Staff may limit commissary items to ensure the safety and security of the unit.]**

Control unit staff should consult with staff in the institution's Office of Financial Management to decide which commissary items should be made available to control unit inmates. The Warden's approval is required before any commissary items are made available.

**[o. <u>Personal Property</u>. Personal property retained by an inmate in a control unit is to be stored in the space provided. Personal property items shall be limited in number and type to ensure the safety and good order of the unit.]**

Storage of legal materials is limited to three cubic feet.

12. **RECORDS.** Detailed records are to be maintained in the unit. All admissions will be recorded, indicating:

- date,
- time,
- reason for admission, and
- authorizing official.

All releases, of any type, from the unit will be similarly recorded.

Staff will maintain records regarding:

- meals,
- showers,
- recreation,
- medication, and
- medical and mental health treatment
- education activities.

Staff will record any unusual activity or behavior (both positive and negative) of individual inmates; these records must be added to the Inmate Central File.

Officials visiting the unit must sign a log, giving time, date, and reason for the visit.

13. **[<u>ADMISSION TO CONTROL UNIT</u> §541.47. Staff shall provide an inmate admitted to a control unit with:**

**a. Notice of the projected duration of the inmate's confinement in a control unit;]**

(1) Staff must notify an inmate upon admission to a control unit of his or her "unit status" (projected duration of confinement in the control unit). In determining this, staff must give primary consideration to the nature of the act(s) that resulted in the control unit placement. Another factor to consider is the inmate's behavior while in administrative detention pending actual placement.

(2) An inmate's unit status, once established by the unit team, is to be reduced on a day-for-day basis for the time the inmate was in administrative detention prior to actual placement in a control unit. This "credit" includes both:

- time spent in administrative detention following the DHO hearing, but prior to the decision approving placement and
- time spent in administrative detention following the placement decision, but prior to actual placement.

When more than one incident report is used as a basis for referral, or when a disciplinary sanction is not involved, the "credited" time is determined by the last incident on which the Warden made the referral. Time in disciplinary segregation is not credited.

(3) An inmate's unit status may range from one month to any definite number of months. The unit team may increase or decrease unit status, once assigned, provided this is documented and dependent on behavior while assigned to the unit. This includes behavior while the inmate is classified as a control unit inmate, even though the inmate is out of the unit on writ, holdover status, etc.

**[b. Notice of the type of personal property which is allowed in the unit (items made of glass or metal will not be permitted);**

**c. A summary of the guidelines and disciplinary procedures applicable in the unit;)]**

An inmate in a control unit is expected to abide by the Program Statement on Inmate Discipline and Special Housing Units. The DHO ordinarily conducts his or her hearings in the control unit. Control unit inmates are subject to placement in disciplinary segregation status.

The Control Unit Team must determine whether "Control Unit Status" time is credited while inmates are placed in Disciplinary Segregation status.

**[d. An explanation of the activities in a control unit;**

**e. The expectations of the inmate's involvement in control unit activities; and,**

**f. The criteria for release from the unit, and how those criteria specifically relate to this confinement period in the unit and any specific requirements in the inmate's individual case.]**

14. **[<u>SEARCH OF CONTROL UNIT INMATES</u> §541.48**

**a. The Warden at an institution housing a control unit may order a digital or simple instrument search for all new admissions to the control unit. The Warden may also order a digital or simple instrument search for any inmate who is returned to the control unit following contact with the public. Authorization for a digital or simple instrument search must be in writing, signed by the Warden, with a copy placed in the inmate central file. The Warden's authority may not be delegated below the level of Acting Warden.]**

As discussed in the Program Statement on Searches of Housing Units, Inmates, and Inmate Work Areas, a digital or simple instrument search is an inspection for contraband or any other foreign item in an inmate's body cavity using fingers or simple instruments, such as an otoscope, tongue blade, short nasal speculum, and simple forceps.

Only qualified health personnel (for example, physicians, physician assistants, and nurses) may conduct a digital or simple instrument search upon written approval of the Warden or Acting Warden. Medical staff may remove the contraband or foreign item, if located, if such removal can easily be effected by fingers or simple instruments. Persons of the opposite sex from the inmate may not observe the search.

The need for this procedure arose because some inmates were

transporting serious contraband, such as hacksaw blades, in their rectal cavities. Undetected, such contraband poses a serious threat to institution security and good order, and to the protection of staff and other inmates.

This threat is heightened in a control unit setting; inmates in a control unit have been determined to be unable to function in a less restrictive environment without being a threat to others or to the institution's orderly operation. This assessment is supported by the factors that warrant control unit referral, such as incidents during confinement in which the inmate caused injury to other persons, or involvement in a disruption of the institution's orderly operation.

Because a control unit is the Bureau's most secure housing unit, it is necessary that the Warden, on the basis of correctional experience and judgment, have the authority to order a digital or simple instrument search on an inmate received at, or returned to, a control unit following contact with the public.

As used here, the phrase "following contact with the public" includes an inmate's return to the control unit from outside the institution, and access to an area within the institution to which the public also has had an opportunity for access. Digital or simple instrument searches in other situations must meet the separate requirements of Program Statement on Searches of Housing Units, Inmates, and Inmate Work Areas.

**[b. An inmate in a control unit may request in writing that an X-ray be taken in lieu of the digital search discussed in paragraph a. of this section. The Warden shall approve this request, provided it is determined and stated in writing by the institution's Clinical Director or Acting Clinical Director (may not be further delegated) that the amount of X-ray exposure previously received by the inmate, or anticipated to be given the inmate in the immediate future, does not make the proposed X-ray medically unwise. Staff are to place documentation of the X-ray, and the inmate's signed request for it, in the inmate's central and medical files. The Warden's authority may not be delegated below the level of Acting Warden.]**

The Clinical Director may authorize qualified health personnel to give this X-ray only upon the Warden's direction, and only after the Clinical Director determines that the proposed X-ray is not medically unwise. A decision to give the X-ray does not imply that the X-ray is clinically indicated.

The amount of exposure a person may receive from a single X-ray depends on the type of X-ray given. Prior to granting an inmate's request that an X-ray be substituted for a digital search, the Health Services Administrator, or Acting Administrator, will review, or will designate qualified health personnel to review, the inmate's medical record to determine whether the amount of X-ray exposure the inmate previously received, or anticipated in the immediate future, warrants a denial of the request.

**No X-ray may be given if it is determined that it would be medically unwise.** Specific attention will be given to whether an inmate had received any other X-rays within the past 12 months, whether any special medical condition exists, and whether other X-rays are anticipated in the near future.

**[c. Staff may not conduct a digital or simple instrument search if it is likely to result in physical injury to the inmate. In this situation, the Warden, upon approval of the Regional Director, may authorize the institution physician to order a non-repetitive X-ray for the purpose of determining if contraband is concealed in or on the inmate. The X-ray examination may not be performed if it is determined by the institution physician that such an examination is likely to result in serious or lasting medical injury or harm to the inmate. Staff are to place documentation of the X-ray examination in the inmate's central file and medical file. The authority of the Warden and Regional Director may not be delegated below the level of Acting Warden and Acting Regional Director respectively. If neither a digital or simple instrument search, nor an X-ray examination may be used, the inmate is to be placed in a dry cell until sufficient time has passed to allow excretion.]**

Only one X-ray per incident may be given under this subsection. If that X-ray does not resolve any question concerning contraband being concealed in or on the inmate, that inmate must be placed in a dry cell until sufficient time has passed to allow excretion.

It should be noted that a control unit inmate who initially refuses the X-ray, but is still given an X-ray under the conditions specified in subsection c. (e.g., upon the Regional Director's approval), may, if the X-ray is inconclusive, request and receive an additional X-ray provided the conditions specified in subsection b. are met.

**[d. Staff shall solicit the inmate's written consent prior to**

**conducting a digital or simple instrument search, or, as specified in paragraph (c) of this section, an X-ray examination. However, the inmate's consent is not required.]**

15. **[REVIEW OF CONTROL UNIT PLACEMENT §541.49.**

**a. Unit staff shall evaluate informally and daily an inmate's adjustment within the control unit. Once every 30 days, the control unit team, comprised of the control unit manager and other members designated by the Warden (ordinarily to include the officer-in-charge or lieutenant, case manager, and education staff member assigned to the unit), shall meet with an inmate in the control unit. The inmate is required to attend the team meeting in order to be eligible for the previous month's stay in the control unit to be credited towards the projected duration of confinement in that unit.**

**The unit team shall make an assessment of the inmate's progress within the unit and may make a recommendation as to readiness for release after considering the inmate's:**

**(1) Unit status;**
**(2) Adjustment; and**
**(3) Readiness for release from the unit. (See §541.50(a))]**

28 CFR 541.50(a) refers to Section 16.a. of this Program Statement.

The unit team, at its 30-day review, must have available the collected daily activity data and mental health assessment reports; they will conduct a personal interview.

**[b. The Warden shall serve as the review authority at the institutional level for unit team actions.**

**c. An inmate may appeal the Warden's decision to the Executive Panel within five working days of receipt of that decision. The inmate will receive a response to this appeal at the inmate's next appearance before the Executive Panel.**

**d. At least once every 60 to 90 days, the Executive Panel shall review the status of an inmate in a control unit to determine the inmate's readiness for release from the Unit. The Executive Panel shall consider those factors specified in §541.50(a), along with any recommendations by the unit team and Warden. The decision of the Executive Panel is communicated to**

**the inmate. Ordinarily, the inmate is interviewed in person at this review. If the inmate refuses to appear for this review, or if there is other reason for not having an in-person review, this will be documented.]**

28 CFR 541.50(a) refers to Section 16.a. of this Program Statement.

The Executive Panel may waive an in-person review when available information indicates either minor or no change in the inmate's status.

When the inmate does not appear before the Executive Panel, the date and time the inmate is notified of the decision, and the name and signature of the staff member giving this notification, are to be recorded on the appropriate form.

**[e. An inmate may appeal a decision of the Executive Panel, through the Administrative Remedy Procedure, directly to the Office of General Counsel, Bureau of Prisons within 30 calendar days from the date of the Executive Panel's response.]**

16. **[<u>RELEASE FROM A CONTROL UNIT</u> §541.50**

**a. Only the Executive Panel may release an inmate from a control unit. The following factors are considered in the evaluation of an inmate's readiness for release from a control unit:**

**(1) Relationship with other inmates and staff members, which demonstrates that the inmate is able to function in a less restrictive environment without posing a threat to others or to the orderly operation of the institution;**

**(2) Involvement in work and recreational activities and assignments;**

**(3) Adherence to institution guidelines and Bureau of Prisons rules and policy;**

**(4) Personal grooming and cleanliness; and**

**(5) Quarters sanitation.**

**b. An inmate released from a control unit may be returned:**

**(1) To the institution from which the inmate was originally transferred;**

**(2) To another federal or non-federal institution; or**

**(3) Into the general population of the institution which has a control unit.]**

A decision to transfer will reflect the control unit team's judgment that the inmate can function in the receiving institution population in such a way that he or she is not likely to be a threat to others, or to the institution's orderly operation.

"Union Clearance"

Kathleen Hawk Sawyer
Director

**NOTICE OF CONTROL UNIT HEARING**

The original of this Notice was delivered to the inmate

(date/time)_____ by (staff member's

signature/printed name)_____

DATE: _____

To: Inmate's Name - _____ Register Number:_____

Institution - _____

---

From: Hearing Administrator - _____

You have been referred for a hearing before a Control Unit Hearing Administrator. This hearing is to determine if you should be confined in the Control Unit at _____. Information concerning this referral, the hearing, and your rights at this hearing are set forth in this Notice.

1. Scheduled Date and Location for Hearing: _____

---

2. Brief summary of the act(s) resulting in the recommendation for control unit placement:

---

3. You are entitled to have a full-time staff member represent you at this hearing. Please indicate whether you desire to have a staff representative and, if so, the person's name.

   ☐ I wish to have the following staff representative: _____

   ☐ I do not want a staff representative.

---

4. You have the right to call available witnesses at the hearing and to present documentary evidence. It is not the purpose of this hearing, however, to "rehear" prior disciplinary proceedings. The testimony of witnesses and the documentary evidence presented must be relevant to the issue of whether you can and would function in a general prison population without posing a threat to staff or others, or to the orderly operation of the institution. Witnesses providing repetitive testimony, witnesses not available at the institution, and witnesses whose appearance at the hearing would jeopardize institutional safety, will not be called. You may, however, submit such testimony in the form of a written and signed statement(s).

   Please indicate on the next page if you wish to call available witnesses. If you do wish to call witnesses, give their names, along with a brief description of their expected testimony.

**NOTICE OF CONTROL UNIT HEARING**

INMATE'S NAME: _____ REGISTER #: _____

DATE: _____

5. a. ☐ Initial this box if you do not want to call any witnesses.

b. If you do want to call available witnesses, give their names and a brief description of their expected testimony.

Name:_____ Can testify to: _____

Name:_____ Can testify to: _____

Name:_____ Can testify to: _____

Name:_____ Can testify to: _____

c. List the names of those witnesses from whom you intend to obtain written statements.

Name:_____ Can make a statement to: _____

Name:_____ Can make a statement to: _____

Name:_____ Can make a statement to: _____

Name:_____ Can make a statement to: _____

If additional space is needed, use the reverse side of this form. Failure to complete the form will be considered as your waiver to witnesses and staff representation.

Signature of Inmate: _____

Date: _____

**NOTICE OF CONTROL UNIT HEARING**

INMATE'S NAME: _____ REGISTER #: _____
DATE: _____

6. Inmate Rights at Control Unit Hearing - As an inmate referred for placement in a control unit, you have the following rights:

   a. The right to have a written summary of the specific act(s) or other evidence which forms the basis for a control unit recommendation, unless such information would likely endanger staff or others. You have the right to receive this summary at least 24 hours prior to the hearing.

   b. The right to have a full-time member of the staff who is reasonably available to represent you before the Hearing Administrator.

   c. The right to be present throughout the hearing except where institutional security or good order would be jeopardized. If you elect not to appear before the Hearing Administrator, you may still elect to have a staff representative and witnesses appear in your behalf.

   d. The right to call available witnesses and to present documentary evidence in your behalf which is relevant to the issue, provided institutional security or individual safety would not be jeopardized.

   e. The right to be advised, in writing, of the Hearing Administrator's decision and of a summary of the facts and reasons supporting this decision, to the extent, institutional security or individual safety would not be jeopardized.

   f. The right to appeal the recommendation of the Hearing Administrator by a written appeal to:

Executive Panel
Attn: Regional Director
Bureau of Prisons
_____
_____

This appeal, with supporting documentation and reasons, must be

filed within five working days of the inmate's receipt of the Hearing Administrator's decision.

7. I have been advised of the above rights afforded me at a Control Unit Hearing. I have also received a copy of the Program Statement or current rule (cross out one) on Control Unit Programs.

   Signature of Inmate:_____ Date:_____

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8. When an inmate has been advised of the above rights and provided a copy of the current rule or Program Statement on Control Unit Programs, but refuses to sign the acknowledgment, the following is to be completed:

   I have personally advised _____ of the above rights, and provided the inmate with a copy of the current rule or Program Statement (cross out one) on Control Unit Programs; however, the inmate refused to sign the acknowledgment.

   Signature of Employee:_____ Date:_____

   Printed Name of Employee: _____

**CONTROL UNIT HEARING ADMINISTRATOR'S REPORT**

INMATE'S NAME: _____ REGISTER #: _____
DATE: _____

1. Notice of Hearing:
   a. The "Notice of Control Unit Hearing" was given to the above named inmate on (date)_____ at (time)_____. A copy of this Notice is attached.
   b. The hearing was held by (Hearing Administrator)_____, _____ Region, on (date)_____ at _____. The inmate was ____ present;____ not present for the following reason(s):_____.

   A summary of the inmate's statement is attached.

---

2. Staff Representation: The inmate was advised, in the "Notice of Control Unit Hearing," of the right to select a staff representative.
   a. _____ The inmate elected to proceed without a staff representative.
   b. _____ The inmate selected a staff representative, who appeared at the control unit hearing. The staff representative selected was _____

   A summary of the representative's statement given at the hearing is attached.

---

3. Appearance of Witnesses: The inmate was advised, in the "Notice of Control Unit Hearing," of the right to have witnesses appear at the hearing.
   a. ____ The inmate elected to proceed without the benefit of witnesses.
   b. ____ The inmate selected the following witnesses to appear.

   A summary of witness(es) statements given at the hearing is attached.

---

4. Presentation of Documented Statements: The inmate was advised, in the "Notice of Control Unit Hearing," of the right to submit documentary evidence.
   a. ____ The inmate declined to present any documentary evidence to the Hearing Administrator.
   b. ____ The inmate presented the following documentary evidence.

   A copy of the documentary evidence is attached.

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5. Inmate's Physical and Mental Health:

**CONTROL UNIT HEARING ADMINISTRATOR'S REPORT**

INMATE'S NAME: _____ REGISTER #: _____
DATE: _____

6. Finding:

---

7. Decision:

---

8. Appeal Rights: you have the right to appeal this decision by forwarding a written appeal to:

Executive Panel
Attn.: Regional Director
Bureau of Prisons
_____
_____

Your appeal must be filed within five (5) work days following receipt of the Hearing Administrator's decision. The final decision is made by the Executive Panel.

Signature of Hearing Administrator:_____
Date:_____

Printed Name of Hearing Administrator:_____

---

10. I hereby acknowledge that I have received a copy of the Hearing Administrator's decision on (date)_____ at (time)_____.

Signature of Inmate:_____

Signature/Printed Name of Employee:_____

---

11. When an inmate refuses to sign for a copy of the decision, the following is completed.

I have personally delivered a copy of the Hearing Administrator's decision to the above-named inmate; however, the inmate refused to sign the acknowledgment.

Date/Time of Delivery:_____

Signature/Printed Name of Employee: _____

**U.S. Department of Justice**
Federal Bureau of Prisons

P R O G R A M  S T A T E M E N T
**OPI**: RSD/PSB
**NUMBER:** 5310.16
**DATE:** May 1, 2014

# Treatment and Care of Inmates With Mental Illness

*/s/*
*Approved*: Charles E. Samuels, Jr.
Director, Federal Bureau of Prisons

## 1. PURPOSE AND SCOPE

This Program Statement provides policy, procedures, standards, and guidelines for the delivery of mental health services to inmates with mental illness in all Federal Bureau of Prisons (Bureau) correctional facilities.

For the purpose of this Program Statement, mental illness is defined as in the most current *Diagnostic and Statistical Manual of Mental Disorders*:

"A mental disorder is a syndrome characterized by clinical significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities."

Classification of an inmate as seriously mentally ill requires consideration of his/her diagnoses; the severity and duration of his/her symptoms; the degree of functional impairment associated with the illness; and his/her treatment history and current treatment needs. Mental illnesses not listed below may be classified as seriously mentally ill on a case-by-case basis if they result in significant functional impairment.

The following diagnoses are generally classified as serious mental illnesses:

- Schizophrenia Spectrum and Other Psychotic Disorders.

- Bipolar and Related Disorders.
- Major Depressive Disorder.

In addition, the following diagnoses are often classified as serious mental illnesses, especially if the condition is sufficiently severe, persistent, and disabling:

- Anxiety Disorders.
- Obsessive-Compulsive and Related Disorders.
- Trauma and Stressor-Related Disorders.
- Intellectual Disabilities and Autism Spectrum Disorders.
- Major Neurocognitive Disorders.
- Personality Disorders.

The primary purpose of this Program Statement is to ensure that inmates with mental illness are identified and receive treatment to assist their progress toward recovery, while reducing or eliminating the frequency and severity of symptoms and associated negative outcomes of mental illness, such as exacerbation of acute symptoms, placement in restrictive housing, need for psychiatric hospitalization, suicide attempts, and death by suicide.

The secondary purpose of this Program Statement is to address dynamic risk factors associated with recidivism in inmates with mental illness to increase pro-social and adaptive living skills and the likelihood of successful reentry to the community.

a. **Summary of Changes**

*Policy Rescinded*
P5310.13 Institution Management of Mentally Ill Inmates (3/31/95)

This reissuance incorporates the following modifications:

- Evidence-Based Practices for the treatment and care of mentally ill inmates are detailed and Priority Practices are established.
- The mental health care level system is operationalized. Mental health care level definitions are provided, which include diagnostic, impairment, and intervention-based criteria. In addition, care level-based treatment and documentation requirements are noted.
- A team approach to mental health care is established, including introduction of an institution Care Coordination and Reentry (CCARE) Team with joint Psychology Services and Health Services membership.
- Enhanced procedures for screening, evaluation, and intervention with inmates in restrictive housing settings are detailed.

- Procedures for providing mental health training for staff are outlined, including basic training for all staff as well as specialty training for interested staff.
- A mental health companion program is established to provide peer assistance and support to inmates with mental illnesses.
- Achievement awards for inmate participation in mental health programming are introduced.
- Designation, transfer, and release procedures for mentally ill inmates are updated and refined, with an emphasis on continuity of care – both across institutions and to the community.

b. **Program Objectives**

- To identify inmates with mental illness through screening and classification upon their entry into the Bureau and again upon their arrival at an institution to achieve an accurate diagnosis and determine the severity of mental illness and suicide risk.
- To ensure Psychology Treatment Programs and mental health interventions prescribed in treatment plans ordinarily rely on evidence-based practices for the treatment of inmates with mental illness and rehabilitation needs.
- To extend support for inmates with mental illness beyond traditional professional services through creation of specific supportive communities, specialized staff training, inmate peer support programs, care coordination teams, and institutions with specialized mental health missions.
- To enhance continuity of care through a network of accessible, interrelated interventions and communication among care providers when inmates transfer between institutions, to a Residential Reentry Center (RRC), to home confinement, or to the community.
- To reduce the proportion of inmates with mental illness in restrictive housing settings through informed disciplinary processes, initial screening procedures, enhanced treatment in these settings, and strategies for successful reintegration into the general population.
- To increase rates of successful reentry among inmates with mental illness through accurate identification of at-risk inmates, effective skill building in prison, and comprehensive release plans.

2. **RESPONSIBILITIES**

a. **Psychology Services Branch and Health Services Division**. The Psychology Services Branch (Branch), Reentry Services Division, and Health Services Division (HSD) provide oversight and consultation regarding institution treatment and care of inmates with mental illness through remote reviews of the Psychology Data System (PDS) in the Bureau Electronic Medical Record (BEMR) and other BEMR documentation; remote reviews of inmates in restrictive housing; recommendations regarding transfers and designations of mentally ill inmates; and

direct consultation with Chief Psychologists, Psychiatrists, other Health Services staff, and Executive Staff.

The Branch is responsible for developing Annual Refresher Training lesson plans that provide staff with information about working with mentally ill inmates. They also develop and disseminate supplemental staff training materials for use by the Mental Health Treatment Coordinator during staff recalls, lunch and learn events, department head meetings, etc. The Branch also identifies and disseminates evidence-based practices, described below.

b. **Warden**. Each Warden is responsible for the appropriate management of mentally ill inmates in his/her institution. He/she must provide the Mental Health Treatment Coordinator with adequate time to educate staff about the need to detect and report any unusual inmate behaviors that might suggest mental illness. For example, this education should occur at department head meetings, staff recalls, lieutenants' meetings, and annual training.

c. **Chief Psychologist**. Each Chief Psychologist ensures the provisions of this Program Statement are implemented, including designation of a psychologist to serve as Mental Health Treatment Coordinator, and informing institution staff of the designation. The Chief Psychologist is also responsible for ensuring information about the availability of mental health services is disseminated to inmates during Admission and Orientation. Specifically, the Chief Psychologist ensures the Admission and Orientation lesson plan developed by the Psychology Services Branch is utilized to convey this information. In addition, the Chief Psychologist is responsible for ensuring basic psychological services (e.g., mental health screening, brief counseling), as detailed in the Program Statement **Psychology Services Manual**, are made available to inmates.

d. **Mental Health Treatment Coordinator**. The Mental Health Treatment Coordinator is a licensed doctoral-level psychologist who manages the treatment and care of inmates with mental illness and ensures that all provisions of this Program Statement are implemented. A licensed doctoral-level psychologist has satisfactorily completed all the requirements for a doctoral degree directly related to full professional work in psychology (i.e., a Ph.D. or Psy.D. in Clinical or Counseling Psychology), and has obtained a license to practice as a psychologist.

e. **Social Worker**. The institution Social Worker is a licensed professional who may provide individual or group counseling in support of this policy. Additionally, the institution Social Worker or Regional Social Worker may develop comprehensive release plans to ensure continuity of care for inmates with mental illness who transition to the community without the benefit of Residential Reentry or Home Confinement placement. In this capacity, Social Workers coordinate with United States Probation Officers, Courts, community mental health professionals, and families to identify appropriate placements and to address reentry needs.

f. **Psychiatrist/Psychiatric Nurse Practitioner**. Health Services organizes, conducts, and administers psychiatric services. The Psychiatrist/Psychiatric Nurse Practitioner accepts referrals through BEMR for cases believed to be in need of psychiatric medication evaluations. Regular interdisciplinary communication is maintained between the Mental Health Treatment Coordinator and Health Services staff, including contract psychiatrists, to optimize treatment efficacy.

g. **Health Services Administrator**. In facilities that use contract psychiatric services, the Health Services Administrator is responsible for contract development and oversight with input from the Mental Health Treatment Coordinator.

h. **Clinical Director**. The Clinical Director will ensure that the general medical needs of each inmate are addressed and that HSD staff rounding in the units and conducting sick call and clinics have received the necessary training to recognize signs and symptoms of mental illness.

i. **Community Treatment Services (CTS)**. CTS is responsible for the establishment and oversight of community-based mental health, substance abuse, and sex offender treatment services.

j. **Residential Reentry Management Branch (RRMB).** RRMB is responsible for coordinating with the Psychology Services Branch, in particular CTS staff, to ensure mentally ill inmates releasing through Residential Reentry Centers and Home Confinement are placed appropriately.

j. **Care Coordination and Reentry (CCARE) Team**. The CCARE Team is a multidisciplinary team that uses a holistic approach to ensure that critical aspects of care for inmates with mental illness are considered and integrated. The CCARE Team is responsible for identifying potential concerns affecting inmates with mental illness in a correctional environment.

j. **All Staff**. Any staff member who observes unusual behavior in an inmate that may indicate mental illness should report these observations to the Chief Psychologist or Mental Health Treatment Coordinator.

## 3. RECOVERY-ORIENTED PROGRAM MODEL

Consistent with the recommendations of the President's New Freedom Commission on Mental Health, the Bureau has identified recovery as a guiding principle in the treatment and care of inmates with mental illness. Mental health recovery refers to the process by which people are able to live, work, learn, and participate fully in their communities. For some individuals,

recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.

According to the National Consensus Statement on Mental Health Recovery, there are ten fundamental components of recovery. The Bureau strives to integrate these components into its Psychology Treatment Programs (PTPs), mental health interventions, and treatment plans for inmates with mental illness. The components of recovery are: self-direction, individualized and person-centered care, empowerment, holistic treatment, non-linear progression, strengths-based focus, peer support, respect, responsibility, and hope.

## 4. **EVIDENCE-BASED PRACTICES (EBPs)**

Psychology Treatment Programs, mental health interventions, and individualized treatment plans for inmates with mental illness rely on evidence-based clinical practices that have been demonstrated to reduce the symptoms of mental illness. EBPs are quickly evolving and cannot be fully listed in the present policy. Therefore, the Bureau maintains a database of EBPs on Sallyport, which is updated as indicated by professional literature. The Psychology Services Branch facilitates implementation of EBPs with materials, education, training, and consultation.

Holistic, recovery-oriented care for inmates with mental illness involves assessing their need for both mental health treatment and rehabilitation programs that reduce the risk of recidivism; services are provided in each of these areas as appropriate. EBPs are selected based on their adherence to this model. Consistent with evidence-based practice, the delivery of mental health services is prioritized for inmates classified as CARE2-MH, CARE3-MH, and CARE4-MH.

a. **Cognitive Behavioral Therapy (CBT)**. The Bureau's treatment programs and mental health services are unified clinical activities organized to treat inmates' complex psychological and behavioral problems throughout the course of incarceration. The Bureau has chosen CBT as a theoretical model because of its proven effectiveness with inmate populations. This guiding model creates theoretical continuity, ensuring that learning and practice are built upon similar principles regardless of the institution, treatment provider, or treatment program in which they occur.

CBT emphasizes the learning and practice of skills associated with improved mental health and adaptive, pro-social behavior. Therefore, inmates who participate in CBT and related interventions (e.g., Dialectical Behavior Therapy [DBT]) are better able to achieve goals the Bureau has for all inmates, including responsibility, self-awareness, and independence.

b. **Group Treatment.** Group treatment has proven to be both clinically effective and an efficient use of resources in the treatment of mental illness. Group treatments have the benefit of modeling by the facilitator and other participants, building social support, and allowing the

immediate practice of new skills. A number of EBPs supported by the Bureau were designed specifically for or can be adapted to a group format. Mental health clinicians are encouraged to provide treatment using a therapeutic group format.

For the purposes of mental health care in the general population, therapeutic groups may be open or closed, are evidence-based, and ordinarily:

- Use an established Bureau protocol.
- Are facilitated by a mental health clinician (i.e., psychologist, psychiatrist, social worker, mental health treatment specialist, psychology intern).
- Meet at least every other week.
- Have a continuity in membership, no greater than 12 participants.
- Provide a therapeutic intervention (not just to "check in" with the therapist).
- Hold rapport building and mutual concern among members as a primary goal.

Following participation in therapeutic groups, it may be appropriate to place an inmate in a maintenance group. Maintenance groups have the same characteristics as therapeutic groups, except that their goal is to maintain progress on therapeutic goals and they may meet less frequently (but at least monthly).

c. **Priority Practices.** The Psychology Services Branch designates certain EBPs as Priority Practices – EBPs delivered in group format that address core needs of the inmate population. They prioritize services for inmates with the most severe forms of mental illness and give consideration to a balanced offering of groups that address mental illness and criminal thinking. They may differ across institutions, based on security level, care level, and mission. The Psychology Services Branch places information regarding Priority Practices for each type of institution on Sallyport.

Ordinarily, Psychology Services departments are actively engaged in the provision of Priority Practices as a vital function. Priority Practices are offered before other types of groups. At a minimum, Psychology Services departments offer at least one Priority Practice therapeutic group each quarter, in addition to groups offered in PTPs. For complexes, each institution is considered independently. Satellite facilities are excluded, unless a full-time clinical staff member is assigned.

d. **Skills Training**. The Bureau emphasizes the learning and practice of skills as an important component of treatment for inmates with mental illness. Treatments that emphasize developing new skills (e.g., CBT, DBT, Illness Management and Recovery, Anger Management) encourage responsibility, empowerment, and independence upon reentry.

e. **Criminal Thinking and Risk**. For most inmates with mental illness, the treatment of mental health symptoms is necessary but not sufficient to reduce the risk of recidivism. Holistic treatment considers which empirically validated dynamic risk factors associated with recidivism must be included in the treatment plan (e.g., criminal thinking errors, substance use, antisocial associates, lack of leisure and recreation activities, school or work functioning).

f. **Peer Support**. Peer support is an EBP and core component of the Mental Health Recovery Model; it functions as an adjunct to professional interventions by extending the mental health system. Inmates who underuse professional services may actively engage in peer support activities that benefit their mental health and that of their peers.

## 5. MENTAL HEALTH CARE LEVELS

Mental health care levels are used to classify inmates based on their need for mental health services. The contact frequencies described below refer to contacts where psychosocial interventions are provided.

### a. Definitions

(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.

b. **Determination of Mental Health Care Levels**. All current mental health illnesses should be diagnosed in a Diagnostic and Care Level Formulation note in PDS, including personality disorders and intellectual disabilities. The cumulative impact of the disorders on functioning is taken into account when assigning a mental health care level.

To assign a care level, staff consider the inmate's current, recent, and historical need for services. However, this is not the only indicator, as it must be balanced with the inmate's diagnosis and anticipated need for future services. For example:

- Inmates diagnosed with major mental illnesses and/or currently taking antipsychotic medications are not ordinarily classified as CARE1-MH due to their risk of relapse and the lack of resources to address such a relapse at a CARE1-MH facility.
- Inmates releasing from Medical Referral Centers (MRCs) where they received treatment for acute mental health problems are ordinarily classified as CARE3-MH, due to the resources required to assist them in adjusting to a mainline institution.

*Discrepancies in the Record*. Occasionally there are diagnostic discrepancies between providers. When this occurs, the Mental Health Treatment Coordinator or treating psychologist attempts to reconcile these differences. The Mental Health Treatment Coordinator or treating psychologist reviews the record, consults with other treatment providers (including Health Services staff), performs a clinical interview, and observes symptoms and behaviors. The Coordinator or psychologist then integrates the data, noting alternate conceptualizations; attempts to reach consensus between care providers; enters a diagnosis in the Diagnostic and Care Level Formulation note in PDS; and provides a rationale for the decision. If the discrepancy cannot be resolved at this level, the Chief Psychologist and Chief Psychiatrist, if applicable, will review the case, resolve the discrepancy, and document their findings.

A supplemental Mental Health Care Level Training Guide is available on Sallyport. The guide is also disseminated during Psychologist Familiarization Training and annual mental health training events. This guide is designed to assist psychologists in determining appropriate mental health care levels.

c. **Treatment Requirements for Mental Health Care Levels.** The required treatment detailed below is not necessarily provided exclusively by the Mental Health Treatment Coordinator; for example, another psychologist may provide this care.

(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.

d. **Treatment Refusal.** If an inmate declines treatment consistent with his/her mental health care level, a treatment plan is developed and implemented to frequently assess the inmate's mental status, build rapport, and encourage engagement in a treatment process. Ordinarily, the treatment plan will include a monthly attempt to engage the inmate. Rapport building strategies may include: group leisure activities; visits to the inmate's unit or work site; and "drop-in" group for informal socialization with peers.

An inmate who refuses mental health treatment consistent with his/her mental health care level may be considered for involuntary commitment.

## 6. IDENTIFICATION AND PLACEMENT OF MENTALLY ILL INMATES

All Bureau facilities employ psychologists skilled in the screening, diagnosis, and treatment of mental disorders. Although the Bureau concentrates mental health resources at some institutions, all institutions, regardless of care level, are expected to provide services for inmates with mental illness.

Psychology Services and Health Services departments within each institution ensure every inmate with a clinically identified need for psychological treatment has access to mental health care. They ensure inmates undergo appropriate screening, assessment, and referral to identify and address their mental health, substance abuse, and other behavioral health needs. Psychology Services departments offer a variety of services and programs for inmates – psycho-educational groups, brief counseling, individual and group psychotherapy, crisis intervention, suicide prevention, and residential treatment programs. Health Services departments provide inmates with access to appropriate psychiatric medications to address identified mental health conditions.

a. **Pre-Designation Screening**. Newly designated inmates are screened by Designation and Sentence Computation Center (DSCC) staff based on information in their Pre-Sentence Report (PSR). This screening matches the inmate's estimated need for mental health services with an institution's resources at the time of initial designation.

b. **Initial Care Level Assignment**. Mental health screen assignments (SCRNX-MH) are part of the designation process. The assignments are generated by DSCC staff using the medical calculator and are based on review of the PSR, information received from outside sources, a review of other records, etc.

c. **Medical Staff Screening**. Medical staff provide an initial screening for physical and mental health concerns, including suicide ideation, symptoms of mental illness, and sexual victimization. They document their findings in BEMR and advise Psychology Services of any concerns.

d. **Psychology Intake Screening**. Psychology Intake Screening occurs within the timeframes specified in the Program Statement **Psychology Services Manual** and is documented in PDS. At this time the mental health screen assignment is replaced with the mental health care level assignment in SENTRY, and the mental health care level is documented in Psychology Intake Screening, along with a rationale. If the care level is CARE2-MH, CARE3-MH, or CARE4-MH, a Diagnostic and Care Level Formulation note is entered into PDS. In addition, Psychology Services staff notify Health Services staff of any relevant concerns; e.g., a recommendation for a psychiatric medication consultation.

e. **Assignment and Change of Mental Health Care Level Assignment**. Bureau psychologists, psychiatrists, and qualified mid-level practitioners (i.e., a physician assistant or nurse practitioner who is licensed in his/her field of medicine and has specialized training in mental health care) can determine a mental health care level following a review of records and a face-to-face clinical interview. Therefore, assigned mental health care levels represent clinical information about an inmate and are not changed for administrative, designation, or transfer purposes. If there is not agreement regarding an inmate's mental health care level assignment, refer to Section 5b of this policy to resolve any discrepancies.

Mental health care levels are to be entered into SENTRY by Bureau psychologists. As applicable, information provided by Bureau psychiatrists will inform decisions regarding mental health care level assignments. To assign or change a mental health care level a psychologist, psychiatrist, and qualified mid-level practitioner must:

- Review the clinical record.
- Conduct a clinical interview.
- Establish a diagnosis or indicate the absence of a diagnosis.
- Indicate and explain the type and frequency of mental health care contacts required.
- Document this information in the Diagnostic and Care Level Formulation note.

Mental health care level assignments, and changes to these assignments, are not required for inmates housed in non-Bureau facilities; i.e., private correctional institutions, Residential Reentry Centers, and other contract facilities. In addition, these assignments are not required for inmates in transit. If it becomes clear that a mental health care level assignment needs to be updated to accurately represent the inmate's needs upon return to a Bureau facility, Psychology Services Branch staff update the code and enter a note in PDS describing what is known about the situation and the inmate's mental health needs.

f. **Facilities with Pretrial Inmates.** Psychology Services staff are not required to enter mental health care level assignments for all pretrial inmates. However, they must enter assignments for the following pretrial inmates:

- Inmates who undergo a Psychology Intake Screening on the basis of their endorsements on the Psychology Services Inmate Questionnaire (PSIQ).
- Inmates who self-refer or are referred to Psychology Services due to mental health symptoms.
- Inmates who have a recently completed forensic evaluation by a Bureau psychologist or psychiatrist.
- Inmates who require a Suicide Risk Assessment.

If a pretrial inmate does have a care level assignment, it is expected that he/she will receive mental health services consistent with the frequency requirements of that care level. The creation of a treatment plan is clinically appropriate for inmates for whom a long stay is anticipated. However, due to the rapid and unpredictable turnover associated with pretrial facilities, treatment plans are not required.

If the DSCC receives a request for an initial designation and a pretrial facility has already classified a mental health care level for the inmate, the DSCC does not modify this assignment or change it back to a screen code.

## 7. TEAM APPROACH TO CARE

Due to their potential vulnerability in a correctional setting, inmates with mental illness may require special accommodation in areas such as housing, discipline, work, education, designations, transfers, and reentry to ensure their optimal functioning. The Bureau uses a team approach to ensure the needs of inmates with mental illness are identified and addressed.

The institution Care Coordination and Reentry (CCARE) Team is a multidisciplinary team that uses a holistic approach to ensure critical aspects of care for inmates with mental illness are considered and integrated. It is a required component at all CARE2-MH, CARE3-MH, and CARE4-MH institutions. It is not required at pretrial facilities or Federal Transfer Centers.

The CCARE Team identifies potential concerns affecting inmates with mental illness in a correctional environment, such as:

- Mental health symptoms that are unreported or unidentified by the inmate.
- Housing problems or cellmate conflicts.
- Work and/or leisure time deficits.
- Criminal thinking and behavior.
- Bullying or abuse by other inmates.
- Escalating patterns of destructive or dangerous behavior.

The CCARE Team also identifies strategies and supports to mitigate potentially negative interactions between inmates with mental illness and the correctional environment, such as:

- Positive reinforcers for behavior consistent with treatment goals.
- Social supports (cellmates, positive staff relationships, spiritual community, mental health companion program).
- Housing accommodations.
- Meaningful ways to spend time (work, supported employment, recreation, drop-in group).

The CCARE team considers how these strategies and supports might be applied to improve functioning and enhance opportunities for recovery. Meetings are ordinarily held no less than once a month and may be held in conjunction with the SHU Meeting.

Every CARE4-MH inmate is reviewed by the team at least quarterly. Every CARE3-MH inmate is reviewed by the team as needed and at least semi-annually. CARE2-MH inmates are reviewed by the team as needed and at least annually. If an inmate participates in a residential PTP, his/her case may be staffed in that setting at the discretion of the Mental Health Treatment Coordinator.

At a minimum the CCARE Team includes:

- Mental Health Treatment Coordinator (CCARE Team co-leader).
- Provider of psychiatric services (CCARE Team co-leader).
- Treating psychologist.
- Institution Social Worker (if applicable).
- Pharmacist.

In addition, the Mental Health Treatment Coordinator invites the following staff, and others as deemed appropriate, to attend CCARE Team meetings:

- Clinical Director. Clinical Directors are strongly encouraged to attend, particularly at CARE4-MH facilities.
- Supervisor of Recreation.
- Applicable unit managers.
- Correctional Services Supervisor.
- Supervisory Chaplain.

The following staff serve on the CCARE Team in special circumstances, as detailed below:

- Regional Social Workers and Community Treatment Services (CTS) staff are required to attend only when reentry needs are being discussed. They may attend via video or teleconference.
- The Disciplinary Hearing Officer (DHO) may attend if a mentally ill inmate is facing serious disciplinary action.
- Depending on the focus of the meeting, other staff may be invited, such as work supervisors or teachers.

In Psychiatric Referral Centers team composition may vary. However, the team model is used.

## 8. **RESTRICTIVE HOUSING**

The Bureau strives to avoid prolonged placement of inmates with serious mental illness in settings such as Special Housing Units (SHU) and the Special Management Unit (SMU). However, sometimes such placement of inmates is required due to safety and security needs. If, due to safety and/or security needs, an inmate with a serious mental illness needs to be placed in restrictive housing, he/she will continue to receive mental health care commensurate with his/her treatment needs.

a. **Services for Inmates in Restrictive Housing.** Ordinarily, all critical contacts, regardless of an inmate's mental health care level, will, to the extent possible, be conducted in a private area. These include:

- Diagnostic assessments.
- Suicide risk assessments.
- Crisis intervention contacts.
- Protective custody reviews.
- Sexual assault prevention intervention.
- Mental health treatment contacts as indicated by the treatment plan.
- Any other service that addresses potentially sensitive issues or high-risk behaviors.

Additionally, all inmates with mental illness in restrictive housing units (e.g., SHU, SMU, ADX) will receive, at a minimum, face-to-face mental health contacts consistent with the type and

frequency indicated by their care level, to the extent feasible. These contacts take place in a manner that protects an inmate's privacy to the extent that safety and security of staff are not compromised. Contacts should be consistent with the goals of the treatment plan, and are in addition to any critical contacts or contacts required by policy (e.g., SHU Review).

Exceptions to private critical contacts and mental health treatment contacts should be made in cases where the inmate is behaving in an aggressive manner or when institutional safety and security considerations are determined to require an exception. Contacts should be suspended if an inmate becomes aggressive, such that the staff member is concerned about his/her safety. The contact is reinitiated once additional security is in place or when the inmate has regained control of his/her behavior. Exceptions are not made due to logistical issues concerning moving the inmate out of his/her cell or difficulty locating a private space.

The Bureau recognizes that an inmate's mental health may deteriorate during a restrictive housing placement. Potential issues are mitigated through a variety of strategies that are applied collaboratively by staff across disciplines:

- During rounds, all staff will make themselves available for brief conversations that demonstrate concern and their availability to provide assistance.
- Except in unique circumstances, mental health clinicians will not participate as a team member in a calculated use of force situation.
- Inmates are removed from their cells for private or extended interviews with Psychology and Psychiatry Services staff as a standard procedure.
- In-cell activities (e.g., books, puzzles, games, audio/video entertainment and programming [if applicable]) will be provided by the corresponding departments.
- Close attention will be paid to the importance of out of cell, unstructured recreation time specific to inmates' needs and encouraging inmates to take advantage of out of cell activities.

If restrictive housing appears to have a negative impact on the inmate's mental health, the Mental Health Treatment Coordinator actively works with the CCARE Team to mitigate the negative impact or identify an appropriately secure alternative placement.

b. **Extended Restrictive Housing Placement Reviews**. Inmates referred for extended placement in restrictive housing (i.e., SMU, ADX) must be reviewed by Psychology Services staff to determine if mental health issues exist that preclude placement in this setting. Psychiatry Services staff may be consulted in making this determination. In addition, inmates housed in restrictive housing for an extended period of time receive an enhanced mental health review, detailed below. The Psychology Services Branch provides oversight of mentally ill inmates in restrictive housing through the procedures and reviews described below.

(1) **SMU Referral Review Procedures**. The following SMU referrals are reviewed by the Psychology Services Branch in collaboration with the Chief Psychiatrist, Health Services Division, as applicable, prior to placement:

- Inmates classified as CARE2-MH, CARE3-MH, and CARE4-MH in SENTRY.
- Inmates classified as PSY ALERT in SENTRY.
- Inmates noted to be receiving psychiatric medications.
- Any inmate for whom the institution Chief Psychologist requests a review based on mental health or cognitive limitation concerns.
- Any inmate for whom the DSCC requests a review based on mental health or cognitive limitation concerns.

In conducting this review, the Branch applies the exclusionary criteria noted below (SMU/ADX Exclusionary Criteria) to identify any inmates precluded from SMU placement.

(2) **ADX Referral Review Procedures**. A mental health evaluation is a required component of **all** referral packets for the ADX Florence Control Unit and ADX Florence General Population (per the Program Statements **Control Unit Programs** and **Inmate Security Designation and Custody Classification**, respectively).

The mental health evaluation is conducted by a licensed doctoral level psychologist. An interview of the inmate and psychological testing (the current version of the Personality Assessment Inventory) are required components. In addition, screening for intellectual disability is required (the current version of the Kaufman Brief Intelligence Test) and, if indicated, further testing (the current version of the Wechsler Adult Intelligence Scale). Before the interview, a notice of psychological evaluation must be provided. Notification forms are BP-A1055, Notice of Psychological Evaluation – ADX Control Unit, and BP-A1056, Notice of Psychological Evaluation – ADX General Population. If the inmate refuses to cooperate with the interview or psychological testing, the evaluation proceeds. This refusal is noted in the report.

The required format for the mental health evaluation report is outlined below:

**ADX Mental Health Evaluation**

- **Identifying Data**. Identifying data includes: inmate name and register number, gender, race, ethnicity, languages spoken, date of birth and age, current sentence, and projected release date. In addition, the identifying data section indicates the date and place of the evaluation and the name of the evaluator.
- **Notice of Psychological Evaluation**. Confirms the inmate was provided with the Notice of Psychological Evaluation. If he/she refused to sign, the information is noted in this section.

- **Assessment Procedures**. Lists the assessment procedures used, including: Notice of Psychological Evaluation, clinical interview, PSR and Central File review, collateral information and observations by other staff, and psychological testing (specify tests administered; e.g., PAI, WAIS-IV, KBIT-2). *Note*: An attempt to interview the inmate and conduct psychological testing must occur in all cases. If the inmate refuses to cooperate, his/her refusal is noted in this section and in the psychological testing section.
- **Psychosocial History**. Briefly addresses the inmate's psychosocial history, as relevant to this report, noting not only significant deficits or limitations, but also areas of specific strength. Topics that may be addressed include:

  - **Family History**. Describes family of origin; any noteworthy criminal, psychiatric, or medical history of relatives; any history of abuse or trauma in the family; and marital history if applicable.
  - **Educational History**. Briefly notes the inmate's educational history, with emphasis on noted intellectual disabilities, cognitive impairments, and results of intelligence testing.
  - **Employment History**. Briefly describes the inmate's employment history, including any prior military experience.

- **Medical History**. Briefly notes significant medical conditions, such as chronic illnesses or disabilities.
- **Mental Health History**. Typically contains a greater level of detail and includes the following (if applicable): historical information related to psychiatric hospitalizations, past mental health diagnoses, use of psychiatric medication, history of suicidal behavior/gestures, mental health treatment history prior to and within the Bureau, and history of mental health deterioration during confinement in a restrictive housing setting. *Note*: PSR and PDS/BEMR review are mandatory in the preparation of this section.
- **Substance Abuse History**. Briefly describes any substance abuse issues.
- **Psychosexual History**. Briefly describes any deviant sexual interests, history of sexually abusive behavior or victimization, and history of sexual crimes.
- **Criminal History**. Describes the inmate's criminal history, including juvenile and adult crimes, escape attempts, and incident reports. Special attention is given to crimes, escape attempts, and incident reports contributing to the ADX referral. In addition, this section addresses the inmate's view of his/her criminal activity, including the incident(s) associated with the referral. *Note*: It is not necessary to list every arrest, conviction, and incident report in this section. The evaluator may summarize information. For example, "Inmate Smith has received 37 incident reports in the past 3 years, the majority of which involve insolence and possession of intoxicants."
- **Interview/Mental Status Examination**. Summarizes findings from the clinical interview and mental status examination. If the inmate refuses to participate in the clinical interview

and mental status examination, his/her refusal is noted in this section and all pertinent observations are recorded.

- **PAI Results**. Summarizes PAI results. If the inmate refuses to complete the PAI, his/her refusal is noted in this section.
- **Case Formulation**. Contains an analysis and synthesis of the data, which integrates psychological testing results with history, mental status, and clinical observations. Diagnostic impressions should be fully supported. If prior documentation of a mental illness exists, but is no longer valid, or if the evaluator believes it was never valid, this should be noted and supported by the evaluator. The case formulation also includes the evaluator's conclusion whether any psychological factors would preclude the inmate's placement at the ADX.
- **Diagnostic and Care Level Formulation**. Lists any diagnoses and notes the inmate's mental health care level.

The completed mental health evaluation report is entered in the PDS in the "Evaluations" section; the document is titled "ADX Referral Mental Health Evaluation." The report is entered directly into PDS; it is not entered as a Word attachment. Psychological testing data are scanned into PDS as an attachment linked to the evaluation note. Once the report is entered into PDS, an email notification is sent to the Psychology Services Branch at *BOP-RSD/Psychology SVCS~*. The inmate's name and register number are included in the subject line. The Psychology Services Branch reviews the report, psychological testing results, and the PDS records. Any concerns are discussed with the Chief Psychologist or Clinical Director at the inmate's facility. If no concerns are noted, a concurrence email is sent to the Chief Psychologist and the Warden for inclusion in the referral packet.

c. **SMU/ADX Exclusionary Criteria**. Ordinarily, seriously mentally ill inmates (classified as CARE3-MH) are diverted from SMU or ADX placement and CARE4-MH inmates are not placed in these facilities. Inmates who are identified as seriously mentally ill will not be designated to or housed at the ADX or SMUs, except as noted below. Placement of a seriously mentally ill inmate in the ADX or a SMU will only occur if extraordinary security needs are identified that cannot be managed elsewhere. In such circumstances, an individualized mental health treatment plan will be developed commensurate with the inmate's treatment needs. The decision to exclude a seriously mentally ill inmate from the ADX or a SMU is not contingent on his/her willingness to participate in a mental health treatment program. In addition, the Psychology Services Branch, in collaboration with the Chief Psychiatrist, Health Services Division, will generally recommend against SMU or ADX placement in the following instances:

- A review of documentation suggests SMU or ADX placement would interfere with the inmate's participation in necessary mental health treatment interventions.

- A review of documentation suggests the inmate's mental health disorder or cognitive limitations make it unlikely he/she could successfully progress through the phases of the SMU or ADX.
- A review of documentation suggests SMU or ADX placement is likely to exacerbate an inmate's mental health condition.

Inmates identified as in need of inpatient psychiatric care (CARE4-MH) are not referred for placement in a SMU or the ADX. The appropriate placement for these inmates is a Psychiatric Referral Center.

If a seriously mentally ill inmate is determined to be unable to function in a less restrictive setting due to special safety and security needs, he/she will continue to receive mental health services commensurate with his treatment needs while in restrictive housing.

d. **Extended Restrictive Housing Reviews**. Inmates in restrictive housing placements for an extended period will receive regular mental health evaluations. These evaluations occur when the inmate is continuously housed:

- In SHU for 6 months.
- In the ADX for 12 months.
- In a SMU for 18 months.

The mental health evaluation is completed by an institution psychologist and includes a review of the records, behavioral observations, clinical interview, and psychological testing if clinically indicated.

If the inmate refuses to cooperate with the interview or psychological testing, the evaluation proceeds and this refusal is noted in the report. The required protocols for the mental health evaluation reports are found in BP-A1057, Restrictive Housing Mental Health Evaluation – Initial Review, and BP-A1058, Restrictive Housing Mental Health Evaluation – Follow-Up Review; the results of these reports are documented in the Diagnostic and Care Level Formulation in PDS.

Updates are conducted for subsequent anniversaries; for example, an inmate continuously housed in SHU for 18 months would receive an evaluation when he/she has been housed in SHU for 6 months, with updates at 12 and 18 months.

The documentation associated with this review is entered in PDS under the note type "Restrictive Housing Mental Health Evaluation" and the results documented in PDS as an update of the

Diagnostic and Care Level Formulation note. This information is entered in PDS within 14 days of the applicable due date.

Based on the findings of this evaluation, the Chief Psychologist, in collaboration with the CCARE Team (if applicable) may immediately initiate local actions to address identified mental health concerns.

On a monthly basis, the Psychology Services Branch reviews Restrictive Housing Mental Health Evaluations to determine if mental health concerns are appropriately addressed. In conjunction with these reviews, Branch staff consult as necessary with institution staff and with the Bureau's Chief Psychiatrist. Branch staff also document concurrence with the evaluation findings or additional recommendations in PDS.

e. **SHU/SMU/ADX Removal Criteria**. If an inmate's mental health appears to have deteriorated during restrictive housing placement, the Mental Health Treatment Coordinator actively works with the CCARE Team (if applicable) and the Psychology Services Branch (if applicable) to mitigate the impact or identify an alternative placement. As necessary, the Psychology Services Branch will consult with the Bureau's Chief Psychiatrist. This deterioration may be identified through the mental health evaluation described above, or through more emergent factors; e.g., acute mental illness leading to the need for an emergency psychiatric transfer.

In addition, the Psychology Services Branch, in collaboration with the Chief Psychiatrist, Health Services Division, reviews inmates for possible removal from a SMU or the ADX in the following circumstances:

- Any inmate who is transferred from a SMU or the ADX to an MRC on an emergency psychiatric transfer.
- Any inmate who, upon arrival to a SMU or the ADX, is judged by the Chief Psychologist or Psychiatrist to have significant mental health issues or cognitive limitations that may make him/her inappropriate for this placement.
- Any inmate who begins to experience symptoms of a serious mental illness following placement in a SMU or the ADX.

f. **Discipline**. An inmate's mental health symptoms may contribute to institution rule infractions that could result in disciplinary sanctions, including SHU placement or the extension of SHU placement. In these cases it is the responsibility of the Mental Health Treatment Coordinator to provide consultation to the DHO to ensure the disciplinary process is applied appropriately to inmates with mental illness.

The DHO refers the following incident reports to a psychologist for determination of competence and responsibility:

- Any incident report received by a CARE3-MH or CARE4-MH inmate.
- Any incident report received by a CARE2-MH inmate where there appears to be a mental health concern.
- Any incident reports for Code 228 involving self-harm.
- Any incident report for Code 302, Misuse of Authorized Medication.

The Mental Health Treatment Coordinator indicates whether the inmate is competent or responsible and whether some types of sanctions are inappropriate based on his/her mental health needs. Sanctions that limit social support (e.g., SHU placement, loss of visits, or loss of phone calls) should be considered on a case-by-case basis and may not be appropriate for inmates with mental illness who use these supports as a component of their treatment or recovery.

## 9. **MENTAL HEALTH TRAINING**

Mental health training for all staff is included in Introduction to Correctional Techniques I and II and Annual Training. Mental health training is also provided on a quarterly basis to SHU officers.

Additional Mental Health Specialty Training will be made available in select CARE2-MH, CARE3-MH, CARE4-MH, and administrative institutions. To support this specialized training, adequate Psychology Services staffing must be in place. With adequate Psychology Services staffing and sufficient staff interest, this training is offered annually. This program supports the development of an optimal environment for effective treatment and care of offenders with mental illness, in which mental health professionals and other staff work collaboratively to support treatment. The training promotes early identification of mental health problems and more effective de-escalation and support when problems arise. While this training is not required to work a post on a mental health unit, it will be especially beneficial for staff who work these posts.

Staff may apply to take advantage of this additional Mental Health Specialty Training by submitting an application to the Human Resource Manager following the announcement of this training opportunity.

This additional Mental Health Specialty Training will include 24 hours of specialized mental health training, including suicide prevention, understanding mental illness, cultural diversity and sensitivity, psychiatric medications, behavior management principles, confidentiality, communication skills, de-escalation skills, and building collaborative relationships.

## 10. **MENTAL HEALTH COMPANION PROGRAM**

Mental Health Companions are trained inmates who provide assistance and support to inmates with mental illness under the direction of the Psychology Services Department. Mental Health Companion Programs are initiated at the discretion of the Warden. They may take a variety of forms, including a cadre residing on a mental health treatment unit, supporting a drop-in center, or participating in individual pairings with inmates who need additional support.

The Mental Health Treatment Coordinator is responsible for the selection, training, assignment, and removal of individual companions. Inmates selected as companions are considered to be on an institution work assignment when they are on their scheduled shift and receive performance pay for time spent providing support to inmates with mental illness.

a. **Selection of Inmate Mental Health Companions**. Because of the sensitive nature of such assignments, the selection of Mental Health Companions requires considerable attention. They must be able to provide companionship and assistance to mentally ill inmates, protect their privacy, and report significant safety concerns and suicide warning signs to staff. In the Mental Health Treatment Coordinator's judgment, they must be reliable individuals who have credibility with both staff and inmates and are able to perform their duties with minimal need for direct supervision. In addition, any inmate who is selected as a Mental Health Companion must not:

- Have committed a 100-level prohibited act within the last three years.
- Be in Financial Responsibility Program (FRP), GED, or Drug Ed Refuse status.
- Have a history of sex offense against an adult.

As part of the selection process, the Mental Health Treatment Coordinator takes the following steps and documents the findings in PDS:

- Interview the inmate.
- Review the inmate's disciplinary history.
- Review the inmate's PSR.
- Review the inmate's PDS documentation.
- Consult with the Special Investigative Supervisor (SIS).
- Consult with the inmate's current work supervisor.
- Consult with the Unit Team.

b. **Training Mental Health Companions**. Each companion receives at least four hours of initial suicide prevention training and an additional four hours of initial Mental Health Companion training before assuming Mental Health Companion duties. Each Companion also

receives at least four hours of refresher training every six months. Each training session reviews policy requirements and instructs the inmates on their duties and responsibilities as a Mental Health Companion, including:

- Basic information about mental illness.
- Modeling and supporting recovery from mental illness.
- Reducing stigma.
- Communication skills.
- Warning signs for suicide and other mental health problems that should be reported to staff immediately.

An inmate may serve as both a Mental Health Companion and a Suicide Watch Companion. However, these are separate work assignments with different tasks and challenges. Therefore, some portions of training may be combined and others must be individualized. Mental Health Companions may participate in the initial Suicide Watch Inmate Companion training provided by the Suicide Prevention Coordinator to complete the suicide prevention portion of their initial training. In semi-annual training, the components common to both Suicide Watch Companions and Mental Health Companions may be covered in a combined two-hour training, if two additional hours of specialized training are provided to each group.

c. **Meetings with Mental Health Treatment Coordinator**. Mental Health Companions with an active work assignment meet at least weekly with the Mental Health Treatment Coordinator or designee to debrief their work, review procedures, discuss issues, and supplement training. This meeting may occur in a group setting.

d. **Records**. The Mental Health Treatment Coordinator maintains a record in PDS containing:

- An agreement of understanding and expectations signed by each Companion.
- Documentation of attendance and topics discussed at semi-annual trainings and weekly meetings.

Verification of pay for those who have an assignment is also maintained.

e. **Supervision of Inmate Mental Health Companions**. Although Mental Health Companions are selected on the basis of their emotional stability and level of personal responsibility, they still require staff supervision while performing their duties. This supervision is provided by the Mental Health Treatment Coordinator during meetings. In support of the program, the Mental Health Treatment Coordinator provides staff with a roster of Companions (e.g., via TRUSCOPE, memorandum, or Sallyport).

f. **Removal**. The Mental Health Treatment Coordinator or designee may remove any Inmate Mental Health Companion from the program at his/her discretion. Removal of a companion is documented in the PDS records.

## 11. PTP ACHIEVEMENT AWARDS

Mental Health PTPs offer achievement awards for inmates who participate in them, as defined in the Program Statement **Psychology Treatment Programs**. Achievement awards are offered to participants who demonstrate behaviors that reflect a commitment to treatment, conformity with program norms, progress on treatment plan goals, and behaviors that are expected in the general society.

a. **Earning Achievement Awards**. Inmates enrolled in PTPs must:

- Be on time for all treatment activities.
- Have no unexcused absences.
- Not leave treatment activities without approval from the facilitator.
- Dress appropriately.
- Be an active participant in treatment activities.
- Put forth positive efforts in accomplishing treatment plan goals, as determined by the treatment provider.
- Comply with education and FRP obligations.
- Not receive a sanction for a sustained incident report.

b. **Specific Achievement Awards**

- **Limited financial awards**. An inmate may earn a financial award to offset time lost from work. The amount is $50 for each phase of treatment, as defined in the Program Statement **Psychology Treatment Programs**. A financial award may be reduced by the treatment team based upon the inmate's unsatisfactory participation and progress. However, a financial award is never to exceed $50.
- **Nearer release transfer**. Formal consideration may be given for a nearer release transfer following successful program completion.
- **Local incentives**. Institutions may offer incentives such as preferred living quarters, "early chow," washer/dryer or exercise equipment on unit, etc.
- **Tangible incentives**. With the Warden's approval, tangible incentives may be given (e.g., books, t-shirts, notebooks, pencil pouches, mugs with program logo, food and hygiene items that are not sold in commissary).
- **Token economy**. Mental Health PTPs may choose to run a token economy in which inmates are able to earn tangible incentives based on their participation.

- **Transition ceremony/ritual**. For the completion of a Mental Health PTP, institutions may offer a structured transition ceremony for the inmates.

## 12. MENTAL HEALTH TREATMENT ACHIEVEMENT AWARDS

Achievement awards are available to CARE3-MH inmates in all settings and CARE2-MH/CARE3-MH inmates at the ADX. Achievement awards are offered to participants who demonstrate behaviors that reflect sustained efforts toward recovery, progress on treatment goals, and pro-social attitudes and behaviors.

a. **Earning Achievement Awards**. Inmates must:

- Attend treatment activities on time.
- Make positive efforts in accomplishing treatment plan goals, as determined by the treatment provider.
- Comply with education and FRP obligations.
- Not receive a sanction for a sustained incident report.

b. **Specific Achievement Awards**

- **Local incentives**. Institutions may offer incentives such as preferred living quarters, "early chow," washer/dryer or exercise equipment on a unit where CARE3-MH inmates live, etc.
- **Tangible incentives**. With the Warden's approval, tangible incentives may be given, (e.g., books, t-shirts, notebooks, pencil pouches, mugs with program logo, food and hygiene items that are not sold in commissary).
- **Token economy**. CARE3-Mental Health sites may choose to run a token economy in which inmates are able to earn tangible incentives based on their participation in treatment.

## 13. REDESIGNATIONS OF INMATES WITH MENTAL ILLNESS

Inmates with mental illness are transferred using specialized procedures to ensure they are housed in institutions that have resources to meet their needs.

a. **CARE3-MH Inmates**. Ordinarily, designations of CARE3-MH inmates are processed at the DSCC and reviewed by Psychology Services staff, who recommend a placement or placements that have appropriate resources to meet the inmate's mental health needs.

CARE3-MH inmates are, on occasion, transferred via program completion transfers (325) in order to manage the CARE3-MH populations at sites with PTPs for the mentally ill, such as the Mental Health Step Down Program and STAGES Program.

If a CARE3-MH inmate needs a transfer to a psychiatric referral center to manage acute psychiatric symptoms, the BP-A0770 (Medical/Surgical and Psychiatric Referral Request) is submitted to the Office of Medical Designations and Transfers (OMDT), Health Services Division. The mental health care level code is not changed to CARE4-MH by the sending institution.

Inmates classified as CARE3 in regard to both physical and mental health are referred for transfer and designation through OMDT.

b. **Continuity of Care Between Bureau Institutions**. To promote continuity of care for inmates with mental illness as they transfer, a Mental Health Transfer Summary must be completed in PDS every time a mentally ill (CARE2-MH, CARE3-MH, and CARE4-MH) inmate transfers within the Bureau – to an RRC, home confinement, or directly to the community. Pretrial facilities are exempt from this requirement if the inmate has been at the facility for less than six months.

- **Transfers between mainline institutions**. A Mental Health Transfer Summary must be entered into PDS by the Mental Health Treatment Coordinator, or treating psychologist, for all CARE2-MH, CARE3-MH, and CARE4-MH inmates before submission to the DSCC for transfer.
- **Psychiatric transfers to MRCs**. If an inmate is accepted for Emergency or Routine Psychiatric Transfer, the BP-A0770 is submitted to OMDT and entered into PDS; the Mental Health Transfer Summary is not required.
- **Psychiatric transfers from MRCs**. When psychiatric treatment at an MRC is complete, Psychology staff complete a treatment summary and update the Diagnostic and Care Level Formulation in PDS.

## 14. REENTRY

The Bureau is committed to helping inmates prepare for reintegration into their communities by transferring inmates with mental illness through RRCs or home confinement placements. However, each inmate should first be reviewed for suitability for community placement and continuity of care needs.

Each Warden is strongly encouraged to approve inmates who successfully complete Mental Health PTPs for RRC/Home Confinement placement, consistent with the recommendations of PTP staff.

a. **Assessment of Psychological Suitability**. The CCARE team considers community placement for all inmates with mental illness on an individual basis. However, some inmates may not be suitable for community placements. Others may be suitable, but may not benefit from community placements due to their mental health conditions, or may need special

consideration given to the type of community placement. The following conditions indicate an inmate is potentially unsuitable for RRC or home confinement placement:

- Ongoing inpatient psychiatric treatment.
- Uncontrolled mental health symptoms (e.g., psychosis with no insight, non-adherent with medication).
- Acute suicidal ideation with accompanying plans or recent attempts of moderate to high lethality.
- Inability to perform routine activities of daily living (bathing, dressing, eating, toileting, general hygiene, and mobility).

Continuity of care is also a primary consideration in placement decisions. For inmates who are particularly vulnerable to environmental changes or stressors, the following situations indicate caution should be taken regarding the inmate's placement and the inmate's needs, strengths, and weaknesses should be considered as part of the CCARE team planning process:

- There is no RRC in the inmate's community, causing him/her to have to relocate for RRC placement and again to return to his/her community.
- The inmate has a history of struggling to adapt to new environments.
- Community supports or mental health services are limited in the area to which the inmate is transferring.

At a minimum, the institution's CCARE Team assesses all CARE2-MH, CARE3-MH, and CARE4-MH inmates for suitability at the time of the RRC Referral Process and when the Mental Health Transfer Summary is prepared (30 to 60 days before RRC placement). If there are any concerns regarding the inmate's ability to be successful in a community placement, the team consults with CTS and Residential Reentry Management Branch staff.

Clinically manageable in the community is defined as having mental health symptoms that can be treated on an outpatient basis through pre-arranged linkages to family/community support, counseling, and psychiatric medications as needed.

When the CCARE Team determines the disposition for an inmate having one or more of the above-listed conditions, the team takes the actions below consistent with their decision:

- **Clinically manageable**. If an inmate's mental health needs are determined to be manageable in the community, the institution CCARE Team continues to monitor his/her status at intervals set by the team. If no complications arise, RRC or home confinement referral proceeds as planned by the Unit Team. If symptoms increase significantly, a reassessment occurs.
- **Clinically unmanageable**. If an inmate's mental health needs are determined to be unmanageable in the community, the Unit Manager will submit a request to Residential Reentry Management Branch staff to revoke or retard the RRC date. Clinically

unmanageable in the community is defined as not having the requisite family/social network, health care facility, clinical or specialty services, or access to prescribed medications to maintain or improve an inmate's mental health status as assessed at the time of release to RRC or home confinement placement. The institution CCARE Team continues to monitor the inmate's mental health at intervals set by the team and changes his/her status if his/her mental health improves such that he/she has clinically manageable needs.

If the inmate is releasing to supervision under the United States Probation Office (USPO) or Court Services Offender Supervision Agency (CSOSA), and his/her mental health needs remain unmanageable in the community up to the point of release from custody, the treating psychologist must ensure contact is made with USPO or CSOSA. The treating psychologist ensures they are informed of the inmate's status and provides the Mental Health Transfer Summary as documented in PDS. The treating psychologist then makes a referral to the social worker, who will develop a comprehensive release plan, as detailed below. If the inmate is releasing directly to the community with no supervision requirement, a Bureau social worker takes responsibility for coordinating a release plan, as detailed below.

If an inmate with mental illness is releasing from a CARE1-MH institution with no CCARE team, the Mental Health Treatment Coordinator coordinates with staff from other disciplines, as needed, and ensures continuity of care during the inmate's release is consistent with the practices described in this policy.

b. **Community Treatment Services**. CTS staff determine which inmates with moderate, serious, or acute mental health needs releasing to community placements are appropriate for community treatment services by consulting with institution CCARE teams and running rosters of CARE2-MH, CARE3-MH, and CARE4-MH and Psychology Alert assignments. CTS staff review inmate PDS files, including the Mental Health Transfer Summary, which recommend follow-up treatment in the community. They arrange appropriate services to support inmates with mental illness who are placed in RRCs or in home confinement.

c. **Social Workers**. Social workers, in collaboration with the inmate and the institution CCARE Team, create comprehensive release plans for inmates who are releasing from Bureau custody with no community placement. The release plan identifies community treatment providers in the areas of psychiatry, mental health treatment, family counseling, substance abuse, and sex offender treatment, as recommended by the treating psychologist and as available in the community. Some institutions have locally based social workers; those that do not rely on Regional Social Workers. Social workers may consult with CTS staff regarding resources available in the community to which the inmate is releasing.

d. **Continuity of Care to Community Placements**. Procedures for transfer to community placements are detailed below.

- **Transfers to RRCs and Home Confinement**. When CARE2-MH, CARE3-MH, and CARE4-MH inmates are between 30 and 60 days from an RRC date, the Mental Health Transfer Summary is completed by the treating psychologist and entered in PDS. If CTS staff determine this form is not present in PDS 30 days prior to the RRC date, they notify the Chief Psychologist of the discrepancy. The Chief Psychologist ensures the summary is completed before the inmate's transfer. If there is sufficient concern regarding the inmate's mental health condition, CTS staff also consult with the Residential Reentry Manager (RRM), who may retard the RRC date until adequate information is available to ensure continuity of care.
- **Release to the Community with Supervision**. When a CARE2-MH, CARE3-MH, or CARE4-MH inmate releases directly to the community under the supervision of the USPO or CSOSA, the treating psychologist completes the Mental Health Transfer Summary in PDS and ensures the supervising USPO or CSOSA receives a copy. The treating psychologist completes this summary 30-60 days before the inmate's release. If the inmate requires mental health aftercare services, the treating psychologist will make a referral to the institution Social Worker or Regional Social Worker, who will assist with reentry planning.
- **Release to the Community without Supervision**. When a CARE2-MH, CARE3-MH, or CARE4-MH inmate releases directly to the community with no supervision requirement, the treating psychologist completes the Mental Health Transfer Summary in PDS 30-60 days before the inmate's release. If the inmate requests, the treating psychologist forwards it to a community treatment provider, following completion of the release of information. Such a request can also be made by the inmate following his/her release. If the inmate is on psychiatric medication and needs linkage to community resources, the psychologist should make a referral to the institution Social Worker or Regional Social Worker to enhance continuity of care.

e. **Return to Custody Due to Mental Illness**. Sometimes inmates experience mental health crises or behavioral problems in an RRC setting and are no longer able to be managed in the community. When this occurs:

- The RRM staff must immediately notify and consult with CTS regarding any CARE2-MH, CARE3-MH, or CARE4-MH inmate **or** any CARE1-MH inmate exhibiting symptoms of mental illness, for whom the RRC placement or home confinement may be terminated.
- CTS staff in turn consult with Psychology Services Branch mental health staff and document the consultation in PDS.
- Psychology Services Branch mental health staff adjust the care level assignment, if necessary, by entering a mental health assignment that better approximates the inmate's need for services.
- Psychology Services Branch mental health staff make a recommendation regarding whether the inmate should be transferred to an MRC for treatment of acute mental illness, returned to

a mainline institution, continued in the current placement with additional supports, or housed in a contract facility until the end of his/her sentence.

- The RRM staff work with the OMDT or the DSCC to identify and return the inmate to the parent institution or, if necessary, identify an alternate institution. If the inmate needs emergency psychiatric care at a Psychiatric Referral Center, RRM staff prepare the BP-A0770 in consultation with CTS and the Psychology Services Branch.

If the inmate is returned to an institution, release planning begins again immediately upon his/her arrival.

## 15. AGENCY ACA ACCREDITATION PROVISIONS

- American Correctional Association Standards for Adult Correctional Institutions, 4th Edition: 4-4142, 4-4143, 4-4144, 4-4305, 4-4368, 4-4370, 4-4371, 4-4372, 4-4373, 4-4374, 4-4399, 4-4429, 4-4429-1.
- American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-2A-32, 4-ALDF-4C-8, 4-ALDF-4C-19, 4-ALDF-4C-27, 4-ALDF-4C-28, 4-ALDF-4C-29, 4-ALDF-4C-30, 4-ALDF-4C-31, 4-ALDF-4C-32, 4-ALDF-4C-34, 4-ALDF-4C-40, 4-ALDF-6B-05, 4-ALDF-6B-06, 4-ALDF-6B-07, 4-ALDF-6B-08.
- American Correctional Association Standards for Administration of Correctional Agencies, 2nd Edition: 2-CO-4B-04.

## REFERENCES

*Program Statements*

| | |
|---|---|
| P5070.12 | Forensic and Other Mental Health Evaluations (4/16/08) |
| P5100.08 | Inmate Security Designation and Custody Classification (9/12/06) |
| P5212.07 | Control Unit Programs (2/20/01) |
| P5270.09 | Inmate Discipline Program (7/8/11) |
| P5270.10 | Special Housing Units (7/29/11) |
| P5290.14 | Admission and Orientation Program (4/3/03) |
| P5310.12 | Psychology Services Manual (8/13/93) |
| P5324.08 | Suicide Prevention Program (3/15/07) |
| P5330.11 | Psychology Treatment Programs (3/16/09) |
| P5370.11 | Inmate Recreation Programs (6/25/08) |
| P6031.03 | Patient Care (8/23/12) |
| P6340.04 | Psychiatric Services (1/15/05) |

*Other References*

President's New Freedom Commission on Mental Health, 2003

National Consensus Statement on Mental Health, 2004

*Diagnostic and Statistical Manual of Mental Disorders*: Fifth Edition, 2013

*BOP Forms*

| | |
|---|---|
| BP-A0770 | Medical/Surgical and Psychiatric Referral Request |
| BP-A1055 | Notice of Psychological Evaluation – ADX Control Unit |
| BP-A1056 | Notice of Psychological Evaluation – ADX General Population |
| BP-A1057 | Restrictive Housing Mental Health Evaluation – Initial Review |
| BP-A1058 | Restrictive Housing Mental Health Evaluation – Follow-Up Review |

*Records Retention Requirements*

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.

**U.S. Department of Justice**
Federal Bureau of Prisons

# Program Statement

**OPI:** CPD/PSB
**NUMBER:** P5324.08
**DATE:** 4/5/2007
**SUBJECT:** Suicide Prevention Program

**RULES EFFECTIVE:** 3/15/2007

1. **PURPOSE AND SCOPE.** The Bureau of Prisons (Bureau) operates a suicide prevention program to assist staff in identifying and managing potentially suicidal inmates. Each Warden will ensure that a suicide prevention program is implemented consistent with this policy. In addition, Wardens will facilitate a discussion regarding the issue of suicide at department head meetings, staff recalls, lieutenants' meetings, etc., to heighten staff awareness about the need to detect and report any changes in inmate behavior that might suggest suicidal intent.

2. **SUMMARY OF CHANGES.** This re-issuance adds the following new procedures for preventing inmate suicides:

a. Suicide prevention training will include three mock suicide emergencies per year, one on each shift. One of these exercises must be conducted in the Special Housing Unit (SHU) during the morning or evening watch.

b. Specific minimum criteria that must be included in a Suicide Risk Assessment and a Post-Watch Report are delineated.

c. Designation of a room for suicide watch outside of the Health Services area requires written approval of the Regional Director.

d. Specific criteria that exclude an inmate from consideration for an inmate companion position are delineated.

e. Correctional Services will notify Psychology Services when an inmate requests protective custody (PC). Psychology Services will no longer be required to monitor SENTRY for entry of a PC code.

3. **PROGRAM OBJECTIVES.** The expected results of this program are:

a. All institution staff will be trained to recognize signs and information that may indicate a potential suicide.

b. Staff will act to prevent suicides with appropriate sensitivity, supervision, and referrals.

c. Any inmate clinically found to be suicidal will receive appropriate preventive supervision, counseling, and other treatment.

4. **DIRECTIVES AFFECTED**

a. **Directive Rescinded**

P5324.05 Suicide Prevention Program (3/1/04)

b. **Directives Referenced**

P5270.07 Inmate Discipline and Special Housing Units (12/29/87)
P5290.14 Admission and Orientation Program (4/3/03)
P5310.12 Psychology Services Manual (8/13/93)
P5566.06 Use of Force and Application of Restraints (11/30/05)
P6031.01 Patient Care (1/15/05)
P6340.04 Psychiatric Services (1/15/05)

c. Rules cited in this Program Statement are contained in 28 CFR 552.40 through 552.41.

5. **STANDARDS REFERENCED**

a. American Correctional Association Standards for Adult Correctional Institutions, 4th Edition: 4-4084,4-4084-1,4-4370M,4-4371M,and 4-4373M.

b. American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-7B-08,4-ALDF-7B-10,4-ALDF-7B-10-1,4-ALDF-4C-29M,4-ALDF-4C-30M,and 4-ALDF-4C-32M.

6. **INSTITUTION SUPPLEMENT.** See Section 7a.

7. **POLICY.** Each Bureau institution, other than Medical Referral Centers (MRCs), will implement a suicide prevention program that conforms to the procedures outlined in this policy. Each Bureau medical center is to develop specific written procedures consistent with the specialized nature of the institution and the intent of this policy.

a. **Medical Referral Centers.** MRCs serve a unique evaluation/treatment function addressing the needs of a wide range of inmates, while meeting community standards of care. Psychology Services is responsible for developing an Institution Supplement that describes local procedures for managing the

Suicide Prevention Program's components.

MRC psychologists are to document significant treatment information in the Psychological Data System (PDS) so that the information is readily available for post-discharge treatment.

b. **Residential Reentry Center Contract Facilities.** When contracts for outside facilities (including Residential Reentry Centers (RRCs)) are used, the Statement of Work will include a suicide prevention plan or program that meets accepted Bureau standards.

Community Corrections Managers (CCMs) will monitor contract facilities regularly to determine their capability to manage at-risk populations effectively. The CCM will consult the Regional Psychology Services Administrator if questions arise about the adequacy of a contract facility's Suicide Prevention Program or about the need to transfer a suicidal inmate to a different facility. The CCM will contact Central Office Psychology Services when there is system-wide or interagency issues.

In the event of a suicide, all possible evidence and documentation will be preserved to provide data and support for subsequent investigators doing a psychological reconstruction. Ordinarily, the Regional Director will authorize an after-action review of a suicide at a RRC, to be conducted by the Regional Psychology Administrator. The findings will be documented as a Psychological Reconstruction Report as outlined in Attachment A.

c. **Privately-Managed Contract Prisons.** Private security contract facilities maintain a suicide prevention and intervention program in compliance with American Correctional Association (ACA) standards. Ordinarily, the Assistant Director, Correctional Programs Division, will authorize an after-action review of a suicide at a contract private prison, to be conducted under the direction of the Central Office Psychology Services Administrator. The findings will be documented as a Psychological Reconstruction Report as outlined in Attachment A.

8. **PROGRAM ADMINISTRATION.**

a. **Program Coordinator.** Each institution must have a Program Coordinator for the institution's suicide prevention program. The Program Coordinator shall be responsible for managing the treatment of suicidal inmates and for ensuring that the institution's suicide prevention program conforms to the guidelines for training, identification, referral, assessment, and intervention outlined in this policy.

Ordinarily, the Chief Psychologist will be the Program Coordinator. The Program Coordinator's responsibilities will not be delegated to staff other than a doctoral-level psychologist.

The Program Coordinator, in conjunction with institution executive staff, must ensure that adequate coverage is available when he or she is absent from the institution for training, annual leave, etc.

b. **Training.** While the initial period of incarceration is often a critical time for detecting potential suicides, serious suicidal crises may arise at any time. Line staff are often the first to identify signs of potential suicidal behavior based on their frequent interactions with inmates.

The Program Coordinator is responsible for ensuring that appropriate training is available to staff. The Program Coordinator will ensure that all staff will be trained (ordinarily by psychology services personnel) to recognize signs indicative of a potential suicide, the appropriate referral process, and suicide prevention techniques.

Wardens will include discussions of suicide prevention at department head meetings, staff recalls, etc., to remind staff of the need to observe inmates constantly for signs of suicidal behavior.

1) **Training for All Staff.** Suicide prevention training will be included in the Introduction to Correctional Techniques curriculum. Training in local suicide prevention procedures will be provided during Institution Familiarization Training and Annual Training (AT) at all institutions.

Training for staff will focus on:

- identifying suicide risk factors;
- typical inmate profiles of completed suicides;
- recognition of potentially suicidal behavior;
- appropriate information associated with identifying and referring suicidal inmates;
- responding to a suicide emergency (e.g., a suicide in progress), including location and proper use of suicide cut-down tool; and
- name of Program Coordinator, location of suicide watch room, etc.

2) **Supplemental Speciality Training.** The Program Coordinator will offer supplemental training to staff having frequent inmate contacts. Ordinarily, supplemental specialty training for health services staff (i.e., Physician's Assistants, Nurse Practitioners, Emergency Medical Technicians, Registered

Nurses), lieutenants, and correctional counselors is offered approximately six months after the conclusion of institution AT. It is encouraged that this training be provided during regularly scheduled meetings when possible.

3) **Supplemental Training for Special Housing Unit (SHU) Staff.** Information about recognizing potentially suicidal inmates and procedures to follow will be included in the SHU post orders. Attachment B is an example of post orders for suicide prevention in a SHU.

4) **Emergency Response Training.** At a minimum, the Captain and Chief Psychologist will jointly conduct three mock suicide emergencies yearly, one on each shift, approximately four months apart. Complexes will complete the exercises separately at each institution within the complex.

- Within the calendar year, at least one of these exercises will be conducted in the SHU during the evening or morning watch. (Institutions that do not have a SHU [e.g., Camps] are exempted from this requirement, but are still required to conduct three mock suicide emergencies yearly).
- Confirmation of mock suicide emergency training will occur in writing to the Associate Warden over Psychology Services with a copy to the Suicide Prevention Program Coordinator for placement in a training documentation file. See sample memorandum format in Attachment C.
- This training is in addition to the supplemental speciality training for lieutenants, health services staff, and correctional counselors.

9. **IDENTIFICATION OF AT-RISK INMATES.**

a. **Medical Staff Screening.** Medical staff are to screen a newly admitted inmate for signs that the inmate is at risk for suicide. Ordinarily, this screening is to take place within twenty-four hours of the inmate's admission to the institution.

- The Physician's Assistant/Nurse Practitioner (PA/NP) will refer suicidal or emotionally disturbed inmates on an emergency basis to the Program Coordinator or designee.

b. **Psychological Intake.**

1) **Pre-Trial Detainees, Pre-Sentence Detainees, and Holdovers in MCCs, MDCs, FDCs, FTCs, or Jails.** Because of the high rate of admissions and short length of stay in MCCs, MDCs,

FDCs, FTCs and Detention units, the comprehensive psychological intake conducted by Psychology Services ordinarily will be performed only on inmates who are suspected of being suicidal or appear psychologically unstable (e.g., mental illness or significant substance abuse withdrawal), or who request services via the Psychology Services Inmate Questionnaire.

2) **Newly Assigned or Writ-Return Inmates.** For newly assigned designated inmates or writ-return inmates, a psychologist will conduct a comprehensive psychological intake within 14 days of the inmate's admission to the institution.

3) **Transferred Inmates.** For transferred inmates, a psychologist will conduct a comprehensive psychological intake within 30 days of the inmate's admission to the institution if the psychologist determines it is clinically warranted based upon the PSIQ and other available inmate records.

c. **Inmates in SHUs.** Inmates in Administrative Detention or Disciplinary Segregation status often may be at higher risk for suicidal behavior. Inmates being transferred into the SHU will be monitored for signs of potential suicide risk (e.g., crying, emotionally distraught, threats of self-harm, or engaging in misconduct to purposefully effect removal from the general population). Inmates exhibiting such behavior will be referred to the Shift Lieutenant.

1) **Protective Custody (PC) Inmates.** Inmates requesting protective custody or demanding to be housed alone may actually be contemplating suicide. When an inmate requests protective custody or demands to be celled alone, Correctional Services staff will immediately:

- notify the Program Coordinator or designee in Psychology Services during normal business hours, or
- during non-routine working hours notify the on-call psychologist.

The PC inmate should be screened for suicidal ideation **within 72 hours** of being placed into SHU. When clinically indicated by this screening, a formal Suicide Risk Assessment will be conducted.

The Program Coordinator will work closely with custody staff to monitor each PC inmate’s mental status for behavior (e.g., hopelessness, anxiety, increasing agitation, depression, psychoses) that suggests a need for an increased level of services.

2) **Inmates Requiring Special Precautions.** The Program Coordinator will provide SHU staff with a list (“hot list”) of

inmates with mental health conditions who may become dangerous, self-destructive, or suicidal when placed into the SHU.

- This list will be updated as needed and distributed to Correctional Services, Health Services, and Unit Team staff. This list will be made available to all staff.

- When an inmate on this "hot list" is placed into the SHU, a Correctional Services Supervisor will notify Psychology Services immediately.

3) **SHU Custodial Issues.**

A) **Program Coordinator Involvement.** At a minimum, the Program Coordinator or designee will make weekly rounds of SHUs and consult with staff in those areas concerning any inmates needing special attention.

B) **Review of Lieutenant's Log.** The Program Coordinator will review the Lieutenant's log each working day to determine if an inmate with mental health problems has been placed in the SHU. A psychologist will see the inmate as soon as possible to assess the inmate's mental status and alert SHU staff.

C) **Health Services.** Health Services policy contains procedures to ensure inmates placed in SHU continue to received needed medications.

- Psychology Services will be notified whenever an inmate refuses or misses his/her medication. If the inmate has the potential to become violent, self-destructive, or suicidal without the medication, psychologists will notify SHU staff of this.

D) **Suicide Rescue Tool.** Every SHU will be equipped with a suicide rescue tool(s) that is sharp, stored in a secure location, and readily available. All SHU staff will be trained to use the tool and in the procedures for responding to a suicide emergency.

E) **Inmate Removal from the SHU.** The Program Coordinator will arrange to have an inmate exhibiting significant potential for suicide removed from the SHU and placed on suicide watch. Ordinarily, once the crisis is over, the inmate will be returned to the SHU to satisfy any sanction that was imposed.

d. **Staff Referral. Any staff** may identify an inmate as potentially suicidal **at any time** based upon the inmate's observed behavior.

**STAFF MUST NEVER TAKE LIGHTLY ANY INMATE SUICIDE THREATS OR ATTEMPTS OR ANY INFORMATION OR HINTS FROM OTHER INMATES ABOUT AN INMATE BEING POTENTIALLY SUICIDAL.**

Any staff member who has reason to believe an inmate may be suicidal should:

- ordinarily maintain the inmate under direct, continuous observation,
- contact the Shift Lieutenant for assistance, and
- during regular working hours, contact the Program Coordinator or designee (i.e., any other available psychologist).
- During non-routine working hours, the Shift Lieutenant will contact the on-call psychologist and continue direct, continuous observation, or immediately place the inmate on suicide watch.

In emergency situations, the Shift Lieutenant will immediately place the inmate on suicide watch. It should be noted that in emergency situations **any staff** member may place an inmate on suicide watch. Special procedures may apply to MRCs where the initiation of suicide watch may be limited to specific clinical staff.

e. **Inmate Referral**. In addition to staff, inmates can play a vital role in helping to prevent inmate suicides. To facilitate this process each institution will encourage inmate referrals by:

- including a statement in the institution inmate handbook/orientation materials encouraging inmates to notify staff of any behavior or situation that may suggest an inmate is upset and potentially suicidal,
- incorporating the topic of inmate referrals into the Admissions and Orientation lesson plan for Psychology Services,
- placing posters in each housing unit addressing the topic, and
- ensuring that the information is made available to inmates in multiple languages as appropriate, particularly Spanish.

10. **SUICIDE RISK ASSESSMENT OF IDENTIFIED INMATES.** During regular working hours inmates referred for assessment of suicide potential will be seen on a priority basis. During non-regular hours, the Program Coordinator or designee should consult with institution staff and may choose to see the inmate immediately or have the inmate placed on suicide watch. In either case, the inmate will receive an individual assessment within 24 hours of referral.

A Suicide Risk Assessment will be completed when:

- staff refer an inmate to Psychology Services because the inmate may be at risk for suicide (e.g., the inmate refuses his or her property, talks about ending his or her life),
- an inmate's written or verbal behavior is suggestive of suicide,
- an inmate exhibits behavior suggestive of self-harm, or
- any other condition is present that would lead the clinician to believe an assessment is warranted.

Ordinarily, the Suicide Risk Assessment will be completed in PDS within 24 hours of the incidents outlined above. At a minimum, the Suicide Risk Assessment will include:

- reason for / source of referral,
- risk factors assessed,
- risk assessment findings,
- diagnosis, and
- follow-up recommendations.

When a staff member has made a referral based on observed behavior, the psychologist who interviews the inmate will also make every effort to interview the staff member who observed the behavior. The staff member's comments will be included in the report/clinical notes.

11. **INTERVENTION.** Upon completion of the suicide risk assessment, the Program Coordinator or designee will determine the appropriate intervention that best meets the needs of the inmate. Because deliberate self-injurious behavior does not necessarily reflect suicidal intent, a variety of interventions other than placing an inmate on suicide watch may be deemed appropriate by the Program Coordinator, such as heightened staff or inmate interaction, a room/cell change, greater observation,

placement in restraints, or referral for psychotropic medication. In any case, the Program Coordinator or designee will assume responsibility for the recommended intervention and clearly document the rationale.

a. **Non-suicidal Inmates.** If the Program Coordinator determines that the inmate does not appear imminently suicidal, he/she shall document in writing the basis for this conclusion and any treatment recommendations made. This documentation will be placed in the inmate's medical, psychology, and central file.

b. **Suicidal Inmates.** If the Program Coordinator determines the individual to have an imminent potential for suicide, the inmate will be placed on suicide watch in the institution's designated suicide prevention room. The actions and findings of the Program Coordinator will be documented, with copies going to the central file, medical record, psychology file, and the Warden.

**12. SUICIDE WATCH.**

a. **Housing.** Each institution must have one or more rooms designated specifically for housing an inmate on suicide watch. The designated room must allow staff to maintain adequate control of the inmate without compromising the ability to observe and protect the inmate.

- The primary concern in designating a room for suicide watch must be the ability to observe, protect, and maintain adequate control of the inmate.
- The room must permit easy access, privacy, and unobstructed vision of the inmate at all times.
- The suicide prevention room may not have fixtures or architectural features that would easily allow self-injury.

Inmates on watch will be placed in the institution's designated suicide prevention room, a non-administrative detention/segregation cell ordinarily located in the health services area. Despite the cell's location, the inmate will not be admitted as an in-patient unless there are medical indications that would necessitate immediate hospitalization.

Placement of a suicide watch room in a different area may be warranted given the unique features of some institutions.

- However, designating a room for suicide watch outside of the Health Services area requires written approval of the Regional Director. Such rooms must meet all of the

- Administrative detention and disciplinary segregation cells

- Under emergency conditions a suicidal inmate may be placed temporarily on suicide watch in a cell other than the institution's designated watch room. The inmate must be moved to a designated suicide watch room as soon as one becomes available.

b. **Conditions of Confinement.** While on suicide watch, the inmate's conditions of confinement will be the least restrictive available to ensure control and safety.
The inmate on watch will ordinarily be seen by the Program Coordinator on at least a daily basis. Unit staff will have frequent contact with the inmate while he/she is on watch. Ordinarily, the Program Coordinator or designee will interview or monitor each inmate on suicide watch at least daily and record clinical notes following each visit.

The Program Coordinator or designee will specify the type of personal property, bedding, clothing, magazines, that may be allowed.

- If approved by the Warden, restraints may be applied if necessary to obtain greater control, but their use must be clearly documented and supported.

- Any deviations from prescribed suicide watch conditions may be made only with the Program Coordinator's concurrence.

- The Program Coordinator will develop local procedures to ensure timely notification to the inmate's Unit Manager when a suicide watch is initiated and terminated. Correctional Services staff, in consultation with the Program Coordinator or designee, will be responsible for the inmate's daily custodial care, cell, and routine activities.

- Unit Management staff in consultation with the Program Coordinator will continue to be responsive to routine needs while the inmate is on suicide watch.

c. **Observation.** For **all** suicide watches:

- Any visual observation techniques used to monitor the suicide companion program will focus on the inmate companion and/or the inmate on suicide watch only.

- The observer and the suicidal inmate will not be in the same room/cell and will have a locked door between them.
- The person performing the suicide watch must have a means to summon help immediately (e.g., phone, radio)

if the inmate displays any suicidal or unusual behavior.

- The Program Coordinator will establish procedures for documenting observations of the inmate's behavior in a Suicide Watch log book, which will be maintained as a secure document. Staff and inmate observers will document in separate log books. Post Orders will provide direction to staff on requirements for documentation.

1) **Staff Observers.** The suicide watch may be conducted using staff observers. Staff assigned to a suicide watch must have received training (Introduction to Correctional Techniques or in AT) and must review and sign the Post Orders before starting the watch. The Program Coordinator will review the Post Orders annually to ensure their accuracy.

2) **Inmate Observers.** Only the Warden may authorize the use of inmate observers (inmate companion program). The authorization for the use of inmate companions is to be made by the Warden on a case-by-case basis. If the Warden authorizes a companion program, the Program Coordinator will be responsible for the selection, training, assignment, and removal of individual companions. Inmates selected as companions are considered to be on an institution work assignment when they are on their scheduled shift and shall receive performance pay for time spent monitoring a potentially suicidal inmate.

d. **Watch Termination and Post-Watch Report.** Based upon clinical findings, the Program Coordinator or designee will:

1) Remove the inmate from suicide watch when the inmate is no longer at imminent risk for suicide, or

2) Arrange for the inmate's transfer to a medical referral center or contract health care facility.

Once an inmate has been placed on watch, the watch may not be terminated, **under any circumstance**, without the Program Coordinator or designee performing a face-to-face evaluation. Only the Program Coordinator will have the authority to remove an inmate from suicide watch. Generally, the post-watch report should be completed in PDS prior to terminating the watch, or as soon as possible following watch termination, to ensure appropriate continuity of care. Copies of the report will be forwarded to the central file, medical record, psychology file, and the Warden. There should be a clear description of the resolution of the crisis and guidelines for follow-up care.

At a minimum, the post-watch report will include:

- risk factors assessed,
- changes in risk factors since the onset of watch,
- reasons for removal from watch, and
- follow-up recommendations.

13. **INMATE OBSERVERS - INMATE COMPANION PROGRAM.**

a. **Selection of Inmate Observers.** Because of the very sensitive nature of such assignments, the selection of inmate observers requires considerable care. To provide round-the-clock observation of potentially suicidal inmates, a sufficient number of observers should be trained, and alternate candidates should be available.
Observers will be selected based upon their ability to perform the specific task but also for their reputation within the institution. In the Program Coordinator's judgement, they must be mature, reliable individuals who have credibility with both staff and inmates. They must be able, in the Program Coordinator's judgement, to protect the suicidal inmate's privacy from other inmates, while being accepted in the role by staff. Finally, in the Program Coordinator's judgement, they must be able to perform their duties with minimal need for direct supervision.

In addition, any inmate who is selected as a companion **must not**:

- Be in pre-trial status or a contractual boarder;
- Have been found to have committed a 100-level prohibited act within the last three years; or
- Be in FRP, GED, or Drug Ed Refuse status.

b. **Inmate Observer Shifts.** Observers ordinarily will work a four-hour shift. Except under unusual circumstances, observers will not work longer than one five-hour shift in any 24-hour period. Inmate observers will receive performance pay for time on watch.

c. **Training Inmate Observers.** Each observer will receive at least four hours of initial training before being assigned to a suicide watch observer shift. Each observer will also receive at least four hours of training semiannually. Each training session will review policy requirements and instruct the inmates on their duties and responsibilities during a suicide watch, including:

- the location of suicide watch areas;
- summoning staff during all shifts;

- recognizing behavioral signs of stress or agitation; and

- recording observations in the suicide watch log.

d. **Meetings with Program Coordinator.** Observers will meet at least quarterly with the Program Coordinator or designee to review procedures, discuss issues, and supplement training. After inmates have served as observers, the Program Coordinator or designee will debrief them, individually or in groups, to discuss their experiences and make program changes, if necessary.

e. **Records.** The Program Coordinator will maintain a file containing:

- An agreement of understanding and expectations signed by each inmate observer;

- Documentation of attendance and topics discussed at training meetings;

- Lists of inmates available to serve as observers, which will be available to Correctional Services personnel during non-regular working hours; and

- Verification of pay for those who have performed watches.

f. **Supervision of Inmate Observer During a Suicide Watch.** Although observers will be selected on the basis of their emotional stability, maturity, and responsibility, they still require some level of staff supervision while performing a suicide watch.

- This supervision will be provided by staff who are in the immediate area of the suicide watch room or who have continuous video observation of the inmate observer.

- In all cases, when an inmate observer alerts staff to an emergency situation, staff must immediately respond to the suicide watch room and take necessary action to prevent the inmate on watch from incurring debilitating injury or death. In no case will an inmate observer be assigned to a watch without adequate provisions for staff supervision or without the ability to obtain immediate staff assistance.

  **THE DECISION TO USE INMATE OBSERVERS MUST BE PREDICATED ON THE FACT THAT IT TAKES ONLY THREE TO FOUR MINUTES FOR MANY SUICIDE DEATHS TO OCCUR.**

- Supervision must consist of at least 60-minute checks conducted in-person. Staff will initial the chronological log upon conducting checks.

g. **Removal.** The Program Coordinator or designee may remove any observer from the program at his/her discretion. Removal of an inmate observer should be documented in the records kept by the Program Coordinator.

14. **TRANSFER OF INMATES TO OTHER INSTITUTIONS.** The Program Coordinator will be responsible for making emergency referrals of suicidal inmates to the appropriate medical center. No inmate who is determined to be imminently suicidal will be transferred to another institution, except to a medical center on an emergency basis.

a. **Medical Center Referral.** Inmates who do not respond to treatment interventions and remain imminently suicidal require emergency hospitalization. Although a psychiatric referral may be indicated at any time, ordinarily the inmate shall be referred to a MRC after he or she has been on continuous watch for 72 hours. If the watch exceeds 72 continuous hours, the Program Coordinator must:

- Contact the Regional Psychology Administrator to discuss the case and determine if an emergency transfer is appropriate.

- If the decision is not to transfer the inmate to a MRC, the rationale for **not** initiating a request for emergency transfer must be documented in the PDS.

b. **Psychology Services at MRCs.** Psychology Services at each MRC will provide an appropriate intervention program for inmates who have been admitted for suicidal behavior. The program will include:

- assessment,
- therapeutic interventions, and
- discharge planning.

The discharge planning may include a request to designate an institution for the inmate that can provide the custody and level of psychological service needed to prevent re-hospitalization.

c. **Consultations.** As part of the referral consideration process, it may be beneficial to consult with other mental health resources, MRC staff, or the Regional Psychology Services Administrator.

- To ensure maximum communication and tracking of suicidal inmates, the Program Coordinator will notify

his or her Regional Psychology Administrator when a suicide watch is begun or terminated and when a suicide watch exceeds 72 hours.

- The Program Coordinator or designee will document the referral considerations and all actions taken in the inmate's PDS record.

d. **SENTRY "Psych Alert" Assignments.** It is critically important that other institutions are notified when they are to receive inmates with recent suicidal indications and are at risk for self-harm.

- The Program Coordinator must ensure that a suicidal inmate being transferred to a MRC is given the SENTRY "Psych Alert" assignment to signal all staff that serious psychological management problems and "continuity of care" issues are present.

15. **ANALYSIS OF SUICIDES.** If an inmate suicide does occur, the Program Coordinator will immediately notify the Regional Administrator, Psychology Services.

The suicide scene will be treated in a manner consistent with an inmate death investigation. All measures necessary to preserve and document the evidence needed to support subsequent investigations will be maintained or otherwise recorded adequately.

- In the event of a suicide, institution staff, particularly Correctional Services staff, and other law enforcement personnel, will handle the site with the same level of protection as any crime scene in which a death has occurred.

- All possible evidence and documentation will be preserved to provide data and support for subsequent investigators doing a psychological reconstruction.

Ordinarily, the Regional Director will authorize an after-action review of the suicide to be completed by a psychologist from another institution or administrative office. Psychologists who have previously been involved in treatment of the inmate or in peer consultation in the case shall not participate in the suicide reconstruction. The report will address all the areas listed in the "Guide for the Psychological Reconstruction of an Inmate Suicide" (Attachment A).

The Regional Psychology Administrator will also review the Mortality Review Report prepared by Health Services for additional information and to explain any discrepancies with the Psychological Reconstruction Report.

a. **Central Office Review.** The Regional Director will forward copies of the Psychological Reconstruction Report to:

- the Assistant Director, Correctional Programs Division;
- the Assistant Director, Health Services Division; and
- the Senior Deputy Assistant Director, Program Review Division.

b. **Special Review Committee.** The PRD Senior Deputy Assistant Director will submit the report to the Special Review Committee. The Special Review Committee will review the report and assess whether recommendations for corrective action will be addressed at the national or local institution level.

- The PRD Senior Deputy Assistant Director will be responsible for tracking corrective actions and verifying the corrective action is accomplished.

16. **CODE OF FEDERAL REGULATIONS.** Federal Regulations appear in bracketed bold text, as reproduced from volume 28 of the Code of Federal Regulations, Chapter 5. The federal regulations that bind Bureau staff to specific program practices are primarily intended to describe Bureau programs and inmate rights, privileges, or responsibilities to inmates and members of the public.

**[§ 552.40 Purpose and scope.**

**The Bureau of Prisons (Bureau) operates a suicide prevention program to assist staff in identifying and managing potentially suicidal inmates. When staff identify an inmate as being at risk for suicide, staff will place the inmate on suicide watch. Based upon clinical findings, staff will either terminate the suicide watch when the inmate is no longer at imminent risk for suicide or arrange for the inmate's transfer to a medical referral center or contract health care facility.**

**§ 552.41 Program procedures.**

**(a) <u>Program Coordinator</u>. Each institution must have a Program Coordinator for the institution's suicide prevention program.**

**(b) <u>Training</u>. The Program Coordinator is responsible for ensuring that appropriate training is available to staff and to inmates selected as inmate observers.**

**(c) <u>Identification of at risk inmates</u>.**

**(1) Medical staff are to screen a newly admitted inmate for signs that the inmate is at risk for suicide. Ordinarily, this screening is to take place within twenty-four hours of the inmate's admission to the institution.**

**(2) Staff (whether medical or non-medical) may make an identification at any time based upon the inmate's observed behavior.**

**(d) Referral. Staff who identify an inmate to be at risk for suicide will have the inmate placed on suicide watch.**

**(e) Assessment. A psychologist will clinically assess each inmate placed on suicide watch.**

**(f) Intervention. Upon completion of the clinical assessment, the Program Coordinator or designee will determine the appropriate intervention that best meets the needs of the inmate.**

**§ 552.42 Suicide watch conditions.**

**(a) Housing. Each institution must have one or more rooms designated specifically for housing an inmate on suicide watch. The designated room must allow staff to maintain adequate control of the inmate without compromising the ability to observe and protect the inmate.**

**(b) Observation.**

**(1) Staff or trained inmate observers operating in scheduled shifts are responsible for keeping the inmate under constant observation.**

**(2) Only the Warden may authorize the use of inmate observers.**

**(3) Inmate observers are considered to be on an institution work assignment when they are on their scheduled shift.**

**(c) Suicide watch log. Observers are to document significant observed behavior in a log book.**

**(d) Termination. Based upon clinical findings, the Program Coordinator or designee will:**

**(1) Remove the inmate from suicide watch when the inmate is no longer at imminent risk for suicide, or**

**(2) Arrange for the inmate's transfer to a medical referral center or contract health care facility.]**

/s/
Harley G. Lappin
Director

# GUIDE FOR THE PSYCHOLOGICAL RECONSTRUCTION OF AN INMATE SUICIDE

Name:_____ Prepared by:_____

Reg. No:_____ Date:_____

Date of Birth:_____ Date of Death:_____

## I. Background Information

Education
Marital/Family Status
Religious Preference/Involvement
Race/Ethnic Background
Offense
Sentence/Time Served
Occupational/Military History
Release Plans

## II. Health Care and Personality Description

Physical Status-Functioning
  Previous/Current
Social Status-Functioning
  Previous/Current
Psychological Status-Functioning
  Previous/Current
Suicidal History
Medication History
Mental Health History
  Diagnosis/Treatment
Abuse History
  Drug/Alcohol
Assaultive History
Institutional Infractions

## III. Antecedent Circumstances

Identifiable Stressors
Staff Opinions
Inmate Opinions
Last Person to Have Contact
Last Staff Contact

IV. **Full Description of Suicide Act and Scene (to include diagrams were appropriate)**

Date/Time of incident
Location
Method
Predictors of Suicidal Actions
Suicide Note
Other Relevant Information

V. **Conclusions/Recommendations**

VI. **List of Documents Examined**

VII. **List of Staff and Inmates Interviewed**

**"SAMPLE"**
**SUICIDE PREVENTION INFORMATION**
**SPECIAL HOUSING UNIT ADDENDUM TO POST ORDERS**

**BOP HIGH RISK GROUPS**

- **New Inmates** - The first few hours and days after admission can be critical. Newly incarcerated inmates may experience feelings such as shame, guilt, fear, sadness, anger, agitation, depression, relationship problems, legal concerns, hopelessness, and helplessness, which can contribute to increased suicide risk.

- **Protective Custody** - Inmates who volunteer to enter protective custody are at high risk for suicide, especially during the first 72 hours in SHU. These inmates should be referred to psychology services immediately.

- **Long-term Protective Custody Inmates** - These inmates are particularly vulnerable to depression that can lead to a suicide attempt, and should be monitored closely while they are in SHU.

- **Inmates Taking Medication for Mental Health Reasons** - These inmates are vulnerable to developing suicidal thoughts and attempting suicide by overdosing on their medication. Inmates on medication should be monitored to make sure they are not hoarding medication. Any signs of distress, deterioration in hygiene, or sudden changes in behavior should be reported to psychology.

**FACTORS THAT CAN INCREASE THE PROBABILITY THAT AN INMATE MAY BECOME SUICIDAL:**

- **Mental Health Factors**

  History of mental illness
  1. Is the inmate depressed, actively psychotic?
  2. Has the inmate been compliant with psychotropic medication?
  3. Have there been changes in eating, sleeping, hygiene, weight, recreation, activity level?

  Prior suicide attempt
  1. How lethal was the attempt?
  2. How many attempts have been made?

Inmate's current mood, affect, and behavior

1. Is the inmate emotionally upset, angry, easily agitated?
2. Are the inmate's thoughts clear and goal directed (vs. delusional or psychotic in nature)?
3. Is the inmate depressed, has there been a recent loss?
4. Has hopelessness persisted even after the depression has lifted?
5. Has the inmate given away property, revised a will, requested a phone call to say his goodbyes?

- **Medical Condition(s)/Chronic Pain**
  1. Does the inmate have a chronic life threatening medical illness?
  2. Has the inmate's overall health diminished recently?
  3. Is the inmate experiencing pain or other negative symptoms?

- **Relationship Difficulties**
  1. Has the inmate received a Dear John letter?
  2. Have communications and or visits decreased?
  3. Has there been a change in the relationship?

- **Situational Factors**
  1. Legal issues - pending indictment; loss of appeal to reduce sentence.
  2. Difficulties with staff or other inmates.
  3. Gambling debts, drugs.
  4. Ending of a close relationship with another inmate.
  5. Possible victim of a sexual assault.

**REPORTING AND DOCUMENTING INMATE BEHAVIOR**

- **Report Your Concerns** - Any inmate behavior(s) that is questionable and may reflect a change in mental health status should be reported to the Shift Lieutenant immediately.

- **During non-working hours** - Inform the Shift Lieutenant of any questionable inmate behavior. He/she will determine if the on-call psychologist needs to be contacted.

- **Segregation Log Book** - Any changes in inmate behaviors should be noted in the log book. A detailed note regarding the observed behavior is advisable. Documenting in the log book serves two purposes. First, the entry serves as a means of communication for other staff members. Second, it provides an accurate account of activity during your shift. Documentation should be neat, legible, and professional.

**RESPONDING TO A SUICIDE EMERGENCY**

- A Segregation Officer observing an inmate in the act of committing suicide, causing other self-injurious behavior, or who appears to have committed suicide will call for back-up before entering the cell. The officer will notify the Control Center and the Lieutenant's Office by radio of the situation and request immediate back-up. BACK-UP MUST BE PRESENT IN ORDER TO ENTER A CELL.

- The "cut-down" tool is located in the storage closet on a shadow board. It is the #1 officer's responsibility to locate this item at the start of the shift. This tool is only authorized to be used in emergency situations. Miscellaneous use of this tool is not permitted and will result in dulling the blade of the tool.

- In the event an inmate commits suicide, the scene of the suicide will be treated in a manner consistent with the investigation of an inmate death. All measures necessary to preserve and document the evidence needed to support subsequent investigations will be maintained or otherwise adequately recorded.

**"SAMPLE"**
**MEMORANDUM DOCUMENTING MOCK SUICIDE EMERGENCY TRAINING**

**DATE: 4/5/2007**

**TO: Name, Associate Warden**

**FROM: Name, Operations Lieutenant**

**Subject: Mock Suicide Emergency Training**

This memorandum documents a mock suicide emergency training exercise. This training exercise occurred in the Special Housing Unit on Morning Watch on today's date at 5:30 a.m.

Staff present were:
Name, Psychologist
Name, Operations Lieutenant
Name, Correctional Officer
Name, Correctional Officer
Name, Correctional Officer

The mock suicide emergency involved a hanging in a SHU cell. Staff responded quickly in notifying the Operations Lieutenant and Control. The Cut Down tool, AED, appropriate keys to allow access to the cell, and sufficient staff to open the cell door were assembled quickly (within XX minutes).

Staff discussed the exercise and response for training purposes.

**(IN CASES WHERE RECOMMENDATIONS ARE MADE, TEXT CAN BE ADDED TO DESCRIBE THE RECOMMENDATION AND CORRECTIVE ACTION TAKEN, e.g.)**
Staff suggested the key to the security cage housing the Cut Down tool be placed on the Operations Lieutenant's and Compound Officer's key rings. A security work order has been initiated to do this.

cc: Psychology Services, Suicide Prevention Training File

**U.S. Department of Justice**
Federal Bureau of Prisons

P R O G R A M  S T A T E M E N T
OPI CPD/PSB
NUMBER P5330.11
DATE 3/16/2009

RULES EFFECTIVE: 3/16/2009

# Psychology Treatment Programs

/s/
Approved: Harley G. Lappin
Director, Federal Bureau of Prisons

## 1. PURPOSE AND SCOPE

To establish policy, procedures, and guidelines for the delivery of Psychology Treatment Programs within the Bureau of Prisons (Bureau). The Psychology Treatment Programs Manual is a plain-language, comprehensive set of operational guidelines for the programs operated by psychologists and treatment specialists in the Bureau.

The policy is designed to serve as a training device for psychologists and treatment specialists new to the Bureau. It is also a ready reference for more experienced Bureau psychologists and treatment specialists.

With the exception of the Sex Offender Treatment Program and the Sex Offender Management Program, the manual includes the following Executive Staff-approved programs:

- Drug Abuse Programs.
- Resolve trauma programs for women.
- Bureau Rehabilitation and Values Enhancement Program (BRAVE).
- Challenge Program (previously known as CODE).
- Mental Health Treatment Programs:
  - Habilitation Program.
  - Skills Program.
  - Axis II Program.
  - Mental Health Treatment Units (e.g., Step-Down Units).

**a. Summary of Changes**

*Policy Rescinded:*
P5330.10 Inmate Drug Abuse Programs Manual (10/9/97)

The new Psychology Treatment Programs Manual is designed to describe Executive Staff-approved Psychology programs in the Bureau. Language has been simplified to make this policy easier to read and understand. Following are major changes to the manual, by chapter:

**Chapter 1. EVIDENCE-BASED PROGRAMS**. Introduces and describes the standardized clinical treatment programming for the Bureau's Psychology Treatment Programs. It includes the programs' foundation in evidence-based research and describes the required treatment philosophy, method, and administrative, operational, and clinical requirements.

**Chapter 2. DRUG ABUSE PROGRAMS.** Revises and describes Drug Abuse Treatment Programs in terms of evidence-based practices. It outlines changes in Drug Abuse Education, Non-residential Drug Treatment, and changes to the Residential Drug Abuse Program method of treatment (e.g., requiring inmate journaling, inmate assessment and evaluation, and building a program community).

**Chapter 3. RESOLVE PROGRAM** . Provides guidance on implementation of the national trauma program for female inmates. It describes both the psycho-educational course and the Non-residential Trauma Treatment for this population.

**Chapter 4. BUREAU REHABILITATION AND VALUES ENHANCEMENT PROGRAM (BRAVE).** Outlines policy, procedures, protocols, and methods for implementation of the BRAVE institution adjustment program.

**Chapter 5. CHALLENGE PROGRAM.** Outlines policy, procedures, protocols, and methods for implementation of the Challenge Program for high-security inmates who have substance problems and mental health disorders.

**Chapter 6. MENTAL HEALTH TREATMENT PROGRAMS.** Describes Mental Health Treatment Units in the Bureau – program history, targeted inmate population, and treatment for that population. Mental Health Treatment Programs include: Skills Program, Habilitation Program, Axis II Program, and Mental Health Treatment Units (Step-Down Units).

**General Comment:** SENTRY definitions and SENTRY assignments are on the Psychology Services Sallyport site, along with formats and examples of how to complete a Psychosocial Assessment, Treatment Plan, Treatment Progress Report, and Treatment Summary. Forms referenced in this policy are found on Sallyport (click Policy/Forms on the toolbar).

**b. Program Objectives.** The expected results of this Program Statement are to establish:

- Procedures ensuring that inmates with mental health disorders receive appropriate treatment and clinical care from designation to release.
- Proven effective treatment practices throughout all Bureau Psychology Treatment Programs.
- Programs that meet the needs of the targeted population for which they were created (e.g., substance abusers, high security inmates, the seriously mentally ill).
- An effective mental health service delivery system that provides inmates the opportunity to change behaviors, reducing incident reports and lessening the burden of repetitive demands on staff.
- Effective psychological programs to reduce criminality and recidivism.
- Effective community transition.

**c. Institution Supplement.** Institutions with a Mental Health Treatment Program are required to have an Institution Supplement that includes specific details regarding the operation of their program, including:

- Any new evidence-based technologies in use.
- A description of the program's specific admission procedures.
- A description of the program's specific assessment procedures.
- A description of the program's specific treatment protocol.
- A description of the program's achievement awards and the criteria for earning each award.

## REFERENCES

*Program Statements*

P1070.07 Research (5/12/99)
P1351.05 Release of Information (9/9/02)
P5100.08 Inmate Security Designation and Custody Classification (9/12/06)
P5331.02 Early Release Procedures Under 18 U.S.C. § 3621(e) (3/16/09)
P5380.08 Financial Responsibility Program, Inmate (8/15/05)

*Federal Regulations*

- Regulations cited in this Program Statement are contained in 28 CFR, Chapter 5.

*Statutes*

- 18 U.S.C. § 3621(e), The Violent Crime Control and Law Enforcement Act (VCCLEA).
- 18 U.S.C. § 3624(f), Mandatory functional literacy requirement.

*ACA Standards*

- Standards for Adult Correctional Institutions, 4th Edition: 4-4377, 4-4437, 4-4438, 4-4439, 4-4440, and 4-4441.

- Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-4C-37, 4-ALDF-5A-04, 4-ALDF-5A-05, 4-ALDF-5A-06, 4-ALDF-5A-07, and 4-ALDF-5A-08.

*Other Standards*

- American Psychological Association (APA) Ethical Principles of the Psychologists and Code of Conduct, 8-21-02.
- APA Guidelines and Principles for Accreditation of Programs in Professional Psychology, 8-9-06.
- Association of Psychology Postdoctoral and Internship Centers membership criteria Predoctoral Psychology Internship Programs, 7-01.

- Association of Psychology Postdoctoral and Internship Centers membership criteria Postdoctoral Training Programs, 5-05.

*Records Retention*

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) system in BOPDOCS and Sallyport.

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## Chapter 1. EVIDENCE-BASED TREATMENT IN THE BUREAU OF PRISONS

**1.1. The Bureau's Commitment.** The Bureau is committed to providing high-quality, evidence-based psychology programs to all inmates in need of these services. Bureau Psychology Treatment Programs (PTP) are designed using the most recent research and evidence-based practices. These practices lead to:

- **Reduction** of inmate misconduct.
- **Reduction** of inmate mental illness and behavioral disorders.
- **Reduction** of substance abuse, relapse, and recidivism.
- **Reduction** of criminal activity.
- An **increase** in the level of the inmate's stake in societal norms.
- An **increase** in standardized community transition Treatment Programs. Transition treatment increases the likelihood of treatment success and increases the public's health and safety.

**1.2. Cognitive Behavioral Therapy (CBT).** The Bureau's PTPs are unified clinical services and activities organized to treat complex psychological and behavioral problems. The Bureau has chosen CBT as its theoretical model because of its proven effectiveness with inmate populations.

According to the CBT model, a person's feelings and behaviors are influenced by his or her perceptions and core beliefs. By helping inmates perceive events objectively and modify their irrational beliefs, they may become more successful in achieving pro-social goals.

CBT combines different treatment targets and specific conforming behaviors, focusing on an inmate's:

- Core beliefs.
- Intermediate beliefs.
- Current situation.
- Automatic thoughts, and the effects these thoughts and beliefs have on an emotional, behavioral, and psychological level.

As an example, inmates' ongoing criminal behavior is conceived, supported, and perpetuated by a set of habitual thinking errors: both criminal thinking and cognitive thinking errors. Using CBT, the Bureau is able to treat inmates by replacing those thinking errors with pro-social thinking. Such thinking supports behaviors that are consistent with the norms of a law-abiding community.

**1.3. CBT Treatment Protocols.** Using CBT underpinnings, the Bureau has created evidence-based treatment protocols (program journals, manuals, facilitator guides, etc.), for many of its PTPs. As treatment technologies change, there are opportunities to improve the Bureau's treatment programs. Therefore, staff are to use the most current journals, facilitators' guides, manuals, and resources developed by the Central Office.

Other treatment protocols may be used *in addition to* the specified program protocols. These program additions must be CBT-based or compatible with CBT, and meet the goals of the treatment program (e.g., Motivational Interviewing, Cognitive Mapping, Dialectical Behavior Therapy, and 12-Step Programming). Additions must be approved by the PTP Coordinator, in consultation with the Regional Psychology Treatment Programs Coordinator (RPTP-C), formerly known as the Regional Drug Abuse Programs Coordinator.

While self-help programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Rational Recovery (RR) may be offered as part of an institution's drug abuse program effort, they are most often associated with non-residential (NR) treatment. While such programs are often powerful and important interventions in an inmate's recovery, they do not substitute for NR or residential treatment hours. They are considered a support to the Bureau's treatment protocols.

**1.4. Program Support.** Except in emergency situations (i.e., those for which institution emergency plans are written and other events such as assaults and body alarms where an immediate response is required), positions allocated and funded specifically to provide drug abuse treatment are assigned exclusively for providing this programming. These staff are not used for other duties (e.g., routine custody, unit, or case management functions).

All institution staff are to be informed of Residential Treatment Program operations, and play a role in support of them.

**1.5. Residential Treatment Programs.** Residential-based Treatment Programs in the Bureau follow the unit-based treatment model of a *modified* therapeutic community. This model has been proven effective in reducing inmate recidivism. A modified therapeutic community in a prison setting stresses pro-social values and behaviors that are needed in the outside community.

**1.6. Core Program Elements.** Prison Treatment Programs with successful outcomes apply specific *core elements***.** These elements are implemented in various ways, depending on the institutional environment and culture (e.g., physical layout, administrative support, allowable achievement awards). Sound security practices are strictly adhered to when performing treatment functions. The core elements in operating a Residential program call for:

**1.6.1. Administrative Elements**

a. **Separate Unit**. Residential Treatment Programs are to be separated from the general population in a separate treatment unit. A separate unit facilitates a positive peer culture and *reduces* negative peer influences.

b. **Unit Layout**. If allowed by the institution layout, the program staff and unit team will have offices on the treatment unit. Group sessions and meetings, when possible, are conducted on the unit. It is expected that the physical environment of the treatment unit reflects and supports the program concepts and goals. For example, the walls of the treatment unit should display signs,

posters, paintings, etc., that reinforce key concepts, such as the Program Philosophy and Program Attitudes.

### 1.6.2 Clinical Elements

a. **Diagnoses**. The Treatment Program Coordinator will diagnose each inmate through an established assessment diagnostic process.

b. **Individual Treatment Plan**. Together with the inmate, treatment specialists will develop individual treatment plans for each inmate. In programs where there are no treatment specialists (e.g., the Habilitation program) the Psychologist will develop an individual treatment plan for each inmate, based on the CBT theory. Program activities will support the CBT theory and include the content of program journals. The treatment plan will be completed 30 working days from the inmate's admission into the residential program.

c. **Target Criminogenic Need**. Successful programs target criminogenic needs, such as antisocial attitudes and beliefs to reduce the likelihood of misconduct and recidivism.

d. **Therapeutic Activities.** All treatment staff will promote activities that have a therapeutic impact in the treatment community. Examples include promoting positive peer pressure and peer feedback, participants assisting one another in meeting their goals, changing negative attitudes to positive ones through activities such as attitude checks, conducting daily community meetings, etc.

e. **Program Monitoring**. All treatment staff will be knowledgeable about the treatment progress of all program participants. This diminishes inmate manipulation.

f. **Treatment Team**. All treatment staff are involved in discussing progress and commitment to the program of individual participants during treatment team meetings.

g. **Clinical Supervision**. The Treatment Program Coordinator is responsible for clinical supervision of Treatment Specialists. Supervision is conducted no less than one time a month and must be documented. Clinical supervision focuses on the development of the Treatment Specialist as an interpersonally effective clinician. Supervision includes instruction, supervisor modeling, direct observation, intervention by the supervisor in the actual process, and feedback. On occasion, clinical supervision may be offered in a group setting, such as a treatment team meeting.

### 1.6.3. Operational Elements

a. **Program Philosophy**. Each Residential Treatment Program develops a program philosophy that will become a permanent community ritual. An *example* of a program philosophy is written below.

FCI XXXX, TREATMENT PROGRAM PHILOSOPHY:

**Leader**: We believe we have come together to share our common experiences and build positive, pro-social lifestyles together in our Modified Therapeutic Community (MTC).

**Group Response**:
- *We believe* (punctuated with volume) we together have much to offer.
- *We believe* (punctuated with volume) learning is most effective when it is experienced and shared.
- *We believe* (punctuated with volume) in the social experience as a catalyst for change.

(Emphasized with upbeat tone and volume) ***MTC, the Power of WE***.

b. **Rules and Consequences**. Treatment staff must establish clear, unambiguous rules and consequences for breaking the rules. Staff must ensure that inmates are aware of what they are agreeing to on the Agreement to Participate. For example, inmates are reminded that immediate expulsion will likely occur (and is mandatory in the Residential Drug Abuse Program) if the DHO finds that they have committed a prohibited act involving:

- Alcohol or substances.
- Violence or threats of violence.
- Escape or attempted escape.
- Any 100-level series incident.

Furthermore, an inmate is reviewed for immediate expulsion if he/she has been found to break confidentiality or his/her behavior is of such magnitude that his/her continued presence in programming would create an immediate and ongoing disruption for staff or other inmates.

Ordinarily, the recommendation for expulsion is made by the treatment team. The Treatment Coordinator has the final authority to expel an inmate.

NOTE: In some instances a mentally ill inmate may be placed in a residential mental health treatment program (e.g., Challenge, Step Down) for management reasons. In these instances an Agreement to Participate is not required, but the inmate must be informed of program expectations. Before participation in any treatment group, the Agreement to Participate must be signed.

c. **Behavioral Contingencies**. All treatment staff stress a system of incentives and sanctions that foster desirable behaviors and deter undesirable ones.

d. **Program Rituals**. Each residential treatment community has program rituals to mark group and individual milestones.

**1.6.4. Caseload Organization.** The Treatment Program Coordinator assigns caseloads to treatment staff. In programs with Treatment Specialists, each Specialist is assigned a caseload and provides the following documentation for each participant on his/her caseload:

- Initial screening for program admission.
- Assessment(s) (primarily the psychosocial assessment).
- Treatment plan.
- Progress reviews.
- Discharge note.
- Treatment summary.

Each Treatment Specialist is responsible for a caseload based on that program's staff-to-inmate ratio. Treatment Specialists should not oversee the treatment of a single group through the entire program; each Specialist facilitates a variety of groups.

Facilitating a variety of groups provides the opportunity for each Treatment Specialist to get to know all participants and treatment modules. Similarly, all participants are exposed to each member of the treatment team, allowing them to experience differing treatment styles.

Ordinarily, when conducting individual treatment, sessions are conducted by the participant's primary Treatment Specialist.

**1.6.5. Community Meetings.** All Residential Treatment Programs will conduct a daily community meeting (excluding non-program days, such as weekends and holidays). With a large program, two community meetings may be held.

All treatment staff will attend daily community meetings.

Inmates in the unit at the time of the meeting are required to attend and participate. If space is available, the community meeting is held on the unit; otherwise, an appropriate meeting space is identified.

The time of the community meeting is determined by the Treatment Coordinator, who considers the setting, schedule, and needs of the institution. The meeting is brief, generally 30-60 minutes, and supervised by the assigned Treatment Specialists.

The community meeting strives to motivate the participants to adopt a positive attitude. It also strengthens the awareness that they are in the change process together, as a community. To ensure program structure, meetings typically are held at the same time each day.

The general purpose of a community meeting is to discuss the activities of the day. Ordinarily, the agenda includes program philosophy, community business, the attitude of the day, the word of the day, reporting the news, sports and weather, and positive and negative community issues. Staff

assign agenda items to participants to present during the meeting. However, in Mental Health Treatment Programs staff may take a more active role in facilitating the meeting.

**1.6.6. More Than One Residential Treatment Program Coordinator.** Institutions with two treatment Program Coordinators are encouraged to create two programs in consultation with and the approval of the Regional Psychology Treatment Program Coordinator.

## CHAPTER 2. DRUG ABUSE PROGRAMS

**§ 550.50 PURPOSE AND SCOPE.**
**The purpose of this subpart is to describe the Bureau's drug abuse treatment programs. All Bureau institutions have a drug abuse treatment specialist who, under the Drug Abuse Program Coordinator's supervision, provides drug abuse education and non-residential drug abuse treatment services to the inmate population. Institutions with residential drug abuse treatment programs (RDAP) should have additional drug abuse treatment specialists to provide treatment services in the RDAP unit.**

**2.1. Structured Drug Abuse Treatment Program**. The Bureau operates a structured Drug Abuse Treatment Program to identify inmates in need of substance abuse treatment upon entry and throughout their incarceration. This multi-pronged treatment delivery system accommodates the entire spectrum of inmates in need of substance abuse programs through the Drug Abuse Education Course, the Non-residential Treatment Program, Residential Drug Abuse Programs (RDAP), Follow-up Treatment in general population, and Community Transitional Drug Abuse Treatment (TDAT).

**2.2. Treatment Protocols.** Central Office Psychology Services Branch approves all required treatment protocols (e.g., clinical treatment modules, journals, and facilitator guides) used in substance abuse programs. A current list of required materials is available on the Psychology Services Sallyport site or through Drug Abuse Treatment Programs staff in Central Office. Field staff will be trained on the vital elements of substance treatment protocols as changes occur.

**2.3. Drug Abuse Education Course**

**2.3.1. Purpose**. **§ 550.51 DRUG ABUSE EDUCATION COURSE.**

**(a) *Purpose of the drug abuse education course*. All institutions provide a drug abuse education course to:**

**(1) Inform inmates of the consequences of drug/alcohol abuse and addiction; and**

**(2) Motivate inmates needing drug abuse treatment to apply for further drug abuse treatment, both while incarcerated and after release.**

The Drug Abuse Education course (DRUG ED) is available to all sentenced inmates at every institution.

**2.3.2. Target Population**. Inmates who meet the criteria outlined below and have been sentenced or returned to custody as a violator are required to take the DRUG ED course. These inmates are identified by the unit team through their initial file review.

**§ 550.51(b) *Course placement*.**

**(1) Inmates will get primary consideration for course placement if they were sentenced or returned to custody as a violator after September 30, 1991, when unit and/or drug abuse treatment staff determine, through interviews and file review that:**

**(i) There is evidence that alcohol or other drug use contributed to the commission of the offense;**

**(ii) Alcohol or other drug use was a reason for violation either of supervised release (including parole) or Bureau community status;** that is, RRC placement for which the inmate is now incarcerated;

**(iii) There was a recommendation (or evaluation) for drug programming during incarceration by the sentencing judge; or**

**(iv) There is evidence of a history of alcohol or other drug use.** For example, the inmate's history of alcohol and/or drug use within the past 5 years is emphasized in the Presentence Investigation Report (PSR).

**(2) Inmates may also be considered for course placement if they request to participate in the drug abuse education program but do not meet the criteria of paragraph (b)(1) of this section.**

**(3) Inmates may not be considered for course placement if they:**

**(i) Do not have enough time remaining to serve to complete the course; or**

**(ii) Volunteer for, enter or otherwise complete a RDAP;**

**(c) *Consent*. Inmates will only be admitted to the drug abuse education course if they agree to comply with all Bureau requirements for the program.**

**2.3.3. Volunteers**. Inmates may volunteer for DRUG ED; however, inmates who are required to participate in the DRUG ED course are to receive priority placement.

NOTE: If an inmate who has been exempted from DRUG ED as noted in (ii) above, later fails, or withdraws from the RDAP without having completed the DRUG ED course, he or she must be placed back on the waiting list. This requires regular SENTRY monitoring by the Drug Abuse Program Coordinator (DAPC) or designee.

**2.3.4. Exemption**. Inmates in an acute psychological crisis and/or experiencing chronic instability due to a diagnosis of a serious mental health disorder as determined by an institution psychologist or medical staff may be exempted from the drug abuse education course.

For inmates with cognitive limitations, see 2.3.6.

**2.3.5. Procedures**

a. **Screening**. The unit team reviews all inmates who are new commitments or violators to determine if the inmate meets the criteria for a referral to the DRUG ED course. Normally, the unit team enters the SENTRY DRG assignment of ED WAIT RV, ED WAIT RJ, ED WAIT RC, ED WAIT HX, or ED NONE within 45 days of the inmate's arrival at the institution. These ED assignments replace the DRG I assignments previously used.

b. **Monitoring Referrals**. The Drug Abuse Program Coordinator (DAPC) or designee will monitor the DRUG ED SENTRY ED WAIT rosters.

c. **Drug Abuse Education Course Process.** Inmates referred for participation in the DRUG ED course meet with the Drug Abuse Treatment Specialist (DTS) in either a group or an individual format. The specialist will:

- Inform the inmate of the reason they were identified for Drug Education.
- Inform the inmate of the sanctions for non-participation (see Section 2.3.6).
- Obtain the inmate's signature on the Agreement to Participate in the DRUG ED Course.
- Enter the appropriate DRUG ED SENTRY DRG assignment for the inmate.
- Notify appropriate staff of sanctions for non-participation.

d. **Enrollment Time Frame.** Because DRUG ED is intended to motivate inmates to volunteer for treatment interventions, it is essential that the DRUG ED course is provided at the beginning of the inmate's sentence, ordinarily within 12 months of his or her current commitment.

**2.3.6. Drug Abuse Education Operation.**

a. **Course Content**. The DRUG ED course is 12 to15 hours in duration. The course reviews personal drug use, the cycle of drug use and crime, and reviews additional program opportunities in the Bureau. As in other drug abuse program areas, a journal, facilitator guide, and resource materials have been developed for DRUG ED. Staff are to use the most current journals, facilitator guides, manuals, and resources developed by the Central Office.

b. **Testing and Security**. A bank of 50 test questions is available to staff through the Psychology Services Sallyport site (or using appropriate future technology). The DRUG ED exam will

include 10 questions. The DAPC, or designee, is responsible for the selection of these 10 questions. The results of all DRUG ED test scores are to be entered into the Psychology Data System (PDS).

Under no circumstances are inmates permitted to engage in test administration or the handling of test materials. Any compromise in testing procedures must be reported immediately to the Regional Psychology Programs Coordinator via e-mail. The Regional Psychology Programs Coordinator will, in coordination with the institution DAPC and DTS staff, determine what, if any, changes in test security, testing procedures, or testing document must be made.

c. **Special Circumstances**. Inmates who volunteer for or are required to participate in the DRUG ED course and who experience cognitive impairment or a severe learning disability must be provided a reasonable accommodation toward completion of the DRUG ED course, including an alternate means of testing.

d. ***Completion*. § 550.51(d). To complete the drug abuse education course, inmates must attend and participate during course sessions and pass a final course exam. Inmates will ordinarily have at least three chances to pass the final course exam before they lose privileges or the effects of non-participation occur (see paragraph (e) of this section).** Completion of the DRUG ED course requires attendance of 12 to 15 hours, participation during sessions and successfully completing the course with 70% correct answers on the test. DRUG ED completions must be entered into SENTRY.

When an inmate is nearing completion of the DRUG ED course and it has been determined by the DTS, with input from the DAPC, that the inmate would benefit from additional treatment, he or she will be encouraged to volunteer for non-residential or residential treatment.

**§ 550.51(e) *Effects of non-participation*.**

**(1) If inmates considered for placement under paragraph (b)(1) of this section refuse participation, withdraw, are expelled, or otherwise fail to meet attendance and examination requirements, such inmates:**

**(i) Are not eligible for performance pay above maintenance pay level, or for bonus pay, or vacation pay; and**

**(ii) Are not eligible for a Federal Prison Industries work program assignment (unless the Warden makes an exception on the basis of work program labor needs).**

**(2) The Warden may make exceptions to the provisions of this section for good cause.**

## 2.4. Non-residential Drug Abuse Treatment Programs

**§ 550.52 Non-residential drug abuse treatment services. All institutions must have non-residential drug abuse treatment services, provided through the institution's Psychology Services department. These services are available to inmates who voluntarily decide to participate.**

**2.4.1. Purpose**. The non-residential drug abuse treatment program (NR DAP) is available to inmates at every institution. The purpose of the NR DAP program is to afford all inmates with a drug problem the opportunity to receive drug treatment.

**2.4.2. Target Population**. NR DAP is targeted to inmates who:

- Are waiting to enter the RDAP.
- Do not meet the admission criteria for the RDAP, but who wish to benefit from less intensive drug abuse treatment services.
- Have been referred by other psychology or institution staff for drug abuse treatment.
- Have a judicial recommendation for drug treatment, but do not want or do not meet the criteria for the RDAP.
- Received detoxification from alcohol or drugs upon entering Bureau confinement.
- Have been found guilty of an incident report for use of alcohol or other drugs.

**2.4.3. Programming.** Treatment staff are required to use the most recent treatment journals, facilitator guides, manuals, and resource materials. As treatment technologies change, there are opportunities to improve the Bureau's treatment programs. Therefore, staff are to use the most current journals, facilitator guides, manuals and resources developed by the Central Office.

While self-help programs such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Rational Recovery (RR) may be offered as part of an institution's drug abuse program effort, they are most often associated with non-residential (NR) treatment. While such programs are often powerful and important interventions in an inmate's recovery, they do not substitute for NR DAP or residential treatment hours. They are considered a support to the Bureau's treatment protocols.

**2.4.4. Duration.** NR DAPs are conducted 90 to 120 minutes a week for a minimum of 12 weeks and a maximum of 24 weeks. Reasonable efforts will be made to foster a continuity of treatment by conducting weekly groups.

The 90 to 120 minutes may be broken up into more than one session per week.

**2.4.5. Program Operations and Management**. Under the administrative supervision of the DAPC, the DTS is responsible for identifying and treating inmates in NR DAP.

a**. Identification**. In addition to volunteers, inmates are identified for the NR DAP program through the Psychology Intake Screening interview.

The psychologist conducting the Psychology Intake Screening will determine if the inmate is interested in participating in NR DAP. If so, the psychologist will select "NR DAP" in the "Program/Treatment Recommendations & Interest" section of the Intake Screening Report in PDS.

Monthly, the DAPC or designee will run a PDS report that lists those inmates who were identified as having an interest in NR DAP.

The DTS will interview the inmates. If there is a question as to whether the inmate is able to function at an 8th grade level, the DTS will notify the DAPC as to the reasons; e.g., has no cognitive impairment, cannot comprehend the English language, etc. (See 28 CFR §§ 544.40-544.44.)

The DAPC will refer the inmate to Education for testing. Education staff will notify the DAPC via email of the outcome of the testing. The DAPC will apprise the DTS.

Those inmates who qualify and agree to participate will be asked to sign the *Agreement to Participate in the Bureau of Prisons Non-Residential Drug Abuse Treatment* (BP-A0748). The DTS will then enter the appropriate SENTRY code.

**b. RDAP Volunteers and Completers**

(1) In institutions without RDAPs the procedures outlined in Chapter Two, section 2.5.8, RDAP Admissions and Screening Procedures will be followed.

(2) DTS's must identify inmates who have completed the RDAP and no later than the month following their arrival at the facility, these inmates must begin Follow-up treatment (see Section 2.7).

**2.4.6. Program Documentation.** Required documentation to be completed by the DTS for the NR DAP program includes:

- The approved psychosocial assessment on each inmate entering the NR DAP program to assist in the development of an individualized treatment plan.
- An individualized treatment plan for each NR DAP program participant will be completed within 30 days of entering the program, documenting the targeted problem areas, treatment goals, and treatment activities in PDS.
- The recording of an inmate's participation in group.
- Treatment contact notes when appropriate.
- A minimum of one progress review must be completed during the course of the inmates' treatment.
- Entering the NR DAP program assignments in SENTRY.

- At the conclusion of the inmate's involvement in NR DAP, a brief account in the evaluation section of PDS noting how he or she left the program (e.g., "Mr. XXX was transferred to a lower security institution," "Mr. XXX successfully completed the treatment goals identified in his treatment plan," "Mr. XXX informed treatment staff he is no longer interested in participating in non-residential drug abuse treatment.").

**2.4.7. Expulsion**. Inmates may be removed from the program by the DAPC because of disruptive behavior related to the program or unsatisfactory progress in treatment.

**2.4.8. Achievement Awards**. In coordination with the Warden, the drug treatment team will determine program achievement awards to be offered at the institution. A non-exhaustive list of possible incentives are listed below.

a. **Limited Achievement Awards**. When the participant successfully completes a NR DAP program, he or she may be awarded $30. This award will be pro-rated based on the inmate's participation, but may never be adjusted higher. In determining the amount of the drug treatment award, the drug treatment staff must consider the following. The inmate must:

- Be on time for group.
- Have no unexcused absences.
- Obtain satisfactory work performance.
- Maintain satisfactory sanitation requirements for the institution.
- Be Financial Responsibility Program (FRP) compliant.
- Maintain clear conduct.
- Not leave group without permission from the DTS(s) overseeing the group.
- Not eat, drink, or sleep in group.
- Complete all assigned activities.
- Dress appropriately, (i.e., clean institutional clothing, shirttails tucked in, shoes tied, no headphones, properly fitting pants with belts, no sunglasses, no coats or jackets, and no head covering other than approved religious headwear).
- Participate and progress in treatment.

b. **Residential Reentry Center (RRC) Placement**. Each Warden is strongly encouraged to approve inmates who successfully complete the non-residential drug abuse program for the maximum period of RRC placement. On occasion, administrative factors (e.g., bedspace limitations at a RRC) or community safety concerns (i.e., exclusionary criteria) occur that require consideration for a RRC placement of more or less than the recommended number of days. When this occurs, the goal for both the Warden and Community Corrections Manager (CCM) is to seek the best possible placement for the RRC period without negatively impacting bedspace limitations in contract facilities or jeopardizing community safety.

**c. Tangible Incentives**. If the Warden allows, incentives such as books, t-shirts, greeting cards, notebooks, pens, etc., may be presented to inmates participating in the non-residential drug abuse program.

## 2.5. § 550.53 Residential Drug Abuse Treatment Program (RDAP).

**2.5.1. Target Population**. The RDAP targets the inmate who volunteers for treatment and has a diagnosable and verifiable substance use disorder, and is able to participate in the entire RDAP.

**(a) *RDAP*. To successfully complete the RDAP, inmates must complete each of the following components:**

**(1) *Unit-based component*. Inmates must complete a course of activities provided by drug abuse treatment specialists and the Drug Abuse Program Coordinator in a treatment unit set apart from the general prison population. This component must last at least six months.** To ensure the Bureau provides evidence based treatment in its drug abuse treatment programs, the RDAP is a minimum of 500 hours. The RDAP has a duration of 9 to 12 months.

**(2) *Follow-up services.* If time allows between completion of the unit-based component of the RDAP and transfer to a community-based program, inmates must participate in the follow-up services to the unit-based component of the RDAP.**

**(3) *Transitional drug abuse treatment (TDAT) component*. Inmates who have completed the unit-based program and (when appropriate) the follow-up treatment and are transferred to community confinement must successfully complete community-based drug abuse treatment in a community-based program to have successfully completed RDAP. The Warden, on the basis of his or her discretion, may find an inmate ineligible for participation in a community-based program.**

**(b) *Admission Criteria*. Inmates must meet all of the following criteria to be admitted into RDAP.**

a. **(1) Inmates must have a verifiable substance use disorder.**

b. **(2) Inmates must sign an agreement acknowledging program responsibility.**

c. **(3) When beginning the program, the inmate must be able to complete all three components described in paragraph (a) of this section.** This includes the critical RRC or home confinement transfer to participate in the TDAT.

*Example 1*: A deportable inmate is unqualified for the RDAP because he or she cannot participate in the transitional drug abuse treatment component because he or she is not eligible for RRC placement. The NR DAP program is available for these unqualified inmates.

An inmate previously determined DAP UNQUALIFIED due to his or her ineligibility for an RRC is responsible for notifying the drug abuse treatment staff if there is a change in the inmate's RRC status for reconsideration.

*Example 2*: If an inmate is found to be qualified for the RDAP and has begun to participate in the program, and then finds his or her RRC status to have changed; e.g., a detainer lodged, he or she may remain in treatment.

Inmates who are waiting for, or participating in the RDAP who are not eligible for transfer to an RRC, on or before the date of this policy's implementation, will remain qualified for RDAP participation; and

d. Ordinarily, have 24 months or more remaining on their sentence.

**2.5.2. Staffing.** With the exception of the co-occurring drug abuse treatment program as outlined in Section 2.5.3, DTSs will always maintain a caseload of 1:24.

Residential DAPC's are to manage no more than 120 RDAP participants. This will be implemented as new positions become available.

**2.5.3. Co-occurring Populations**. The Bureau also operates RDAPs for inmates with co-occurring substance use and serious mental health disorders. Questions and referrals for inmates with co-occurring disorders are directed to the Regional Psychology Programs Coordinator. RDAPs that include inmates with co-occurring disorders follow the same programming, policies, and practices of an RDAP with the following exceptions:

- There is an additional track for inmates with a co-occurring diagnosis that focuses on understanding one's disorder, issues with self-medicating and how to manage prescribed medications and medication compliance.
- There is a staff-to-inmate ratio of 1-to-8 for the DTSs who treat and manage these groups.

**2.5.4. Physical/Medical Populations.** Inmates who volunteer for RDAPs and have physical disabilities or medical conditions that require their assignment to a unit other than the RDAP unit to ensure handicap accessibility or medical monitoring may be qualified for the RDAP if the inmate is:

- Otherwise eligible for the RDAP, including eligibility for transitional drug abuse treatment; i.e., an RRC or home confinement placement.
- Able to fully participate in *all* aspects of the RDAP.

- Able to be held accountable to the same standard of treatment and conduct as all other RDAP participants (e.g., complete homework, participate in all assigned groups, behavior consistent with treatment requirements).

Although Health Services staff are always the final decision-maker regarding an inmate's placement outside of the drug treatment unit for medical reasons, drug abuse treatment staff are responsible for identifying, monitoring, and documenting this exception in the inmate's DAP records. Ordinarily, these inmates are excused from residential drug treatment unit activities only for reasons of sleep and unit accountability purposes (special census counts, etc.).

**2.5.5. Referral and Redesignation**. An inmate's initial designation will be made by the Designation and Sentence Classification Center (DSCC) in Grand Prairie, Texas.

Institution DAP Coordinators and Regional Psychology Program Coordinators will monitor waiting lists to ensure inmates are transferred for RDAP with sufficient time to complete the entire RDAP program before their release from Bureau custody, ordinarily at 24 months.

Inmates are to be informed that they may be transferred to any suitable Bureau RDAP based on their release date. This notification is included in the Agreement to Participate for the RDAP.

Inmates waiting to enter the RDAP who are living on the treatment unit or on an adjacent unit are to adhere to the same unit rules and decorum as those inmates participating in the RDAP. Ordinarily, if these inmates do not follow the rules and decorum of the RDAP unit, (e.g., negatively impacting other RDAP participants and/or those waiting for RDAP), they will receive a warning of removal from the RDAP waiting list. This warning will be made during a treatment team meeting with all staff involved in the process. The DAPC, or designee, will document this warning in PDS.

If the inmate's behavior does not change, he or she will be removed from the RDAP waiting list. Treatment staff will change the inmate's appropriate SENTRY assignment and document the removal in PDS.

After six months, the inmate may formally reapply for RDAP, through an *Inmate Request to Staff* form (BP-A0148). The application will be considered in a treatment team meeting with the inmate. The goal of this meeting is to assess any changes in attitude or behavior that the applicant may have made while awaiting re-consideration for the RDAP. The treatment team will make the decision regarding the inmate's placement on the waiting list.

**2.5.6. The RDAP Housing Unit**. RDAPs are separated from the inmate general population. By living together in a unit where all inmates work together to create a community that supports pro-social attitudes and behaviors, the RDAP unit isolates program participants from the negative peer pressure of the larger prison environment.

Further, the RDAP unit must be solely for RDAP participants, as required by 18 U.S.C. § 3621(e). Inmates living on the RDAP unit must be: waiting for admission into the program; participating in the program; or RDAP completers. Whenever possible, there should be more inmates who are participating in or who have completed RDAP in the treatment unit than those waiting to enter treatment. Any compromise of this defined unit purity will invalidate eligibility for early release of all inmates on the unit.

**2.5.7. Urine Surveillance**. Urine surveillance is a regular component of effective treatment programming. Urine surveillance provides information to staff on an RDAP participant's abstinence, coping mechanisms, and honesty. The Bureau's urine surveillance procedures allow for random testing, suspect testing, and testing after returning from a furlough. Therefore, inmates in the RDAP are subjected to the same urine surveillance procedures as the general population.

On rare occasions there may be a clinical reason to test individual program participants or the entire population of the program. On these infrequent occasions, and with the permission of the Regional Psychology Programs Coordinator, staff may use program funds for urinalysis testing. However, this is to be an extremely rare event and is the only situation where Drug Abuse Program funds may be used for urinalysis testing.

**2.5.8. RDAP Program Admission**. **§ 550.53(c) *Application to RDAP.* Inmates may apply for the RDAP by submitting requests to a staff member (ordinarily, a member of the unit team or the Drug Abuse Program Coordinator).**

**(d) *Referral to RDAP*. Inmates will be identified for referral and evaluation for RDAP by unit or drug treatment staff.** Typically, inmates are identified for referral to the RDAP by psychology staff or unit management staff.

(1) **Referral to DAPC**. Upon completion of the Psychology Intake Screening, the psychologist will refer inmates with a substance use history and an interest in treatment to the institution's DAPC. The DAPC will further screen the inmate for the RDAP or for referral to the non-residential drug abuse program or the drug education course.

Inmates may also apply for the program by submitting an *Inmate Request to Staff* form to the DAPC.

(2) **Screening**. Upon assignment of a RDAP referral by the DAPC, the DTS will review an inmate's Central File and other collateral sources of documentation to determine if:

- There is sufficient time remaining on the inmate's sentence, ordinarily 24 months.
- There is documentation available to verify the inmate's use of specific drugs, including alcohol.
- There is verification that can establish a pattern of substance abuse or dependence.

- There has been consultation with the Education Department (see Section 2.4.5) and evidence is documented that the inmate cannot participate in the program; e.g., has a cognitive impairment or learning disability that precludes participation or is unable to participate in the program in the language in which it is conducted.
- The inmate can complete all of the components of the RDAP; e.g., is able to participate in community transition drug abuse treatment.

When seeking independent verification, examples of other collateral documentation that may be used include:

- Documentation to support a substance use disorder within the 12-month period before the inmate's arrest on his or her current offense.
- Documentation from a probation officer, parole officer, social service professional, etc., who has information that verifies the inmate's problem with substance(s) within the 12-month period before the inmate's arrest on his or her current offense.
- Documentation from a substance abuse treatment provider or medical provider who diagnosed and treated the inmate for a substance abuse disorder within the 12-month period before the inmate's arrest on his or her current offense.
- Multiple convictions (two or more) for Driving Under the Influence (DUI) or Driving While Intoxicated (DWI) in the 5 years prior to his or her most recent arrest.

The DTS will document a summary of the information gathered from the review and enter it into PDS.

NOTE: Recreational, social, or occasional use of alcohol and/or other drugs that does not rise to the level of excessive or abusive drinking does not provide the required verification of a substance use disorder. Any verifying documentation of alcohol or other drug use must indicate problematic use; i.e., consistent with the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Health Disorders (DSM) criteria.

(3) **No Verifying Documentation**. In the event there is *no* verifying documentation in the inmate's Presentence Investigation Report or other official documentation in the Central File, the DTS will meet with the inmate. The DTS will tell the inmate there is no verifying documentation and offer him or her the following information:

> As there is no substantiating documentation for a substance use diagnosis, you have the following options:
>
> 1. You may volunteer for the non-residential drug abuse program.
>
> 2. You may seek documentation from a substance abuse treatment provider where you previously received treatment. This document must have been written at the time services were provided and must demonstrate that a substance use diagnosis

was completed at the time you were seen, and that treatment was provided for that documented substance abuse diagnosis.

For example, the documentation may not state that the substance abuse treatment provider thought you had an alcohol or other drug problem when he or she saw you for a medical or psychological problem. Documentation must be sent to, and received by, the drug abuse treatment staff in the institution. It is not to be sent to you for you to provide to the drug abuse treatment staff. If the documentation is acceptable, you will be referred to the DAPC for a diagnostic interview.

3. You may seek documentation from a probation officer, a parole officer, a social services professional, etc., who has information that verifies your problem with illegal or illicit substances. Documentation must be sent to, and received by, the drug abuse treatment staff in the institution. It is not to be sent to you for you to provide to the drug abuse treatment staff. If the documentation is acceptable, you will be referred to the DAPC for a diagnostic interview.

4. If you have physical proof of your substance use that may be examined by medical staff to prove an addiction, e.g., track marks, abscesses, etc., you may sign a consent form allowing the drug treatment staff to receive the results of such examination from Health Services. If the documentation is acceptable, you will be referred to the DAPC for a diagnostic interview.

5. If you received substance detoxification as you entered the Bureau, you may sign a consent form for the drug treatment staff to verify your detoxification with Health Services.

6. Upon obtaining accepted documentation, you will be referred to the DAPC for a diagnostic interview.

**2.5.9. The Clinical Interview**. **§ 550.53(e)** ***Placement in RDAP*****. The Drug Abuse Program Coordinator decides whether to place inmates in RDAP based on the criteria set forth in paragraph (b) of this section.**

If verifying documentation is found or produced, and only then, inmates who volunteer for the RDAP will be personally interviewed by the DAPC. Interviews will be conducted based on the inmate's proximity to release, ordinarily no less than 24 months from release.

The DAPC will conduct the personal interview and use his or her psychological training to form a clinical judgment to determine if an inmate has a substance use diagnosis (i.e., substance dependence and/or substance abuse) in accordance with the American Psychiatric Association's

Diagnostic and Statistical Manual of Mental Health Disorders, (DSM). All verifying documentation used is to be consistent in time, intensity, and duration with the inmate's self-report.

On the basis of the clinical interview, the DAPC may conclude that the inmate either does or does not have a diagnosis of a substance use disorder. In some instances, the DAPC may find the inmate does not have a diagnosis, even if there is substantiating documentation.

The DAPC must also determine if the inmate can fully engage in treatment; i.e., communicate in English and/or comprehend treatment expectations. An example of those who may not comprehend treatment expectations is an inmate who is cognitively impaired or has a severe learning disability. In some instances, the DAPC may find the inmate cannot fully engage in treatment and does not qualify for the program, even if there is substantiating documentation (see 18 U.S.C. § 3624(f)(4) and 28 CFR §§ 544.40 - 544.44).

The DAPC will document the result of the clinical interview in PDS, including the substance use diagnosis and the diagnostic criteria used to formulate the diagnosis and notify the inmate of the outcome. The DAPC will also ensure the appropriate SENTRY code(s) are entered and the appropriate documents are signed. Appropriate documentation includes the *Agreement to Participate in the Bureau of Prisons Residential Drug Abuse Treatment Program* form (BP-A0749) and the waiver of hearing to modify the court order (modification of the court order is completed on an inmate with a condition of supervised release that does not include a treatment stipulation).

The DAPC will ensure that the appropriate SENTRY code(s) are entered and the appropriate documents are signed. Appropriate documentation includes the *Agreement to Participate in the Bureau of Prisons Residential Drug Abuse Treatment Program* form (BP-A0749) and the waiver of hearing to modify the court order (modification of the court order is completed on an inmate with a condition of supervised release that does not include a treatment stipulation).
*Note*: Inmates with a diagnosis of a substance use disorder are qualified for the RDAP whether or not they are eligible for the early release incentive.

**2.5.10. Program Operations.** The RDAP treatment modules direct the treatment program. Programming consists of a minimum of 500 *contact* hours; i.e., face to face contact between treatment staff and inmate participants, over no less than 9 months of half-day programming. To facilitate the modified therapeutic community, RDAP programming is conducted daily during day watch hours (excluding non-programming days, such as weekends and holidays) for half of the inmate's work day. Supplemental treatment activities may occur during weekday evenings; however, evening treatment activities cannot be used to replace treatment during day watch hours. Treatment begins as soon as the inmate is in DAP PART status in SENTRY.

Treatment staff are required to use the RDAP treatment journals, facilitator guides, manuals, and resource materials. As effective treatment technologies advance, treatment materials may be

revised. Therefore, only the most current drug program materials, journals, facilitator guides, etc., are to be used.

Additional programming may be used in the RDAP as approved by the DAPC in consultation with the Regional Psychology Treatment Program Coordinator (R-PTPC). The added treatment programming must be Cognitive Behavioral Therapy-based (CBT) or consistent with CBT and meet the goals stated within each of the RDAP treatment phases and modules.

**2.5.11. Treatment Phases**. All Bureau RDAPs are to be organized in phases. Each RDAP phase follows a clearly defined structure. Inmate movement through phases is based on his/her progress as determined by the inmate's treatment team. In the Bureau's RDAP, phases are organized as follows:

**Phase I - The Orientation Phase**.
Institutions are to provide an orientation packet that outlines the Bureau treatment program. In addition, any rules and/or expectations required by the RDAP in the institution will also be documented in the orientation packet.

During the Orientation Phase of treatment a thorough psychosocial assessment is conducted by the Treatment Specialist (see Sallyport).

During the Orientation Phase of treatment, DTS's are to:

- Strive to build rapport and motivate the inmate to engage in treatment.
- Conduct the psychosocial assessment (this guides the development of the treatment plan). The treatment assessment must be conducted with the inmate. It is not a self-assessment instrument (see Sallyport).
- Present the inmate's case at a treatment team meeting. These meetings are scheduled and conducted by the DAPC. The treatment team meeting is to assist with the development of the inmate's treatment plan.
- Attend additional team meetings. These meetings provide the opportunity for staff to discuss each individual inmate. These discussions are to review the inmate's progress in treatment and commitment to the program; for example, willingness to conform to the norms of the program, participate fully in groups, demonstrate positive attitudes, complete a statement that outlines his or her readiness for treatment, complete a realistic treatment plan, and learn to accept feedback from staff and peers.

The Treatment Coordinator will develop a schedule to conduct, at a minimum, at least one weekly team meeting to bring together the entire treatment team. The Treatment Coordinator will invite unit management staff for input into updating progress reports, training, and addressing any related issues.

In addition, the DTS must complete an individualized progress report on each program participant every 60 days. The first progress report is due 60 days from the completion of the treatment plan.

Phase I duration - Ordinarily, Phase I should not last more than two months.

**Phase II - The Core Treatment Phase**.
In the Core Treatment Phase, the inmate is expected to build positive relationships in group, on the treatment unit, with family/significant others, with institution staff, etc.

Using the treatment journals and facilitator guides developed for the program, staff facilitate the inmate's acquisition of thought processes and pro-social skills required to live a substance-free, crime-free, and well-managed life.

Treatment progress reviews are to be completed every 60 days and documented in PDS. In addition, treatment staff are to observe program participants regularly on and off the unit (e.g., at work, during main line). This is done to determine if the inmate's behavior in the program is consistent with his or her behavior throughout the institution.

Phase II duration - Ordinarily, the Core Treatment Phase will last no more than five months. Staff will monitor the participants' behavior, personal insights, motivation, and commitment to treatment daily. Changes in behavior (positive or negative) are to be documented in the participants' progress reviews.

**Phase III - The Transition Phase.**
Phase III focuses on the inmate practice of pro-social skills acquired in treatment while developing realistic expectations for exiting the program.

Phase III duration - Ordinarily the Transition Phase will last no more than two months. Inmates are not to complete the program until they have mastered the expected behaviors of Phase III. See (a) Completion, below.

**2.5.12. Program Outcomes**. How an inmate leaves a RDAP is based on the inmate's behavior.

**(a) Successful Completion**. **§ 550.53(f)** ***Completing the unit-based component of RDAP*. To complete the unit-based component of RDAP, inmates must:**

**(1) Have satisfactory attendance and participation in all RDAP activities; and**

**(2) Pass each RDAP testing procedure. Ordinarily, we will allow inmates who fail any RDAP exam to retest one time.**

Testing procedures for completion of any Phase of treatment are to be behavioral in nature. Completion is determined by the inmate's behavior within the program and on the compound. An

inmate is not to be moved from Phase to Phase in the RDAP without demonstrating that he or she has:

- Accepted and acknowledged his or her diagnosis.
- Taken on the responsibilities of the community.
- Made a commitment to positive change, as evidenced by observed positive behavior in his or her daily interactions.
- Expressed him- or herself in group, demonstrating the ability to give and receive appropriate feedback from other staff and inmates.
- Mastery of phase-related concepts.

Inmates who do not demonstrate these behavioral changes are not ready for RDAP completion.

**(b) RDAP Treatment Summary**. Two weeks prior to the inmate's scheduled date for RDAP completion, the DAPC will ensure the RDAP Treatment Summary is sent to the Unit Team and Transitional Drug Abuse Program Coordinator (T-DATC) in the region of release (see example on Sallyport). The DAPC should review the Treatment Summary for accuracy and completeness, and sign it prior to forwarding it to the unit team and T-DATC.

**(c) Withdrawal/Incomplete**. An inmate may withdraw voluntarily from the program. Withdrawals must be documented on the *Change in RDAP and § 3621(e) Status* form (BP-A0767) and forwarded to the Unit Team. If the inmate was previously determined ELIGIBLE, the DAPC, or designee, must change SENTRY to reflect ELIGIBLE to INELIGIBLE, change DAP PART to the applicable removal code, and forward the *Change in RDAP and § 3621(e) Status* form to the DSCC.

An inmate may also be moved to incomplete status for many reasons: placement in the Special Housing Unit (SHU), removed from the institution on a writ, unforseen redesignation, etc. An incomplete does not mean the inmate is automatically a failure. The DAPC and the treatment team will make the decision on the inmate's final treatment determination depending on the reason for his or her incomplete status. Inmates who do not complete the RDAP for reasons other than expulsion also require a Discharge Note with the reason(s) for non-completion documented in the Evaluation section of PDS. At that time the DAPC, or designee, is to make the appropriate changes to the inmate's SENTRY assignment(s).

**(d) Intervention and § 550.53(g) *Expulsion from RDAP*.**

**(1) Inmates may be removed from the program by the Drug Abuse Program Coordinator because of disruptive behavior related to the program or unsatisfactory progress in treatment.**

**(2) Ordinarily, inmates must be given at least one formal warning before removal from RDAP. A formal warning is not necessary when the documented lack of**

**compliance with program standards is of such magnitude that an inmate's continued presence would create an immediate and ongoing problem for staff and other inmates.**

(a) **Circumstances for an Intervention.** Ordinarily, staff will provide the inmate with at least one treatment intervention prior to removal. However, in response to disruptive behavior or unsatisfactory progress, treatment staff will:

- Meet with the inmate to discuss his or her behavior or lack of progress.

- Assign the treatment intervention(s) chosen to reduce or eliminate the behavior, or to improve progress.
- Warn the inmate of the consequences of failure to alter his/her behavior.
- Properly document in PDS the meeting and treatment intervention(s) assigned.
- Properly document in PDS changes to the inmate's treatment plan, and ensure that both staff and the inmate sign the amended treatment plan.
- When appropriate, require the inmate to discuss his or her targeted behavior in the community.

(b) **Circumstances for Expulsion.** In the event repeated treatment interventions are required in response to inappropriate behaviors or unsatisfactory progress the treatment team will meet to decide if the inmate will be removed from the program.

Within two working days after a decision has been made to expel an inmate, the DAPC will:

- Verbally notify the inmate of his/her expulsion status.
- Notify the inmate and appropriate staff in writing of the reason for expulsion through the *Change in RDAP and § 3621(e) Status* form.
- Update the pertinent SENTRY DRG assignments.
- Ensure proper documentation of the expulsion has been entered into PDS.

An inmate may not ordinarily be removed immediately by the DAPC without a treatment intervention unless the inmate has committed a prohibited act that jeopardizes the institution and other inmates.

**(3) § 550.53(g)(3) Inmates will be removed from RDAP immediately if the Discipline Hearing Officer (DHO) finds that they have committed a prohibited act involving:**

**(i) Alcohol or drugs;**
**(ii) Violence or threats of violence;**
**(iii) Escape or attempted escape; or**
**(iv) Any 100-level series incident.**

An inmate may also be expelled from the program without a formal intervention if the inmate is determined to have violated confidentiality.

(4) **§ 550.53(g)(4) We may return an inmate who withdraws or is removed from RDAP to his/her prior institution (if we had transferred the inmate specifically to participate in RDAP).**

**2.5.13. Discharge Note**. Whenever an inmate leaves the RDAP for reasons other than completion, treatment staff will document the circumstance(s) concerning the inmate's discharge in the evaluation section of PDS.

**2.5.14. Re-application to the RDAP**. An inmate who previously declined, withdrew, or failed RDAP may reapply for readmission to the program after 90 days through an *Inmate Request to Staff* form to the DAPC. The treatment team, in consultation *when appropriate* with the unit team, will decide on readmission. Considerations may include the inmate's participation in the NR DAP program or DRUG ED, at the discretion of the DAPC. The DAPC will provide the treatment team's decision to the inmate in person and in writing. If readmitted to the same or to a different RDAP, the inmate will not receive any credit for prior treatment participation.

**2.5.15. Program Achievement Awards. § 550.54 Incentives for RDAP participation.**

**(a) An inmate may receive incentives for his or her satisfactory participation in the RDAP. Institutions may offer the basic incentives described in paragraph (a)(1) of this section. Bureau-authorized institutions may also offer enhanced incentives as described in paragraph (a)(2) of this section.**

**(1) *Basic incentives*.**

**(i) Limited financial awards, based upon the inmate's achievement/completion of program phases.**

**(ii) Consideration for the maximum period of time in a community-based treatment program, if the inmate is otherwise eligible.**

**(iii) Local institution incentives such as preferred living quarters or special recognition privileges.**

**(iv) Early release, if eligible under § 550.55.** See the Program Statement **Early Release Procedures Under 18 U.S.C. § 3621(e)**.

**(2) *Enhanced incentives*.** For those institutions notified that they are to use the Enhanced Incentives, following is a list of those incentives.

**(i) Tangible achievement awards as permitted by the Warden and allowed by the regulations governing personal property (see 28 CFR part 553).**

**(ii) Photographs of treatment ceremonies may be sent to the inmate's family.**

**(iii) Formal consideration for a nearer release transfer for medium and low security inmates.**

**(b) An inmate must meet his/her financial program responsibility obligations (see 28 CFR part 545) and GED responsibilities (see 28 CFR part 544) before being able to receive an incentive for his/her RDAP participation.**

**(c) If an inmate withdraws from or is otherwise removed from RDAP, that inmate may lose incentives he/she previously achieved.**

Most psychology treatment programs offer achievement awards for inmates who participate. (Programs that do not offer achievement awards are noted within the specific program's description.) Achievement awards for RDAP are offered to participants who demonstrate the behaviors that reflect the Attitudes of Change, a commitment to treatment, conformity with program norms, progress on treatment plan goals, and behaviors that are expected in the general society.

(a) **Earning Program Achievement Awards**. Inmates must:

- Be on time for group.
- Have no unexcused absences.
- Not leave group without approval from the Treatment Specialist.
- Not eat, drink, or sleep in group.
- Complete all assigned activities.
- Dress appropriately: clean institutional clothing, shirts tucked in, shoes tied, no headphones, no jackets, no coats, properly fitting pants, no sunglasses, and no head covering other than approved religious headwear.
- Be active in group.
- Put forth positive efforts in accomplishing treatment goals, as determined by the treatment team within the treatment plan.
- Comply with education, Financial Responsibility Program (FRP) obligations, and pre-release preparation programs.

(b) **Specific Achievement Awards**.

- *Limited Financial Awards*. An inmate may earn a financial award to offset time lost from work. The amount of this award is $40 for each phase of treatment. However, a financial

award may be reduced by the treatment team based upon the inmate's participation and progress. A financial award is never to be increased.

- *Nearer Release Transfer*. Formal consideration may be given for a nearer release transfer for medium and low security inmates.
- *Local Incentives*. Institutions may offer incentives such as preferred living quarters, "early chow," washer/dryer on unit, etc.
- *Tangible Incentives*. With the Warden's approval, tangible incentives may be given, (e.g., books, t-shirts, notebooks, pencil pouches, mugs with program logo).
- *Commencement Ceremony/Ritual*. For the completion of RDAP, institutions may offer a structured commencement ceremony for the inmates. Pictures of individual inmates or of the treatment group may be allowed for inmates to send to family.
- *Early Release*. Details regarding the early release criteria may be found in the Program Statement **Early Release Procedures Under 18 U.S.C. § 3621(e)**.
- *Residential Re-entry Center (RRC) Placement*. Consideration may be given for up to the maximum period of placement in an RRC to include home confinement. The RRC placement allows for the completion of the Community TDAT component of RDAP. Program completion in the community is a critical component of the RDAP.

Each Warden is strongly encouraged to approve inmates who successfully complete the RDAP for the RRC placement. Similarly, CCMs must, when possible, ensure that inmates required to participate in TDAT are placed in an RRC for the maximum time recommended by the Warden.

On occasion, administrative factors (e.g., bedspace limitations at a RRC) or community safety concerns (e.g., exclusionary criteria) occur that require consideration for RRC placement of less than the recommended maximum days. When this occurs, the goal for both the Warden and CCM is to seek possible placement for the maximum period without negatively impacting bedspace limitations in contract facilities or jeopardizing community safety.

Bureau experience and drug abuse treatment research demonstrate that successful community treatment cannot be completed in less than 120 days. Therefore, inmates who are approved for less than a 120-day RRC placement or home confinement cannot ordinarily complete the final component of the RDAP, and are, therefore, ineligible for early release. For inmates who would otherwise be eligible for early release, but who are approved for less than a 120-day RRC placement, the appropriate SENTRY assignment must be changed from ELIGIBLE to INELIGIBLE.

3. **Effects of Non-participation**. In those institutions authorized, inmates may feel the effects of non-participation if they fail to apply for the RDAP.

### § 550.53(h) *Effects of non-participation.*

### (1) If inmates refuse to participate in RDAP, withdraw, or are otherwise removed, they are not eligible for:

**(i) A furlough (other than possibly an emergency furlough);**

**(ii) Performance pay above maintenance pay level, bonus pay, or vacation pay; and/or**

**(iii) A Federal Prison Industries work program assignment (unless the Warden makes an exception on the basis of work program labor needs).**

**(2) Refusal, withdrawal, and/or expulsion will be a factor to consider in determining length of community confinement.**

**(3) Where applicable, staff will notify the United States Parole Commission of inmates' needs for treatment and any failure to participate in the RDAP.**

**2.6. Follow-up Treatment**

**2.6.1. Follow-up to the RDAP: Target Population**. This is the second component of the RDAP. Treatment continues for inmates who complete the unit-based component of the RDAP and return to general population. An inmate must remain in Follow-Up Treatment (FOL PART) for 12 months or until he/she is transferred to a RRC.

Inmates are to be identified for FOL PART by running DAP COMP rosters. These rosters are to determine if any DAP completers have transferred to the institution without FOL PART.

**2.6.2. Follow-up Admission.** Inmates enter follow-up treatment within the first month after their return to general population. The treatment protocol is designed so that inmates may enter the monthly group at any time. Each group will be no less than 60 minutes. If FOL PART is conducted individually, the DTS may start with any of the 12 treatment sessions and complete the entire cycle as described below.

**2.6.3. Follow-up Treatment Refuse or Failure.** Any RDAP participant who refuses to participate in follow-up treatment is an RDAP failure and is disqualified from receiving additional achievement awards, (e.g. early release). His or her failure may result in the inmate's re-designation. The primary DTS is responsible for entering the appropriate SENTRY assignment and entering the discharge note into PDS.

**2.6.4. Treatment Protocol**. Inmates identified for follow-up treatment are provided with a standardized treatment protocol. The protocol is required and is designed to review the treatment components of the RDAP.

As treatment technologies change, there are opportunities to improve the Bureau's treatment programs. Therefore, staff are to use the most current journals, facilitator guides, manuals, and resources developed by the Central Office.

**2.6.5. Treatment Operations and Documentation.** The DTS responsible for FOL PART is to:

- Be the authority in the content of the RDAP modules and facilitator guides.
- Correctly enter the appropriate SENTRY assignment(s).
- Enter a progress note on the inmate's participation in FOL PART in PDS within 60 days of beginning FOL PART and every 60 days thereafter. For example:

> "The inmate has developed the skills to identify most of his own Criminal Thinking Errors. He still struggles with Power Orientation as demonstrated by monopolizing group discussions and not letting other group members comment. It is important for him to control the group. He has been confronted about this behavior by the staff and group members. Using Walters, Samenow, and Yohleson's materials, he has been assigned an essay describing how behaviors of power orientation increase the chance for re-offending and reduce the chance for recovery. The essay will be delivered in group at a podium with feedback."

- Enter a discharge note (when the inmate leaves the program) in PDS and the appropriate SENTRY assignment. Additionally, when applicable, the DTS is to replace ELIGIBLE with INELIGIBLE.

## 2.7. § 550.56 Community Transitional Drug Abuse Treatment Program (TDAT).

**2.7.1. Target Population**. TDAT is the third component of the RDAP. TDAT is appropriate for the following groups of inmates:

**(a) For inmates to successfully complete all components of RDAP, they must participate in TDAT in the community. If inmates refuse or fail to complete TDAT, they fail the RDAP and are disqualified for any additional incentives.**

**(b) Inmates with a documented drug abuse problem who did not choose to volunteer for RDAP may be required to participate in TDAT as a condition of participation in a community-based program, with the approval of the Transitional Drug Abuse Program Coordinator.**

**(c) Inmates who successfully complete RDAP and who participate in transitional treatment programming at an institution must participate in such programming for at least one hour per month.**

**2.7.2. RRC Placement.** Ordinarily, inmates who participate in the TDAT must receive no less than a 120-day placement in an RRC. It is not always possible to complete transitional drug abuse treatment in less than 120 days.

## 2.8. § 550.57 Inmate Appeals.

**Inmates may seek formal review of complaints regarding the operation of the drug abuse treatment program by using administrative remedy procedures in 28 CFR part 542.**

## CHAPTER 3. THE RESOLVE PROGRAM: A TRAUMA TREATMENT PROGRAM FOR FEMALE INMATES

**3.1. The Resolve Program**. In 1993, the Bureau's Executive Staff approved a model to ensure parity of program opportunities for female inmates. This model included the implementation of a trauma treatment program at each female institution. Each institution developed its program independently with limited direction from Central Office, leading to tremendous variability in program structure and content.

In 2004, Executive Staff requested that a single model for trauma treatment be developed and implemented Bureau-wide. After extensive research and consultation with subject matter experts, the Resolve Program was prepared for Bureau-wide implementation in 2007. The Resolve Program consists of two primary components: a psycho-educational workshop and a non-residential program for inmates with trauma-related disorders.

As in all Bureau Psychology Treatment Programs, the Resolve Program is conducted through the use of specific manuals, journals, facilitator guides, and/or other identified resource materials. These Resolve Program materials are drawn from research and practice and are proven effective for use in the treatment of trauma-related disorders. Their use in the program is required.

**3.2. Staffing.** The Resolve Program is staffed by a psychologist who serves as the Resolve Program Coordinator. The role of Resolve Program Coordinator will be a full-time position.

### 3.3. The Trauma in Life Workshop

**3.3.1. Purpose.** The Trauma in Life Workshop will be provided at all female institutions, excluding Federal Transfer Centers (FTCs), Federal Detention Centers (FDCs), and Metropolitan Detention Centers (MDCs). However, FTCs, FDCs, and MDCs may choose to implement this program element, subject to available resources. It is a psycho-educational workshop that provides female inmates with information on trauma and its potential impact in their lives. The workshop also functions to identify and motivate inmates who need treatment to participate in the Resolve Program's non-residential protocol during their incarceration.

**3.3.2. Target Population.** The Trauma in Life Workshop is designed for inmates who meet any of the following three criteria:

- There is evidence that the inmate has a history of traumatic life events, such as childhood abuse or neglect, rape, or domestic violence.
- There is evidence that the inmate suffers from an Axis I or Axis II disorder that may be associated with a traumatic life event.
- The inmate expresses an interest in learning more about trauma and its potential impact; e.g., an inmate who physically abused her children wants to learn more about the potential impact of her actions.

The Trauma in Life Workshop is voluntary. While inmates may be encouraged to enroll in the workshop, they are not required to participate.

**3.3.3. Admission Procedures**.

a. **Program Referral.** Psychology Services will ensure inmates receive information about the Trauma in Life Workshop. This information is to be offered in a group format during Admission and Orientation. In addition, inmates who are appropriate for the workshop should be identified during their Psychology Services Intake Interview and provided with information about the workshop.

Inmates who express a willingness to participate in the Trauma in Life Workshop will be referred to the Resolve Program Coordinator for placement on the SENTRY waiting list for the workshop (RRW WAIT).

b. **Enrollment Time Frame**. Because the Trauma in Life Workshop is intended to motivate inmates to volunteer for the Resolve non-residential program, it is essential that the workshop is provided at the beginning of the inmate's sentence, ordinarily within 12 months of her current commitment.

c. **Agreement to Participate.** At the time of the first workshop meeting, the Resolve Program Coordinator will obtain the offender's signature on the *Agreement to Participate in the Resolve Psychology Treatment Program* form (BP-A0946) and enter the appropriate SENTRY assignment.

**3.3.4. Treatment Protocol.**

a. **Course Structure.** The required workshop resources are the participant journal and facilitator's guide, titled *Trauma in Life*. Use of these materials is required; however, use of additional supplemental materials is acceptable if the content is consistent with the *Trauma in Life* materials. Ordinarily, the workshop will consist of four two-hour sessions. A certificate of completion may be awarded to inmates who complete the program. The Resolve Program Coordinator is responsible for conducting the workshop.

b. **Course Completion**. At the conclusion of the workshop, all participants will complete a brief self-assessment. The purpose of the assessment is to allow inmates to make an informed decision about their potential need for additional trauma-related treatment. The Resolve Program Coordinator will encourage participants with ongoing treatment needs to enroll in the Resolve non-residential Program.

Completion of the Trauma in Life Workshop requires attendance and participation during all course sessions. When an inmate completes the workshop, the appropriate entry will be made in SENTRY (RRW COMP).

**3.4. The Resolve Non-residential Treatment Program**. The Resolve Non-residential Treatment Program is a collection of evidenced-based, cognitive-behavioral treatment (CBT) protocols tailored to the needs of individual inmates. Specific treatment manuals and resource materials are required for use in the program. Additional CBT, or CBT-compatible, interventions may be utilized after completion of the required protocols.

The Resolve Non-residential Treatment Program is available at all female institutions with a full-time Resolve Program Coordinator.

**3.4.1. Purpose.** The purpose of the Resolve Non-residential Treatment Program is to address the treatment needs of a significant segment of the female inmate population: individuals with psychological and interpersonal difficulties precipitated by traumatic life experiences.

**3.4.2. Target Population**. The Resolve Non-residential Treatment Program is designed for inmates with a history of trauma *and* a related psychological disorder. Potential program participants must:

- Report a history of a traumatic life event as documented in the screening instrument (e.g., the Stressful Life Experiences Screening).
- Present with an Axis I or Axis II disorder that is related to the traumatic life event.
- Complete the Trauma in Life Workshop.

**3.4.3. Admission Procedures**

a. **Program Referral**. Inmates who complete the Trauma in Life Workshop and express an interest in additional treatment will be referred for participation in the Resolve Non-residential Treatment Program.

b. **Assessment of Treatment Needs.** Prior to enrollment in the Resolve Non-residential Treatment Program, inmates will complete a psychosocial assessment interview that includes a review of the inmate's Trauma in Life journal. As a prerequisite for participation in the program, the inmate must have an Axis I or Axis II disorder related to a traumatic life event. The Resolve Program Coordinator is responsible for conducting a thorough assessment and providing a diagnosis consistent with this prerequisite. Suggested diagnostic tools include the Stressful Life Experiences Screening (SLES), a supplemental questionnaire to identify traumatic life experiences not included in the SLES, and the Personality Assessment Inventory (PAI).

c. **Agreement to Participate**. At the time of the first treatment group, the Resolve Program Coordinator will obtain the inmate's signature on the *Agreement to Participate in the Resolve Psychology Treatment Program* form and place them in participation status in SENTRY (RR1 PART, RR2 PART).

**3.4.4. Treatment Protocol.** Inmates who participate in the Resolve Non-residential Treatment Program will be provided services in a group format, utilizing standardized evidence-based, cognitive-behavioral treatment protocols. The current protocols are located on the Psychology Services Branch Sallyport site. The protocols are divided into two phases:

a. **Phase I.** Phase I emphasizes the acquisition of basic skills, with a focus on coping skills and interpersonal skills. The required protocol is delivered in a group format, with a minimum of 12 group sessions meeting weekly for at least 60 minutes per session.

b. **Phase II.** Phase II of the program consists of specialized groups designed to meet the additional treatment needs of three distinct populations as described below. Inmates must complete Phase I of the program before enrolling in Phase II groups.

(1) **Maintenance Skills Group.** Maintenance Skills Group is for inmates who remain interested in treatment, but whose symptoms, if present, no longer interfere with daily functioning. This group utilizes a supportive and educational orientation to maintain treatment gains. The group is an open-ended, continuous group. The group meets at least monthly for 60-90 minutes.

(2) **Cognitive Processing Therapy Group**. Cognitive Processing Therapy Group is for inmates who remain symptomatic after completion of Phase I with a primary diagnosis of an Axis I disorder (e.g., Post Traumatic Stress Disorder (PTSD), major depression, substance use disorder). This group utilizes a highly structured, 12-session treatment protocol combining cognitive techniques with written exposure therapy to address negative affect, intrusive images, dysfunctional thoughts, and avoidance behavior. The group meets weekly for 60 to 90 minutes per session. In special cases, Cognitive Processing Therapy may also be offered in an individual format.

(3) **Dialectical Behavior Therapy Skills Training Group**. Dialectical Behavior Therapy Skills Training Group is for inmates who remain symptomatic after completion of Phase I with a primary diagnosis of an Axis II disorder; e.g., Borderline Personality Disorder. This treatment intervention utilizes cognitive-behavioral skills training in emotional regulation, distress tolerance, interpersonal effectiveness, and core mindfulness. Typically the group meets weekly for 60 to 90 minutes per session. In special cases, Dialectical Behavior Therapy skills may be offered in an individual treatment format.

As treatment technologies change, there are opportunities to improve the Bureau's treatment programs. Therefore, staff are to use the most recent manuals, journals, facilitator's guides, and resources developed by the Central Office.

**3.4.5. Program Documentation.** Required documentation for the Resolve Non-residential Treatment Program includes:

- A documented psychological diagnosis in PDS related to a history of trauma or traumatic life experiences.
- An Agreement to Participate in the program, signed by the inmate at the time of the first treatment session.
- A psychosocial assessment on each inmate entering Non-residential treatment to assist in the development of an individualized treatment plan;
- An individualized treatment plan for each non-residential program participant, documenting the targeted problem areas, treatment goals, and treatment activities in PDS.
- Group attendance (via PDS).
- Treatment contact notes when appropriate.
- 60-day progress reviews noting progress toward treatment goals.
- Non-residential Resolve treatment assignments in SENTRY.
- At the conclusion of the inmate's involvement in Non-residential treatment, a brief account in the evaluation section of PDS noting how he or she left the program; e.g., "Ms. XXX was transferred to a lower security institution," "Ms. XXX successfully completed the treatment goals identified in her treatment plan," "Ms. XXX informed treatment staff she is no longer interested in participating in non-residential treatment."

**3.4.6. Program Expulsion**. Inmates may be removed from the program by the Resolve Coordinator because of disruptive behavior related to the program or unsatisfactory progress in treatment.

## CHAPTER 4. THE BUREAU REHABILITATION AND VALUES ENHANCEMENT (BRAVE) PROGRAM

**4.1. The BRAVE Program**. In 1995, following a series of institutional disturbances, Executive Staff sought to identify the inmates most likely to engage in disturbances and to develop an appropriate intervention. Young, newly committed inmates serving long sentences were identified as the group most likely to engage in both disturbances and general institutional misconduct. In 1998, the Bureau Rehabilitation and Values Enhancement (BRAVE) Program was implemented as an intensive, cognitive-behavioral, residential rehabilitation program for medium security inmates.

**4.1.1. Purpose**. The BRAVE Program is designed to facilitate favorable institutional adjustment and reduce incidents of misconduct. In addition, the program encourages inmates to interact positively with staff members and take advantage of opportunities to engage in self-improvement activities throughout their incarceration.

**4.1.2. Residential Treatment Unit.** BRAVE Program participants are to be housed together on a unit, separate from general population inmates. Living together in a unit allows all inmates to work together to create a community that supports prosocial attitudes and behaviors. The BRAVE Unit isolates program participants from the negative peer-pressure of the larger prison environment.

Further, the BRAVE Unit must also be solely for BRAVE participants. Inmates living on the unit must be waiting for admission into the program, participating in the program, or have completed the program. Whenever possible, there should be more inmates who are participating in or who have completed BRAVE in the treatment unit than those waiting to enter treatment.

**4.1.3. Staffing.** The BRAVE Program is staffed with a psychologist who serves as the BRAVE Program Coordinator and a minimum of three BRAVE Program Treatment Specialists. The program has a 1:20 Treatment Specialist-to-inmate ratio.

**4.2. Target Population**. The BRAVE Program is designed to address the treatment needs of inmates:

- 32 years of age or younger.
- With a sentence of at least 60 months.
- A first-time Bureau commitment.

### 4.3. Admission Procedures

**4.3.1. Program Referrals**. Inmates are identified for placement in the BRAVE Program by the Designator and/or BRAVE Program Treatment Staff. Designators may directly designate inmates

to the BRAVE program if they meet the target population criteria. New arrivals to the institution may be screened and accepted into the BRAVE Program if they meet the admission criteria.

On occasion, inmates who have poor institutional adjustment may be allowed to participate in the BRAVE Program at the Coordinator's discretion. Inmates who meet all the admission criteria are to be given priority placement in the program and should always make up the vast majority of program participants.

**4.3.2. Program Placement.** Inmates designated or selected for placement in the BRAVE Program should be placed directly on the BRAVE Program Treatment Unit upon arrival at the institution. Inmates are strongly encouraged to participate in the program; however, the program is voluntary. Inmates who agree to participate in the program must sign the *Agreement to Participate in Psychology Treatment Programs* form (BP-A0940) before they are placed in participation status. Inmates may decline to participate in the program. Inmates who decline to participate in the program should be removed from the BRAVE Program Treatment Unit as soon as possible.

**4.3.3. Enrollment Time Frame**. As the BRAVE Program is designed to facilitate a favorable *initial* adjustment to incarceration, program participants should be assigned to the program at the start of their sentence, upon their first designation to a Bureau institution.

**4.4. Assessment of Treatment Needs**. A psychosocial assessment of the inmate's treatment needs is conducted during the Orientation Phase of the program. The information gathered during this face-to-face interview will become a part of the inmate's treatment plan. This assessment is available on Sallyport.

**4.5. Treatment Protocol**

**4.5.1. BRAVE Treatment Modules**. The BRAVE Program treatment modules direct the treatment program. The program is a six-month, 350-hour program. Ordinarily, programming is conducted daily (excluding non-program days, such as weekends and holidays) for half of the inmate's work day. Treatment begins as soon as the inmate is in BRV PART status in SENTRY.

The current BRAVE treatment journals and facilitator guides are identified on Sallyport.

As evidence-based treatment technologies advance, treatment materials will be revised. Therefore, only the most current BRAVE materials, journals, facilitator guides, etc., are to be used.

**4.5.2. Treatment Phases**. The BRAVE Program is offered in three distinct Phases with each phase following a clearly defined structure. The BRAVE Program phases are organized as follows:

a. **Phase I – The Orientation Phase.** During the Orientation Phase of treatment, BRAVE Program Treatment Specialists are to perform the following duties related to inmates assigned to their caseload:

- Strive to build rapport and motivate the inmate to engage in treatment.
- Conduct the psychosocial assessment. This guides the development of the treatment plan. The treatment assessment must be conducted with the inmate. It is not a self-assessment instrument.
- Present the inmate's case at a treatment team meeting. These meetings are scheduled and conducted by the BRAVE Program Coordinator. The treatment team meeting is to assist with the development of the inmate's treatment plan.
- Attend treatment team meetings. These meetings provide the opportunity for staff to discuss each individual inmate. These discussions are to review the inmate's progress in treatment and commitment to the program.

Phase I will ordinarily last one month. If the treatment team is in agreement that the inmate is not ready to move on to Phase II, Phase I may be repeated until the inmate is ready to move on, withdraws, or is expelled.

b. **Phase II – The Core Treatment Phase**. In the Core Treatment Phase, the inmate is expected to build positive relationships in group, on the treatment unit, with family/significant others, with institution staff, etc.

Using the treatment journals and facilitator guides developed for the program, staff will facilitate an environment for inmates to acquire the thought processes and prosocial skills required to live a drug-free, crime-free, and well-managed life.

Treatment progress reviews are to be completed every 60 days and are to be documented in PDS. In addition, treatment staff are to observe program participants regularly (e.g., at work, during main line, in the unit) to ascertain if the inmate's behaviors demonstrated around the treatment staff are constant, or if the inmate's behavior changes outside of the treatment environment.

Ordinarily, the Core Treatment Phase will last four months. Staff should monitor the participants' behaviors, personal insights, motivation, and commitment to treatment daily. Changes in behavior (positive or negative) are to be documented in the participants' progress reviews.

If the treatment team does not believe the inmate has made significant progress at the end of the core treatment phase, staff may require the inmate to repeat all or part of the core treatment phase. Failure to progress in treatment will be documented in the Psychology Data System (PDS).

c. **Phase III – The Transition Phase.** The Transition Phase focuses on the inmate continuing to practice the prosocial skills acquired in treatment. In addition, the inmate must demonstrate realistic expectations and living skills to function in a prison environment.

Ordinarily the Transition Phase lasts one month. If the treatment team finds the inmate has not made adequate progress, he may be held back until he completes, withdraws, or is expelled from the program.

**4.6. BRAVE Program Achievement Awards**. The BRAVE Program offers achievement awards for inmates who participate appropriately in the program. The BRAVE Program treatment team will determine if an inmate is eligible to receive an achievement award.

**4.6.1. Earning Program Achievement Awards**. In order to earn program achievement awards, inmates must:

- Be on time for group.
- Have no unexcused absences.
- Not leave group without approval from the Treatment Specialist.
- Not eat, drink, or sleep in group.
- Complete all assigned activities.
- Dress appropriately: clean institutional clothing, shirts tucked in, no jackets or coats, shoes tied, no headphones, properly fitting pants with belts, no sunglasses and no head covering other than approved religious headgear.
- Be active in group.
- Put forth positive efforts in accomplishing treatment goals, as determined by the treatment team within the treatment plan.
- Comply with education and FRP obligations.

**4.6.2. Specific Achievement Awards**

- **Limited Financial Awards**. An inmate may earn a financial award to offset time lost from work. The amount of this award is $40 for each phase of treatment. A financial award may be paid in whole or in part, based upon the inmate's participation and progress. A financial award is never to be increased.
- **Local Incentives**. Institutions may offer incentives such as preferred living quarters, early mainline, exercise equipment on the unit, a program library, a movie night, etc.
- **Tangible Incentives**. With the Warden's approval, tangible incentives (e.g., books, t-shirts, notebooks, mugs with program logo) may be offered.
- **Graduation Ceremony/Ritual**. For the completion of the BRAVE program, institutions may offer a structured completion/graduation ceremony for the inmates. Photographs of individual participants or the treatment group may be allowed. Inmates may mail a photograph of themselves or the group to family.

**4.7. Program Documentation**. Required documentation for the BRAVE Program includes:

- An Agreement to Participate in the program, signed by the inmate at the time of the first treatment session.

- A psychosocial assessment on each inmate entering the program to assist in the development of an individualized treatment plan.
- An individualized treatment plan for each participant, documenting the targeted problem areas, treatment goals, and treatment activities in PDS.
- Recording in PDS a participant's attendance in group.
- Treatment contact notes, when appropriate.
- 60-day progress reviews noting progress toward treatment goals.
- BRAVE Program treatment assignments in SENTRY, including the appropriate DRUG ED assignment.
- At the conclusion of the inmate's involvement in the program, a treatment summary and brief account in the evaluation section of PDS noting how he left the program; e.g., "Mr. XXX was transferred to a lower security institution," "Mr. XXX successfully completed the treatment goals identified in his treatment plan," "Mr. XXX informed treatment staff he is no longer interested in participating in the program."

Inmates who do not complete the BRAVE Program for reasons other than expulsion require a discharge note with the reason(s) for non-completion documented in the Evaluation section of PDS. At that time the BRAVE Coordinator, or designee, is to change the inmate's SENTRY assignment from BRV PART to BRV INCOMP.

**4.8. BRAVE Outcomes**. How an inmate leaves a Residential program is based on the inmate's behavior.

**4.8.1. Completion**. Completion of any Phase of treatment is determined by the inmate's behavior within the program and on the compound. Inmates are not to be moved from Phase to Phase without demonstrating they have:

- Taken on the responsibilities of the community.
- Made a commitment to positive change as evidenced by observed positive behavior in his or her daily interactions.
- Expressed him or herself in group demonstrating the ability to give and receive appropriate feedback from other staff and inmates.
- Mastered phase-related concepts.

Inmates who do not demonstrate these, and other, behavioral changes are not ready for completion.

**4.8.2. Withdrawal/Incomplete**. An inmate may withdraw voluntarily from the program. Withdrawals must be documented in PDS and a memorandum forwarded to the Unit Team.

An inmate may also be moved to Incomplete status for many reasons: placement in the Special Housing Unit (SHU), removed from the institution on a writ, unforseen redesignation, etc. An incomplete does not mean the inmate is automatically a failure. The Treatment Coordinator and

the treatment team will make the decision on the inmate's final treatment determination, depending on the reason for his or her incomplete status. The Treatment Coordinator will ensure proper documentation of the meeting in PDS and SENTRY.

**4.8.3. Expulsion**. Inmates may be removed from the program by the coordinator because of disruptive behavior related to the program or unsatisfactory progress in treatment. Ordinarily, staff will provide the inmate with at least one treatment intervention prior to removal. In response to disruptive behavior or unsatisfactory progress, treatment staff will:

- Meet with the inmate to discuss his or her behavior or lack of progress.
- Assign the treatment intervention(s) chosen to reduce or eliminate the behavior, or to improve progress.
- Warn the inmate of the consequences of failure to alter his/her behavior.
- Properly document in PDS the meeting and treatment intervention(s) assigned.
- Properly document in PDS changes to the inmate's treatment plan, and ensure that both staff and the inmate sign the amended treatment plan.
- When appropriate, require the inmate to discuss his or her targeted behavior in the community.

In the event repeated treatment interventions are required in response to inappropriate behaviors or unsatisfactory progress, the treatment team will meet to decide if the inmate will be removed from the program.

Within two working days after a decision has been made to expel an inmate, the Program Coordinator will:

- Verbally notify the inmate of his/her expulsion status.
- Update the pertinent SENTRY PTP assignments.
- Ensure proper documentation of the expulsion has been entered into PDS.

An inmate may not ordinarily be removed immediately by the Program Coordinator without a treatment intervention unless the inmate, pursuant to an incident report, is found by the DHO to have committed a prohibited act involving:

- Alcohol or drugs.
- Violence or threats of violence.
- Escape or attempted escape.
- Any 100-level series incident.

An inmate may be expelled from the program without a formal intervention if the inmate is determined to have violated confidentiality.

In limited circumstances, an inmate may be expelled from the program without a formal intervention if the inmate's behavior is of such magnitude that an inmate's continued presence in programming would create an immediate and ongoing problem for staff and/or other inmates.

Whenever immediate expulsion is necessary the program coordinator, or designee, will:

- Inform the inmate of his or her expulsion.
- Ensure proper documentation of the meeting and expulsion are entered into PDS.

## CHAPTER 5. THE CHALLENGE PROGRAM

**5.1. The Challenge Program**. In 1997, Executive Staff approved the implementation of Residential Treatment Programs, termed CODE Programs, in the Bureau's high security institutions. In 2004, Executive Staff refocused the penitentiary programs with the mission of providing treatment for inmates with drug abuse and/or mental health disorders. Now known as the Challenge Program, the Bureau began a slow conversion of all CODE programs to Challenge Programs. The Challenge Program is a residential, evidence-based, cognitive-behavioral treatment program.

**5.1.1. Purpose.** The Challenge Program is an intensive Residential Treatment Program for high security inmates. It is designed to facilitate both favorable institutional adjustment and successful reintegration to the community through the elimination of drug abuse and the elimination/management of mental illnesses. The program consists of a core program and two specialized treatment tracks: the drug abuse track and the mental illness track.

**5.1.2. Residential Treatment Unit.** The Challenge Unit is to be separated from the general population. Living together in a unit allows all inmates to work together to create a community that supports prosocial attitudes and behaviors. The Challenge Unit isolates program participants from the negative peer pressure of the larger prison environment. Further, the Challenge Unit must be solely for Challenge participants. Inmates living on the unit must be: waiting for admission into the program (CHG WAIT); participating in the program (CHG PART); or Challenge complete (CHG COMP). Whenever possible, there should be more inmates who are participating in or who have completed Challenge in the treatment unit than those waiting to enter treatment.

**5.1.3. Staffing**. The Challenge Program is staffed by a psychologist who serves as the Challenge Program Coordinator and a minimum of three Challenge Program Treatment Specialists. The program has a 1:20 Treatment Specialist-to-inmate ratio.

**5.2. Target Population**. An inmate must meet one of the following criteria to be admitted into the Challenge Program:

- A history of drug abuse as evidenced by self-report, Presentence Investigation Report (PSR) documentation, or incident reports for use of alcohol or drugs.
- A major mental illness as evidenced by a current diagnosis of a psychotic disorder, mood disorder, anxiety disorder, or personality disorder.

### 5.3. Admission Procedures

**5.3.1. Program Placement.** Inmates are identified for placement in the program by the Challenge Program Coordinator or designee. There are a variety of potential indicators for program placement. These indicators must include at least one of the following: a CMA

assignment of PSY ALERT, an MDS assignment of MEN ILL, a Sensitive Medical Data (SMD) assignment of MNTL HLTH, apparent symptoms of a major mental illness, recent placement on Suicide Watch, the need for detoxification upon entrance into Bureau custody, a DRG I REQ or DAP WAIT assignment, the receipt of an incident report for use of alcohol or drugs, or a history of substance abuse noted in the inmate's PSR. Mentally ill inmates may be placed directly in the Challenge unit after screening.

**5.3.2. Program Referrals.** Inmates may self-refer for the program, provided they meet the admission criteria. To request placement in the Challenge program, inmates must submit an *Inmate Request to Staff* form (BP-A0148) to the Challenge Coordinator. The Challenge Coordinator will determine the appropriateness of the inmate's placement in the program. A waiting list of inmates approved for voluntary placement in the program will be maintained in SENTRY. The inmate will sign the *Agreement to Participate in Psychology Treatment Programs* form (BP-A0940) when he is notified of his acceptance to the program.

**5.3.3. Enrollment Time Frame**. The Challenge Program is designed to facilitate both a favorable adjustment to incarceration and a successful release to the community. Participants may enroll in the program at any time during the course of their sentence, provided they have sufficient time to complete the program. Priority placement should be given to inmates at the beginning of their sentence in order to maximize the program's impact on the inmate's behavior while incarcerated.

**5.4. Assessment of Need**. A psychosocial assessment of the inmate's treatment needs is conducted during the Orientation Phase of the program. The information gathered during this face-to-face interview will become a part of the case conceptualization for the treatment plan. This assessment format is available in the Psychology Data System (PDS). Other assessments or testing will be conducted as needed, based on the inmate's behaviors.

**5.5. Treatment Protocol**

**5.5.1. Treatment Modules**. The Challenge Program treatment modules direct the treatment program. In the Drug Abuse Track, programming is 500 *contact* hours; i.e., face-to-face contact between treatment staff and inmate participants, over no less than 9 months of half-day programming. Ordinarily, programming is conducted daily (excluding non-program days, such as weekends and holidays) for half of the inmate's work day. In the Mental Illness Track, programming is based on a clinical case management model, with contact hours based on need. Treatment begins as soon as the inmate is in CHG PART status in SENTRY.

The developed Challenge Treatment journals, facilitator guides, and manuals are required for the Challenge Program. The current treatment journals and facilitator guides are identified on Sallyport.

As evidence-based treatment technologies advance, treatment materials will be revised. Therefore, only the most current Challenge materials, journals, facilitator guides, etc., are to be used.

**5.5.2. Treatment Phases.** The Challenge Program is organized in Phases. Each Phase follows a clearly defined structure. The Phases are organized as follows:

a. **Phase I – The Orientation Phase**. During the Orientation Phase of treatment, Challenge Program Treatment Specialists are to perform the following duties related to inmates assigned to their caseload:

- Strive to build rapport and motivate the inmate to engage in treatment.
- Conduct the psychosocial assessment. This guides the development of the treatment plan. The treatment assessment must be conducted with the inmate. It is not a self-assessment instrument.
- Present the inmate's case at a treatment team meeting. These meetings are scheduled and conducted by the Challenge Program Coordinator. The treatment team meeting is to assist with the development of the inmate's treatment plan.
- Attend treatment team meetings. These meetings provide the opportunity for staff to discuss each individual inmate. These discussions are to review the inmate's progress in treatment and commitment to the program.

Phase I will ordinarily last one month. If the treatment team is in agreement that the inmate is not ready to move on to Phase II, Phase I may be repeated until the inmate is ready to move on, withdraws, or is expelled.

b. **Phase II – The Core Treatment Phase**. In the Core Treatment Phase, the inmate is expected to build positive relationships in group, on the treatment unit, with family/significant others, with institution staff, etc.

Using the treatment journals and facilitator guides developed for the program, staff will facilitate an environment for inmates to acquire the thought processes and prosocial skills required to live a drug-free, crime-free, and well-managed life.

Treatment progress reviews are to be completed every 60 days and are to be documented in PDS. In addition, treatment staff are to observe program participants regularly (e.g., at work, during main line, in the unit) to ascertain if the inmate's behaviors demonstrated around the treatment staff are constant, or if the inmate's behavior changes outside of the treatment environment.

Ordinarily, the core treatment phase will last six months. Staff should monitor the participants' behaviors, personal insights, motivation, and commitment to treatment daily. Changes in behavior (positive or negative) are to be documented in the participants' progress reviews.

If the treatment team does not believe the inmate has made significant progress at the end of the core treatment phase, staff may require the inmate to repeat all or part of the Core Treatment Phase. Failure to progress in treatment will be documented in PDS.

c. **Phase III – The Transition Phase**. The Transition Phase focuses on the inmate continuing to practice the prosocial skills acquired in treatment. In addition, the inmate must demonstrate realistic expectations and living skills to function in a prison environment.

Ordinarily the Transition Phase lasts two months. If the treatment team finds the inmate has not made adequate progress, he may be held back until he or she completes, withdraws, or is expelled from the program.

**5.6. Challenge Program Achievement Awards**. The Challenge Program offers achievement awards for inmates who participate appropriately in the program. The Challenge Program treatment team will determine if an inmate is eligible to receive an achievement award.

**5.6.1. Earning Program Achievement Awards.** In order to earn program achievement awards, inmates must:

- Be on time for group.
- Have no unexcused absences.
- Not leave group without approval from the Treatment Specialist.
- Not eat, drink, or sleep in group.
- Complete all assigned activities.
- Dress appropriately: clean institutional clothing, shirts tucked in, no jackets or coats, shoes tied, no headphones, properly fitting pants with belts, no sunglasses and no head covering other than approved religious headgear.
- Be active in group.
- Put forth positive efforts in accomplishing treatment goals, as determined by the treatment team within the treatment plan.
- Comply with education and FRP obligations.

**5.6.2. Specific Achievement Awards.**

- **Limited Financial Awards**. An inmate may earn a financial award to offset time lost from work. The amount of this award is $40 for each phase of treatment. A financial award may

be paid in whole or in part based upon the inmate's participation and progress. A financial award is never to be increased.

- **Local Incentives.** Institutions may offer incentives such as preferred living quarters, early mainline, exercise equipment on the unit, a program library, a movie night, etc.

- **Tangible Incentives**. With the Warden's approval, tangible incentives (e.g., books, t-shirts, notebooks, mugs with program logo) may be offered.
- **Graduation Ceremony/Ritual**. For the completion of the Challenge Program, institutions may offer a structured completion/graduation ceremony for the inmates. Photographs of individual participants or the treatment group may be allowed. Inmates may mail a photograph of themselves or the group to family.

**5.7. Program Documentation**. Required documentation for the Challenge Program includes:

- A documented psychological diagnosis in PDS related to a drug abuse and/or mental health disorder.
- An Agreement to Participate in the program, signed by the inmate at the time of the first treatment session.
- A psycho-social assessment on each inmate entering the program to assist in the development of an individualized treatment plan.
- An individualized treatment plan for each participant, documenting the targeted problem areas, treatment goals, and treatment activities in PDS.
- Recording in PDS a participant's attendance in group.
- Treatment contact notes, when appropriate.
- 60-day progress reviews noting progress toward treatment goals.
- Challenge treatment assignments in SENTRY.
- At the conclusion of the inmate's involvement in the program, a treatment summary and a brief account in the evaluation section of PDS noting how he left the program; e.g., "Mr. XXX was transferred to a lower security institution," "Mr. XXX successfully completed the treatment goals identified in his treatment plan," "Mr. XXX informed treatment staff he is no longer interested in participating in the program."

Inmates who do not complete the Challenge Program for reasons other than expulsion require a discharge note with the reason(s) for non-completion documented in the Evaluation section of PDS. At that time the Challenge Coordinator, or designee, is to change the inmate's SENTRY assignment from CHG PART to CHG INCOMP.

**5.8. Challenge Outcomes**. How an inmate leaves a residential program is based on the inmate's behavior.

**5.8.1. Completion**. Completion of any Phase of treatment is determined by the inmate's behavior within the program and on the compound. An inmate is not to be moved from Phase to Phase without demonstrating he or she has:

- Taken on the responsibilities of the community.
- Made a commitment to positive change as evidenced by observed positive behavior in his or her daily interactions.
- Expressed him- or herself in group, demonstrating the ability to give and receive appropriate feedback from other staff and inmates.
- Mastered phase-related concepts.

Inmates who do not demonstrate these and other behavioral changes are not ready for Challenge completion.

**5.8.2. Withdrawal/Incomplete**. An inmate may withdraw voluntarily from the program. Withdrawals must be documented in PDS and a memorandum forwarded to the Unit Team.

An inmate may also be moved to Incomplete status for many reasons: placement in the Special Housing Unit (SHU), removed from the institution on a writ, unforseen redesignation, etc. An incomplete does not mean the inmate is automatically a failure. The Treatment Coordinator and the treatment team will make the decision on the inmate's final treatment determination, depending on the reason for his or her incomplete status. The Treatment Coordinator will ensure proper documentation of the meeting in PDS and SENTRY.

**5.8.3. Expulsion**. Inmates may be removed from the program by the coordinator because of disruptive behavior related to the program or unsatisfactory progress in treatment. Ordinarily, staff will provide the inmate with at least one treatment intervention prior to removal. In response to disruptive behavior or unsatisfactory progress, treatment staff will:

- Meet with the inmate to discuss his or her behavior or lack of progress.
- Assign the treatment intervention(s) chosen to reduce or eliminate the behavior, or to improve progress.
- Warn the inmate of the consequences of failure to alter his/her behavior.
- Properly document in PDS the meeting and treatment intervention(s) assigned.
- Properly document in PDS changes to the inmate's treatment plan, and ensure that both staff and the inmate sign the amended treatment plan.
- When appropriate, require the inmate to discuss his or her targeted behavior in the community.

In the event repeated treatment interventions are required in response to inappropriate behaviors or unsatisfactory progress, the treatment team will meet to decide if the inmate will be removed from the program.

Within two working days after a decision has been made to expel an inmate, the Program Coordinator will:

- Verbally notify the inmate of his/her expulsion status.
- Update the pertinent SENTRY DRG assignments.
- Ensure proper documentation of the expulsion has been entered into PDS.

An inmate may not ordinarily be removed immediately by the program coordinator without a treatment intervention unless the inmate, pursuant to an incident report, is found by the DHO to have committed a prohibited act involving:

- Alcohol or drugs.
- Violence or threats of violence.
- Escape or attempted escape.
- Any 100-level series incident.

An inmate may be expelled from the program without a formal intervention if the inmate is determined to have violated confidentiality.

In limited circumstances, an inmate may be expelled from the program without a formal intervention if the inmate's behavior is of such magnitude that an inmate's continued presence in programming would create an immediate and ongoing problem for staff and/or other inmates.

Whenever immediate expulsion is necessary the program coordinator, or designee, will:

- Inform the inmate of his or her expulsion.
- Ensure proper documentation of the meeting and expulsion are entered into PDS.

# CHAPTER 6. MENTAL HEALTH TREATMENT PROGRAMS

**6.1. The Mental Health Treatment Programs.** Mental Health Treatment Programs are a series of programs dedicated to management and treatment of the Bureau's seriously mentally ill and behaviorally disordered inmates. Current Mental Health Treatment Programs include:

- The Habilitation Program.
- The Skills Program.
- The Axis II Program.
- Mental Health Treatment Units (e.g., Step-Down Units).

Additional Mental Health Treatment Programs may be implemented by Central Office.

Each Mental Health Treatment Program Coordinator is responsible for preparation of an Institution Supplement that provides specific details regarding the operation of their program. As evidence-based treatment technologies advance, Coordinators will be responsible for inclusion of these technologies in their programs and their Institution Supplement. Central Office will serve as a resource in this process.

**6.1.1. Purpose.** Mental Health Treatment Programs are designed to effectively manage and treat the Bureau's seriously mentally ill and behaviorally disordered inmates. Specifically, the programs are designed to reduce psychological symptoms, improve functioning, facilitate institutional adjustment, and reduce incidents of misconduct.

**6.1.2. Residential Treatment Unit.** Mental Health Treatment Program participants are to be housed together on a unit, separate from general population inmates. Living together in a unit allows all inmates to work together to create a community that supports prosocial attitudes and behaviors. The treatment unit isolates program participants from the negative peer pressure of the larger prison environment. In addition, the treatment unit offers mentally ill inmates an environment where they are less likely to be victimized by other inmates.

The Mental Health Treatment Program unit must be solely for program participants. Inmates living on the unit must be waiting for admission into the program, participating in the program, or program completers. Whenever possible, there should be more inmates who are participating and have completed the treatment program in the treatment unit than those waiting to enter treatment.

**6.1.3. Staffing.** Mental Health Treatment Programs are staffed by a psychologist who serves as the Program Coordinator. Additional program staff may include psychologists, Treatment Specialists, social workers, teachers, and psychiatrists, depending on the needs of the individual programs.

Staffing complements for Mental Health Treatment Programs are established by Executive Staff at the time of program implementation. The staffing complements for current programs are listed below:

- The Habilitation Program has a capacity of 16 inmates and is staffed by a psychologist.
- The Skills Program has a capacity of 44 inmates and is staffed by a psychologist, a Treatment Specialist, and a teacher.
- The Axis II Program has a capacity of 48 inmates and is staffed by a psychologist, two Treatment Specialists, and a correctional counselor.
- The female Step-Down Unit has a capacity of 72 and is staffed by a psychologist.
- The male Step-Down Unit has a capacity of 84 and is staffed by a psychologist, a social worker, and a half-time psychologist.

Any changes to these staffing complements require Central Office approval.

**6.2. Target Population.** An inmate must meet all the following criteria to be admitted into a Mental Health Treatment Program:

- The inmate must have a serious mental illness or behavioral disorder, including psychotic disorders, mood disorders, anxiety disorders, personality disorders, or significant cognitive impairment.
- The inmate has a need for intensive treatment services, as evidenced by:
  - Multiple psychiatric hospitalizations.
  - Complex psychotropic treatment.
  - Major mental health-related functional impairment.
  - Repeated instances of severe behavioral problems.

**Note**: In some instances a mentally ill inmate may be placed in a residential mental health treatment program for management reasons. In these instances an Agreement to Participate is not required. However, in these instances an inmate must be informed of program expectations. Prior to participation in any treatment group the *Agreement to Participate in Psychology Treatment Programs* form (BP-A0940) must be signed.

The target populations for current Mental Health Treatment Programs are noted below:

**6.2.1. The Habilitation Program.** The Habilitation Program targets high security, low functioning inmates who cannot successfully adapt to a penitentiary environment, but who may have the ability to function well at medium security level institutions.

**6.2.2. The Skills Program.** The Skills Program is designed for inmates with significant cognitive limitations and psychological difficulties that create adaptive problems in prison and in the community.

**6.2.3. The Axis II Program.** The Axis II Program targets inmates with severe personality disorders, typically Borderline Personality Disorder, who have a history of behavioral problems in the institution and who are amenable to treatment.

**6.2.4. Mental Health Treatment Units**. Mental Health Treatment Units, including Step-Down Units, provide an intermediate level of mental health care for seriously mentally ill inmates. Typically Mental Health Treatment Units are located in Care Level 3 institutions. Step-Down Units provide intensive treatment for inmates releasing from psychiatric hospitalization and may also function as Step-Up Units to intervene before an inmate requires hospitalization.

**Note**: Mental Health Treatment Program Step-Down Units are not to be confused with custodial Step-Down Units.

**6.3. Admission Procedures.** Inmates are identified for placement in Mental Health Treatment Programs by the Program Coordinators. In addition, Chief Psychologists throughout the Bureau may refer seriously mentally ill inmates to Mental Health Treatment Programs, provided they meet the program admission criteria. The Program Coordinator is responsible for screening these referrals and making recommendations regarding the inmates' appropriateness for the program. Each program's Institution Supplement will include a description of the program's specific admission procedures.

**6.4. Assessment of Treatment Needs.** At a minimum, a psychosocial assessment of the inmate's treatment needs is conducted during the Orientation Phase of the program. The information gathered during this face-to-face interview will become part of the inmate's treatment plan. The assessment may also include other evaluation measures specific to the needs of the program and the individual inmate.

Each program's Institution Supplement will include a description of the program's specific assessment procedures.

**6.5. Treatment Protocol.** Treatment protocols for the Mental Health Treatment Programs will vary, based on the focus of the individual programs. However, all treatment protocols will utilize evidence-based interventions, with an emphasis on cognitive and behavioral treatment strategies. At a minimum, these interventions will include: psycho-educational courses related to mental illness and its management, skills training groups, and clinical case management. As evidence-based treatment technologies advance, treatment materials will be revised. Therefore, only the most current Mental Health materials are to be used. Central Office staff will provide guidance regarding appropriate treatment protocols.

Mental Health Treatment Programs are intensive treatment interventions, with most participants remaining active in the program for at least six months. Treatment staff are responsible for actively treating and managing program participants on a daily basis. Each program's Institution Supplement will include a description of the program's specific treatment protocol.

**6.6. Program Achievement Awards**. Although used with less frequency than in other psychology treatment programs, Mental Health Treatment Programs may make use of program achievement awards. Any program achievement awards must be approved by the Warden and the Regional Psychology Services Administrator. For example:

- **Local Incentives.** Institutions may offer incentives such as preferred living quarters, early mainline, exercise equipment on the unit, a program library, a movie night, etc.
- **Tangible Incentives**. With the Warden's approval, tangible incentives (e.g., books, t-shirts, notebooks, mugs with program logo) may be offered.
- **Graduation Ceremony/Ritual**. For the completion of the Mental Health Treatment Programs, institution staff may offer a structured completion/graduation ceremony for the inmates. Photographs of individual participants or the treatment group may be allowed. Inmates may mail a photograph of themselves or the group to family.

Each program's Institution Supplement will include a description of the specific program achievement awards and criteria for earning each achievement award.

**6.7. Program Documentation**. Required documentation for Mental Health Treatment Programs includes:

- A documented psychological diagnosis in PDS of a serious mental illness or behavioral disorder.
- An *Agreement to Participate in Psychology Treatment Programs* form (BP-A0940), signed by the inmate at the time of the first treatment session. NOTE: In some instances a mentally ill inmate may be placed in a residential mental health treatment program for management reasons. In these instances an Agreement to Participate is not required. However, in these instances an inmate must be informed of program expectations. Prior to participation in any treatment group the Agreement to Participate must be signed.
- A psychosocial assessment on each inmate entering the program to assist in the development of an individualized treatment plan.
- An individualized treatment plan for each participant, documenting the targeted problem areas, treatment goals, and treatment activities in PDS.
- Recording in PDS a participant's attendance in individual and group sessions.
- Clinical case management notes, when appropriate.
- 60-day progress reviews noting progress toward treatment goals.
- Mental Health Treatment Program assignments in SENTRY. Specific SENTRY codes will be provided by Central Office.

- At the conclusion of the inmate's involvement in the program, a treatment summary and a brief account in the evaluation section of PDS noting how he or she left the program; e.g., "Mr. XXX was transferred to a lower security institution," "Mr. XXX successfully completed the treatment goals identified in his treatment plan," "Mr. XXX informed treatment staff he is no longer interested in participating in the program."

**6.8. Program Expulsions**. As soon as possible after a decision has been made to expel an inmate from the program, the Program Coordinator, or designee, must:

- Notify the inmate verbally of his/her expulsion status.
- Remove the inmate from the program housing unit.
- Update the SENTRY assignment(s).

**U.S. Department of Justice**
Federal Bureau of Prisons

P R O G R A M  S T A T E M E N T

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|---|---|
| OPI: | HSD/PSB |
| NUMBER: | 6010.03 |
| DATE: | July 13, 2011 |
| EFFECTIVE DATE: | August 12, 2011 |

# Psychiatric Evaluation and Treatment

/s/
*Approved*: Thomas R. Kane
Acting Director, Federal Bureau of Prisons

1. **PURPOSE AND SCOPE**

**§ 549.40 Purpose and scope.**

**(a) This subpart describes procedures for voluntary and involuntary psychiatric evaluation, hospitalization, care, and treatment, in a suitable facility, for persons in Bureau of Prisons (Bureau) custody. These procedures are authorized by 18 U.S.C. Chapter 313 and 18 U.S.C. § 4042.**

**(b) This subpart applies to inmates in Bureau custody, as defined in 28 CFR part 500.**

Inmates are defined as all persons in the custody of the Federal Bureau of Prisons or Bureau contract facilities, including persons charged with or convicted of offenses against the United States; D.C. Code felony offenders; and persons held as witnesses, detainees, or otherwise.

(c) **Summary of Changes**

*Directive Rescinded:*
P6010.01 Psychiatric Treatment and Medication, Administrative Safeguards for (9/21/95)

**Federal Regulations from 28 CFR are shown in this type**.
Implementing instructions are shown in this type.

- Inmates may be hospitalized at any institution that capably meets their psychiatric needs.
- The practice of transferring an inmate to a suitable facility for examination to determine if hospitalization is necessary without providing the procedural safeguards that accompany hospitalization has been specifically codified in regulation as permissible and in compliance with applicable law, as indicated in § 549.43 of this part.
- Involuntary hospitalization procedures differ in accordance with the legal basis under which the inmate is held in Bureau custody, as indicated in § 549.45 of this part.
- Involuntary administration of medication for the sole purpose of restoring competency to stand trial can only be administered pursuant to an order by a court of competent jurisdiction.

d. **Program Objectives**. The expected results of this program are:

- Psychiatric medications will be administered only when there is a diagnosable psychiatric disorder or symptomatic behavior for which such medication is accepted treatment.
- Inmates who voluntarily submit to psychiatric care or treatment or voluntarily take psychiatric medication will be properly informed of their rights, and their competence to give consent will be properly documented.
- Persons covered by Title 18 U.S.C., Chapter 313, may only be involuntarily hospitalized pursuant to a court order.
- Any decision to involuntarily hospitalize any person not covered by Title 18 U.S.C., Chapter 313, for psychiatric care or treatment will be made at an administrative hearing that complies with proper due process procedures.
- Except for psychiatric emergencies, proper due process procedures will be provided to every inmate before psychiatric medication is involuntarily administered.
- During a psychiatric emergency, appropriate psychiatric medication will be administered only when alternatives are not available, not indicated, or would not be effective. When clinically possible, long-acting psychiatric medications will be avoided.
- When staff are confronted with a situation which requires the authorized use of force to gain control of an inmate who is undergoing psychiatric evaluation, care or treatment, staff shall follow the procedures indicated in the Program Statement **Use of Force and Application of Restraints**.

e. **Pretrial/Holdover Procedures**. Procedures required in this Program Statement apply to pretrial and holdover inmates. However, deciding whether particular procedures apply to individual inmates requires an analysis of the legal basis under which the inmate is held in Bureau custody. Staff are encouraged to contact legal staff for assistance.

## 2. HOSPITALIZATION IN A SUITABLE FACILITY

### § 549.41 Hospitalization in a suitable facility.

**As used in 18 U.S.C. Chapter 313 and this subpart, "hospitalization in a suitable facility" includes the Bureau's designation of inmates to medical referral centers or correctional institutions that provide the required care or treatment.**

"Hospitalization in a suitable facility" does not require the inmate to be placed in a Medical Referral Center (MRC). Inmates who are medically compliant may not require housing at a MRC if an institution can capably meet their psychiatric needs.

"Hospitalization" refers only to the designation of an inmate for psychiatric care or treatment. Psychiatric care or treatment does not refer to either the voluntary or involuntary use of psychiatric medication.

## 3. USE OF PSYCHIATRIC MEDICATIONS

### § 549.42 Use of psychiatric medications.

**Psychiatric medications will be used only for treatment of diagnosable mental illnesses and disorders, and their symptoms, for which such medication is accepted treatment. Psychiatric medication will be administered only after following the applicable procedures in this subpart.**

Psychiatric medication is generally not designed for, and must not be used as, a method of chemical control for behaviors unrelated to mental illness. Psychiatric medication may be administered on a voluntary basis for a medical purpose other than treatment of a psychiatric disorder; e.g., disease for which appropriate treatment includes drugs classified as psychiatric. Psychiatric medication is prescribed by a physician specifically for mood-altering, mind-altering, or impulse control purposes. It does not include sleeping medication or minor tranquilizers.

## 4. TRANSFER FOR PSYCHIATRIC OR PSYCHOLOGICAL EXAMINATION

### § 549.43 Transfer for psychiatric or psychological examination.

**The Bureau may transfer an inmate to a suitable facility for psychiatric or psychological examination to determine whether hospitalization in a suitable facility for psychiatric care or treatment is needed.**

The transfer of an inmate to a suitable facility for the purposes of psychiatric or psychological examination does not encompass hospitalization as defined in Section 2, nor does the transfer alone require staff to comply with procedural protections in Sections 6 or 7.

## 5. VOLUNTARY HOSPITALIZATION IN A SUITABLE FACILITY FOR PSYCHIATRIC CARE OR TREATMENT, AND VOLUNTARY ADMINISTRATION OF PSYCHIATRIC MEDICATION

### § 549.44 Voluntary hospitalization in a suitable facility for psychiatric care or treatment, and voluntary administration of psychiatric medication.

**(a) Hospitalization. An inmate may be hospitalized in a suitable facility for psychiatric care or treatment after providing informed and voluntary consent when, in the professional medical judgment of qualified health services staff, such care or treatment is required and prescribed.**

**(b) Psychiatric medication. An inmate may also provide informed and voluntary consent to the administration of psychiatric medication that complies with the requirements of § 549.42 of this subpart.**

**(c) Voluntary consent. An inmate's ability to provide informed and voluntary consent for both hospitalization in a suitable facility for psychiatric care or treatment, and administration of psychiatric medications, will be assessed by qualified health services staff and documented in the inmate's medical record. Additionally, the inmate must sign a consent form to accept hospitalization in a suitable facility for psychiatric care or treatment and the administration of psychiatric medications. These forms will be maintained in the inmate's medical record.**

Informed consent requires educating the inmate on the symptoms of the illness, potential benefits of treatment, potential risks and side effects, appropriate use of medication, when to notify staff of problems, consequences of noncompliance, and alternative treatments (including no treatment) and associated risks.

To assess an inmate's ability to provide informed consent, staff must determine whether he/she understands the reasons for admission, the recommended treatment, his/her right to object to treatment at any time, and the means by which he/she may object.

The inmate's medical record must include documentation that, before giving written consent, he/she was informed and found competent to consent. Staff document an inmate's medical record using form BP-A0801, "Consent to Admission for Mental Health Treatment," to show an inmate's consent to hospitalization. Staff document an inmate's voluntary administration of psychiatric medication through a consent form to use psychiatric medication (form varies per medication).

## 6. INVOLUNTARY HOSPITALIZATION IN A SUITABLE FACILITY FOR PSYCHIATRIC CARE OR TREATMENT

### § 549.45 Involuntary hospitalization in a suitable facility for psychiatric care or treatment.

**(a) Hospitalization of inmates pursuant to 18 U.S.C. Chapter 313. A court determination is necessary for involuntary hospitalization or commitment of inmates pursuant to 18 U.S.C. Chapter 313, who are in need of psychiatric care or treatment, but are unwilling or unable to voluntarily consent.**

Inmates covered by this subsection include:

- Individuals found to be suffering from a mental disease or defect that renders them mentally incompetent to stand trial (18 U.S.C. § 4241(d)).
- Individuals committed for evaluation under 18 U.S.C. § 4241(b) or § 4242(a).
- Individuals found not guilty only by reason of insanity (18 U.S.C. § 4243).
- Convicted individuals suffering from a mental disease or defect, committed to a suitable facility for care or treatment in lieu of being sentenced to imprisonment (18 U.S.C. § 4244).
- Persons serving a sentence of imprisonment suffering from a mental disease or defect (18 U.S.C. § 4245).
- Individuals due for release but suffering from a mental disease or defect (18 U.S.C. § 4246).
- Sexually dangerous persons civilly committed to the custody of the Attorney General (18 U.S.C. § 4248).

Involuntary hospitalization of these inmates requires a court determination that the person may be suffering from a mental disease or defect for the treatment of which he/she needs custody in a suitable facility.

After hospitalization, psychiatric medication may only be involuntarily administered after an administrative hearing has been held complying with the procedural safeguards in Section 7.

Any use of force under this provision must comply with procedures in the Program Statement **Use of Force and Application of Restraints**.

**(b) Hospitalization of inmates not subject to hospitalization pursuant to 18 U.S.C. Chapter 313. Pursuant to 18 U.S.C. § 4042, the Bureau is authorized to provide for the safekeeping, care, and subsistence, of all persons charged with offenses against the United States, or held as witnesses or otherwise. Accordingly, if an examiner determines pursuant to § 549.43 of this subpart that an inmate not subject to hospitalization pursuant to 18 U.S.C. Chapter 313 should be hospitalized for psychiatric care or treatment, and the inmate is unwilling or unable to consent, the Bureau will provide the inmate with an administrative hearing to determine whether hospitalization for psychiatric care or treatment is warranted. The hearing will provide the following procedural safeguards:**

A number of inmates in Bureau custody are not serving a sentence of imprisonment or otherwise fall under the auspices of 18 U.S.C. Chapter 313, and therefore cannot be hospitalized pursuant to an 18 U.S.C. § 4245 court order. Examples include alien detainees subject to an order of deportation, exclusion, or removal; material witnesses; contempt of court commitments; or other unsentenced inmates in Bureau custody. When unsure of the legal status of an inmate's confinement, contact legal staff for assistance before determining whether an inmate is subject to hospitalization pursuant to 18 U.S.C. Chapter 313, requiring a court proceeding and order.

When an inmate not subject to hospitalization per 18 U.S.C. Chapter 313 should be hospitalized for psychiatric care or treatment and he/she is unwilling or unable to consent, staff must provide him/her with an administrative hearing following the procedures below.

Any use of force under this provision must comply with the procedures in the Program Statement **Use of Force and Application of Restraints**.

**(1) The inmate will not be involuntarily administered psychiatric medication before the hearing except in the case of psychiatric emergencies, as defined in § 549.46(b)(1).**

**(2) The inmate must be provided 24-hours advance written notice of the date, time, place, and purpose, of the hearing, including an explanation of the reasons for the proposal to hospitalize the inmate for psychiatric care or treatment.**

Use form BP-A0959, "Notice of Hearing and Advisement of Rights for Involuntary Hospitalization or Medication for Psychiatric Care or Treatment" to provide notice to the inmate. This form is filled out only by the referring psychiatrist currently involved in the diagnosis or treatment of the inmate. Any staff member may deliver a copy of the notice to the inmate.

**(3) The inmate must be informed of the right to appear at the hearing, to present evidence, to have a staff representative, to request witnesses, and to request that witnesses be questioned by the staff representative or by the person conducting the hearing. If the inmate does not request a staff representative, or requests a staff representative with insufficient experience or education, or one who is not reasonably available, the institution mental health division administrator must appoint a qualified staff representative.**

The BP-A0959 form used to provide notice to the inmate also advises the inmate of his/her rights regarding evidence, witnesses, and staff representatives.

Inmates are entitled to appear at the hearing; however, at the discretion of the hearing psychiatrist, the appearance requirement may be met by videoconference. Teleconference is not permissible, as it does not allow the hearing psychiatrist to visually evaluate the inmate.

The assisting staff member's responsibility is limited to helping the inmate obtain copies of documents needed, for example, from his/her central file or other reasonably available source(s), or a written statement(s) from reasonably available inmates or staff. The staff representative also helps the inmate prepare and submit an appeal if he/she requests assistance, or wishes to appeal but is unable to prepare and submit the appeal (see subsection b(9)).

**(4) The hearing is to be conducted by a psychiatrist other than the attending psychiatrist, and who is not currently involved in the diagnosis or treatment of the inmate.**

The hearing may be conducted via videoconference by a psychiatrist who is not physically located at the institution that currently houses the inmate. When the hearing is conducted via videoconference, the hearing is considered to be held at the location of the inmate, not the location of the hearing psychiatrist.

**(5) Witnesses should be called if they are reasonably available and have information relevant to the inmate's mental condition or need for hospitalization. Witnesses who will provide only repetitive information need not be called.**

Witnesses are not required to appear at the hearing in person. If reasonably available, witnesses may appear via video- or teleconference, or may submit a written statement.

**(6) A treating/evaluating psychiatrist/clinician, who has reviewed the case, must be present at the hearing and must present clinical data and background information relative to the inmate's need for hospitalization. Members of the treating/evaluating team may also be called as witnesses at the hearing to provide relevant information.**

The treating/evaluating psychiatrist/clinician may present clinical data and background information relative to the inmate's need for hospitalization via video- or teleconference, or in person.

**(7) The psychiatrist conducting the hearing must determine whether involuntary hospitalization is necessary because the inmate is presently suffering from a mental disease or defect for the treatment of which he is in need of custody for care or treatment in a suitable facility.**

**(8) The psychiatrist must prepare a written report regarding the initial decision. The inmate must be promptly provided a copy of the initial decision report, and informed that he/she may appeal it to the institution's mental health division administrator. The inmate's appeal, which may be handwritten, must be submitted within 24 hours after receipt of the hearing officer's report. Upon request of the inmate, the staff representative will assist the inmate in preparing and submitting the appeal.**

The psychiatrist conducting the hearing uses form BP-A0960, "Hearing Report: Involuntary Hospitalization for Psychiatric Care or Treatment," to prepare the written report regarding the initial hospitalization decision.

The hearing psychiatrist must indicate the manner in which the hearing was held (in person or videoconference) on the appropriate section of the hearing report form. At the end of the hearing the hearing psychiatrist advises the inmate of his/her appeal rights and informs the inmate of the specific evidence relied upon in making the determination, the findings, and their justification. The inmate is also advised of the right to appeal the decision to the institution mental health

administrator within 24 hours of receipt of the hearing report. Any staff member may deliver a copy of the hearing report to the inmate.

**(9) If the inmate appeals the initial decision, hospitalization must not occur before the administrator issues a decision on the appeal. The inmate's appeal will ordinarily be reviewed by the administrator or his designee within 24 hours of its submission. The administrator will review the initial decision and ensure that the inmate received all necessary procedural protections, and that the justification for hospitalization is appropriate.**

The form used for appeals is BP-A0962, "Appeal of Involuntary Hospitalization or Medication Decisions for Psychiatric Care or Treatment." The staff representative who participated in the involuntary hospitalization hearing assists the inmate in filing an appeal, if necessary.

**(c) Psychiatric medication. Following an inmate's involuntary hospitalization for psychiatric care or treatment as provided in this section, psychiatric medication may be involuntarily administered only after following the administrative procedures provided in § 549.46 of this subpart.**

Following the involuntary hospitalization of inmates for psychiatric care or treatment, whether pursuant to (a) or (b) of this Section, the involuntary administration of psychiatric medication must be preceded by an administrative hearing complying with procedures in Section 7. This hearing is in addition to a court order as explained in subsection (a), or any hearing held pursuant to the involuntary hospitalization of an inmate under subsection (b). Administrative hearings for involuntary hospitalization and medication cannot be combined into a single hearing. If a particular inmate needs both involuntary hospitalization and medication, two separate hearings are conducted.

Any use of force under this provision must comply with the procedures in the Program Statement **Use of Force and Application of Restraints**.

## 7. PROCEDURES FOR INVOLUNTARY ADMINISTRATION OF PSYCHIATRIC MEDICATION

### § 549.46 Procedures for involuntary administration of psychiatric medication.

**Except as provided in paragraph (b) of this section, the Bureau will follow the administrative procedures of paragraph (a) of this section before involuntarily administering psychiatric medication to any inmate.**

Any use of force under this provision must comply with the procedures in the Program Statement **Use of Force and Application of Restraints**.

**(a) Procedures. When an inmate is unwilling or unable to provide voluntary written informed consent for recommended psychiatric medication, the inmate will be scheduled for an administrative hearing. The hearing will provide the following procedural safeguards:**

**(1) Unless an exception exists as provided in paragraph (b) of this section, the inmate will not be involuntarily administered psychiatric medication before the hearing.**

**(2) The inmate must be provided 24-hours advance written notice of the date, time, place, and purpose of the hearing, including an explanation of the reasons for the psychiatric medication proposal.**

Use form BP-A0959, "Notice of Hearing and Advisement of Rights for Involuntary Hospitalization or Medication for Psychiatric Care or Treatment," to provide notice to the inmate. This form is filled out only by the referring psychiatrist currently involved in the diagnosis or treatment of the inmate. Any staff member may deliver a copy of the notice to the inmate.

**(3) The inmate must be informed of the right to appear at the hearing, to present evidence, to have a staff representative, to request witnesses, and to request that witnesses be questioned by the staff representative or by the person conducting the hearing. If the inmate does not request a staff representative, or requests a staff representative with insufficient experience or education, or one who is not reasonably available, the institution mental health division administrator must appoint a qualified staff representative.**

The BP-A0959 form used to provide notice to the inmate also advises the inmate of his/her rights regarding evidence, witnesses, and staff representatives.

Inmates are entitled to appear at the hearing; however, at the discretion of the hearing psychiatrist, the appearance requirement may be met by videoconference. Teleconference is not permissible, as it does not allow the hearing psychiatrist to visually evaluate the inmate.

The assisting staff member's responsibility is limited to helping the inmate obtain copies of documents needed, for example, from his/her central file or other reasonably available source(s), or a written statement(s) from reasonably available inmates or staff. The staff representative also helps the inmate prepare and submit an appeal if he/she requests assistance, or wishes to appeal but is unable to prepare and submit the appeal (see subsection b(9)).

**(4) The hearing is to be conducted by a psychiatrist other than the attending psychiatrist, and who is not currently involved in the diagnosis or treatment of the inmate.**

The hearing may be conducted via videoconference by a psychiatrist who is not physically located at the institution that currently houses the inmate. When the hearing is conducted via videoconference, the hearing is considered to be held at the location of the inmate, not the location of the hearing psychiatrist.

**(5) Witnesses should be called if they are reasonably available and have information relevant to the inmate's mental condition or need for psychiatric medication. Witnesses who will provide only repetitive information need not be called.**

Witnesses are not required to appear at the hearing in person. If reasonably available, witnesses may appear via video- or teleconference, or may submit a written statement.

**(6) A treating/evaluating psychiatrist/clinician, who has reviewed the case, must be present at the hearing and must present clinical data and background information relative to the inmate's need for psychiatric medication. Members of the treating/evaluating team may also be called as witnesses at the hearing to provide relevant information.**

The treating/evaluating psychiatrist/clinician may present clinical data and background information relative to the inmate's need for psychiatric medication via video- or teleconference, or in person.

**(7) The psychiatrist conducting the hearing must determine whether involuntary administration of psychiatric medication is necessary because, as a result of the mental illness or disorder, the inmate is dangerous to self or others, poses a serious threat of damage to property affecting the security or orderly running of the institution, or is gravely disabled (manifested by extreme deterioration in personal functioning).**

**(8) The psychiatrist must prepare a written report regarding the initial decision. The inmate must be promptly provided a copy of the initial decision report, and informed that he/she may appeal it to the institution's mental health division administrator. The inmate's appeal, which may be handwritten, must be submitted within 24 hours after receipt of the hearing officer's report. Upon request of the inmate, the staff representative will assist the inmate in preparing and submitting the appeal.**

The psychiatrist conducting the hearing uses form BP-A0961, "Hearing Report: Involuntary Medication for Psychiatric Care or Treatment," to prepare the written report regarding the initial medication decision.

The hearing psychiatrist must indicate the manner in which the hearing was held (in person or videoconference) on the appropriate section of the hearing report form. At the end of the hearing

the hearing psychiatrist advises the inmate of his/her appeal rights and informs the inmate of the specific evidence relied upon in making the determination, the findings, and their justification. The inmate is also advised of the right to appeal the decision to the institution mental health division administrator within 24 hours of receipt of the hearing report. Any staff member may deliver a copy of the hearing report to the inmate.

**(9) If the inmate appeals the initial decision, psychiatric medication must not be administered before the administrator issues a decision on the appeal, unless an exception exists as provided in paragraph (b) of this section. The inmate's appeal will ordinarily be reviewed by the administrator or his designee within 24 hours of its submission. The administrator will review the initial decision and ensure that the inmate received all necessary procedural protections, and that the justification for administering psychiatric medication is appropriate.**

The form used for appeals is BP-A0962, "Appeal of Involuntary Hospitalization or Medication Decisions for Psychiatric Care or Treatment." The staff representative who participated in the involuntary medication hearing assists the inmate in filing an appeal, if necessary.

**(10) If an inmate was afforded an administrative hearing which resulted in the involuntary administration of psychiatric medication, and the inmate subsequently consented to the administration of such medication, and then later revokes his consent, a follow-up hearing will be held before resuming the involuntary administration of psychiatric medication. All such follow-up hearings will fully comply with the procedures outlined in paragraphs (a)(1) through (10) of this section.**

**(b) Exceptions. The Bureau may involuntarily administer psychiatric medication to inmates in the following circumstances without following the procedures outlined in paragraph (a) of this section:**

Any use of force under this provision must comply with the procedures in the Program Statement **Use of Force and Application of Restraints**.

**(1) Psychiatric emergencies.**

**(i) During a psychiatric emergency, psychiatric medication may be administered only when the medication constitutes an appropriate treatment for the mental illness or disorder and its symptoms, and alternatives (e.g., seclusion or physical restraint) are not available or indicated, or would not be effective. If psychiatric medication is still recommended after the psychiatric emergency, and the emergency criteria no longer exist, it may only be administered after following the procedures in §§ 549.44 or 549.46 of this subpart.**

**(ii) For purposes of this subpart, a psychiatric emergency exists when a person suffering from a mental illness or disorder creates an immediate threat of:**

**(A) Bodily harm to self or others;**
**(B) Serious destruction of property affecting the security or orderly running of the institution; or**
**(C) Extreme deterioration in personal functioning secondary to the mental illness or disorder.**

**(2) Court orders for the purpose of restoring competency to stand trial.**

**Absent a psychiatric emergency as defined above, § 549.46(a) of this subpart does not apply to the involuntary administration of psychiatric medication for the sole purpose of restoring a person's competency to stand trial. Only a federal court of competent jurisdiction may order the involuntary administration of psychiatric medication for the sole purpose of restoring a person's competency to stand trial.**

(i) **Retention of Court Orders and Documentation**. All court orders requiring the involuntary administration of medication for the sole purpose of restoring competency must be retained in the inmate health record. Staff at examining facilities are encouraged to keep a log of time, date, and type of contact for all communication and correspondence related to the order, such as calls to attorneys, and letters to or from the court. This log will help ensure that Bureau staff maintain compliance with court orders originating in the jurisdiction of the court action.

(ii) **Compliance with Court Orders**. Bureau staff must continue to comply with a court order requiring the involuntary administration of medication. If an inmate's medical condition changes, the treating physician should promptly consult with the Regional Medical Director, as well as Regional Counsel and staff at the Consolidated Legal Center, for legal assistance and possible consultation with the prosecuting United States Attorney's Office.

## REFERENCES

*Program Statements*

| | |
|---|---|
| P5212.07 | Control Unit Programs (2/20/01) |
| P5310.12 | Psychology Services Manual (03/07/95) |
| P5310.13 | Mentally Ill Inmates, Institution Management of (03/31/95) |
| P5566.06 | Use of Force and Application of Restraints (11/30/2005) |
| P6010.02 | Health Services Administration (01/15/05) |
| P6340.04 | Psychiatric Services (01/15/05) |

*Federal Regulations*
Rules cited in this Program Statement: 28 CFR §§ 549.40 through 549.46.

*ACA Standards*

- Standards for Adult Correctional Institutions, 4th Edition: 4-4348, 4-4372, 4-4374, 4-4397M, 4-4399, 4-4401M, 4-4404
- Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-4C-05, 4-ALDF-4C-31, 4-ALDF-4C-34, 4-ALDF-4D15M, 4-ALDF-4C-40, 4-ALDF-4D-17M, 4-ALDF-4D-20

*BOP Forms*

| | |
|---|---|
| Various | Consent to Use *(name of psychiatric medication)* |
| BP-A0801 | Consent to Admission for Mental Health Treatment |
| BP-A0959 | Notice of Hearing and Advisement of Rights for Involuntary Hospitalization or Medication for Psychiatric Care or Treatment |
| BP-A0960 | Hearing Report: Involuntary Hospitalization for Psychiatric Care or Treatment |
| BP-A0961 | Hearing Report: Involuntary Medication for Psychiatric Care or Treatment |
| BP-A0962 | Appeal of Involuntary Hospitalization or Medication Decisions for Psychiatric Care or Treatment |

*Records Retention Requirements*

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.

**U.S. Department of Justice**
Federal Bureau of Prisons
United States Penitentiary,
Administrative Maximum
Florence, Colorado

INSTITUTION SUPPLEMENT

**OPI**: Psychology Services/Health Services
**NUMBER:** FLM 5310.16A
**DATE:** July 22, 2015

# Treatment and Care of Inmates with Mental Illness

/s/
*Approved*: J. Oliver, Complex Warden
FCC Florence

## I. PURPOSE AND SCOPE

This Institution Supplement provides institutional guidelines for the treatment and care of inmates with mental illness at the United States Penitentiary, Administrative Maximum (ADX), Florence, Colorado, consistent with Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*.

Adhering to the guidelines within this Institution Supplement ensures that the inmates with mental illness housed at the ADX are identified and receive treatment, with the goal of reducing or eliminating the frequency and severity of symptoms and associated negative outcomes of mental illness.

## II. PROGRAM OBJECTIVES

- To screen and classify inmates when they arrive at the ADX to identify those with mental illness, provide accurate diagnoses, determine the severity of mental illness, and assess suicide risk.
- To exclude inmates with serious mental illness, as defined in Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*, from the ADX, except when the inmate has extraordinary security needs that cannot be managed elsewhere, and when extraordinary security needs exist, to provide treatment and care commensurate with their mental health needs.

- To provide reasonable access to mental health assessment for all inmates at the ADX.
- To promptly identify any inmate who develops signs or symptoms of possible mental illness while incarcerated at the ADX, and to permit timely and proper diagnosis, care, and treatment.
- To provide reasonable access to clinically appropriate mental health treatment for all inmates at ADX.
- To support inmates with mental illness through creation of wellness programs and recreational activities, specialized staff training, and care coordination teams.

## III. REFERENCES

### A. Program Statements

P4200.10, *Facilities Operations Manual* (1/24/06)
P5070.12, *Forensic and Other Mental Health Evaluations* (4/16/08)
P5100.08, *Inmate Security Designation and Custody Classification* (9/12/06)
P5270.09, *Inmate Discipline Program* (7/8/11)
P5290.14, *Admission and Orientation Program* (4/3/03)
P5310.12, *Psychology Services Manual* (8/13/93)
P5310.16, *Treatment and Care of Inmates with Mental Illness* (5/1/14)
P5324.08, *Suicide Prevention Program* (3/15/07)
P5330.11, *Psychology Treatment Programs* (3/16/09)
P5370.11, *Inmate Recreation Programs* (6/25/08)
P5566.06, Use of Force and Application of Restraints (11/30/05)
P6031.04, *Patient Care* (6/3/14)
P6340.04, *Psychiatric Services* (1/15/05)

### B. Institutional Supplements

FLM 5324.08, *Suicide Prevention Program* (10/31/14)

### C. Bureau Forms

BP-A0770, Medical/Surgical and Psychiatric Referral Request
BP-A1057, Restrictive Housing Mental Health Evaluation – Initial Review
BP-A1058, Restrictive Housing Mental Health Evaluation – Follow-Up Review

### D. Agency ACA Accreditation Provisions

American Correctional Association Standards for Adult Correctional Institutions, 4th Edition: 4-4142, 4-4143, 4-4144, 4-4305, 4-4368, 4-4370, 4-4371, 4-4372, 4-4373, 4-4374, 4-4399, 4-4429, 4-4429-1.

American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: 4-ALDF-2A-32, 4-ALDF-4C-8, 4-ALDF-4C-19, 4-ALDF-4C-27, 4-ALDF-4C-28, 4-ALDF-4C-29, 4-ALDF-4C-30, 4-ALDF-4C-31, 4-ALDF-4C-32, 4-ALDF-4C-34, 4-ALDF-4C-40, 4-ALDF-6B-05, 4-ALDF-6B-06, 4-ALDF-6B-07, 4-ALDF-6B-08.

American Correctional Association Standards for Administration of Correctional Agencies, 2nd Edition: 2-CO-4B-04.

## IV. DEFINITIONS

A. The term "Bureau" means the Federal Bureau of Prisons.

B. The term "ADX" means the United States Penitentiary, Administrative Maximum, Florence, Colorado.

C. The term "USP Florence" means the United States Penitentiary, High Security, Florence, Colorado.

D. The term "FCC Florence" means the Federal Correctional Complex, Florence, Colorado.

E. The term "mental illness" is defined in the Bureau's current Program Statement regarding the *Treatment and Care of Inmates with Mental Illness*.

F. The term "serious mental illness" is defined in the Bureau's current Program Statement regarding *Treatment and Care of Inmates with Mental Illness*.

G. The Mental Health Care Levels are defined in the Bureau's current Program Statement regarding the *Treatment and Care of Inmates with Mental Illness*. These levels apply to inmates at the ADX.

H. "Secure STAGES" means a residential, unit-based Psychology Treatment Program for inmates with Borderline Personality Disorder or Other Specified Personality Disorders, as diagnosed by the Bureau, who have a chronic history of self-injurious behavior or do not function effectively in a prison setting, which is currently operating at USP Florence.

## V. RESPONSIBILITIES

A. **Warden**. The Warden is responsible for ensuring relevant mental health program statements and procedures are implemented at the ADX.

B. **Chief Psychologist**. The Chief Psychologist implements this Institution Supplement and the duties outlined in Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*.

C. **Mental Health Treatment Coordinator**. As outlined in Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*, the Chief Psychologist may designate a Mental Health Treatment Coordinator, who is a licensed, doctoral-level ADX Psychologist, to oversee the management, treatment, and care of inmates with mental illness and to ensure all provisions of this Institution Supplement and the national Program Statement are implemented. Regular interdisciplinary communication is maintained between the Mental Health Treatment Coordinator and Health Services staff, including staff and contract psychiatrists and psychiatric mid-level providers, to optimize treatment efficacy. The Chief Psychologist may choose to serve as the Mental Health Treatment Coordinator rather than designating another psychologist to serve in this role.

D. **Psychiatrist/Psychiatric Mid-Level Provider/Psychiatric Nurse**. Health Services organizes, conducts, and administers psychiatric services. The Psychiatrist/Psychiatric Mid-Level Provider/Psychiatric Nurse accepts referrals through the Bureau Electronic Medical Record/Psychology Data System (BEMR/PDS) for inmates in need of psychiatric assessments and/or services, including medication prescription and management. When in-person psychiatric services are not available at ADX, psychiatric services may be provided to the ADX inmates by telepsychiatry – i.e., by video conferencing. Telepsychiatry services will be made available to the ADX inmates as needed during any period when in-person psychiatry services are unavailable at the ADX. Telepsychiatry will be provided in accordance with the Bureau's telepsychiatry guidelines, and the telepsychiatrist, to the extent possible, will participate in the Care Coordination and Reentry (CCARE) team. Attention will be paid to ensuring continuity of telepsychiatry care providers and a telepsychiatrist will conduct intermittent on-site visits to the ADX to see inmates in person.

E. **Health Services Administrator**. If contract psychiatric services are used, the Health Services Administrator is responsible for contract development and oversight with input from the Mental Health Treatment Coordinator.

F. **Clinical Director**. The Clinical Director will ensure the general medical needs of each inmate are addressed and that Health Services staff conducting rounds, sick call, and clinics has received the necessary training to recognize signs and symptoms of mental illness and understand the referral process to ensure that mental health needs are promptly addressed.

G. **Care Coordination and Reentry (CCARE) Team**. The CCARE Team is a multidisciplinary team that uses a holistic approach to ensure that critical aspects of care for inmates with mental illness are considered and integrated. The CCARE Team is responsible for identifying potential concerns affecting inmates with mental illness.

H. **All Staff**. All staff members are responsible for detecting and reporting the signs or symptoms of an inmate's possible mental illness. If a staff member suspects an inmate's behavior indicates active symptoms of psychological distress, the staff member will promptly contact one of the following for assistance in obtaining a mental health evaluation of the inmate: the Chief Psychologist; any ADX Psychologist, Psychiatrist, contract Psychiatrist, Psychiatric Mid-Level Provider; or a Correctional Services Supervisor. If the Correctional Services Supervisor is the initial contact, he or she will promptly contact the Chief Psychologist or on-call mental health care provider.

**VI. MENTAL HEALTH STAFFING:** Psychology Services at the ADX ordinarily includes at least four full-time, doctoral-level psychologists and a psychology technician, who are supervised by the Chief Psychologist and who are assigned specifically to the ADX on a full-time basis. Health Services staffing for the complex also includes a full-time staff, consultant, or contract psychiatrist and a social worker, and may include a psychiatric mid-level provider, such as a nurse practitioner or psychiatric nurse. Adequate Health Services staff will be available to meet the mental health mission. Emergency mental health services will be provided by an on-call psychologist or psychiatrist assigned to FCC Florence when the ADX psychologists and psychiatrist are not on duty. Staffing will be reviewed annually by Central Office psychology and health services administrators, and will include an analysis of data concerning current mental health service demands and demands for the past year.

## VII. ADX EXCLUSION CRITERIA

A. Consistent with Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*, and this supplement, ordinarily, inmates diagnosed with a serious mental illness (classified as a

CARE3-MH or lower) are to be diverted or removed from the ADX. Placement or continued housing of an inmate with serious mental illness at the ADX will only occur if extraordinary security needs are identified that cannot be managed elsewhere.

B. Consistent with Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*, and this supplement, inmates classified as CARE4-MH are not to be placed at and will be removed from the ADX as provided in Section X below.

**VIII. TEAM APPROACH TO CARE:** Consistent with Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*, the ADX's multidisciplinary CCARE Team uses a holistic approach to ensure that all critical aspects of care for inmates with mental illness are considered. The ADX CCARE team will:

A. Meet weekly to review cases and identify strategies to mitigate the potentially negative impact of the correctional environment on inmates with mental illness. Every inmate at the ADX will be reviewed at least once a month. The CCARE team will also review all inmates awaiting transfer for a CARE4-MH facility to determinate how the transfer might be expedited and what care the inmate needs while awaiting transfer.

B. Review and update inmates' individual treatment plans. All inmate plans are reviewed by the treatment team at the six-month or annual treatment plan review. In conjunction with the review, the treating clinician will interview the inmate and present the case to the team. The CCARE team, in collaboration with the treating clinician, will identify any proposed changes to the treatment plan and the treating clinician will discuss this with the inmate.

C. Review and resolve discrepancies between Health Services and Psychology Services; update diagnoses as necessary; discuss and review medications to ensure they are consistent with diagnoses.

D. Ordinarily consists of the following staff:

- Chief Psychologist
- Provider(s) of Psychiatric Services, Assistant Health Services Administrator/Supervisory Nurse, and/or Psychiatric Nurse
- ADX Psychologists
- Chief Pharmacist/Clinical Pharmacist
- Social Worker
- ADX Unit Managers

- Correctional Services Supervisor

In addition, the Mental Health Treatment Coordinator may invite the following staff, and others as deemed appropriate, to attend CCARE Team meetings:

- Warden
- Associate Wardens
- Attorney Advisor
- Clinical Director
- Supervisor of Recreation
- Supervisory Chaplain
- Staff members involved in pre-release planning for the ADX inmates with mental illness who are scheduled for release within the following 12 months.

Community Treatment Services (CTS) staff, Discipline Hearing Officers (DHO), department heads, and teachers may be included under special circumstances, as explained in Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*.

E. Prior to this meeting, the Assistant Health Services Administrator (AHSA)/Supervisory Nurse will ensure proper documentation of medical observations is placed in BEMR by medical staff. The AHSA/Supervisory Nurse will provide updates to the Mental Health Treatment Coordinator on future medical appointments and medical concerns. The pharmacist will provide information regarding medication compliance and any medication concerns.

## IX. PROCEDURES FOR ASSESSMENT, IDENTIFICATION, & REFERRAL:

Psychology Services and Health Services ensure every ADX inmate with a clinically identified need for psychological treatment has access to mental health care. The inmates at the ADX will undergo appropriate screening, assessment, and referral to identify and address their mental health, substance abuse, and other behavioral health needs as follows:

A. **Intake Mental Health Assessment/Evaluation.** Mental health assessment for inmates at the ADX will consist of the following:

1. **Health Services Mental Health Intake Assessment**. Upon arrival, Health Services clinical staff will conduct an initial screening for physical **and** mental health concerns.

   a. The mental health intake screening/assessment seeks to identify mental health care problems and needs which include, but is not limited to presence of psychosis, hallucinations, suicidality, history of self-

injury, mood disturbance, sexual victimization, and psychotropic medication use.

b. The Health Services staff member who conducts the intake screening/assessment will review the inmate's BEMR record to determine whether the inmate has a current prescription for psychotropic medication and, if so, will promptly take all steps necessary to ensure the inmate receives all necessary medication on a timely basis following arrival, at least until the inmate is seen by a Psychiatrist/Psychiatric Mid-Level Provider/Psychiatric Nurse.

c. In addition to the questions the Health Services staff member who conducts the intake screening/assessment must ask, the Health Services staff member will ask the following questions:

   i. Have you ever taken any psychiatric medications?
   ii. Have you ever been diagnosed with a mental illness?
   iii. Have you ever been in a psychiatric hospital?
   iv. Have you ever received mental health services?
   v. Have you ever received mental health treatment from a psychiatrist, psychologist, or other mental health provider?
   vi. Do you hear voices no one else can hear?
   vii. Have you ever tried to harm or kill yourself?
   viii. Are you thinking about hurting yourself now?

   The Health Services staff member will document the responses to the questions in BEMR and immediately advise Psychology Services, AHSA/Supervisory Nurse, and the Psychiatrist/Psychiatric Mid-Level Provider/Psychiatric Nurse of any concerns.

d. The Health Services staff member who conducts the health services intake screening/assessment will document their findings in BEMR/PDS and immediately advise Psychology Services, AHSA/Supervisory Nurse, and the Psychiatrist/Psychiatric Mid-Level Provider/Psychiatric Nurse of any concerns.

c. Health Services staff will also complete a written and verbal referral to the Chief Psychologist or designee and to the complex Psychiatrist/Psychiatric Mid-Level Provider/Psychiatric Nurse as necessary.

2. **Intake Psychological Evaluation**. An Intake Psychological Evaluation occurs for all inmates arriving at ADX Florence and is documented in BEMR/PDS, as follows.

a. An intake psychological evaluation of each inmate will occur within seven business days of his arrival at the facility.

b. The psychologist completing the clinical interview of the inmate is responsible for reviewing the inmate's completed Psychological Services Intake Questionnaire (PSIQ), all psychological evaluations conducted in connection with the ADX referral process, the inmate's BEMR/PDS records, SENTRY data, and Pre-Sentence Reports (PSR).

c. The psychologist will conduct a clinical interview in a private setting. Based on information gathered through this process, the evaluating psychologist will validate the accuracy of the inmate's assigned mental health care level.

d. If the care level is CARE2-MH, CARE3-MH, or CARE4-MH, a Diagnostic and Care Level Formulation note will be entered into PDS and the case will be reviewed with the Chief Psychologist and the ADX psychiatrist or psychiatric services provider to determine if a transfer is indicated. (See transfer procedures noted below).

e. If the care level is CARE4-MH, the inmate will be immediately evaluated for a transfer to a medical center.

f. In addition, Psychology Services staff will promptly notify Health Services staff of any relevant concerns, e.g., a recommendation for psychiatric consultation and/or medication consultation.

g. If the inmate has a current prescription for psychotropic medication, the psychologist will ensure

Health Services staff are aware of the current prescription to ensure the inmate receives all such medication until a psychiatric consultation occurs.

B. **Assignment and Change of Mental Health Care Level.** As outlined in Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*, ADX Psychologists and Psychiatrists can determine and assign a current mental health care level following a review of records and a face-to-face clinical interview.

1. If the inmate does not consent to a face-to-face interview, the clinician may proceed based on observations and a thorough record review.

2. All current mental illness diagnoses, including personality disorders and intellectual disabilities, and any past significant diagnoses will be identified in a Diagnostic and Care Level Formulation note in BEMR/PDS.

3. The cumulative impact of an inmate's diagnosed disorders on current functioning is taken into account when assigning a mental health care level.

4. Mental health care levels are entered into SENTRY by Psychology Services. If a psychiatrist assigns a current mental health care level, the psychiatrist will promptly notify the Mental Health Treatment Coordinator so it is entered into SENTRY. The Assistant Health Services Administrator (AHSA)/ Supervisory Nurse will ensure proper documentation of this determination in BEMR.

C. **ADX Mental Health Rounds.**

1. **Psychology Rounds**

a. A psychologist will make weekly rounds in each of the ADX housing units to identify and address mental health and behavioral concerns as follows.

b. Rounds will routinely be conducted during daytime or evening hours when inmates are most likely to be awake, and attempts will be made to conduct them on a regular schedule.

c. For inmates assigned a CARE2-MH or CARE3-MH levels, inmates who have been referred for mental

health services, or inmates who demonstrate changes in functioning, in the absence of unique, documented security concerns, such rounds will consist of face-to-face interaction with the outer cell door opened and a correctional staff member with a baton present, if required.

d. During rounds, the psychologist will look in every cell, speak with all inmates who indicate a desire to talk, and accept requests/referrals for mental health services.

e. A written log will be maintained of all rounds, identifying the provider who conducted the rounds, when the rounds were completed, and how long the provider spent in the unit and on each range.

2. **Health Services Rounds**. Health Services providers will be sensitive to identifying mental health symptoms and concerns during their daily rounds. Pertinent clinical information will be identified in a clinical care note in BEMR/PDS and shared verbally with psychology and psychiatry, as clinically indicated.

D. **ADX 30-Day Mental Health Reviews.**

1. A psychologist will complete a psychological review for each ADX inmate at 30-day intervals, which will be documented in BEMR/PDS.

2. For inmates assigned CARE2-MH and CARE3-MH levels, inmates who have been referred for mental health services, or inmates who demonstrate changes in functioning, in the absence of unique, documented security concerns, this face-to-face interaction will take place with the outer cell door opened and a correctional staff member with a baton present, if required. If clinically indicated, the inmate will be removed from the cell to be interviewed in a private interview space.

3. The BEMR/PDS entries will be individualized and based on face-to-face interaction with each inmate. The entries will include a description of:

a. The inmate's functioning since the last review;

b. Mental health services received since the last review;

c. The inmate's cell sanitation;

d. The inmate's personal hygiene;

e. The inmate's participation in regular recreation and exercise during the last month;

f. The inmate's medical issues during the last month to the extent they impact mental health;

g. The inmate's discipline record and participation in programming during the past month; and

h. Review of the inmate's current mental health care level.

4. For example, if the inmate has been assessed for risk of suicide, has engaged in disruptive behaviors, or has engaged in a hunger strike since the last review, this will be discussed in the 30-day review.

5. The Assistant Health Services Administrator (AHSA)/Supervisory Nurse will ensure proper documentation of medical observations is placed in BEMR by medical staff. The AHSA/Supervisory Nurse will provide updates to the Mental Health Treatment Coordinator on future medical appointments and medical concerns. The pharmacist will provide information regarding medication compliance and any medication concerns.

E. **Extended Restrictive Housing Reviews**. As outlined in Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*, inmates will receive regular mental health evaluation when they have been continuously housed:

1. In the SHU at the ADX for 6 months, or

2. In the ADX for 12 months.

Updates will be conducted for subsequent anniversaries. For example: An inmate has been continuously housed in the ADX for 48 months, having arrived at the ADX on 1/1/2001. During those 48 months, he was continuously housed in the SHU at the ADX for 18 months (2/1/2001 – 8/1/2002). The inmate would receive the evaluation associated with him being continuously housed in SHU for 6 months (8/1/2001), with an update at 12 months (2/1/2002) and 18 months (8/1/2002). The inmate would also receive the

evaluation associated with him being continuously housed in the ADX for 12 months (1/1/2002), with updates at 24 months (1/1/2003), 36 months (1/1/2004), and 48 months (1/1/2005).

F. **Referrals for Treatment.** Inmates will be encouraged to make self-referrals and referrals on behalf of other inmates to staff, if an inmate believes he or another inmate is in need of mental health services. Referrals may be made verbally or in writing. All inmates will have reasonable access to "Inmate Request to a Staff Member" forms for such requests/referrals, although such requests will be accepted in any format. However, inmates will be encouraged to make non-emergent requests for mental health services in writing and emergent requests verbally. Any ADX staff member may also make a referral for mental health services for an inmate by communicating the request to Psychology Services.

G. **Procedures for Heightened Review of Requests and Referrals for Mental Health Services.** The following procedures are designed to enhance the review of requests and referrals for mental health services and should be read in conjunction with the paragraphs above and applicable Bureau Program Statements and ADX Institutional Supplements concerning the treatment and care of inmates with mental illness:

1. When any request or referral for mental health services relating to an ADX inmate is received by the Psychology Services Department, the staff in Psychology will evaluate the referral, or request, the day it is received and classify it as emergent, urgent, or routine.

2. Emergent requests will be responded to as soon as possible and no more than 4 hours, unless an operational emergency precludes a timely response.

3. Urgent requests will be responded to as soon as possible and no more than 24 hours, unless an operational emergency precludes a timely response.

4. Routine requests will ordinarily be processed within 3 business days, but no more than 10 business days, after a request or referral is received by the Psychology Services Department.

5. The Chief Psychologist, Deputy Chief Psychologist, or designee will review the request or referral and assign it to the appropriate Psychologist or another qualified member of

the Psychology staff for timely resolution. Once achieved, the result will be documented in PDS/BEMR.

6. Upon receipt, each written request or referral will be date-stamped to reflect the date received by the Psychology Services Department. Requests and referrals received electronically will be printed and handled in the same manner as other requests and referrals.

7. Each request/referral will be scanned into PDS/BEMR under the appropriate tab and identified as needing review by the Chief Psychologist, Deputy Chief Psychologist, or designee.

8. If the request or referral raises medication issues or a medical issue, the correspondence will also be identified as needing review by the Assistant Health Services Administrator, Clinical Director, Psychiatrist, Mid-Level Provider, or Pharmacist.

9. The Psychology Services Department will generate quarterly and annual reports for review by the Warden, Chief Psychologist, Psychiatrist, Mid-Level Provider, and Psychology Services Administrator. The reports will be reviewed at least twice per year to facilitate the quality improvement process.

## X. ADX REMOVAL CRITERIA.

A. The Chief Psychologist or ADX psychiatric services provider will promptly contact the Psychology Services Branch and the Bureau's Chief Psychiatrist to discuss:

1. Any inmate who is identified to be in need of transfer from the ADX to a medical referral center ("MRC") as an emergency psychiatric transfer.

2. Any inmate who, upon arrival to the ADX, is judged by the Chief Psychologist or psychiatric services provider to have serious mental health issues or significant cognitive limitations that make placement at the ADX inappropriate.

3. Any inmate who develops onset or re-emergence of symptoms of serious mental illness while at the ADX.

B. The inmate's deterioration may be identified through any routine mental health evaluation described above or may become evident

through identification of symptoms of serious mental illness indicating the need for an emergency psychiatric transfer.

C. If an inmate's mental health appears to have deteriorated during placement at the ADX such that the inmate is a CARE4-MH, or the CCARE team determines the inmate needs inpatient hospitalization, the Mental Health Treatment Coordinator will work actively with the CCARE Team, the Psychology Services Branch, and the Bureau's Chief Psychiatrist to identify an alternative, appropriate placement. The BP-A0770 (Medical/Surgical and Psychiatric Referral Request) will be submitted to the Office of Medical Designations and Transfers (OMDT), Health Services Division. If an inmate who is approved for an emergency transfer to a MRC has not been transferred within 72 hours of the approval, the Warden will be notified to expedite the transfer. If the inmate has not been transferred within 7 days of the approval, the Assistant Director of the Health Services Division and the North Central Regional Director will be notified to take appropriate action.

D. If, while housed at the ADX, an inmate is diagnosed with serious mental illness (classified as a CARE3-MH or lower) and it is determined the inmate does not need inpatient hospitalization, the Mental Health Treatment Coordinator will convene a multi-discipline committee to review the inmate to determine whether extraordinary security needs exist that cannot be managed elsewhere, requiring the inmate to remain at the ADX, as follows:

1. The composition of the committee will ordinarily consist of the Warden, Associate Wardens, Captain, Special Investigative Agent, Case Management Coordinator, Unit Manager, Psychology, provider(s) of Psychiatric Services, Assistant Health Services Administrator/Supervisory Nurse, Psychiatric Nurse, and Supervisory Attorney.

2. The determinations will be made on a case-by-case basis.

3. The review by the committee is not a hearing. The inmate is not entitled to notice, to be present, to have counsel, to present evidence, or to call witnesses.

4. The final determination regarding extraordinary security needs is made by the Warden.

5. Notification

a. Each inmate will receive written notification of the decision from the appropriate Associate Warden.

b. If it is determined the inmate has extraordinary security needs that cannot be managed elsewhere, the Associate Warden's written notification will include the following:

   i. The reason(s) for the determination, unless it is determined the release of this information could pose a threat to individual safety or institutional security, in which case that limited information may be withheld.

   ii. An explanation that the inmate will receive mental health services consistent with his mental health care level, and that his security needs do not impact his diagnosis, mental health care level, or the provision of care-level appropriate services.

   iii. Notice that the inmate may appeal the decision through the Federal Bureau of Prisons' Administrative Remedy Program.

c. If it is determined the release of the information could pose a threat to individual safety or institutional security, the determination will be documented in a memorandum placed in the FOI exempt section of the inmate's Central File specifying the Warden's reasons that the inmate cannot, despite his serious mental illness, be removed from the ADX due to extraordinary security needs.

d. If it is determined the inmate has extraordinary security needs that cannot be managed elsewhere, a copy of the notification will be forwarded to the Regional Director, North Central Region, and if the inmate is in the Control Unit, to the Assistant Director, Correctional Programs Division.

e. On an annual basis, the Warden will notify the Regional Director, North Central Region, and if applicable, the Assistant Director, Correctional Programs Division, of the inmates with serious mental illness who continue to be housed at the ADX due to

extraordinary security needs that cannot be managed elsewhere.

f. The determination that an inmate has extraordinary security needs that cannot be managed elsewhere does not preclude the Warden from exercising his/her discretion to reach a different conclusion at a future review.

g. The inmate will be reviewed at least every six months to determine if the extraordinary security needs that cannot be managed elsewhere still exist. The Chief Psychologist is responsible for convening the committee to review these determinations.

E. The inmates who are newly identified as suffering from a serious mental illness and who do **not** have extraordinary security needs will be referred to an appropriate treatment program or other setting outside the ADX. The Mental Health Treatment Coordinator will work actively with the CCARE Team, the Psychology Services Branch, and the Bureau's Chief Psychiatrist to identify an alternative, appropriate placement. The Mental Health Treatment Coordinator, in collaboration with the Chief Psychologist or Mid-level Psychiatric Provider, will initiate the following transfer procedures:

1. An ADX transfer is submitted to the Psychology Services Branch and the Designations and Sentence Computation Center.

2. Efforts will be made to transfer the inmate within 30 days of the determination of a need for transfer.

3. The Warden will monitor the transfer process, and if transfer has not been accomplished within 30 days, the Warden will make efforts as to expedite the process, which will include notifying the Assistant Director, Reentry Services Division; Assistant Director Health Services Division; and Regional Director, North Central Region, to take appropriate action.

While awaiting transfer, care that is consistent with the inmate's identified care level and needs will be provided by the ADX staff.

**XI. MENTAL HEALTH SERVICES:** An inmate's current housing status does not impact his diagnosis, mental health care level, or the provision of care-level appropriate services. Mental health services may include, but is not limited to, any of the following:

A. **Individual Counseling/Therapy.** Individual counseling/therapy is provided in a confidential setting by a qualified mental health provider as clinically indicated or outlined in a treatment plan, as follows.

1. Inmates may submit a request to Psychology Services for individual counseling/therapy, or Psychology Services may recommend individual counseling/therapy to an inmate. Upon mutual agreement to begin individual counseling/therapy, the inmate's treating clinician will schedule the inmate for treatment sessions according to the inmate's treatment plan.

2. Adequate escort staff will be assigned to provide timely and secure escorts for such purposes, and Psychology Services and Health Services will coordinate with Correctional Services regarding the scheduling of escorts.

3. Correctional Services staff will provide escort services within the housing units, upon request, to permit Psychology Services and Health Services staff to meet with the inmate in a confidential setting.

B. **Group Treatment.** Therapeutic groups may be open or closed, are preferably evidence-based, and use an established Bureau protocol when available, as follows:

1. They are facilitated by a doctoral-level psychologist or another designated mental health services provider (such an art therapist, recreation therapist, vocational rehabilitation specialist, drug treatment specialist, or health services social worker).

2. To ensure the safety of staff and inmates, group treatment is offered in settings appropriate to the participants' security needs. Recommendations for group treatment will be noted in the inmate's treatment plan.

3. Psychology Services staff will schedule groups in a manner that ensures inmates timely access to group programming that is clinically indicated and in compliance with national policy.

4. Examples of groups include, but are not limited to, Criminal Thinking, Emotional Self-Regulation, Seeking Safety, Anger

Management, Basic Cognitive Skills, and Non-Residential Drug Abuse Program (NRDAP).

5. Correctional Services will provide escort coverage to allow inmates to participate in group treatment.

6. Psychology Services will notify and coordinate with the Captain of the need for escorts in advance of the group meeting time. Escort staff will be assigned to provide timely escorts to and from group sessions.

C. **Psychiatric Services.** Inmates at ADX Florence are entitled to the full range of psychiatric services and medications available to inmates at other Bureau facilities and will be provided, if clinically indicated, the following services:

1. Psychiatric consultations will be conducted in a private setting unless extraordinary circumstances exist.

2. All inmate requests for psychiatric services will be handled as requests for other mental health services.

3. Psychiatric assessment, treatment, and consultation generally will be provided by the institution psychiatrist, contract psychiatrist, or psychiatric mid-level provider. Other qualified providers with appropriate privileges/practice agreements (*e.g*., physicians or mid-level providers) may initiate, monitor, and assist in continuing psychiatric care and medications as appropriate.

4. Psychotropic medication will be available to any inmate for whom medication is prescribed regardless of the inmate's housing assignment or unit (i.e., there will be no exceptions for the Control Unit).

5. At a minimum, inmates receiving psychiatric medications will be seen by a psychiatrist, psychiatric mid-level provider, or other qualified provider every 90 days, or more often as clinically indicated for, at a minimum, the first year. Unstable inmates or inmates who require continued adjustment of their medication regimen will continue to be seen at least every 90 days. Long-term clinically stable inmates (as determined by the psychiatrist), may be reviewed once every 6 months, following the initial first year of treatment with psychiatric medication.

6. Health Services will notify the psychiatrist, psychiatric mid-level provider, or prescribing clinician and Psychology Services of inmates who refuse or consistently miss their prescribed psychotropic medication for:

   a. 3 consecutive doses;

   b. 50% of doses within one week; or

   c. a clinically significant pattern of doses.

7. Health Services staff will ensure that newly prescribed medications are dispensed to the inmate within 48 hours (or as soon as possible the next work day) of entry of the prescription order into BEMR, or more quickly if specified by the prescriber.

8. Emergency medication will be administered consistent with Bureau policy.

9. Where medication should be administered with food, Health Services will arrange to administer medication at mealtime, provide sufficient food with the medication, or ensure the inmate has food in his cell to consume with the medication.

10. Medication may be administered in crushed form consistent with national policy.

D. **Turning Point Protocol.** The Turning Point Protocol is a pretreatment service offered to all ADX inmates by Psychology Services. Turning Point is designed to: (1) build rapport by creating a context for cooperative interaction between inmates and psychologists; and (2) prepare inmates for Bureau programs before the inmate is returned to an open compound facility. Turning Point handouts offer practical skills that may help the inmate adjust to restrictive housing. When an inmate completes the Turning Point handouts, Psychology Services may award a certificate of completion to the inmate, Release Preparation Program credit, or special incentive items. Special incentive items may include oil pastels, 3-D paint pens, coloring books, Sudoku books, stress balls, origami materials, erasers, craft materials, etc., as approved by the warden. To receive incentives, the inmate must apply the concepts and skills addressed in the handouts and must engage in positive, meaningful interactions with his psychologist and other institution staff. Completion of the Turning Point Protocol is not required before enrollment in other group or individual services.

E. **Adjunctive In-Cell Therapeutic Activities.** Inmates will ordinarily have access to in-cell therapeutic activities, including access to programming through closed-circuit television (e.g., Psychology Services programs), hobby craft provided by Recreational Services or available through a Special Purchase Order, puzzles provided by Recreational Services or Psychology Services, and leisure reading materials. Inmates will also be encouraged to engage in yoga, relaxation techniques, meditation, deep breathing exercises, mindfulness exercises, and grounding techniques. A variety of educational and religious in-cell programming will also be made available to inmates.

F. **Treatment and Care for Inmates with Serious Mental Illness Remaining at the ADX Due to Extraordinary Security Concerns.** An inmate who is diagnosed with serious mental illness and not needing inpatient hospitalization may remain at the ADX if extraordinary security needs are identified that cannot be managed elsewhere. All inmates at the ADX receive mental health services consistent with their diagnosis and mental health care level, as outlined in Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*. Mental health services provided for inmates with serious mental illness will include the services identified above, if clinically indicated, provided at the frequency and intensity required by the mental health care level assigned, or more frequently as clinically indicated. In addition, the following procedures will apply to every inmate diagnosed with serious mental illness:

1. Every inmate with serious mental illness will have an individualized treatment plan entered in BEMR/PDS within 30 days of his diagnosis of serious mental illness. The treatment plan will:

    a. Be developed with input from the inmate.

    b. Describe the inmate's problems and goals, and the interventions planned to achieve these goals.

    c. Be reviewed and updated at least once every 12 months for CARE2-MH inmates and every 6 months for CARE3-MH inmates, or more often if clinically indicated.

2. A copy of his treatment plan and any revisions thereto will be offered to the inmate.

3. Every inmate with a serious mental illness will be assigned a treating psychologist.

4. An internal on-call and coverage system will be maintained to ensure continuity of care and emergency response.

5. If there is a change of therapist, the inmate will be clinically teamed by the departing therapist and oncoming therapist and the results of this team will be documented as an administrative note in the inmate's BEMR/PDS record.

6. Unless otherwise clinically indicated or specific security or separation issues preclude group access, every inmate with serious mental illness will be offered both individual and group treatment services.

7. Every inmate will receive supplemental services to include, but not limited to, additional out-of-cell and in-cell recreational activities, in-cell therapeutic activities, and self-help materials from the psychology self-help library.

8. Special attention will be paid to encouraging involvement in out-of-cell activities, including recreation and structured mental health programming.

9. Seriously mentally ill inmates will be offered between 10 and 20 hours of out-of-cell time per week, which will include the amount of out-of-cell recreation already available to them in the particular housing unit they are currently assigned. Additional out-of-cell time may include, but is not limited to, education programming, delivery of health services, religious services programing, visitation, and/or therapy consistent with their individualized treatment plan.

10. If an inmate with serious mental illness declines treatment consistent with his mental health care level, a treatment plan will be developed and implemented which includes regular assessment of the inmate's mental status, rapport-building activities, and other efforts to encourage engagement in a treatment process. Ordinarily, the treatment plan will include, at a minimum, a weekly attempt to engage the inmate.

11. An inmate with serious mental illness who refuses mental health treatment consistent with his mental health care level

will be considered for involuntary commitment at a Medical Referral Center or other suitable treatment facility.

12. Efforts will be made to address any deterioration of an inmate's mental health that may occur during the time the inmate is housed at the ADX. Examples of these efforts may include, but are not limited to:

    a. Increased observations of the inmate and visits with the inmate by Psychology Services and Unit Staff.

    b. Referral to the At-Risk Recreation Program implemented by the ADX Recreation Department.

    c. Referral to Religious Services for Prison Visitation Support (PVS) visits or other services.

    d. Development and ongoing review of an individualized safety plan with the inmate.

    e. Recommendation that the inmate be offered work activities, such as after-hours orderly work, that could provide him with additional out-of-cell time.

## XII. MENTAL HEALTH TRAINING

A. Mental health training is provided to all Bureau employees through Introduction to Correctional Techniques and Annual Refresher Training. Annual Refresher Training at the ADX will include at least 7 hours of training provided by Psychology Services. The Annual Refresher Training will include identifying and proper reporting of the signs and symptoms of mental illness and the safe and secure management of misconduct, including violence, by inmates with mental illness.

B. Mental Health Specialty Training is also made available at the ADX. At a minimum, this specialty training is offered twice annually. Mental Health Specialty Training will include 4 hours of specialized mental health training, focused on understanding mental illness, cultural diversity and sensitivity, psychiatric medications, behavior management principles, confidentiality, communication skills, de-escalation skills, and building collaborative relationships. This training may be offered to all ADX staff on a voluntary basis. This training is in addition to yearly training on suicide prevention, which includes mock suicide drills, as explained in FLM 5324.08, *Suicide Prevention Program*.

## XIII. INMATE DISCIPLINE

A. An inmate's diagnosed mental illness may contribute to inmate code violations that could result in disciplinary sanctions, including SHU placement or the extension of SHU placement. In these cases, it is the responsibility of the Chief Psychologist or his or her designee to consult with the DHO or UDC to ensure the disciplinary process is applied appropriately to inmates with mental illness. Pursuant to Program Statement 5310.16, *Treatment and Care of Inmates with Mental Illness*, the following incident reports will be referred to the Chief Psychologist who will identify an appropriate clinician to provide input as to the inmate's competence to participate in the disciplinary hearing, any impact the inmate's mental illness may have had on his responsibility for his behavior at the time of the charge, or information on any known mitigating factors in regard to his behavior, when clinically indicated:

1. Any incident report received by a CARE3-MH or CARE4-MH inmate.

2. Any incident report received by a CARE2-MH inmate where there appears to be a mental health concern.

3. Any incident report for Code 228 involving self-harm.

4. Any incident report for Code 302, Misuse of Authorized Medication.

B. The Unit Discipline Committee (UDC) and Discipline Hearing Officer (DHO) will consider the input from Psychology Services prior to adjudicating the charges. For the purposes of this review, the standards for evaluation are outlined in Program Statement 5270.09, *Inmate Discipline Program*.

C. The UDC and DHO will consult with the treating clinician as to whether sanctions that limit social support (e.g., SHU placement, loss of visits, or loss of phone calls) may not be appropriate for the inmate with mental illness who uses these supports as a component of his treatment or recovery.

D. Psychotropic medication will not be withheld from any inmate solely for disciplinary reasons. If an inmate has diverted a psychotropic medication, the psychiatric care provider will make the determination as to whether discontinuation of the medication is clinically warranted.

**XIV. CALCULATED USE OF FORCE:** Mental health clinicians will not participate as a use of force of team member in a calculated use of force situation, but may be utilized as a member of a calculated use of force team for confrontational avoidance. Specifically, the ADX mental health professionals may participate in confrontation avoidance procedures pursuant to Program Statement 5566.06, *Use of Force and Application of Restraints*.

## XV. ACHIEVEMENT AWARDS & INCENTIVES

A. Mental Health achievement awards are available to all inmates at ADX Florence. Achievement awards are offered to participants who demonstrate behaviors that reflect sustained efforts toward recovery, progress on treatment goals, and pro-social attitudes and behaviors.

B. When an inmate completes a psychology program, Psychology Services issues certificates and program credit to inmates who complete psychology programming.

C. The ADX may offer incentives such as additional phone calls, extra commissary shopping opportunities, or permission to place a special purchase order.

D. With the Warden's approval, tangible incentives may be given, (e.g., books, t-shirts, notebooks, pencil pouches, mugs with positive affirmations, food and hygiene items not sold in commissary).

## XVI. COMMUNICATION AND CONTINUITY OF CARE

A. **Inmates Who are Known to Require Special Precautions.** Consistent with Institutional Supplement FLM 5324.08A, *Suicide Prevention Program*, on a monthly basis, the Mental Health Treatment Coordinator will provide each housing unit a list of known inmates with mental health conditions who should be monitored when placed in the SHU for signs that they may become dangerous, self-destructive, suicidal, or who have a history of suicide attempts. This list will be reviewed by the Mental Health Treatment Coordinator at least quarterly, updated as needed, and distributed via email to Correctional Services, Health Services, and Unit Team staff. This list will be made available to all staff through the BOPWARE Special Housing Unit Application. When an inmate on this list is placed in the SHU, a Correctional Services Supervisor will notify Psychology Services immediately. Staff will continue to observe all inmates in SHU for any change in mental health status and report any observations to Psychology Services.

B. **Behavioral Health Committee Meeting (BHCM)**. The BHCM will be held monthly. Attendees will include the Assistant Health Services Administrator/Supervisory Nurse, psychiatrist, psychiatric mid-level provider, Clinical Director, and the ADX psychologists. This committee will promote coordination of mental health care for all the ADX inmates through discussing treatment goals and engaging in problem-solving for inmates suffering from mental illness. The Committee will also attempt to reconcile any differences in diagnoses between Health Services and Psychology Services. The Committee will ensure the ADX inmates receive appropriate medication and follow-up care. This meeting may be combined or integrated with the CCARE meeting.

C. **Between Bureau Institutions.** To promote continuity of care for inmates with mental illness as they transfer, a Mental Health Transfer Summary must be completed in BEMR/PDS every time an inmate with mental illness (CARE2-MH, CARE3-MH, and CARE4-MH) transfers out of the ADX. The ADX Psychologist assigned to the case is responsible for completion of this summary in collaboration with the Psychiatric Service Provider, Psychiatric Mid-Level Provider, and/or Psychiatric Nurse.

D. **Community Treatment Services (CTS).** Beginning no later than 9 months before an inmate's anticipated release, Psychology and Health Services staff will collaborate with CTS regarding the ADX inmates assigned a CARE2-MH or higher releasing to a residential re-entry center or home detention. When a releasing inmate is appropriate for CTS mental health services, psychology staff will enter a Mental Health Treatment Summary in BEMR/PDS and forward a copy to CTS.

E. **Reentry Planning Services.** A full-time, master's level, licensed clinical social worker, who is a member of the Health Services Department and mentored by the North Central Regional Social Worker, will provide reentry planning services, in conjunction with the treatment team and consistent with best practices, as follows:

1. Reentry services consistent with best practices will be provided to all inmates pending release directly to the community, home detention, or Residential Reentry Center (RRC), listed in order of priority for services:

    a. The ADX inmates and inmates transferred from the ADX to another facility within 3 months of their

release, regardless of medical/mental health classification.

b. Inmates in the SECURE Stages Program at the United States Penitentiary, High Security, Florence, Colorado.

c. Inmates housed in other facilities at FCC Florence, Colorado, who are assigned a CARE3-MH.

d. Inmates housed in other facilities at FCC Florence, Colorado, who are assigned a CARE3-Medical.

e. Inmates housed in other facilities at FCC Florence who are assigned CARE2-MH.

f. Inmates housed in other facilities at FCC Florence who are assigned CARE2-Medical.

2. Beginning at a minimum of 12 months prior to release and continuing up to release, inmates in the targeted population are provided, as appropriate and consistent with best practices: (a) personal interview/counseling; (b) group reentry counseling; and (c) individual tele-social work.

3. Beginning no later than 12 months before the inmate's expected release, the social worker will engage with critical stakeholders involved in the inmate's release planning, including but not limited to, the inmate's correctional case manager, treating clinicians, and drug treatment specialists. The social worker and critical stakeholders assess and evaluate the inmate's: (a) psychosocial issues; (b) individualized treatment plan for mental/medical needs including medications, counseling services, and subspecialty care as indicated; (c) addiction intervention needs; (d) disability identification; (e) financial needs; (f) housing concerns; (g) employment opportunities; (h) life skills; (i) family integration; and (j) child support obligations.

4. Beginning no later than 12 months before the inmate's expected release, the social worker will begin to provide the following services: (a) an individual written release plan approved by the treatment team and documented in the inmate's medical record; (b) assistance with obtaining government-issued personal identification, a social security card, and a birth certificate; (c) linkage to probation/reentry court as appropriate; (d) scheduling appointments for follow-

up medical/mental health and needed psychosocial services in community; (e) ensuring a supply of prescription medications; (f) provision of necessary medical equipment and ancillary health services as warranted; (g) referral to drug treatment program for chronic addiction as appropriate; (h) education and enrollment into Social Security, Disability, Medicare, Medicaid, Veterans Benefits, and Affordable Health Care Act Exchanges as appropriate; (i) assistance with housing arrangements; (j) assistance with integration into Health and Human Services-funded community-based transitions programs for released offenders as available; (k) guidance/support toward securing education, training, and employment opportunities; and (l) guidance/support toward healthy family and community reintegration.

F. **Suicide Prevention.** The ADX staff will comply with Institution Supplement FLM 5324.08, *Suicide Prevention Program*. Without limiting or modifying that Institution Supplement, every observation cell at the ADX used to house inmates for suicide prevention purposes will be cleaned and sanitized before each use and will be maintained at the temperature required by Program Statement 4200.10, *Facilities Operations Manual*. During nighttime hours, to permit the inmate to sleep, the lighting in such cells may be adjusted to the lowest level consistent with the need to maintain the inmate under appropriate observation.

G. **Quality Improvement (QI).** Mental health care (i.e., assessment, referral, and treatment services) will be reviewed under the Bureau's existing protocols, to include the Health Services Improving Organizational Performance Plan (IOP) protocol, perpetual audits of Program Review Guidelines, Health Services and Psychology Services Peer Reviews, Operational Reviews, and Program Reviews. Examples of appropriate QI activities include reviewing promptness and appropriateness of medication renewals, review of suicide attempts and follow-up, review of clinical use of restraints, and determining the adequacy of sick call procedures. As appropriate, Correctional Services will participate in QI activities with Psychology and Health Services staff.

# Federal Bureau of Prisons: Special Housing Unit Review and Assessment

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December 2014

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ANALYSIS & SOLUTIONS

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**Approved by:** **December 2014**

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# Abstract

This report provides an independent, comprehensive review of the Federal Bureau of Prisons' operation of restrictive housing and identifies potential operational and policy improvements. Specifically, it provides a comprehensive, detailed evaluation of the Bureau's use of restrictive housing, including the following key areas: national trends and best practices in the management of restrictive housing units; profile of the Bureau's segregation population; Bureau policies and procedures governing the management of restrictive housing; unit operations and conditions of confinement; mental health assessment and treatment within restrictive housing units; application of inmate due-process rights; reentry programming; and the impact of the use of restrictive housing on system safety and security. The report also evaluates the impact of the restrictive housing program on the federal prison system and places the Bureau's use of segregation in context with professional standards and best practices found in other correctional systems.

The findings and recommendations contained in this report are based on the information and data collected while conducting site visits to the Bureau's restrictive housing units and facilities from November 2013 through May 2014. Any operational changes or new written policies implemented by the Bureau after completion of the site visits regarding their use of restrictive housing are not reflected in this report. Some such changes were in process or were scheduled for implementation after the completion of the site visits.

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# Executive Summary

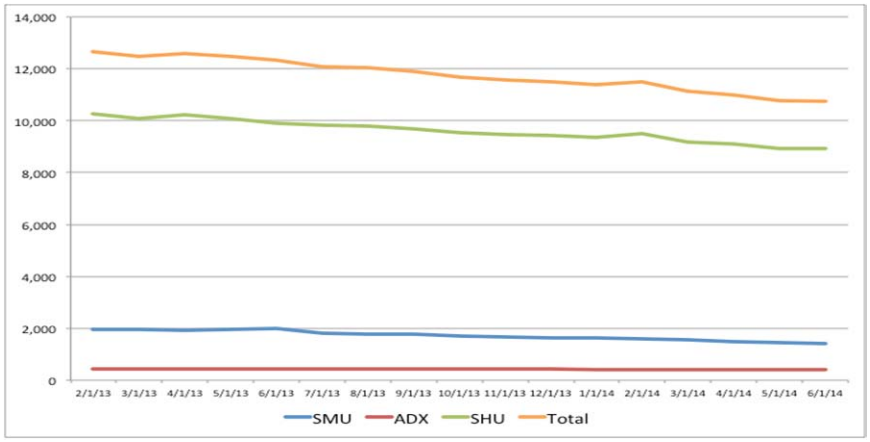
The Federal Bureau of Prisons (Bureau) uses restrictive housing for serious infractions of institutional and system-wide rules governing inmate conduct, such as engaging in violent, aggressive behavior against other inmates and staff. Restrictive housing is also used for inmates who cannot be safely managed in a general population setting, or who have been otherwise determined to be a security threat. There are three categories of restrictive housing used by the Bureau: Special Housing Units (SHU), Special Management Units (SMU), and the United States Penitentiary, Administrative Maximum (ADX) in Florence, Colorado.

The Bureau's Program Statements governing the three types of segregated housing units indicate that all three types of housing have a similar function and purpose which is to "separate inmates from the general inmate population to protect the safety, security, and orderly operation of Bureau facilities, and to protect the public." The specific placement criteria and conditions of confinement vary for each type of segregated housing unit as does the type of inmate housed in each of the respective units.

As of November 2013, approximately 5 percent of the entire Bureau's prisoner population was being housed in one of these restrictive housing populations with the vast majority in the SHU status (see Figure 1). Shortly thereafter the number of inmates held in SHU housing began to decline. Similarly the SMU population began to decline in the summer of 2013. The Bureau population as a whole has also been slightly reduced from a peak of 217,815 to its current population of 212,283 as of December 12, 2014. This level of use of restrictive housing is consistent with that experienced by most state correctional systems.

Much of the decline is attributable to a reduction in the SHU population and, in particular, inmates who have been assigned to protective custody or are serving disciplinary segregation sanctions. The Bureau was able to provide detailed SHU population statistics beginning in February 2013. At that time, the count was 10,262 in over 100 facilities and has steadily declined since then reaching 8,939 by June 2014. This is a reduction of 31 percent from the 13,000 reported count of the SHU population in 2011. There have been no reductions in the ADX populations.

Figure 1. Number of ADX, SMU and SHU Inmates February 2013 – June 2014




Below we summarize key findings from our review:

- The general conditions of confinement in restricted housing units are consistent with national regulations and standards.
- Management of the SHU's is complicated by the high percentage of inmates that have requested protection from other inmates, often due to gang related issues.
- The Bureau does not have adequate non-punitive protective custody housing units that have equivalent levels of programs and privileges as general population inmates.
- Backlogs in inmates awaiting transfer to the next program level negate the intent of the program design and decrease the motivation to change behavior.
- Mental health services in restrictive housing require improvement in three specific areas: 1) proper mental health diagnoses; 2) more effective treatment; and 3) providing sufficient psychiatric staffing.
- The lack of time parameters for completion of disciplinary hearings results in substantial variation among facilities in the amount of time served in segregation for similar offenses, and can result in disproportionately long sanctions.
- There is no formal Bureau-wide reentry preparedness program specific to restrictive housing and inmates in these settings have very limited access to reentry programming.

- Bureau information systems do not effectively track the number and movement of inmates within the restrictive housing units.

There are additional opportunities available to the Bureau to further lower the SHU and SMU populations by adopting the recommendations outlined in this report. Primary approaches to further reduce the restrictive housing population include:

- Establish a time limit on the amount of time that an inmate can be held in investigative status;
- Allow credit for time served in SHU upon determination of disciplinary sanction;
- Establish a housing option separate from SHU for inmates in protection status (protective custody);
- Continue rigorous review of referrals to restrictive housing;
- Reduce the time period for completion of the SMU program from the present 18-24 months to 12 months and compress the four levels to three levels by combining Level 3 and Level 4 and allowing more differentiation between the conditions of confinement between the levels; and
- To ensure appropriate treatment for seriously mentally ill inmates, a complete review of all inmates assigned to ADX, SMU and SHU should be completed by the Bureau to identify all inmates who should be transferred to a secure mental health program similar to the ones being developed at USP Atlanta and USP Allenwood.

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# Glossary

| | |
|---|---|
| ACA | American Correctional Association |
| ADX | Administrative Maximum Security Institution |
| ART | Annual Refresher Training |
| ASCA | Association of State Correctional Administrators |
| BOP | Federal Bureau of Prisons |
| CHS | Criminal History Score |
| CFR | Code of Federal Regulations |
| DHO | Disciplinary Hearing Officer |
| DR | Disciplinary Report |
| DSCC | Designation and Sentence Computation Center |
| ESL | English as a Second Language |
| FCI | Federal Correctional Institution |
| GAO | Government Accountability Office |
| GED | General Educational Development |
| LCP | Life Connections Program |
| MDOC | Mississippi Department of Corrections |
| NIC | National Institute of Corrections |
| OC | oleoresin capsicum |
| ORE | Office of Research and Evaluation |
| PRD | Program Review Division, Federal Bureau of Prisons |
| PREA | Prison Rape Elimination Act |
| RAC | reentry affairs coordinator |
| RHU | reintegration housing unit |
| RPP | Release Preparedness Program |
| RRC | residential reentry center |
| SAM | special administrative measure |
| SHU | special housing unit |
| SIS | Special Investigative Service |
| SMI | Serious Mental Illness |
| SMU | special management unit |
| SRO | segregation review official |
| SSU | special security unit |
| UDC | unit disciplinary committee |
| USP | United States penitentiary |
| VADOC | Virginia Department of Corrections |

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# Chapter 1: Introduction

## Project background

The use of high-security, restrictive housing units, also known as segregation units, by prison systems to manage dangerous or problematic offenders has received increased scrutiny in recent years. Virtually all state correctional systems, as well as most large local jail systems, use these units as a disciplinary tool and as a means to manage offenders who may need to be kept separate from general institutional populations. These units are typically characterized by very limited out-of-cell time and reduced access to privileges such as phone calls, visits, and personal property.

The Federal Bureau of Prisons (Bureau) uses restrictive housing for serious infractions of institutional and system-wide rules governing inmate conduct, such as engaging in violent, aggressive behavior against other inmates and staff. Restrictive housing is also utilized for inmates who cannot be safely managed in a general population setting, or who have been otherwise determined to be a security threat. There are three categories of restrictive housing used by the Bureau:

- Special housing units (SHU)
- Special management units (SMU)
- The administrative maximum (ADX) facility in Florence, Colorado

The Bureau has developed a comprehensive set of policies and procedures that govern the operation of these restrictive housing units. In order to assess the effectiveness of these policies and the consistency of restrictive housing operations with accepted national standards and best practices, the Bureau sought an independent, outside review of the restrictive housing program. Accordingly, on January 29, 2013, the Bureau issued *RFQ AS0139-2013, Special Housing Unit Review and Assessment*. The stated objective of the RFQ was to select a contractor to conduct an independent, comprehensive review of the Bureau's operation of restrictive housing and identify potential operational and policy improvements. After an extensive evaluation process including a technical review of qualifications by the National Institute of Corrections (NIC), CNA was selected to conduct this assessment. Upon completion of background checks of project team members, CNA received

notice to commence work on the project on September 19, 2013. Interviews and fieldwork at Bureau facilities began in November 2013 and continued through May 2014. Data analysis and follow-up reviews were completed by November 2014.

The CNA project team was composed of eight former state correctional system directors, four former deputy correctional system directors, two psychiatrists, and two PhD-level criminal justice system researchers. All team members had substantial experience in the management and evaluation of restrictive housing units.

The following report provides a comprehensive, detailed evaluation of the Bureau's use of restrictive housing, including the following key areas:

- National trends and best practices in the management of restrictive housing units
- Profile of the Bureau's segregation population
- Bureau policies and procedures governing the management of restrictive housing
- Unit operations and conditions of confinement
- Mental health assessment and treatment within restrictive housing units
- Application of inmate due process rights
- Reentry programming
- Impact of the use of restrictive housing on system safety and security

The report evaluates the impact of the restrictive housing program on the federal prison system and places the Bureau's use of segregation in context with professional standards and best practices found in other correctional systems.

# Methodology

The overall research approach consisted of a wide variety of qualitative operational assessments as well as quantitative methods that provided a comprehensive review of the Bureau's current restrictive housing practices. In this section of the report, these methods are described.

## Facility selection

The first step in structuring the analysis was selection of the facilities to be included in the review. The three Bureau facilities that house inmates in SMU and ADX status—Florence, Lewisburg, and Allenwood—were designated for comprehensive site visits. At the time the study commenced, there were approximately 2,100 inmates in the SMU and ADX units at these facilities. Table 1 shows the population breakdowns at these facilities at the beginning of the project. Inmates under special administrative measures (SAMs) located at the ADX were excluded from this study under the terms of the contract.

Table 1. SMU and ADX facilities and populations selected for site visits, November 2013

| Facility | SMU | ADX | Control | Totals |
|---|---|---|---|---|
| USP Florence | 645 | 0 | 97 | 742 |
| ADX Florence | 0 | 322 | 0 | 322 |
| USP Lewisburg | 786 | 0 | 0 | 786 |
| USP Allenwood | 249 | 0 | 0 | 249 |
| **Totals** | **1,680** | **322** | **97** | **2,099** |

Source: Bureau/NIC.

The next step was the selection of facilities that house the much larger SHU populations. A list of these facilities was provided by the Bureau/NIC, outlining each facility's SHU population and geographic location. The 14 private facilities that hold nearly 1,700 SHU inmates on any given day and the various metropolitan correctional centers were excluded from the study.[1] Table 2 lists the facilities selected for comprehensive, on-site SHU reviews. The USP Hazelton facility, which houses female SHU inmates, was included in the study in order to assess conditions in female restrictive housing. Currently, there are no female inmates in SMU or ADX status, largely because there is not a sufficient number to create specialized SMU or ADX female units.

The sites selected were the more secure USP facilities with the exception of the federal correctional institution (FCI) Butner Medium II. Concentrating on higher security facilities that contained significant SHU populations offered the most value to the project, given the project budget and the time constraints. However, the geographical mix of the facilities combined with the size of the sample they provide

[1] Bureau Secure Housing and Inmate Discipline Quarterly Report, June 30, 2013, p. 13.

ensures sufficient numbers to make this review valid and representative of the Bureau as a whole.

Table 2. SHU facilities and populations selected for site visits, December 2013

| Facility | Region | Total SHU population | Disciplinary | Administrative |
|---|---|---|---|---|
| FCI Butner Medium II | Mid-Atlantic | 72 | 58 | 14 |
| USP Coleman I | Southeast | 184 | 36 | 148 |
| USP Hazelton (females) | Mid-Atlantic | 24 | NA | NA |
| USP Terre Haute | North Central | 206 | 19 | 187 |
| USP Tucson | West | 143 | 39 | 104 |
| USP Victorville | West | 256 | 46 | 210 |
| USP Florence | North Central | 13 | 13 | 0 |
| **Total** | | **898** | **211** | **663** |

Source: Bureau/NIC.

## Operational assessment—facility site visit protocol

The project team conducted an assessment of segregated housing unit operations at each facility. The teams assessed operational performance and compared policy compliance with applicable statutes; the Code of Federal Regulations (CFR); Bureau of Prisons program statements, policies, and operational memoranda; and American Correctional Association (ACA) standards. Each project team member has experience and expertise in the areas they were assigned to evaluate. The team included former directors of corrections, former prison wardens, program supervisors, psychiatrists with experience in mental health treatment and correctional medicine, an attorney, and project researchers.

Initially, the reviews addressed the facility mission, goals, and objectives of the restrictive housing unit. In advance of the site visits, a document review was conducted to determine the availability of data required for the assessment process. Each facility that was assessed is accredited by the Commission on Accreditation of the ACA, and the latest Visiting Committee report that led to the accreditation was assessed as part of preliminary data gathering. The team also reviewed any pending litigation and court orders that affected operational performance, policies, and/or operating procedures.

Each site visit included two to three days on site with observations of facility operations on all three shifts. CNA team members were able to access all areas housing segregated inmates and interview any staff member at the facility to gather information for the facility assessment. At the end of each site visit, the warden and

associated executive staff received a preliminary briefing on major findings and possible recommendations.

During the site visits, inmates from pre-selected representative samples were interviewed in conjunction with a review of their case files. A detailed description of the sampling process follows in the next section of this report. File reviews were conducted to determine if Bureau policies regarding due process issues were followed. The inmates' disciplinary records were also examined to better understand the basis for placement in restrictive housing.

Specific areas of review by the consultants included, but were not limited to, the following:

- Physical plant—assessment of unit design and the availability of services within the context of the design. Cell size and adequacy of cell furnishings were examined as well as the present cell occupancy versus the intended cell design.

- Conditions of confinement—adequacy of recreation space, amount of out-of-cell time, quality and quantity of meals, clothing, access to hygiene products, correspondence privileges, access to legal services, visitation, access to commissary, and access to showers and sanitary facilities. As part of this process, facility records on out-of-cell time, recreation, meals, showers, haircuts, telephone use, and visitation were reviewed.

- Staffing levels—unit staffing plans were assessed to determine the adequacy of staffing to meet unit demands and workload. As part of the analysis, records of actual deployment on posts in the staffing plan were reviewed to ensure that staffing levels were consistent with the post plan. The consultants reviewed up to three months of records, known as staffing rosters, to make their judgments. The staffing assessment included a review of the manner in which the Bureau supervises staff and assigns staff to work in the units and the staff rotation schedule.

- Staff training—evaluations of Bureau training programs that prepare staff to work in the correctional environment, as well as training specific to the management of restrictive housing units. Special attention was paid to training in the use of force, use of chemical agents, self-defense, and unit operations, as related to restrictive housing operations. Staff training attendance records were reviewed to determine if the staff in need of such training was receiving it.

- Use of force—analysis of federal regulations and policies relating to the authorized use of force, including a review of six months of data on use-of-force incidents and a close examination of a random selection of use-of-force incidents, including review of video footage of the incidents.

- Disciplinary procedures and due process—compliance with federal regulations and the program statements concerning inmate discipline, including an examination of disciplinary records documenting compliance with due process requirements.

- Operational requirements—review included job descriptions, post orders, policies and procedures, supervision and patrol requirements, the application of restraints, documentation of unit activity such as logs, inmate movement procedures, and visits by institutional staff including managers, supervisors, healthcare professionals, and program staff. The frequency of critical incidents and use-of-force incidents was also a part of this assessment.

- Classification procedures and compliance—review included periodic progress reviews, interviews with unit team members, and a review of inmate case files. Compliance with segregation reviews was also reviewed.

- Programming/reentry—institutional practice relating to the availability of and inmate participation in programming. A review of practices providing inmates with a program release preparation prior to their release was also conducted.

- Access to medical services—examination of records documenting medical staff presence in the restrictive housing units and access to care inmates receive. The operational assessment did not include a review of the quality of medical care.

- Mental health care—review of the management of inmates with mental health issues, particularly those classified as seriously mentally ill. The project reviewed medical and mental health records and conducted interviews with inmates and clinical staff.

## Inmate samples and interviews

As noted above, representative samples of inmates at selected facilities served as the focus of the data collection and analysis. By closely examining these inmates through case file review, observations, and interviews, the project team obtained a better understanding of the nature and effects of restrictive housing within the Bureau. A considerable amount of time was also spent interviewing staff at each facility and at the Bureau executive level to gain their perspectives. Restrictive housing operations were also assessed through a review of a wide range of Bureau documents and reports.

The design of the study called for sampling of inmates currently housed at the selected facilities. Once selected, all data on the inmate was collected and evaluated on each of the factors listed above. The Bureau created an electronic spreadsheet for

each facility approximately one week prior to the site visit. Based on that spreadsheet, a random number was assigned to each listed inmate and samples of approximately 25 or more were selected. The goal was to ensure that at least 20 inmates would receive an in-depth assessment, including interviews and case file reviews.

A central part of the assessment was a private interview with each inmate outside of his/her cell. Security procedures typically required that all inmates were escorted by two officers to the interview room in restraints. With the exception of USP Lewisburg, the interviews were conducted with just the inmate and interviewer.[2] All inmates were required to sign a standardized informed consent form that was developed by the NIC, the Bureau, and CNA.

The interviews were based on a structured format that sought responses from the inmates on the following topics:

- Extent of Bureau incarceration
- Extent of placement in SHU/SMU/ADX confinement
- Basis for placement and due process issues
- Conditions of confinement in restrictive housing, including time out of cell, access to programs, and privileges
- Medical and mental health status and care
- Staff and/or inmate abuse
- Recommendations

Table 3 summarizes the number of inmates who were selected and those who were actually interviewed. In order to attempt to meet the minimum number of 20 inmates per site, it was necessary to supplement the random selected sample with inmates who were not on the list but were willing to be interviewed. These "supplemental" sampled inmates may have biased the effort to generate representative samples in unknown ways. Limited analysis is provided in the report to determine how the inmates chosen for the random sample and inmates actually interviewed differed from the total SHU/SMU/ADX populations. Due to significant problems with the data requests, which are detailed later in this report, it was not possible to directly

[2] For some interviews, facility leadership required that a facility staff person sit in on the interview for security reasons.

identify the interviewed inmates and compare them with the total population in restrictive housing at each facility and across the Bureau.

Overall, there was a 70 percent interview completion rate, which, given the security requirements associated with the interviews, was better than expected. The lowest rates were at the Lewisburg and Tucson facilities, where less than 50 percent of the sampled inmates expressed a willingness to be interviewed. The average number of interviews across the 12 facilities or units was 22, which met the overall goal of having at least 20 interviews and cases analyzed.

Table 3. SHU and SMU prisoner interviews attempted and completed by facility

| | Completed | | | |
|---|---|---|---|---|
| **Facility** | **No** | **Yes** | **Total** | **Completion rate** |
| **SMU** | | | | |
| Allenwood | 9 | 26 | 35 | 74% |
| Florence | 3 | 21 | 24 | 88% |
| Florence ADX | 11 | 23 | 34 | 68% |
| Lewisburg | 22 | 21 | 43 | 49% |
| SMU subtotal | 45 | 91 | 136 | 67% |
| **SHU** | | | | |
| ADX | 3 | 13 | 16 | 81% |
| Butner | 11 | 18 | 29 | 62% |
| Coleman | 8 | 29 | 37 | 78% |
| Florence | 10 | 12 | 22 | 55% |
| Hazelton | 1 | 30 | 31 | 97% |
| Terre Haute | 6 | 24 | 30 | 80% |
| Tucson | 28 | 25 | 53 | 47% |
| Victorville | 5 | 27 | 32 | 84% |
| SHU subtotal | 70 | 178 | 250 | 71% |
| | | | | |
| **Grand total** | **115** | **269** | **386** | **70%** |

Source: CNA/JFA Institute.

## Mental health interviews

In addition to the inmate interviews listed above, separate lists were generated for inmates to be privately interviewed by the project team psychiatrists. Prior to their site visit, the roster generated by the Bureau was provided to the research team. This allowed the researchers to identify inmates by level of mental health condition. (Four levels exist, with Level 1 reflecting no significant mental health illness.) A sample was

then produced a few days in advance of the site visit. There was some very limited duplication of the inmate and mental health evaluations that were completed. The overall response rate for the mental health reviews was slightly higher than for the inmate reviews (81 percent). The interviews were designed to allow CNA consulting psychiatrists to offer their professional assessment.

Table 4 summarizes the completion rate for the mental health interviews by facility.

Table 4. Inmates interviewed and evaluated regarding mental health status by facility

| Facility | Not completed | Completed | Completion rate |
|---|---|---|---|
| Allenwood | 0 | 20 | 100% |
| Atlanta | 0 | 7 | 100% |
| Butner | 1 | 9 | 89% |
| Coleman | 11 | 14 | 56% |
| Florence | 6 | 47 | 89% |
| Hazelton | 4 | 11 | 73% |
| Lewisburg | 2 | 25 | 93% |
| Terre Haute | 9 | 16 | 64% |
| Tucson | 8 | 13 | 62% |
| Victorville | 0 | 18 | 100% |
| **Total** | **41** | **180** | **81%** |

Source: CNA/JFA Institute.

## Quantitative data analysis—individual level

The study also sought to conduct a more comprehensive assessment of the SMU and SHU population using the Bureau data systems. Like most if not all state correctional data systems, the Bureau's data systems are not designed to directly measure the status of restrictive housing in terms of admissions to SHU and SMU, release from these same statuses, and the current restrictive housing populations. For this and other reasons, securing the necessary data and readying them for statistical analysis took much longer than originally projected.[3]

[3] Another reason for this delay was the decision by the Bureau to not allow the CNA researchers to have regular and informal contacts with the Bureau's Office of Research and Evaluation (ORE) staff. Instead formal meetings had to be convened and emails transmitted through the Contracting Officer Representative (COR) at NIC. This process resulted in lengthy

Beginning in November 2013, the Bureau first attempted to provide such information for the SMU and ADX populations. This was done by creating multiple large data files that captured all movements in and out of SMU and ADX status since 2009. These files were then merged and analyzed to create a snapshot of the SMU and ADX populations based on the absence of a release movement from that status. This was achieved in May 2014.

A similar effort was made to create cohorts of SMU and ADX releases. These cohorts were needed to calculate the length of stay in SMU and ADX status. Our goal was also to conduct a recidivism study to determine what percentage of SMU and ADX releases were returning to restrictive housing and for what reasons. After many efforts to create such release cohorts, Bureau researchers opted to create the cohorts for CNA using their considerable and intimate knowledge of the Bureau SENTRY data system. These cohorts were finally established in July 2014, leaving little time to conduct the analysis within the project schedule.

Until very recently, there have been no data system capabilities within the Bureau to evaluate the much larger SHU population. The new special housing unit application system is a stand-alone data system that has not been used by the Office of Research and Evaluation (ORE) staff for evaluation purposes. The ORE team made several attempts, without success, to create files from this system that could then be used to create SHU release and snapshot data files. It was decided in June 2014 that the Bureau would only be able to create a current SHU population listing with which more complete data could be merged. It was also mutually agreed that a SHU release cohort could not be produced for this study. The SHU snapshot file was produced in July 2014, which did not permit sufficient time to conduct a comprehensive analysis of that population as originally intended.

## Quantitative data analysis—aggregate level

The study design also proposed to review trends in the number of Bureau inmates in restrictive housing over time. The shift in Bureau policies that has led to a significant increase in the SMU population, large transfers of the SMU population from Florence to Lewisburg, and a significant decline in the SHU population have all significantly affected the Bureau's restrictive housing population over time. We also requested that the Bureau provide the numbers of assaults on staff and inmates over time as well as the number of lockdowns occurring each month.

delays in receiving answers to data questions and data files. The typical time frame for receiving such data files for similar studies in Ohio, Mississippi, Oklahoma, Kentucky, Colorado and Georgia has been 30-60 days.

Data on the SMU and ADX populations going back to 2004 were provided in a timely manner. Data on staff and inmate assaults were provided in May 2014. The number of lockdowns per month was not being collected on a systemic basis until 2008, and those data were provided in June 2014.

Similar data on the number of inmates in SHU status per month were available in a "dashboard" report that was available only in a portable document format (PDF). These data were not retrieved in a spreadsheet format until July 2014, when ORE was able to manually transfer the information for the CNA team.

# Composition of the Bureau of Prisons special housing

As described earlier, the Bureau operates three types of segregated housing units: special housing units (SHUs), special management units (SMUs), and the administrative maximum security (ADX) institution in Florence, Colorado. The Bureau also operates communications management units. The conditions of confinement in these units are similar to general population in that inmates are allowed to participate in out-of-cell activities for up to 16 hours per day. The communications management units were excluded from the scope of work of this study.

The Bureau's program statements governing the three types of segregated housing units indicate that all three have similar functions and purpose: to "separate inmates from the general inmate population to protect the safety, security, and orderly operation of Bureau facilities, and to protect the public."[4] The specific placement criteria and conditions of confinement vary for each type of segregated housing unit, as does the type of inmate housed in each.

## Special housing units

As outlined in *Program Statement 5270.10, Special Housing Units*, the purpose of the SHU is as follows:

> Special Housing Units (SHUs) are housing units in Bureau institutions where inmates are securely separated from the general inmate population, and may be housed either alone or with other inmates.

[4] Program Statement 5270.10, Special Housing Units, 28 C.F.R. 541.21.

> 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.

The policy further indicates that inmates placed in SHU are in either administrative detention status or disciplinary segregation status.

Section 541.22 of the program statement describes administrative detention as follows:

> 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 nonpunitive, and can occur for a variety of reasons.

The program statement permits placement in administrative detention status for the following reasons:[5]

- The inmate is awaiting classification or reclassification.
- The inmate has been placed in holdover status and is awaiting or in transit to a designated institution or other destination.
- It is determined that the inmate's removal from general population is necessary because continued placement in 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 one or more of the following—
    - The inmate is under investigation or awaiting a hearing for possibly violating a Bureau regulation or criminal law.
    - The inmate is awaiting transfer to another institution or location.
    - It has been determined that the inmate requires protective custody based on the inmate's request or staff determination that administrative detention status is required for the inmate's own protection.
    - The inmate has been determined to require postdisciplinary detention and is ending confinement in disciplinary segregation status, and a return to

[5] Program Statement 5270.10, Special Housing Units, 28 C.F.R. 541.23.

the general population would threaten the safety, security, and orderly operation of a correctional facility, or public safety.

As noted in the above eligibility standards for placement in the SHU, inmates may be placed in administrative detention status for protection. The program statement outlines the following circumstances in which this can occur:[6]

- Inmate has been determined to be a victim of inmate assault or threats.
- Inmate has been confirmed to be an informant and his/her safety is at risk because of providing, or being perceived as having provided, information to staff or law enforcement authorities regarding other inmates or people in the community.
- Inmate has refused to enter general population because of alleged pressures or threats from unidentified inmates, or for no specific expressed reason.
- Based on evidence, staff believes that the inmate's safety may be seriously jeopardized by placement in the general population.

The statistical analysis of the SHU population was severely hampered by the inability of the Bureau to provide an accurate data file of the inmates assigned to and released from SHU status as well as an accurate snapshot of the current SHU population. At that time, the count was 10,262 in over 100 Bureau facilities, with the population steadily declining since then, reaching 8,939 by June 2014. This is a significant reduction from the self-reported count of the SHU population of over 13,000 in 2011.

As with the SMU and ADX population, a very large percentage (66 percent) of the SHU population has "separatee orders," which means they have enemies and/or there are safety and security concerns that prohibit specific inmates from being housed with one another. This issue greatly restricts the Bureau's ability to return SHU (as well as SMU and ADX) inmates to the general population—even when considering transfers to other Bureau facilities.

A further complication is the level of crowding that exists within the Bureau. As of 2013, the Bureau stated it was at 137 percent of its rated capacity. The rates of crowding are even higher at their high- and medium-security facilities (154 percent and 144 percent, respectively). Since many of the SMU inmates upon their release will require placement in the high- and medium-security facilities, this level of crowding

[6] Program Statement 5270.10, Special Housing Units, 28 C.F.R. 541.27.

further exacerbates the difficulty of transferring these inmates out of SHU in a timely manner.

Table 5. SHU populations by status, February 2013 – June 2014

| Date | Total | Disciplinary segregation | Investigation | Protective custody | Pending actions | Other |
|---|---|---|---|---|---|---|
| | | | | | | |
| 2/2013 | 10,262 | 1,722 | 4,581 | 1,882 | 2,002 | 75 |
| 3/2013 | 10,070 | 1,700 | 4,516 | 1,868 | 1,868 | 118 |
| 4/2013 | 10,235 | 1,802 | 4,634 | 1,906 | 1,769 | 124 |
| 5/2013 | 10,086 | 2,041 | 4,355 | 1,854 | 1,714 | 122 |
| 6/2013 | 9,915 | 1,860 | 4,369 | 1,825 | 1,719 | 142 |
| 7/2013 | 9,821 | 1,542 | 4,707 | 1,787 | 1,675 | 110 |
| 8/2013 | 9,808 | 1,716 | 4,635 | 1,687 | 1,598 | 172 |
| 9/2013 | 9,696 | 1,803 | 4,458 | 1,709 | 1,515 | 211 |
| 10/2013 | 9,530 | 1,771 | 4,483 | 1,613 | 1,516 | 147 |
| 11/2013 | 9,483 | 1,768 | 4,451 | 1,718 | 1,405 | 141 |
| 12/2013 | 9,434 | 1,506 | 4,567 | 1,562 | 1,726 | 73 |
| 1/2014 | 9,357 | 1,570 | 4,283 | 1,593 | 1,825 | 86 |
| 2/2014 | 9,484 | 1,424 | 4,750 | 1,532 | 1,718 | 60 |
| 3/2014 | 9,177 | 1,585 | 4,388 | 1,432 | 1,704 | 68 |
| 4/2014 | 9,096 | 1,533 | 4,336 | 1,380 | 1,766 | 81 |
| 5/2014 | 8,926 | 1,508 | 4,260 | 1,340 | 1,716 | 102 |
| 6/2014 | 8,939 | 1,376 | 4,252 | 1,361 | 1,802 | 148 |

Source: Bureau/ORE.

## Special management units

As specified in *Program Statement 5217.01, Special Management Units*, inmates who have participated in or had a leadership role in geographical group/gang-related activity, and/or present unique security and management concerns may be designated to an SMU, where enhanced and more restrictive management approaches have been determined to be necessary to ensure the safety, security, or orderly operation of Bureau facilities, or protection of the public.

The program statement defines the SMU as a nonpunitive program status that may be appropriate for any inmate meeting the referral criteria as outlined in Section 2 of P5217.01. The objective of the SMU status as outlined in that document is to enhance a safe and orderly environment at all Bureau institutions.

Bureau policy permits placement in a SMU for any sentenced inmate whose history, behavior, or situation requires enhanced management approaches that would ensure the safety, security, or orderly operation of Bureau facilities, or for protection of the public. The policy states that one or more of the following criteria must exist to support consideration for placement in an SMU:

- Participated in disruptive geographical group/gang-related activity.
- Had a leadership role in disruptive geographical group/gang-related activity.
- Has a history of serious and/or disruptive disciplinary infractions.
- Committed any 100-level prohibited act.[7]
- Participated in, organized, or facilitated any group misconduct that adversely affected the orderly operation of a correctional facility.
- Participated in or was associated with activity such that greater management of the inmate's interaction with other people is necessary to ensure the safety, security, or orderly operation of the Bureau facilities, or protection of the public.[8]

The SMU program has four levels or phases, differentiated by the conditions of confinement and expected time frames for completion. Completion of all levels is expected to occur within 18–24 months in the absence of any further behavioral issues. Level 1 completion is expected within four months. Levels 2 and 3 are expected to take from six to eight months each, and Level 4 is expected to take two to four months.

*Level 1—minimum stay four months*. At this level, interaction between inmates is minimal (for example, showers and recreation). All inmates are double bunked. The associate warden is responsible for determining which inmates may be housed or can participate in activities together, as necessary, to protect the safety, security, and good order of the institution. Inmates are ordinarily restricted to their assigned cells.

Inmates participate in an institution and unit admission and orientation program as outlined in the policy on admission and orientation. The goal of the SMU admission and orientation program is to provide inmates with information regarding the institution's operations, program availability, and the requirements for successful

[7] ·P.S. 5270.09, Inmate Discipline Program.

[8] Program Statement 5217.01, Special Management Unit, Section 2, Referral Process.

progression through each of the four levels of the program, based upon specific goals established for each inmate. Institution staff will interact with each inmate on an individual basis to assess the inmate's program and counseling needs, discuss the SMU program objectives and expectations, establish a set of program goals based on the inmate's individual needs and the programming available within the unit, and communicate the requirements of the SMU program. Progression through Level 1 is based upon the inmate's compliance with behavioral expectations as established by institution and SMU staff. A multidisciplinary special management review is conducted by the unit manager, captain, and associate warden (chairperson) or the person acting in that capacity. This review includes input from the SMU unit team, correctional staff, psychology staff, education staff, and other appropriate staff to determine the inmate's readiness to progress to the next level. After the initial programming assessment, Level 1 inmates are reviewed at least every 90 days. Inmates are expected to progress to Level 2 after four months.

*Level 2—minimum stay six to eight months*. At this level, interaction between inmates remains minimal. The associate warden is responsible for determining which inmates may be housed or participate in activities together, as necessary to protect the safety, security, and good order of the institution. Inmates are ordinarily restricted to their assigned cells; however, out-of-cell activities and programming may be increased on a case-by-case basis depending on behavioral performance. Inmates continue their involvement in General Educational Development (GED) (or high school equivalency) or ESL (English as a second language) education, either individually or in a classroom setting. Initially at this level, inmates may be involved in programs on a self-study basis; then, individual and small group counseling sessions dealing specifically with treatment readiness and fundamental communication skills will be required.

The associate warden is responsible for determining which inmates will participate in group activities. All program activities are intended to reinforce the goal of coexisting and acting responsibly. Curriculum at this level targets "treatment readiness skills" (such as basic empathy, attentiveness responding, respect, and genuineness) to enhance inmate receptivity to the new concepts which they will be exposed to in Level 3. Small-group counseling sessions, in particular, focus on treatment readiness and fundamental communication skills. Progression through this level is based upon the inmate demonstrating the potential for positive community interaction.

During Level 2, inmates generally program and function separately. Progression to Level 3, however, requires the inmate to demonstrate the ability to coexist with other individuals, groups, or gangs. Level 2 inmates are reviewed at least every 90 days and are expected to progress to Level 3 after six to eight months. Inmates who fail to make satisfactory progress may be returned to a previous level.

*Level 3—minimum stay six to eight months*. Inmates at this level begin to interact in an open but supervised setting with individuals from various groups, including open movement in the unit with their demonstrated ability to effectively coexist with other inmates. The associate warden is responsible for determining which inmates may be housed or participate in activities together, as necessary to protect the safety, security, and good order of the institution. There are also increased privileges (for example, commissary and property) at this level for those who accomplish unit goals and maintain appropriate conduct. Progression through this level is based upon the inmate's ability to demonstrate positive community interaction skills. Inmates are formally reviewed by the unit team every 90 days and are expected to progress to Level 4 after six to eight months. Inmates who fail to make satisfactory progress may be returned to a previous level.

*Level 4—minimum stay two to four months*. At this level, inmates must be able to demonstrate their sustained ability to coexist and interact appropriately with other individuals and groups in the unit. The associate warden is responsible for determining which inmates will participate in group activities. This level encompasses the inmate's last two-to-four months in the SMU program. Level 4 inmate reviews are conducted every 30 days and documented in the same manner as previous reviews.

SMU inmates are reviewed by the unit team in conjunction with regularly scheduled program reviews as provided in the policy on inmate classification and program review. The unit team specifically reviews inmates for progression through the levels of the program. An inmate's institutional adjustment, program participation, personal hygiene, and cell sanitation are considered during review for progression to subsequent levels.

Progression through the program levels is dependent upon time in the specific level, demonstration of appropriate behavior, and participation in programming goals. A panel review is conducted at the end of each level to make recommendations regarding progression. By policy, progression from Level 3 to Level 4 is based on the "ability of the inmate to demonstrate positive 'community' interaction. It must also be determined the inmate will likely meet the re-designation criteria." Progression from Level 4 to a general population facility is "based upon the inmate's ability to function in a general population setting with inmates of various group affiliations." Staff indicated that most team meetings for SMU inmates are done at the cell door. There are only slight programming and operational differences between inmates in Level 3 and Level 4. According to both policy and practice, Level 3 and Level 4 inmates may be housed in the same cell.

At the time that this review was initiated, there were SMU programs operating at USP Allenwood, USP Lewisburg, and USP Florence. As of November 2013, the SMU census issued by the Bureau showed a total of 1,680 inmates assigned to SMU status across

these three facilities (table 6). Since then, the Bureau has been transferring SMU inmates to USP Lewisburg with the intention of eliminating the SMU program at USP Florence.

Table 6. SMU populations by facility, December 2013

| Facility | SMU population |
|---|---|
| USP Florence | 645 |
| USP Lewisburg | 786 |
| USP Allenwood | 249 |
| **Totals** | **1,680** |

Source: Bureau/NIC/ORE.

The Bureau was not able to provide a count of the SMU population broken down by the four levels described above. USP Allenwood is supposed to contain only Level 3 and Level 4 SMU inmates, while USP Lewisburg and USP Florence house only Level 1 and Level 2 inmates. As discussed later in this report, we encountered inmates at USP Lewisburg who had graduated from Level 2 but were being retained at that facility, reportedly due to a lack of capacity at USP Allenwood. Assuming that USP Allenwood does represent the Level 3 and 4 SMU populations, it is clear from table 6 that 85 percent of inmates in SMU are in Levels 1 and 2. Given the minimum length of time required to complete Levels 1 and 2 (10–12 months), it may take an extended period for many of these inmates to be returned to the general population.

## Administrative maximum facility program

The ADX facility is located at the Federal Correctional Complex in Florence, Colorado. The ADX is a high security facility housing maximum-custody-sentenced inmates in single-occupancy cells. Maximum custody is the highest custody level that can be assigned to an inmate.

This is the only facility of its type in the Bureau. The stated missions of the ADX are to (1) assist the Bureau in maintaining the safety of both staff and inmates, while eliminating the need to increase the security of other open population penitentiaries; and (2) confine inmates under close controls while providing them opportunities to demonstrate progressively responsible behavior; participate in programs in a safe, secure, and humane environment, and establish readiness for transfer to a less secure institution. The ADX houses inmates who require an uncommon level of security due to their records of serious institutional misconduct, involvement in violent or escape-related behavior, and/or who have unusual security needs based on the nature of their offense. Placement of these inmates at another facility would pose a risk to the safety and security of the institution, staff, and inmates and the public.

The institution operates three distinct programs throughout its numerous housing units, which includes the general population and step-down program, control unit program, and special security unit program. The ADX also has an SHU.

Referrals of inmates for placement at the ADX must be approved by the regional director, the chief of the Bureau's Designation and Sentence Computation Center (DSCC), and the assistant director of the Correctional Programs Division in the central office. All inmates referred for placement receive a hearing prior to placement. Inmates may attend the hearing, make a statement, and present evidence to the hearing administrator conducting the hearing. A mental health evaluation is a required component of all referrals for placement at the ADX.

The facility census at the time of our review on March 31, 2014, was 410 inmates. Of those, 75 were assigned to the control unit; 23 to the SHU control overflow; nine to the SHU segregation unit; 19 to the J unit step-down program; 28 to the H unit (housing inmates with SAMs); and 256 in general population. The H unit, which houses the Special Security Unit Program, was excluded from this review under the terms of the contract.

A snapshot of the census was taken on the first of the month for a 12-month period from April 1, 2013, to April 1, 2014. During that time, the high census was 447 on April 1, 2013, and the low census was 411 inmates on March 1, 2014, and on April 1, 2014. For the 12-month period, the average census for the facility was 428.

The three main components of the ADX that were reviewed in this assessment were the general population step-down units, the special security unit (SSU), and the control unit. Each of these is summarized below.

*General population:* Inmates in this portion of the facility meet the basic ADX placement criteria. The purpose of the program is to monitor the inmate's adjustment to general population while providing an increasing level of privileges and recreation access. The general population and step-down units have a four-phase, 36-month minimum program length. Inmates are gradually placed in less restrictive housing and program conditions based on their adjustment to their conditions of confinement.

*Special security unit:* The SSU houses inmates who have the need for more restricted conditions or have a SAM authorized by the attorney general. SAMs may be deemed reasonably necessary to prevent disclosure of classified information that would pose a threat to national security if disclosed. SAMs include, but are not limited to, placing an inmate in administrative detention and restricting social visits, mail privileges, phone calls, and access to other inmates and to the media. While in the unit, each inmate participates in a three-phase program, with each phase being less restrictive.

Inmates housed in the SSU are reviewed annually to determine if the SAM status should be renewed or modified.

*Control unit*: The control unit program, established by *Program Statement 5212.07*, provides housing for inmates who are unable to function in a less restrictive environment without posing a threat to others or the institution. Referral to the unit is outlined in PS 5212.07 and is reviewed by the regional director in the region which the inmate is housed. If the regional director concurs with the placement, the referral is submitted to the regional director of the North Central region, where ADX Florence is located. The regional director then designates a hearing administrator to conduct a hearing to review the placement referral. A mental health evaluation is a required component of the referrals to the control unit, and medical, psychological, and psychiatric concerns are considered during the review.

The hearing administrator conducts the hearing, which the inmate may attend and present evidence, call witnesses, and receive the assistance of staff if necessary. The decision of the hearing administrator is then submitted to the Executive Panel (warden of ADX Florence, North Central regional director, and assistant director of the Correctional Programs Division) for final review and placement.

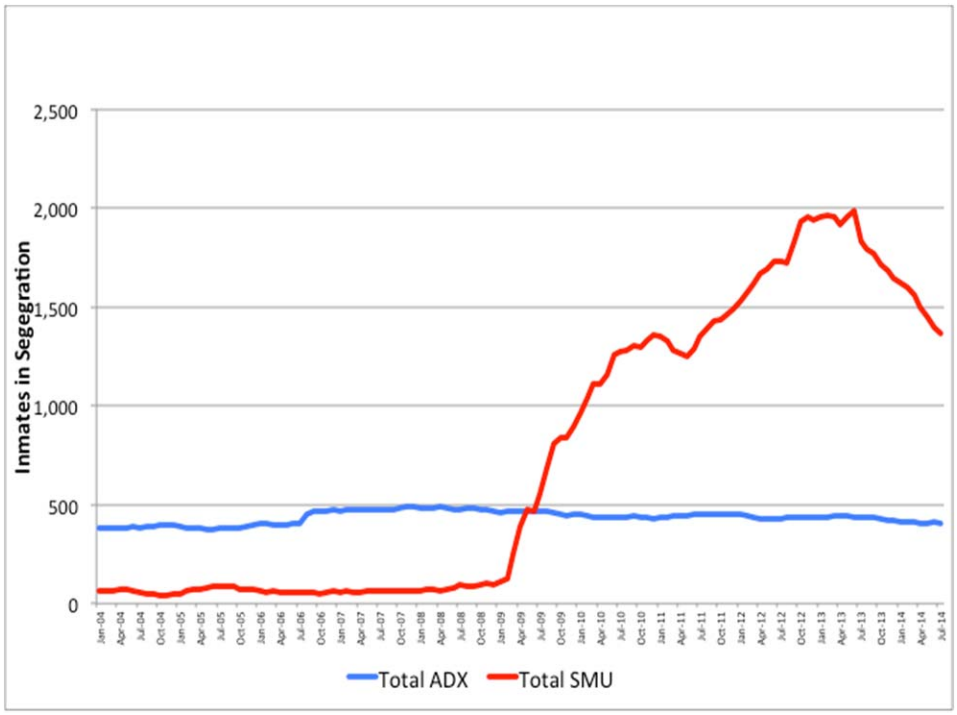
Inmates placed in the control unit are reviewed within four weeks of initial placement. Subsequent reviews are conducted on a monthly basis by the unit team, while the Executive Panel is to review each inmate's status and placement on a quarterly basis.

The Psychology Services Branch reviews all ADX referrals, a process that has been in place since 2012. Psychology Services reviews all cases prior to designation to the ADX. Bureau staff reported that cases have been rejected for ADX placement based upon this review, but no data were available on the number of cases in this category.

## ADX and SMU population trends

The historical trends for both the ADX and SMU populations are shown in figure 2. A dramatic increase in the SMU population began in 2009 and plateaued at about 2,000; the population recently declined through July 2014. The ADX population has remained fairly stable at 425 since 2004.

Figure 2. SMU and ADX populations, January 2004 – July 2014




After a dramatic increase in the SMU program that began in 2009, there have been recent and significant reductions in the SHU and SMU populations (table 7). Similarly, the Bureau population has also been slightly reduced, from a peak of 217,815 to 210,961 as of December 25, 2014. However, even with the decline in the Bureau population, the proportion of inmates in some form of segregation is at 5 percent—down from an estimated 6.9 percent in 2011. Much of the total decline is attributed to a reduction in the SHU population and, in particular, inmates who have been assigned to protective custody or are serving disciplinary segregation sanctions. There have been no reductions in the number of SHU inmates being investigated or the ADX populations over this time frame.

Table 7. Bureau segregation populations by segregation type, 2004–2014

| Year | Total | SMU | ADX | SHU | Total segregation | % of total Bureau population |
|---|---|---|---|---|---|---|
| 2004 | 180,328 | 46 | 393 | NA | 439 | NA |
| 2005 | 187,618 | 71 | 398 | NA | 469 | NA |
| 2006 | 193,046 | 60 | 472 | NA | 532 | NA |
| 2007 | 199,618 | 61 | 487 | NA | 548 | NA |
| 2008 | 201,280 | 98 | 466 | NA | 564 | NA |
| 2009 | 208,118 | 894 | 449 | NA | 1,343 | NA |
| 2010 | 209,771 | 1,357 | 427 | NA | 1,784 | NA |
| 2011 | 216,632 | 1,491 | 451 | 13,000 | 14,942 | 6.9% |
| 2012 | 217,815 | 1,942 | 434 | 10,262 | 12,638 | 5.8% |
| 2013 | 216,570 | 1,680 | 419 | 9,434 | 11,533 | 5.3% |
| 2014 | 215,324 | 1,399 | 409 | 8,939 | 10,747 | 5.0 % |

Source: Bureau/ORE.

Note: 2011 SHU population is a self-reported estimate by the BOP. The 2014 populations are as of June 2014.

# Summary of the Bureau's recent initiatives and segregation capacity

As the populations have been reduced, there have also been reductions in the capacity of the program since its formation. Bureau Director Charles E. Samuels, Jr. reported that an SMU had been closed at FCI Talladega, Alabama, where there was an 80-bed unit for Level 1 and 2 inmates. This SMU was deactivated in February 2013. The director also reported that there had been plans to open an additional SMU program at Oakdale, Louisiana, but that plan was withdrawn, again due to the steady reduction in counts at the existing SMU programs and the absence of growth in previous years.

The capacity of other units within existing SMU facilities has also been modified based on the reduced SMU population—for example, the deactivated units at USP Lewisburg that were observed during the site visit to that facility in January 2014. G unit, which had a potential capacity of 162 SMU inmates, was closed at the time of the site visit.

Also during the site visit to Florence, Colorado, the complex warden reported that the SMU there was being phased out and the SMU inmates transferred to USP Lewisburg. At the time of our site visit (April 2, 2014), the SMU at USP Florence had a

capacity of 750 and a population of 474. The capacity was split, with 374 beds for Levels 1 and 2 and 376 beds for Levels 3 and 4. The available capacity was, in practice, lower than 750, as D unit was being used as a general population unit and other beds were housing the ADX step-down program. The warden indicated that those in Levels 3 and 4 would remain at USP Florence until completion of the program, while those in Levels 1 and 2 would gradually be transferred to USP Lewisburg.

## Development of the reintegration housing unit

The Bureau has also initiated a housing and program option for the protective custody population, which makes up a significant portion of the overall SHU population. It was reported that in November 2013 there were 1,437 protection cases in special housing, with an additional 172 in special housing awaiting placement back into the general population. In October 2013, the Bureau issued a memorandum that provided field staff with procedures and criteria for placement of inmates in the reintegration housing unit (RHU) located at the Federal Correctional Complex at Oakdale, Louisiana.[9]

The target population for the RHU consists of male inmates who "consistently refuse to enter general population at multiple locations" and those who have been designated through the classification process as protective custody. The stated purpose of the RHU is as follows:[10]

- Remove inmates from SHUs and provide a less restrictive housing environment.
- Address factors that cause inmates to refuse placement in general population.
- Develop skills to increase amenability to entering general population.
- Reduce continued transfers and SHU placement.

The preferred candidates and outcomes for the RHU include the following:

- Target inmates who consistently refuse to enter general population at multiple institutions and who have a general fear of placement in general population.

[9] Memorandum to All Regional Directors, October 18, 2013, from Acting Assistant Director, Correctional Programs Division titled *FCC Oakdale – RHU Activation Procedures*.

[10] Reintegration Housing Unit PowerPoint.

- Remove inmates from SHUs and provide a less restrictive housing environment.
- Address factors that cause inmates to refuse general population.
- Develop skills to increase amenability to entering general population.
- Reduce continued transfers and SHU placement.

The initial capacity of the RHU was established as 160 beds with a potential for future expansion to 320 beds. The RHU provides alternative housing outside the SHU for protective custody inmates who are not security threat group members and who could transition to general population housing.

## USP Atlanta mental health unit

Finally, the Bureau has established a specialized unit for Mental Health Care Level 3 mentally ill inmates as an alternative to housing in the SMU, SHU, or ADX. This program, the USP Atlanta Secure Mental Health Step-Down Program, has an initial capacity of 24–30 and is primarily intended to remove some but not all Level 3 inmates with serious mental illness (SMI) from the ADX and other high-security USPs. Inmates classified by the Bureau as Mental Health Care Level 4 are housed in the Bureau's medical referral centers.

# Chapter 2: National trends and use of segregated housing

Removal of disruptive and violent inmates from the general population and their placement in separate housing units has been a common practice in prison systems since their inception.[11] In the United States, placement of inmates in solitary confinement—the most extreme form of segregated housing—has been documented as early as the 1800s, when administrators believed that silent contemplation led to reform.[12]

Although the use and management of segregated housing have changed, the practice of separating and isolating inmates using special cells or facilities has continued.[13] The modern use of segregation and solitary confinement within specialized units and facilities began to emerge in the 1970s, as prison populations began to rise, spurring a series of highly publicized riots, prison violence, and increased prison crowding.[14] It was hoped that segregating the most disruptive inmates for extensive periods of time under extreme forms of security would serve both to deter and to incapacitate highly disruptive behavior.

By incapacitating disruptive inmates, centralized and specialized segregation units would allow the vast majority of inmates who were conforming to the prison systems rules and regulations to carry out their daily routines of work, recreation, and program participation without the fear of violence or intimidation by more aggressive inmates. It also allowed the other prisons to avoid lengthy lockdowns and major disturbances.

[11] C. Riveland. *Supermax Prisons: Overview and General Considerations.* National Institute of Corrections Technical Assistance Number 98P4002. Jan. 1999.
[12] D.P. Mears and J. Watson. "Towards a Fair and Balanced Assessment of Supermax Prisons." *Justice Quarterly* 23, no. 2, Jun. 2006: 232-270.
[13] J.M. Pizarro, V.M. Stenius and T.C. Pratt. "Supermax Prisons Myths, Realities, and the Politics of Punishment in American Society." *Criminal Justice Policy Review* 17, no. 1, Mar. 2006: 6-21.
[14] J. Wooldrege. "Research Note: A State Level Analysis of Sentencing Policies and Inmate Crowding in State Prison." *Journal of Crime and Delinquency* 42, no. 3, Jul. 1996: 456-466.

Three factors that influenced the rise of segregated housing deserve further attention: (1) the significant increases in the nation's state and federal prison populations, (2) the attending increased crowding, and (3) the increased presence of organized street and prison gangs.

After many decades of relative stability in the rate of incarceration, state and federal prison populations began to accelerate in the 1970s, which served to disrupt prison subcultures. In 1972 alone, 90 prison riots were reported by state and federal officials.[15] As noted by many criminologists, prison administrators depend heavily upon a cooperative and conforming inmate population.[16] Correctional officers are greatly outnumbered by the inmate population at any given time and are armed with few, if any, lethal weapons. Control is maintained by their daily interactions with inmates and by offering differing levels of freedom of movement, privileges, and activities (work, programs, and recreation) to mitigate the monotony of "doing time." However, as the prison populations grew, greater numbers of less experienced people were needed to work in the expanding field of corrections.

Prison crowding also worsened as policy-makers passed legislation designed to sentence more people to prison for longer periods of time. It simply was not possible to build a sufficient number of prisons to accommodate the rising tide of inmates. Crowding further exacerbated the level of violence in prisons and the need to better control highly disruptive inmates.

Finally, the presence of modern organized street gangs within the prison population increased, which served to further disrupt stability.[17] Although prison gangs have long been a prison management issue, the 1970s saw a new development in which street gangs that were organized outside the prison system began to enter it in much larger numbers.

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[15] Useem, B. & Piehl, A.M. (2008). *Prison state: The challenge of mass incarceration*. New York: Cambridge University Press.

[16] Starting with Donald Clemmer's *The Prison Community* (New York: Holt, Rinehart, 1958), social scientists produced an extensive literature on prisoner society as it existed from the 1930s through the 1960s. A few of the studies are Graham Sykes, *The Society of Captives* (Princeton, NJ: Princeton University Press, 1958); Rose Giallombardo, *The Society of Women* (New York: Wiley, 1966); David Ward and Gene Kassebaum, *Women's Prison* (Chicago: Aldine, 1965); John Irwin, *The Felon* (Upper Saddle River, NJ: Prentice-Hall, 1970); James Jacobs, *Stateville* (Chicago: University of Chicago Press, 1977), and; and James Austin and John Irwin, *It's About Time: America's Imprisonment Binge, 4th Edition* (Palo Alto, CA:

[17] Irwin, John. *Prisons in Turmoil* (Boston: Little, Brown, 1980). Jacobs, James, B. *Stateville: The Penitentiary in Mass Society* (Chicago: University of Chicago Press, 1977).

There was also shift from what Ward and Carlson described as the *dispersion* approach to the *concentration* approach to segregation housing.[18] The dispersion approach involved dispersing disruptive inmates and repeatedly transferring them to different high-security prisons in the hopes of breaking up potential cliques or gangs and preventing them from recruiting other inmates. It also provided some relief to staff who had to manage these inmates on a daily basis. However, as prison populations and the number of disruptive inmates grew, the efficacy of this approach waned. It has now been replaced by the concentration approach, in which specially designed facilities are constructed or older facilities renovated to permit the long-term confinement of disruptive inmates in a highly controlled setting. These facilities have relatively small housing units with cells that are difficult to damage, enable staff to turn off water and electricity, and facilitate the use of force when needed to conduct searches and cell extractions. Specially designed "cages" are constructed to permit limited access to recreation, case managers, and medical and mental health staff. The security staff are expected to be specially trained in working in these prisons or units, which sometimes were known as "supermax" prisons.

The first forms of supermax and high segregation units can be traced to the Bureau's opening of Alcatraz in 1934 as a high-security penitentiary for "habitual" and "intractable" federal inmates. After its closure in 1963, the Bureau experimented with the dispersion model. With a rising population and increased levels of disruption, the agency decided to once again concentrate its disruptive inmates at a special high-control unit at the Marion Penitentiary, which opened in 1978. In 1983, the deaths of two officers and an inmate resulted in this prison's conversion to indefinite administrative segregation, or lockdown. Marion continued to house this population until it opened a modern high-security, secure segregation unit called the administrative maximum penitentiary in Florence, Colorado, in 1994. This unit is now referred to as the ADX. Following the Bureau's lead, supermax prisons and housing units began to spring up in most state prisons systems as well as many of the largest jail systems.

It must be emphasized that, in most jurisdictions, the proportion of segregated inmates is relatively small. The last national survey, conducted in 2002, found that, on average, 5 percent of the state prison population was assigned to some form of

[18] Ward, David A. and N. A. Carlson. "Super-Maximum Custody Prisons in the United States." *Prison Service Journal*, Issue No. 97. April 1994.

administrative or disciplinary segregation.[19] That same survey found significant variation among the states with a range of 1 percent to 16 percent.

# Definitions of segregation and types of inmates in segregation

Segregated housing is known by a variety of names, including (but not limited to) restrictive housing, segregation, administrative segregation, punitive segregation, disciplinary segregation, isolation, control unit, special housing unit (SHU), special management unit (SMU), intensive management unit, security control unit, and supermax. For purposes of this report and based on several prior studies, the following definitions of segregation from the prison general population are used:

- *Protective custody*—The purpose is to protect an inmate from threats of violence and extortion from other inmates. The inmate remains in this status until the threats have been removed or the inmate is released from prison.
- *Acute/serious mental health needs*—The purpose is to provide intense mental health treatment to inmates with SMIs. The placement of an inmate and the treatment plan are determined by the mental health team.
- *Acute medical needs*—The purpose is to provide intense medical care to inmates with life-threatening medical conditions and/or physical disabilities. The placement of an inmate and the treatment plan are determined by medical health professionals, including a psychiatrist or a physician.
- *Investigation segregation*—The purpose is to temporally segregate an inmate until serious allegations of misconduct or the need for protective custody is determined. Once the investigative process is completed, the inmate can be assigned to a segregation status or returned to the general population.
- *Disciplinary segregation*—The purpose is to punish an inmate for a violation of a major disciplinary rule. The inmate is to be released back to the general population once the period of disciplinary segregation has been served.

[19] Austin, James and McGinnis, Kenneth. *Classification of High-Risk and Special Management : A National Assessment of Current Practices.* National Institute of Corrections. NIC Accession Number 01946. June 2004.

- *Administrative segregation*—The purpose is to incapacitate an inmate whose presence in the general population would pose an ongoing threat to inmates and staff. The placement of an inmate in this status is solely determined by a limited set of criteria established by correctional administrators.[20]

In general, an inmate who is suspected of serious misconduct can be assigned to a segregation unit until an investigation is completed. If convicted of the charges, the inmate can then be sentenced to a specific period of time in segregation—often referred to as disciplinary segregation. While most states limit the amount of time one can serve in segregation, it is possible to accrue more time in disciplinary segregation based on misconduct committed in the unit. Once the disciplinary segregation time has been served, the inmate can then be placed in administrative segregation for an indefinite period of time.

Some inmates do not pose a threat to the security of the prison system, but require protection from other inmates. They are referred to as protective custody inmates. It is not uncommon to find these inmates comingled with disciplinary and/or administrative segregation inmates.[21]

Placement in these various forms of segregation is wholly determined by correctional administrators. Segregation is allowed for a variety of reasons; consideration of the offense committed, the number of infractions, and pending investigations all factor into placement decisions. Some correctional systems further constrain placement decisions to include only those instances in which evidence of specific harm or an escape attempt is present.

Despite their overall low prevalence, highly disruptive offenders have historically presented significant challenges for prison administrators and staff. Segregation units by their very nature require higher levels of staffing on all levels (security, medical, mental health, facility maintenance, programs and recreation, and legal services). In response to this dynamic, corrections administrators have increasingly developed and implemented a myriad of population segregation measures designed to mitigate the impact of highly disruptive offenders within the correctional system.

A key issue is the nature and extent of isolation and solitary confinement. The most recent and comprehensive survey of current practices by the state and the Bureau

[20] H. Metcalf, J. Morgan, S. Oliker-Friedland, J. Resnik, J. Spiegel, H. Tae, A. Work, and B. Holbrook. *Administrative Segregation, Degrees of Isolation, and Incarceration: A National Overview of State and Federal Correctional Policies.* Yale Law School, Public Law Working Paper No. 301. Jun. 1, 2013. Austin and McGinnis, 2004.

[21] Metcalf, et al., 2013.

was completed by Metcalf et al. in 2013. They found that there was general agreement that the practice of segregation involves removing inmates from the general population and restricting their participation in recreation, group meals, and programmatic offerings.[22] The same report found that the degree of isolation varied across systems, although the national standard is confinement to a cell at least 23 hours per day with very limited access to recreation, visits, and program services.

Recent reviews of segregation in Oklahoma, Kentucky, Illinois, Ohio, New York, California, and the Bureau of Prisons have found that large numbers of the segregated population are double celled rather than placed in a single cell, thus negating the claims of solitary confinement.

In a study examining inmates' experiences in administrative segregation, O'Keefe noted a general lack of interpersonal contact, meaningful activity, access to reading materials, and windows.[23] According to Kupers et al., some of the particulars associated with segregation practices include near 24-hour-per-day cell confinement alone or with a cellmate, meals eaten in cells, limited trips to a recreation area, and relatively infrequent noncontact interactions with family and friends.[24]

A somewhat contrasting view of segregation was presented by Berger et al., who described cells that generally house two inmates and the ability to communicate with inmates on either side of single-occupancy cells.[25] They also noted that inmates may talk with one another during recreation and with staff members during rounds. Furthermore, segregation cells are similar in size to (or larger than) those in general population, and meals served are similar to those received by general population inmates. With respect to activities, inmates in segregation can receive mail, make phone calls, participate in out-of-cell recreation and institutional programing (including educational and religious services), and possess reading material, but on a very restricted basis.

[22] Metcalf, et al., 2013.

[23] M.L. O'Keefe. "Administrative Segregation From Within: A Corrections Perspective." *The Prison Journal* 88, no. 1, Mar 2008: 123-143.

[24] Kupers, T.A., T. Dronet, M. Winter, J. Austin, L. Kelly, W. Cartier, T. J. Morris, S. F. Hanlon, E. L. Sparkman, P. Kumar, L. C. Vincent, J. Norris, K. Nagel, and J.McBride. "Beyond Supermax Administrative Segregation: Mississippi's Experience Rethinking Prison Classification and Creating Alternative Mental Health Programs." *Criminal Justice and Behavior* 36, no. 10, Oct. 2009: 1037-1050.

[25] R.H. Berger, M. P. Chaplin, and R. L. Trestman. "Commentary: Toward an Improved Understanding of Administrative Segregation." *The Journal of the American Academy of Psychiatry and the Law* 41, no. 1, Mar. 2013: 61-64.

As will be shown below, inmates in segregation often have more frequent contact with medical, dental, and mental health service providers, all of whom are often mandated to make daily rounds of segregated housing units. It can also be argued that inmates in segregation may also enjoy greater privacy, the ability to eat meals without interruption, a reduced likelihood of victimization and injury, and possibly a lower probability of committing infractions that would serve to increase their prison terms. These so-called benefits of segregation manifest themselves in inmates who refuse to be released to the general population, instead preferring to complete their prison sentence in segregation status.

# Key litigation issues

There are key legal issues that correctional agencies must address in the operation of their segregation units. A growing number of cases being filed against correctional agencies are challenging the constitutionality of segregation. Our intent is not to provide a comprehensive legal analysis of these issues but to summarize key issues and court decisions.

Virtually all of the pending and past litigation on the use of segregation focuses on the placement process, conditions of segregation, and duration of segregation. These three issues are linked to constitutional requirements of due process and the imposition of cruel and unusual punishment. The 5th and 14th Amendments to the US Constitution provide due process protections. The 8th Amendment bans cruel and unusual punishment.

Fred Cohen's recent comprehensive review of case law and Supreme Court decisions showed that the use of solitary confinement and segregation for extended periods of time is constitutional and does not necessarily violate the 8th Amendment.[26] He noted that there are many cases where the courts have ruled that excessive deprivation of basic services and conditions of confinement (for example, objectionable food, insufficient clothing, insufficient heat, lack of lighting, or lack of mental health services) does constitute cruel and unusual punishment. Further, in several cases the courts have ruled that correctional officials must provide some level of due process in determining initial and continued placement in certain segregation housing conditions.

[26] Cohen, Fred. "Penal Isolation: Beyond the Seriously Mentally Ill," *Criminal Justice and Behavior* Vol. 35, No. 8, August 2008, 1017-1047.

Although many cases have direct bearing on these issues, three major cases that are narrowly related to segregation are frequently referenced by the courts:

- *Sandin v. Conner*, 515 U.S. 472, 484 (1995)
- *Wilkinson v. Austin*, 545 U.S. 209 (2005)
- *Estate of DiMarco v. Wyoming Department of Corrections.*, 473 F.3d 1334, 1342 (10th Cir. 2007)

The *Sandin* case was decided by the U.S. Supreme Court. It involved an inmate in the Hawaii prison system who received a 30-day sentence to segregation. He was not allowed to call witnesses on his behalf. The Court ruled that the prisoner was not able to show that 30 days in segregation within the Hawaii prison system constituted "atypical and significant hardship on the inmate in relation to the ordinary incidents of prison life." Consequently, there was not a protected liberty interest that would entitle him to due process procedures.

In the *Wilkinson* case, which was brought against the Ohio Department of Rehabilitation and Correction and its recently created supermax facility, the U.S. Supreme Court unanimously held that recently adopted policies were sufficient to address the due process issues. The issue of cruel and unusual punishment was not addressed by the Court, as it had been previously settled by the parties.

The *DiMarco* decision was based on the use of segregation within the Wyoming Department of Corrections. The case involved an anatomical male living as a female, who sued the Department of Corrections for being placed in solitary confinement for her own protection. The Tenth Circuit identified four factors that need to be assessed to determine if a liberty interest existed relative to the proper use of segregation:

1. Segregation relates to and furthers a legitimate penological interest, such as safety or rehabilitation.
2. Segregation conditions of confinement are extreme.
3. Placement in segregation increases the duration of confinement.
4. Placement is indeterminate.

In its ruling, the Tenth Circuit found all four factors justified the placement of Ms. DiMarco in isolation.

The *Austin* decision was focused on the Ohio State Penitentiary, which is the state's supermax facility. The state had already settled with the plaintiff on conditions-of-confinement claims, which significantly and positively changed the range of services

and privileges afforded inmates. In particular, a step-down level system was created, which permitted the vast majority of inmates to work their way out of segregation and back to the general population.

These reforms left the U.S. Supreme Court to focus on due process issues. When the Ohio State Penitentiary first opened, the Court observed the following:

> There is no official policy governing placement that was in effect, and the procedures used to assign inmates to the facility were inconsistent and undefined, resulting in haphazard and erroneous placements.

In response to the initial litigation, Ohio officials significantly narrowed the criteria by which a prisoner could be assigned to the Ohio State Penitentiary. Further, the authority to transfer prisoners to or release them from the Ohio State Penitentiary could only be approved and authorized by the central classification office. The Supreme Court held that the new criteria and review procedures did provide sufficient due process protection. It is worth noting that, with the new policies in place, the Ohio State Penitentiary segregation population dropped significantly.

# Standards regarding segregation

Despite the widespread use of segregation, there is a lack of accepted guidelines or standards governing its use. In particular, criteria and process for placement in segregation, conditions of segregation, and criteria and process for release from segregation vary substantially by state.[27] For example, Nebraska reports a total of 19 reasons that would justify segregation placement, including "any other information regarding the inmate that the classification authority deems appropriate."[28] Conversely, Mississippi allows only five such rationales for segregation placement.

There are differences among the states in due process/notification procedures. Most states require a formal hearing and some form of written notice to the prisoner prior to reaching a decision on whether to place him/her in segregation. Such hearings usually must be held within 14 days of the notice. Very few states allow inmates to have a legal representative or advocate present at the hearing. Standards for periodic reviews are even less defined in agency policies. These reviews can occur as often as every six months, with most states requiring 30- or 60-day reviews. Only a few states

[27] Metcalf, et al., 2013.
[28] Metcalf, et al., 2013:6.

report a requirement for a face-to-face interview with the inmate as part of the review.[29] When a face-to-face interview is not mandated, these reviews may simply be case file paper reviews with a notice sent to the prisoner after the decision has been reached.

It was not until 2013 that the Association of State Correctional Administrators (ASCA) Administrative Segregation Sub-Committee examined the issues surrounding segregation and provided recommendations regarding the use of restrictive housing.[30] The subcommittee's final recommendations to correctional systems and administrators on the use of *administrative segregation only* were published as follows:

1. ! Provide a process, a separate review for decisions to place an offender in restrictive status housing.
2. ! Provide periodic classification reviews of offenders in restrictive status housing every 180 days or less.
3. ! Provide in-person mental health assessments, by trained personnel, within 72 hours of an offender being placed in restrictive status housing, and periodic mental health assessments thereafter including an appropriate mental health treatment plan.
4. ! Provide structured and progressive levels that include increased privileges as an incentive for positive behavior and/or program participation.
5. ! Determine an offender's length of stay in restrictive status housing on the nature and level of threat to the safe and orderly operation of general population as well as program participation, rule compliance and the recommendation of the person(s) assigned to conduct the classification review as opposed to strictly held time periods.
6. ! Provide appropriate access to medical and mental health staff and services.
7. ! Provide access to visiting opportunities.
8. ! Provide appropriate exercise opportunities.
9. ! Provide the ability to maintain proper hygiene.

[29] Metcalf et al., 2013: pp 11-13.

[30] Association of State Correctional Administrators, Administrative Segregation Sub-Committee. *Final Restricted Status Housing Policy Guidelines.* Aug. 9, 2013.

10. Provide program opportunities appropriate to support transition back to a general population setting or to the community.

11. Collect sufficient data to assess the effectiveness of implementation of these guiding principles.

12. Conduct an objective review of all offenders in restrictive status housing by persons independent of the placement authority to determine the offenders' need for continued placement in restrictive status housing.

13. Require all staff assigned to work in restrictive status housing units to receive appropriate training in managing offenders on restrictive status housing status.

Although the ASCA guidelines provide the first effort to standardize the use and conditions of segregation, they offer little in terms of specifics. For example, guidelines 7 and 8 state that visits and recreation are to be provided, but fail to state the number of visits or recreation periods per month and their minimum duration. The recommendations are also silent on whether inmates requiring protective custody should be placed in administrative segregation and under what conditions of confinement.

# Segregation sentencing structures

There are two basic models for committing a person to segregation status that mimic the indeterminate and determinate criminal sentencing structures. Most states use relatively short sentences for placing an inmate in disciplinary segregation, which often can range from five to thirty days. However, if an agency wishes to continue the segregation status beyond that time frame, they have developed two models.

One model is comparable to an indeterminate sentencing structure, where release from administrative segregation is not specified and occurs only at the discretion of the agency. Under this structure, the inmate is committed to segregation with no specified release date. States including Ohio, Mississippi, and Colorado have used this model, often in tandem with a step-down, incentive-based program that is discussed in the next section.

The determinate structure is essentially a segregation sentence that can range from 30 or more days to many years. Under this model, serious disciplinary offenses can produce long, fixed segregation terms. The only way to mitigate these terms is for the agency to reduce them at review hearings based on good conduct. States including Kentucky, New York, and California use this model.

# Impact of segregation systems on institutional safety

The overriding objective of administrative segregation is to protect inmates and staff by incapacitating high-risk inmates. But it may also serve to deter other inmates from becoming involved in serious rule infractions or in acts of violence out of fear of being segregated for long periods of time. With the recent advent of progressive step-down programs, one can also argue that disruptive inmates are being successfully treated or rehabilitated while segregated.

It has also been alternately argued that supermax prisons and/or increased use of administrative segregation units are either excessively expensive or cost-effective. There is consensus among correctional professionals that segregation units require higher staff-to-inmate ratios and increased presence of medical and mental health staff. Some have also argued that segregation increases the likelihood of mental illness and suicide. However, it may be that segregation units reduce the danger of violence in the general population, which allows the vast majority of the prison system to operate with greater efficiency and effectiveness.

Although there have been several descriptive studies of administrative segregation, Mears[31] and Berger et al.[32] both suggest that there have been few, if any, credible studies on its outcomes. The primary methodological issue is establishing a control or "counterfactual" research design that would answer the basic question of what would have happened had the use of segregation not increased.

A study of three state prison systems found that the increased use of segregation had no effect on inmate-on-inmate assaults, but did reduce the incidence of inmate-on-staff assaults.[33] A subsequent study in Illinois found the same results and offered evidence that the number of lockdowns in the other facilities was reduced.[34]

[31] Mears, Daniel P. 2013. "Supermax Prisons: The Policy and the Evidence." *Criminology & Public Policy* V. 12, (4): 681-720.

[32] Berger, et al., 2013.

[33] Briggs, Chad S., Jody L. Sundt, and Thomas C. Castellano. 2003. "The effect of supermaximum security prisons on aggregate levels of institutional violence," *Criminology* 41:1341–76.

[34] Sundt, Jody L., Thomas C. Castellano, and Chad S. Briggs. 2008. "The sociopolitical context of prison violence and its control: A case study of supermax and its effect in Illinois." *The Prison Journal* 88:94–122.

In Washington state, research found no difference in recidivism rates between inmates who had experienced its supermax system and a matched group that had not. However, the same study found that inmates released directly from supermax to the community had a significantly higher recidivism rate than the matched group (69 percent rearrested for a felony versus 51 percent for the control group).[35]

Mears and Bales completed what is arguably the most sophisticated quasi-experimental study of supermax confinement in the state of Florida.[36] Using complex matching procedures, they found little if any difference in recidivism rates for inmates who experienced supermax confinement and those who did not. More significantly, there were no differences in recidivism rates based on how long a person was in supermax. In other words, it made little to no difference if an inmate was confined for 4, 8, 12, or 24 months—the recidivism rates were the same. The study also tried to replicate the Washington state finding that inmates released directly from segregation had higher recidivism rates. The authors concluded that it did not, but they used a measure of "recency" and not direct segregation releases.[37]

The United States Government Accountability Office (GAO) reported in 2013 that there are five states (Colorado, Kansas, Maine, Mississippi, and Ohio) where the use of administrative segregation has been reduced and that there has been no adverse impact on institutional safety.[38] However, there may have been no association between reducing the size of the segregation population and assault rates, homicides, or other serious incidents; this does not by itself indicate a causal relationship.

Conversely, the New York state prison system found a sharp decline in its rates of assaults as it rapidly expanded the size of its SHU population.[39] These data led the agency to conclude that increasing the size of its SHU population caused the rate of assaults to decline. The Bureau made a similar claim to the GAO, saying that the rise in the SMU population was the reason assault rates and the number of lockdowns

[35] Lovell, David, L. Clark Johnson, and Kevin C. Cain. 2007. "Recidivism of supermax inmates in Washington State." *Crime & Delinquency* 53:633–56.
[36] Mears, Daniel and William Bakes. 2009. "Supermax Incarceration and Recidivism." *Criminology* 47.4:801-836.

[37] Recency referred to inmates who were relatively close (within a few months) to their prison release dates.

[38] U.S. Government Accountability Office. May 2013. *Bureau of Prisons: Improvements Needed in Bureau of Prisons' Monitoring and Evaluation of the Impact of Segregated Housing*. Washington, DC: GAO.

[39] Goord, G.S. 2006. *Prison safety in New York.* Albany: NYDOCS. Available online at http://www.docs.state.ny.us/PressRel/06CommissionerRpt/06PrisonSafety Rpt.pdf

had declined.[40] Despite these positive associations, it is not clear if there is a causal relationship between segregation policies and institutional safety.

# Mental health issues in segregated housing

Mental illness has become increasingly prevalent in corrections systems. According to the Bureau of Justice Statistics (BJS), as of mid-2005, 56 percent (705,600) of state and 45 percent (78,800) of federal inmates had some type of mental health problem over the past 12 months.[41] It should be recognized that the definition of "mental health problem" was broad and included symptoms such as insomnia, sadness, loss of appetite, and persistent irritability. The BJS survey also showed proportional increases in the number of inmates who said they had used prescribed medication for a mental health problem since admission to prison, used prescribed medication for a mental or emotional problem, or received mental health treatment.

This is not to say that all or even a majority of these inmates require placement in specialized treatment programs or housing units. The majority of them suffered from some form of depression or mania, which is treatable by medication and counseling. The number of inmates who require special housing due to a severe mental illness (SMI) is much lower. According to Lovell, Allen, Johnson, and Jemelka, reviews of clinical studies indicate agreement that 10 to 15 percent of inmates in state prisons suffer from SMI.[42] A 1999 BJS report on the same topic estimated that 16 percent of state and jail inmates and probationers were "mentally ill," while only 7 percent of Bureau inmates were classified the same way.[43]

These figures are likely unsurprising to mental health clinicians and correctional officers who have witnessed the relationship between deinstitutionalization and the increasing number of mentally ill inmates in the correctional system.[44]

[40] GAO, 2013, pp. 33-34.

[41] D.J. James and L.E. Glaze, L. E. *Mental Health Problems of Prison and Jail Inmates*. Bureau of Justice Statistics Special Report NCJ 213600. Sep. 2006 (revised Dec. 2006).

[42] D. Lovell, D. Allen, C. Johnson and R. Jemelka, Ron. "Evaluating the Effectiveness of Residential Treatment for  with Mental Illness." *Criminal Justice and Behavior* 28, no. 1, Feb. 2011: 83-104.

[43] Ditton, Paula M. *Mental Health and Treatment of  and Probationers.* Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics. July 1999.

[44] A.L.S Brandt. "Treatment of Persons with Mental Illness in the Criminal Justice System: A Literature Review." *Journal of Offender Rehabilitation* 51, no. 8, Nov. 2012:541-558.

The BJS report also found that violations and fight-related injuries are common among mentally ill inmates. Within the state-level prison population, 58 percent of those with mental illness, compared with 43 percent of those without, committed violations or were injured as a result of fighting. Among state and federal prison populations, mentally ill inmates were also more frequently involved in physical or verbal assaults on correctional staff or inmates. Mentally ill inmates are often more disruptive than inmates without mental illness, and disruptive behavior associated with mental illness often leads to the inappropriate placement of mentally ill inmates in administrative segregation.

Given the above national statistics, it is not surprising that mentally ill inmates are more frequently segregated and often spend a longer time in segregation.[45] Mentally ill inmates are also placed in segregation for protective custody reasons and because of a lack of proper placement options. It has also been claimed that the experience of segregation for lengthy periods of can result in an inmate decompensating and developing mental illness(es). Some have suggested that many SMIs worsen due to the stress of incarceration, presenting risks of self-injury and harm to staff or other inmates.[46]

Some courts have held that placement in administrative segregation under certain conditions is unsuitable for mentally ill, developmentally disabled, and nuisance inmates.[47] For example, in 1995 a federal court in California found that the placement of certain inmates—those with mental illness such as, borderline personality disorder, brain damage, mental retardation, chronic depression, and/or impulse control disorders—in California's Pelican Bay SHU constituted cruel and unusual punishment, an 8th Amendment violation.[48] In *Madrid v. Gomez*, the court examined the placement of mentally ill inmates in the SHU at California's Pelican Bay State Prison, a supermax facility, and found that an 8th Amendment violation existed for

> those who the record demonstrates are at a particularly high risk for suffering very serious or severe injury to their mental health,

[45] J. Skeem, J. Peterson, and E. Silver. "Toward Research-Informed Policy for High Risk Offenders with Serious Mental Illness." In B. McSherry and P. Keiser, eds., *Managing High Risk Offenders: Policy and Practice.* New York: Routledge. 2011. 111-121.

[46] Ford, Julian, Robert L. Trestman, Fred Osher, Jack .E. Scott, Henry J. Steadman and Pamela C. Robbins. *Mental Health Screens in Corrections*. National Institute of Justice Research for Practice. May 2007.

[47] F.R. Maue. "Management of the Mentally Ill in Administrative Segregation: Legal and Management Challenges." *Corrections Today*, July 2006, pp 46-47.

[48] Madrid v. Gomez, 889 F. Supp. 1146 (N.D. Cal. 1995)

> including overt paranoia, psychotic breaks with reality, or massive exacerbations of existing mental illness as a result of conditions in the SHU.[49]

The *Madrid* court also found that inmates did not undergo psychiatric screening prior to placement in the Pelican Bay State Prison SHU, and that the provision of mental health services to SHU inmates with SMI was noticeably lacking.

Although many researchers and experts agree that administrative segregation is generally not a suitable placement option for inmates with SMI, the evidence on whether such placement causes deterioration among mentally ill inmates is mixed.[50] For example, a 2010 study of administrative segregation in the Colorado corrections system found that not only did inmates with and without mental illness not deteriorate while in segregation, but some actually exhibited signs of improvement.[51]

The authors of the study warned of its limited generalizability and the need for replication. In supportive reaction to the Colorado study's findings, Berger et al. explained that context matters, and that some mentally ill inmates seek placement in segregation as a way to decrease interpersonal and environmental stimulation.[52] These inmates, according to Berger et al., exhibit tendencies (such as self-imposed isolation) that are similar to individuals with SMI in a community setting. Other inmates self-select into segregated housing as a means of avoiding foes and reducing safety risks that they believe exist in general population settings.

Conversely, Haney noted that personal accounts, descriptive studies, and systematic research published over several decades have substantiated that solitary confinement is associated with negative psychological effects, and that these effects are particularly pronounced among mentally ill inmates.[53] This evidence, Haney asserted, is bolstered by findings from other areas of inquiry that demonstrate the

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[49] Madrid v. Gomez, 889 F. Supp. 1146 (N.D. Cal. 1995)

[50] B.A. Arrigo and J.L. Bullock. "The Psychological Effects of Solitary Confinement on Inmates in Supermax Units." *International Journal of Offender Therapy & Comparative Criminology* 52, no. 6, Dec. 2008: 622-640.

[51] M.L. O'Keefe, K. J. Klebe, A. Stucker, K. Sturm, and W. Leggett. *One Year Longitudinal Study of the Psychological Effects of Administrative Segregation.* National Institute of Justice Document 232973. Oct. 2010.

[52] R.H. Berger, M. P. Chaplin, and R. L. Trestman. "Commentary: Toward an Improved Understanding of Administrative Segregation." *The Journal of the American Academy of Psychiatry and the Law* 41, no. 1, Mar. 2013: 61-64.

[53] Haney, Craig. "Prison Effects in the Age of Mass Incarceration." *The Prison Journal* 92, no. 4, 2012:1-24.

negative effects of acute sensory deprivation, the effects of elderly loss of social contact, and the consequences of isolating mentally ill patients.

Researchers have struggled to disentangle the relationship between high rates of mental illness in the segregation population and the potential role that segregation may play in the deterioration of mental health status.[54] It may be the case that higher rates of mental illness in segregation reflect self-selection of mentally ill offenders into segregation placements. Studies seeking to distinguish and closely examine the effects of segregation have often been constrained due to small sample sizes, timing of segregation placement relative to the study period(s), and reliance on quasi-experimental design. (True experimental design in this context is not feasible due to ethical concerns associated with denial or delay of mental health or medical services for research purposes.) Despite these constraints, research on mentally ill offenders and the use of administrative segregation, along with relevant legal guidance, can help frame discussions regarding appropriateness and application.

In an evaluation of mental health screening tools, Ford et al. explained that mental health screenings and assessments are necessary to the timely identification and effective treatment of inmate mental health needs.[55] Furthermore, information provided through screenings and assessments underlies the provision of services to which inmates are constitutionally entitled and facilitate positive readjustment when the inmate is released into general population or the community. Peters asserted that without early identification of mental disorders, inmates are unlikely to seek treatment, and missed identification of trauma undermines appropriate diagnosis, which in turn may lead to inadequate participation in treatment, supervision, and reentry planning.[56]

The guidance from ASCA on the use of restrictive housing suggests that facilities should conduct an in-person mental health assessment within 72 hours of an inmate's placement in a segregated setting.[57] Further, mental health assessments should be performed by trained personnel and conducted on a periodic basis following the initial assessment.

Despite the disproportionate share of infractions committed by mentally ill inmates and the overrepresentation of inmates with mental illness in segregation settings, a survey of state-level corrections disciplinary processes found that many state

[54] M. L. O'Keefe, et al., 2013.
[55] J. Ford, et al., 2007.
[56] R.H. Peters. *Assessing Dependence, Comorbidity, and Trauma.* Mental Health Law & Policy Faculty Publications Paper 642. 2013.
[57] ASCA, Aug. 9, 2013.

correctional systems do not have formal policies on the role of mental health in the disciplinary process.[58] In some states, mental health plays no role or merely a minor role for mentally ill inmates facing disciplinary charges. However, most states' correctional policies require adequate medical and mental health treatment for mentally ill inmates placed in segregation. For mentally ill inmates found guilty of disciplinary infractions, most states have formal or informal policies directing consultations with mental health professionals regarding inmate disposition.

The ACA National Commission on Correctional Health Care guidelines assert that health care staff should "immediately review the health care needs of offenders placed in disciplinary segregation to determine if there is any known health contraindication to segregation placement."[59] These guidelines also stress that processes must be implemented to ensure that mentally ill inmates in segregation undergo continued evaluation that is conducted by a qualified mental health professional, and significant inmate deterioration—indicating that segregation is no longer suitable—warrants an alert to correctional administrators.

During the ACA 2013 Winter Conference plenary session entitled "Re-evaluating Administrative Segregation: The Human, Public Safety and Economic Impact," correctional administrators highlighted the need for ACA standards regarding segregation. Expert panelists identified several approaches that could enhance compliance with the law,[60] including the following:

- Defining the types of mental illnesses that are incompatible with segregation, and having mental health staff conduct screenings.
- Providing access to in- and out-of-cell mental health treatment for segregation inmates.
- Creating individualized mental health services plans through multidisciplinary treatment team collaborations.
- Identifying mental illnesses in a timely fashion, because early identification prevents deterioration.

[58] M.S. Krelstein. "The Role of Mental Health in the Inmate Disciplinary Process: A National Survey." *The Journal of the American Academy of Psychiatry and the Law* 30, no. 4, Dec. 2002: 488–96.

[59] Association of State Correctional Administrators, Administrative Segregation Sub-Committee. *Final Restricted Status Housing Policy Guidelines.* Aug. 9, 2013.

[60] J. Scafuri. "Administrative Segregation: Continuing the Conversation." *On the Line: An Online Publication of the American Correctional Association*, Sep. 2013.

# Step-down programs

The ASCA's *Guiding Principles for Restrictive Housing Status* also suggested that correctional systems provide segregated inmates with the opportunity to progress through structured levels that link increased privileges to positive behavior and/or program participation.[61] Its recommendation was based on a number of states, as well as the Bureau, that are actively working to reduce the number of inmates in segregation through the development and implementation of step-down, intensive management, and behavioral management programs.[62]

Metcalf et al. examined some of the step-down programs that attempt to link the transition out of administrative segregation to achievement of specific goals, including the completion of behavioral management plans and/or courses. Inmates in transition programs are selected according to specific, stringent processes. A minimum stay (generally six months to one year) is a common feature of these programs, and inmates are made aware that any disciplinary infraction during the program period will likely lead to additional time in segregation.

Several states, including Colorado, Massachusetts, Mississippi, Virginia, and Washington, are developing or have developed programs that provide administratively segregated inmates with increased opportunities for group activities and therapy while maintaining a safe degree of separation. Connecticut, Massachusetts, Mississippi, New Jersey, New Mexico, and Virginia have all reported development of programs that target inmate behavior issues. New Mexico's program, for example, is structured around a two-level system that incentivizes positive inmate behavior through a corresponding measured reduction of restrictions. More detailed reports follow on the Virginia, Mississippi, Washington, and Maine step-down programs.

[61] Association of State Correctional Administrators, Administrative Segregation Sub-Committee. *Final Restrictive Status Housing Policy Guidelines.* Aug. 9, 2013.

[62] H. Metcalf, J. Morgan, S. Oliker-Friedland, J. Resnik, J. Spiegel, H. Tae, A. Work, and B. Holbrook. *Administrative Segregation, Degrees of Isolation, and Incarceration: A National Overview of State and Federal Correctional Policies.* Yale Law School, Public Law Working Paper No. 301. Jun. 1, 2013.

## Virginia

The Virginia Department of Corrections (VADOC) is one of several state corrections departments that have developed an administrative segregation step-down program using evidence-based practices.[63] The program claims to have reduced the administrative segregation population and lowered prison safety incidents, each by over 50 percent, and to have decreased inmate grievance filings by 23 percent.[64] VADOC also reported a reduction in the use of sick leave and highlighted this finding as an indication of reduced staff stress and improved morale, although it is not clear how this assessment was made. The reported size of the Virginia program as of 2013 was 460 inmates and, as of August 2013, approximately two years after inception of the step-down program, none of the enrolled offenders had returned to administrative segregation.

The VADOC step-down initiative includes an enhanced classification review prior to inmate assignment to or placement in segregation.[65] Multidisciplinary staff teams and validated instruments that determine criminal risks, underlying reasons for negative individual inmate behaviors, and inmate motivators form the foundation of the more extensive assessment. Throughout this initiative, inmates are provided cognitive programming opportunities that promote learning and practice of positive behaviors. The process includes an additional step-down classification security level that provides a test bed for changed behavior. Segregation inmates who demonstrate that they can participate appropriately in programs and control behavior can earn additional responsibility.

## Mississippi

In response to litigation regarding the use of segregation, the Mississippi Department of Corrections (MDOC) changed its classification process and mental health programming, leading to significantly decreased rates of violence, disciplinary infractions, and use of force in the segregation unit.[66] One of the specific changes

[63] "Virginia Recognized for Transforming Highest-Security Prisons." *Virginia Department of Corrections Press Release*, Aug. 7, 2003.

[64] "Virginia Step Down Program for Administrative Segregation." *Southern Legislative Conference Press Release*, 2013; These reductions occurred over approximately two years following implementation of the VADOC Step-Down initiative.

[65] Virginia DOC, 2013.

[66] T. A. Kupers, T. Dronet, M. Winter, J. Austin, L. Kelly, W. Cartier, T. J. Morris, S. F. Hanlon, E. L. Sparkman, P. Kumar, L. C. Vincent, J. Norris, K. Nagel, and J.Mcbride. "Beyond Supermax Administrative Segregation: Mississippi's Experience Rethinking Prison Classification and

made by MDOC was the development of a step-down unit for inmates with SMI, as required under the 2007 *Presley v. Epps* consent decree.

Inmates requiring intermediate mental health treatment, but not inpatient psychiatric services, are eligible for the unit, which is jointly administered by MDOC and its medical and mental health contractor. The step-down unit, housed in MDOC's segregation facility, was designed to gradually move inmates with SMI from a segregated setting to a more open one as they demonstrate appropriate behaviors and the ability to function within an open unit. To be eligible for the step-down unit, inmates must have a condition that is classified as an SMI. Inmates demonstrating motivation to succeed in the unit are given priority. Once in the unit, inmates earn their progress from the segregated tier to the open tier, and finally to general population upon graduation.

The MDOC step-down unit relies on the "assertive community treatment" approach, and staff focus on inmates' "intact faculties, ambitions, positive life experiences, and strengths of character, and how those buffer against disorder," rather than on their mental illness[67]. Inmates learn about their illnesses and the means for appropriately addressing anger, impulses, and anxiety, and are rewarded via incentives (such as additional time alone in activities rooms with media equipment, and use of additional library materials) for positive behaviors. Although initial group treatment among inmates who are still segregated includes the use of ankle restraints secured to the floor, it still provides a necessary opportunity for interpersonal communication and connectedness. Once inmates have transitioned to the open tier, they participate in group sessions without restraints.

Staff selection, training, and collaboration are critical to the success of the MDOC step-down unit. While respecting inmate confidentiality, mental health providers meet on a weekly basis with correctional staff to ensure the delivery of a high level of care in a secure environment. Correctional officers assigned to the unit must complete an intensive mental health training curriculum and upon completion are given the title of correctional mental health manager. The MDOC step-down unit's success is indicated by a reduction in rule violation reports filed against inmate graduates. An examination of a cohort of 43 graduates revealed an average of 4.7 rule violation reports per inmate in the six months prior to unit admission. During the cohort's time in the unit, that figure fell to an average of 1.2 per inmate. In the

Creating Alternative Mental Health Programs." *Criminal Justice and Behavior* 36, no. 10, Oct. 2009: 1037-1050.

[67] Kupers, et al., p. 6

six months following unit graduation, the cohort exhibited an average of only 0.6 per inmate.

## Washington

Similar to the experiences in Virginia and Mississippi, the limited information available regarding segregation reduction efforts in Washington indicates decreases in behavioral incidents. The Washington Department of Corrections, in collaboration with Disability Watch Washington and the Vera Institute of Justice, developed "intensive management" or "intensive treatment" programs that allow for structured group activities as well as a variety of therapy options for inmates housed in segregation. Inmates must participate to return to general population, and are assigned to specific programs based on individual mental health and behavioral assessments. Programming delivery formats include self-directed, cell-front and classroom, and course offerings include cognitive programming.[68] It is now rare for an inmate in the Washington State corrections system to spend more than 90 days in segregation, and the proportion of inmates that return to segregation has decreased.[69] In the past, inmates released from segregation came back more than 50 percent of the time. Since the inception of the intensive management program, 131 inmates have graduated and of those, only 24 have returned.

## Maine

The Maine Department of Corrections conducts risk assessments for each administrative segregation inmate, and the information from the assessment is used to develop individualized behavioral programs. The unit team reviews inmate cases weekly and determines whether inmates will be provided the opportunity to participate in group recreation and therapy. Program participation/attendance is required and can include in-cell as well as individual and group counseling. While in the program, inmates are under an incentive system that allows them opportunities for increased amounts of out-of-cell time, more recreation time, fewer restraints, and access to additional property. Following the policy changes, the Maine Department of Corrections has not observed increased violence or other problems in the general population. Additionally, although the policy changes are relatively new, both behavioral incidents and the amount of time spent in segregation have decreased since the changes were implemented.

[68] Association of State Correctional Administrators. *Segregation Survey*. Jan. 7, 2013.
[69] J. Martin. "State Prisons Rethink Solitary Confinement." *Seattle Times*, Jan. 7, 2013.

# Reductions in segregation populations

A number of states have reduced their segregation populations. As suggested above, these declines have occurred by narrowing the criteria for placement in segregation and/or reducing the period of segregation. The latter is often achieved by implementing a step-down program or by adjusting the lengths of segregation sentences. Following are some examples of states that have accomplished such reductions.

## Mississippi

Prior to 2006, Mississippi had approximately 1,000 inmates assigned to its high-security unit 32 at the Mississippi State Penitentiary prison complex in Parchman. In response to ongoing litigation that contested the criteria for placement in segregation and the conditions of confinement, the Mississippi Department of Corrections developed a plan to reduce this population over 12 months. The reforms centered on the following tasks:

1. Develop new criteria to limit the basis for admission to long-term segregation.
2. Using !the new criteria, review all inmates in segregation at Parchman to determine who should be immediately transferred to other facilities.
3. Remove all inmates with a SMI and transfer them to the MDOC's mental health facility.
4. For the remaining inmates, create a step-down program that would allow the inmates to be released to the general population within nine months.

By the close of 2008, the Parchman segregation population was below 100. As of 2014, there are fewer than 230 inmates in long-term segregation out of a total prison population of 21,148 (or 1 percent of the total prison population).[70]

The remaining segregation population had been moved by the MDOC to private prisons located in the state that operate on contract with the MDOC. The most recent data indicates that a total of 280 long term segregation inmates are maintained in the system of which 109 are mental health cases. These inmates are

[70] Kupers, T.A., et al., 2009.

housed at the East Mississippi Correctional Center, which is a private prison operated by the Management and Training Corporation (MTC).[71]

## Colorado

In 2011 there were approximately 1,500 inmates in administrative segregation in the Colorado Department of Corrections, or 7 percent of the entire prison population. Since then the number of inmates in restrictive housing has steadily declined.[72] This was accomplished by narrowing the criteria for placement in segregation and reducing the length of stay. In particular, a more structured step-down protocol was established that allowed inmates to be released to general population within nine months if their behavior was compliant.[73] This involved a four-level system with specific rules and privileges associated with each of the four 90-day periods.

After the recommendations were implemented, the segregation population began to decline, reaching approximately 600 inmates by the end of 2013. Further programmatic reforms were implemented by the department in 2014, which resulted in the restrictive population dropping to below 200 (1 percent of the total population) by December 2014. There have been no associated increases in rates of institutional violence as the inmate population in restrictive housing has declined.[74]

# Reentry and prerelease programming

The reintegration of inmates who have been in segregation for significant periods back into the prison general population or the community is an increasingly important issue. It requires a strategy that balances less restrictive placement of inmates with institutional or community safety and security. Reintegration requires adequate assessment and intervention and should afford inmates the time and opportunity necessary to readjust to more regular human interaction and activity levels prior to a complete transition.

Inmates transitioning out of a segregation environment are at greater risk of recidivism than their general population counterparts. For example, within the

[71] Mississippi Department of Corrections Fact Sheet, December 1, 2014.

[72] Colorado Department of Corrections, http://www.doc.state.co.us/dashboard-measures.

[73] Based on telephone interview with Colorado Department of Corrections officials.

[74] Colorado Department of Corrections, http://www.doc.state.co.us/dashboard-measures.

Colorado Department of Corrections system, the recidivism rate for administrative segregation inmates was between 60 and 66 percent, while the rate for general population was only 50 percent.[75] Furthermore, 12 percent of inmates released from administrative segregation returned to segregation within one year; within two years, 20 percent had returned. One explanation for this trend is the comparative lack of coping skills observed within the recidivist cohort. In addition, as reported earlier, 40 percent of the Colorado inmates released from segregation were being released directly to the community with no period of decompression.

Lessons learned from community re-entry programs (such as Reentry Partnership Initiatives[76]) provide a foundation for developing programs that transition inmates from administrative segregation to lower custody levels or the community. Taxman, Young, and Byrne asserted that a successful reentry program includes an "institutional phase" characterized by a wide range of programming options designed to prepare inmates for life within the community.[77] Program options include education, vocational training, life skills training, and individual and/or group counseling (for example, individual motivational readiness treatment). As applied to administrative segregation, the institutional phase could be viewed as the period during which inmates in administrative segregation have been identified for transition to a lower level of custody and are actively working toward movement out of segregation.

It should be noted that, despite the widespread validity of the re-entry concept, there is little evidence to date that such programs have been effective in reducing recidivism. The national evaluation of 12 adult reentry programs[78] found that while participation in re-entry programs accelerated, there were only modest positive results in post-release employment, housing, and freedom from substance abuse. Furthermore, there were no discernable effects on recidivism rates. The problem with

[75] *A Bill for an Act Concerning Appropriate Use of Restricted Confinement.* Sixty-eighth General Assembly of Colorado. Signed into law Jun. 3, 2011.

[76] Lattimore, Pamela K. and Christy A. Visher. 2013. "Prison Reentry Services on Short-Term Outcomes: Evidence From a Multisite Evaluation. Evaluation Review, 37(3-4) 274-313.

[77] F. S. Taxman, D. Young and J. Byrne. *Targeting for Reentry: Matching 8 Needs and Services to Maximize Public Safety*. National Institute for Justice Document 196491. Aug. 20, 2002.

[78] In 2008, Congress passed the Second Chance Act (P.L. 110-199), an effort to improve outcomes for people returning to communities after incarceration. This first-of-its-kind legislation authorizes federal grants to government agencies and nonprofit organizations to provide support strategies and services designed to reduce recidivism by improving outcomes for people returning from prisons, jails, and juvenile facilities. The Second Chance Act's grant programs are funded and administered by the Office of Justice Programs in the U.S. Department of Justice. Source: http://csgjusticecenter.org/nrrc/projects/second-chance-act.

these reentry programs was that the "dosage" (length of programming) was insufficient to produce stronger treatment effects.[79]

The implications of this study for reentry from segregation to the general population are not clear. We noted earlier that prior studies suggest that exposure to supermax conditions does not affect recidivism. There have been no published studies to date on whether exposure to supermax or other forms of segregation reduce inmate re-offending within the prison system itself. Important unanswered questions are (1) whether increasing or reducing the duration of segregation is of any value to institutional safety, and (2) whether an improved reentry regime would help mitigate that risk.

# Summary

The use of various forms of segregation began to increase in the 1970s as prison population growth began to accelerate. As segregation populations have increased, so, too, have concerns about their effects on segregated inmates and overall institutional safety. These concerns have led some states to reconsider their use of segregation and the conditions of confinement. In particular, states are reviewing their criteria for placement in segregation, conditions of confinement, and length of stay. Several states are under consent decrees regarding these issues and other constitutional matters.

The extent to which mental health issues are associated with these high-security units has also been questioned. In particular, are inmates placed in such units who have a diagnosed mental health issue being properly treated and/or should they be placed in a separate mental health treatment unit?

There is little published research to date on the effects of increased use of segregation. Published studies suggest that placement in segregation does not have a positive effect on recidivism rates. States that have reduced segregation populations have found no adverse impact on institutional safety. Still, many questions persist among corrections administrators and other stakeholders.

[79] Lattimore, Pamela V and Christy A. Visher. 2013. "Prison Reentry Services on Short-Term Outcomes: Evidence From a Multisite Evaluation. *Evaluation Review,* 37(3-4) 274-313

# Chapter 3: Analysis of the restrictive housing populations

In this chapter, we present data on the key attributes of the three major restrictive housing populations (ADX, SMU, and SHU) in the Bureau. Where available data permit, we make comparisons between these three populations and the much larger number of inmates who are not in restrictive housing and who are mostly housed in the general population.

At the time that this study began, there were approximately 220,000 inmates incarcerated in the Bureau on any given day. Of that number, only 5 percent were housed in the ADX, SMU, or SHU. What follows is a review of this small percent of the Bureau population, their admission and release trends, and their lengths of confinement.

## Population characteristics

Table 8 compares the demographic attributes of the restrictive housing population and other Bureau inmates as of November 23, 2013. These and other comparisons are based on snapshot data files produced by the Bureau's Office of Research and Evaluation (ORE). There are few major differences between the restrictive housing populations and the general population, with the following exceptions:

1. The ADX and SMU restrictive housing populations are exclusively male.
2. The SMU population is disproportionately younger.
3. The ADX population is disproportionately older.
4. The SMU population is disproportionately black.
5. All segregated populations are disproportionately U.S. citizens.

Table 8. Demographic attributes of ADX, SMU, SHU, and other Bureau populations, November 23, 2013

| | ADX | SMU | SHU | Other |
|---|---|---|---|---|
| Total population | 415 | 1,675 | 9,189 | 207,166 |
| | % | % | % | % |
| Gender | | | | |
| Males | 100% | 100% | 98% | 93% |
| Females | 0% | 0% | 2% | 7% |
| Current age | | | | |
| 25 or younger | 1% | 4% | 11% | 8% |
| 26–35 | 18% | 46% | 41% | 33% |
| 36–50 | 46% | 42% | 39% | 41% |
| 51 or older | 35% | 8% | 10% | 19% |
| Race | | | | |
| White | 59% | 46% | 55% | 60% |
| Black | 38% | 48% | 40% | 37% |
| Indian | 2% | 5% | 4% | 2% |
| Asian | 2% | 1% | 1% | 2% |
| Hispanic ethnicity | 16% | 28% | 30% | 35% |
| Citizenship | | | | |
| United States | 88% | 87% | 83% | 74% |
| Mexico | 4% | 9% | 12% | 18% |
| Other | 9% | 4% | 5% | 8% |

Source: Bureau/ORE.

## Primary offenses and sentences

Table 9 summarizes the primary offenses for which inmates have been sentenced. Members of the ADX population (and to a lesser degree, the SMU and SHU populations) are far less likely to be sentenced for a drug crime, which is the dominant offense for the nonsegregated Bureau population. Rather, ADX inmates are more likely to have been sentenced for the violent crimes of homicide, aggravated assault, robbery, and possession/use of weapons/explosives.

Regarding the type of sentences Bureau inmates are serving, ADX inmates are far more likely to have a life sentence (39 percent) than inmates of the SMU (9 percent), SHU (3 percent), or other Bureau facilities (2 percent). Predictably, the ADX inmates without a life sentence also have far longer sentences (average of nearly 30 years),

have served longer periods of incarceration (15 years), and have much longer periods of time left to serve (17 years).

It was also possible to estimate the number of inmates who were scheduled to be released within 12 months (as of November 23, 2013). For the nonsegregated Bureau inmates, about 30 percent or 55,430 were to be released in the next 12 months. In contrast, only 2 percent of the ADX population was to be discharged from prison in that time frame. The numbers were progressively higher for the SMU (9 percent) and SHU (21 percent) populations. Overall, over 2,000 inmates in restrictive housing were scheduled to be released within a year.

Table 9. Primary offenses of ADX, SMU, SHU, and other Bureau populations, November 23, 2013

| | **ADX** | **SMU** | **SHU** | **Other** |
|---|---|---|---|---|
| Total population | 415 | 1,675 | 9,189 | 207,166 |
| Primary offense | % | % | % | % |
| Drugs | 12% | 31% | 35% | 47% |
| Weapons/explosives | 12% | 28% | 21% | 14% |
| Homicide/aggravated Assault | 32% | 12% | 5% | 2% |
| Burglary/larceny | 15% | 7% | 5% | 4% |
| Robbery | 16% | 13% | 8% | 3% |
| Immigration | 1% | 5% | 10% | 11% |
| Fraud/bribery/extortion | 3% | 1% | 3% | 6% |
| Sex offense | 1% | 2% | 5% | 6% |
| Miscellaneous | 7% | 2% | 2% | 1% |
| Missing/unsentenced | 0% | 0% | 6% | 6% |

Source: Bureau/ORE.

These data have important implications for reentry programs and other related policies. Clearly, the need for such programs will be significant for the inmates in SHU and as well as the other nonrestricted inmate population; 57,525 of them were scheduled for release over the subsequent 12 months, as shown in table 10. This number should be fairly constant at any time. There is much less of a need for these programs for the ADX and SMU populations. However, given the long periods of placement in restrictive housing for these inmates, as described later in this chapter, the need for reentry programs remains significant for those nearing release in ADX and SMU housing.

Table 10. Sentence and time served attributes of ADX, SMU, SHU, and other Bureau populations, November 23, 2013

| | ADX | | SMU | | SHU | | Other | |
|---|---|---|---|---|---|---|---|---|
| **Attribute** | **Inmates** | **%** | **Inmates** | **%** | **Inmates** | **%** | **Inmates** | **%** |
| Lifers | 161 | 39% | 154 | 9% | 286 | 3% | 4,889 | 2% |
| | Average | Median | Average | Median | Average | Median | Average | Median |
| Sentence | 29 years | 25 years | 18 years | 15 years | 11 years | 9 years | 10 years | 8 years |
| Time served | 15 years | 14 years | 9 years | 7 years | 5 years | 4 years | 4 years | 3 years |
| Time left to serve | 17 years | 11 years | 9 years | 5 years | 6 years | 3 years | 4 years | 2 years |
| | | | | | | | | |
| | Inmates | % | Inmates | % | Inmates | % | Inmates | % |
| Releases within 12 months | 9 | 2% | 155 | 9% | 1,931 | 21% | 55,430 | 29% |

Source: Bureau/ORE.

## Medical and mental health care levels

The official medical and mental health status of the restrictive housing population is quite similar to that of the overall Bureau population. As noted earlier, the mental health care levels established by the Bureau are as follows:[80]

- Level 1—no significant mental health care
- Level 2—routine outpatient mental health care or crisis-oriented mental health care
- Level 3—enhanced outpatient mental health care or residential mental health care
- Level 4—inpatient psychiatric care

The medical care levels as defined by the Bureau are as follows:

- Level 1—healthy or simple chronic
- Level 2—stable or chronic care
- Level 3—unstable, complex chronic care

[80] PS5310.16, page 8, 5/1/2014

- Level 4—medical referral center care required

The Bureau states that the mental health care level system is tied to resource needs, not diagnoses. Specifically, an inmate with a mental illness may be classified at mental health care level 1 if his/her treatment needs are minimal, or if he/she does not need care on an ongoing basis or crisis-oriented care of significant intensity. Mental health care levels are designed to identify inmates in need of more intensive mental health resources—for example, individual therapy or residential programming.

The majority (between 68 and 72 percent) of restrictive housing inmates have been classified by the Bureau as healthy or only needing simple chronic medical care, and not requiring any specialized medical treatment (table 11). These proportions are virtually identical to those of other Bureau inmates (also 72 percent). Of those requiring medical care, the level of care is mostly at the lowest threshold; between 26 and 30 percent are at "care level 2—stable, chronic care."

Regarding mental health care level, the proportions of the restrictive population determined to be in need of care or treatment are even lower, with the vast majority assigned to care level 1. The ADX has the highest proportion of inmates at mental health care levels 2 and 3, but they only represent 10 percent of the entire ADX population. These proportions are comparable to the mental health care levels of the populations in nonrestrictive housing.

As noted in the literature review, state prison systems have been reporting much higher proportions of inmates in their segregated population units. The chapter on mental health care does raise some questions on the accuracy of the mental health ratings provided by the Bureau's mental health staff and suggests that a higher proportion of the segregated population may have a significant mental health ailment.

Table 11. Medical and mental health care levels of ADX, SMU, SHU, and other Bureau populations, November 23, 2013

| Medical and mental health care levels | ADX | SMU | SHU | Other |
|---|---|---|---|---|
| Total Cases | 415 | 1,675 | 9,189 | 207,166 |
| Medical | % | % | % | % |
| Level 1 | 67% | 72% | 72% | 72% |
| Level 2 | 30% | 28% | 26% | 24% |
| Level 3 | 2% | 0% | 1% | 2% |
| Level 4 | 0% | 0% | 0% | 1% |
| Missing | 0% | 0% | 1% | 1% |
| Mental health | | | | |
| Level 1 | 90% | 94% | 87% | 93% |
| Level 2 | 6% | 5% | 8% | 6% |
| Level 3 | 4% | 0% | 1% | 0% |
| Level 4 | 0% | 0% | 0% | 0% |
| Missing | 0% | 0% | 4% | 1% |

Source: Bureau/ORE.

## Security and special management issues

As expected, the Bureau populations in restrictive housing pose special management issues, which is why they have been placed in ADX, SMU, or SHU. The Bureau's classification system is designed to identify those inmates who pose the highest risk to inmate and staff safety. Table 12 shows that, unlike other Bureau inmates, the inmates in restrictive housing are classified at the highest security levels. Virtually all ADX and SMU inmates are assigned to the "high" category. The SHU population is classified predominantly as high (36 percent) or medium (40 percent) security, while the rest of the Bureau population is largely classified as medium, low, or minimum security.

Table 12. Security and other management issues of ADX, SMU, SHU, and other Bureau populations, November 23, 2013

| Security attribute | ADX | SMU | SHU | Other |
|---|---|---|---|---|
| Total cases | 415 | 1,675 | 9,189 | 207,166 |
| Security level | % | % | % | % |
| Unclassified | 0% | 0% | 4% | 4% |
| Minimum | 0% | 0% | 5% | 18% |
| Low | 0% | 0% | 16% | 41% |
| Medium | 1% | 1% | 40% | 29% |
| High | 99% | 99% | 36% | 9% |
| Other Issues | | | | |
| Separation required from specific other inmates | 96% | 93% | 67% | 40% |
| Gang member | 57% | 52% | 21% | 8% |
| Average criminal history score | 10 | 11.1 | 9.3 | 6.2 |

Source: Bureau /ORE.

The higher number of medium-security custody inmates is largely due to the high number of protective custody inmates assigned to SHU status and inmates who are being investigated for possible rules violations.

Virtually all ADX and SMU inmates have "separation" restrictions, which means that they cannot normally be placed in the same Bureau facility with one or more specific other inmates. Separation orders are often linked to rival gang affiliations, which are also a common attribute of the ADX, SMU, and SHU populations. Together, the separation and gang membership issues complicate efforts to double-cell inmates within the ADX, SMUs, and SHUs as well as to release them to the general population. The "Other" population has a lower but still noteworthy proportion of inmates with separation orders: 40 percent.[81]

Finally, the restrictive housing populations have significantly higher criminal history scores (CHSs). The CHS is a measure used by the federal courts to help determine whether a person should be incarcerated and how long the sentence should be. The higher the CHS, the more likely the person will be sentenced to prison and/or to a longer prison term. The higher CHS for the segregated populations means they have significantly more extensive prior convictions.

[81] "Other" refers to all other Bureau inmates who were not in any form of segregation as of November 23, 2013.

## Time in restrictive housing

The one-day snapshot also makes it possible to measure how long the current population has been in restrictive housing (table 13). ADX inmates have the longest periods of continuous assignment, with an average of approximately four years. The lower median number reflects inmates recently assigned to ADX and the small number of ADX inmates with extremely long periods of continuous confinement.

The SMU population has an average stay in the program of 277 days. The SHU population has a relatively short period of confinement of 76 days. The median numbers are considerably lower for the same reasons as for the ADX population.

The available data did not permit an analysis of length of stay in SHU for the various subgroups in this status (disciplinary segregation, administrative segregation, protective custody). SENTRY (the Bureau's inmate management/database system) and other Bureau data systems do not track this status in terms of length of stay.

Table 13. Length of time in ADX, SMU, and SHU status, November 23, 2013

| | ADX | SMU | SHU |
|---|---|---|---|
| Number of Inmates | 415 | 1,675 | 9,189 |
| Time In restrictive housing | | | |
| Average | 1,376 days | 277 days | 76 days |
| Median | 941 days | 211 days | 40 days |

Source: BOP/ORE.

## Disciplinary conduct of the SMU and ADX

As suggested by the classification and special management data, inmates in ADX and SMU have accumulated lengthy histories of misconduct. The average number of disciplinary reports (DRs) for the ADX population prior to placement in ADX was 15 with a median of 7. For the SMU population, the numbers were even higher, with an average of 17 and a median of 11 reports prior to placement in SMU.

For both groups, the number of reports since being placed in restrictive housing is substantially lower. However, these comparisons of disciplinary histories before and after restrictive housing do not account for the varying amounts of time different inmates served in the Bureau before and after placement in restrictive housing. Further, the number of DRs prior to the most recent placement in restrictive housing includes DRs received during prior commitments to ADX and SMU.

To further isolate the possible effects of restrictive housing on inmate misconduct, the analysis time frame was limited to the 12 months immediately before and after placement in restrictive housing (Table 15). Although the 12-month average and median numbers are lower than those based on total prior history, a suppression effect does not appear. This means that the conduct of the inmates in restrictive housing continues at the same rate that was occurring prior to placement in restrictive housing. While the inmates have been incapacitated, there appears to be little change on their behavior at least initially during the first 12 months of restrictive housing.

Table 14. Disciplinary reports for current ADX and SMU populations, as of November 23, 2013—total number of reports

| **Number of disciplinary reports** | **ADX** | **SMU** |
|---|---|---|
| Number of inmates | 415 | 1,675 |
| DRs prior to placement | | |
| Average | 15 | 17 |
| Median | 7 | 11 |
| DRs after placement | | |
| Average | 10 | 7 |
| Median | 3 | 2 |
| Total | | |
| Average | 19.5 | 19.8 |
| Median | 8 | 12 |

Source: BOP/ORE.

Table 15. Disciplinary reports for ADX and SMU populations, as of November 23, 2013—reports in the 12 months before and after restrictive housing placement

| **Disciplinary reports in past 12 months** | **ADX** | **SMU** |
|---|---|---|
| Number of inmates | 415 | 1,675 |
| 12 months before placement | | |
| Average | 5.1 | 4.3 |
| Median | 2 | 2 |
| 12 months after placement | | |
| Average | 5.6 | 4.6 |
| Median | 1 | 2 |

Source: BOP/ORE.

The types of infractions in the reports accumulated by ADX and SMU inmates both prior to and while in restrictive housing status are quite varied but include a

significant number of very serious rule violations. The Bureau has classified all of the possible violations into four levels of severity: greatest, high, moderate, and low. The 415 ADX inmates had accumulated about 4,500 infractions prior to being placed in ADX, of which 65 percent were in the "greatest" or "high" levels.

For ADX, of the 50 "killing" incidents that include attempts and aiding and abetting, 23 involved injuries that proved to be fatal. Of the four that occurred after placement in ADX, only one involved a fatal injury. For SMU, of the 24 "killing" incidents prior to placement, two involved injuries that proved to be fatal. Neither of the two that occurred after SMU placement resulted in a fatality. All 26 fatalities were inmates.

The 1,675 SMU inmates had accumulated 25,996 infractions of which 62% were also in the "greatest" or "high" severity levels. Since being in ADX and SMU, the accumulated numbers have declined as well as the proportions that are in the "greatest" and "high" severity levels. This decline is expected given that the time frame for the "before" period exceeds the time in SHU and ADX. And as noted earlier, when one controls for time frames (12 months before and after), the number and rate of DRs have not changed.

It should be emphasized that these results are largely descriptive in nature and not intended to test the impact of restricted housing on inmate conduct. That type of analysis was beyond the scope of this project and could not be supported by the data provided by the Bureau.

Table 16. Types of disciplinary infractions by ADX inmates, as of November 23, 2013

| | **Before ADX placement** | | **During and after ADX placement** | |
|---|---|---|---|---|
| | **N** | **% of total** | **N** | **% of total** |
| **Total** | **4,500** | **100%** | **2,142** | **100%** |
| **Greatest severity / 100 level** | **812** | **18%** | **350** | **16%** |
| Killing | 50 | 1 | 4 | <1 |
| Assault with serious injury | 191 | 4 | 13 | <1 |
| Escape | 10 | <1 | 0 | 0 |
| Setting a fire | 53 | 1 | 2 | <1 |
| Possessing dangerous weapon | 307 | 7 | 33 | 2 |
| Rioting | 4 | <1 | 0 | 0 |
| Encouraging riot | 6 | <1 | 0 | 0 |
| Possessing hazardous tool | 20 | <1 | 7 | <1 |
| Refusing drug or alcohol test | 95 | 2 | 278 | 13 |
| Introducing drugs or alcohol | 2 | <1 | 6 | <1 |
| Using drugs or alcohol | 41 | <1 | 3 | <1 |
| Possessing drugs or alcohol | 17 | <1 | 2 | <1 |

| | Before ADX placement | | During and after ADX placement | |
|---|---|---|---|---|
| | N | % of total | N | % of total |
| Other "greatest severity" | 16 | <1 | 2 | <1 |
| **High severity / 200 level** | **2,148** | **47%** | **697** | **33%** |
| Fighting with another person | 116 | 3 | 5 | <1 |
| Threatening bodily harm | 503 | 11 | 201 | 9 |
| Engaging in sex acts | 308 | 7 | 143 | 7 |
| Making sex proposal or threat | 34 | <1 | 17 | <1 |
| Interfering with security devices | 169 | 4 | 31 | 1 |
| Group demonstration | 28 | <1 | 2 | <1 |
| Destroying property over $100 | 156 | 4 | 79 | 4 |
| Possessing intoxicants | 117 | 3 | 24 | 1 |
| Refusing alcohol test | 31 | <1 | 46 | 2 |
| Assault without serious injury | 581 | 13 | 111 | 5. |
| Disruptive conduct—high | 50 | 1. | 13 | <1 |
| Other "high severity" | 55 | 1 | 25 | 1 |
| **Moderate severity / 300 level** | **1,490** | **34%** | **1,083** | **51%** |
| Possessing unauthorized item | 118 | 3 | 43 | 2 |
| Refusing work/program assignment | 111 | 3 | 78 | 4 |
| Refusing to obey order | 619 | 14 | 506 | 24 |
| Being insolent to staff | 165 | 4 | 63 | 3 |
| Failing to stand count | 86 | 2 | 180 | 8 |
| Destroying property $100 or less | 106 | 2 | 50 | 2 |
| Being unsanitary or untidy | 66 | 2 | 30 | 1 |
| Other "moderate severity" | 219 | 5 | 133 | 6 |
| **All "low severity" / 400 level** | **50** | **1%** | **12** | **<1%** |

Source: BOP/ORE.

Table 17. Types of disciplinary infractions by current SMU inmates, as of November 23, 2013

| | Before SMU placement | | During and after SMU placement | |
|---|---|---|---|---|
| | N | % of total | N | % of total |
| **Total** | **25,966** | **100%** | **5,061** | **100%** |
| **Greatest severity / 100 level** | **4,733** | **18%** | **694** | **14%** |
| Killing | 24 | <1 | 2 | <1 |
| Assault with serious injury | 547 | <1 | 19 | <1 |
| Escape | 15 | <1 | 0 | 0 |
| Setting a fire | 161 | <1 | 23 | <1 |
| Possessing dangerous weapon | 2,405 | 9 | 233 | 5 |
| Rioting/encouraging riot | 24 | <1 | 0 | 0 |

| | Before SMU placement | | During and after SMU placement | |
|---|---|---|---|---|
| | N | % of total | N | % of total |
| Taking hostages | 3 | <1 | 1 | <1 |
| Possessing hazardous tool | 114 | <1 | 10 | <1 |
| Refusing drug or alcohol test | 300 | 1 | 305 | 6 |
| Introducing drugs or alcohol | 82 | <1 | 9 | <1 |
| Using drugs or alcohol | 541 | 2 | 7 | <1 |
| Possessing drugs or alcohol | 397 | 2 | 38 | <1 |
| Destroying/disposing of item during search | 45 | <1 | 30 | <1 |
| Interfering with staff—greatest | 12 | <1 | 1 | <1 |
| Disruptive conduct—greatest | 47 | <1 | 12 | <1 |
| Other "greatest severity" | 16 | <1 | 4 | <1 |
| **High severity / 200 level** | **11,402** | **44%** | **2,396** | **47%** |
| Fighting with another person | 1,289 | 5 | 257 | 5 |
| Threatening bodily harm | 1,471 | 6 | 467 | 9 |
| Engaging in sex acts | 2,254 | 9 | 460 | 9 |
| Making sex proposal/threat | 226 | 1 | 60 | 1 |
| Interfering with security devices | 937 | 4 | 217 | 4 |
| Group demonstration | 100 | <1 | 3 | <1 |
| Destroying property over $100 | 391 | 2 | 51 | 1 |
| Possessing intoxicants | 959 | 4 | 7 | <1 |
| Refusing alcohol test | 159 | <1 | 0 | 0 |
| Assault without serious injury | 2,498 | 10 | 451 | 9 |
| Interfering with staff—high | 100 | <1 | 35 | <1 |
| Disruptive conduct—high | 288 | 1 | 138 | 3 |
| Other "high severity" | 730 | 3 | 250 | 5 |
| **Moderate severity / 300 level** | **9,624** | **37%** | **1,967** | **39%** |
| Possessing unauthorized item | 1,015 | 4 | 245 | 5 |
| Refusing work/program assignment | 905 | 4 | 200 | 4 |
| Refusing to obey order | 3,144 | 12 | 613 | 12 |
| Being insolent to staff | 874 | 3 | 119 | 2 |
| Failing to stand count | 872 | 3 | 239 | 5 |
| Destroying property $100 or less | 422 | 2 | 205 | 4 |
| Being unsanitary/untidy | 153 | <1 | 31 | <1 |
| Other "moderate severity" | 2,239 | 9 | 560 | 11 |
| **All "low severity" / 400 level** | **207** | **<1%** | **4** | **<1%** |

Source: BOP/ORE.

## Recidivism rates of ADX and SMU inmates

To examine the question of how many inmates released from ADX or SMU subsequently return to restrictive housing, a cohort of inmates released in 2011 was created and recorded to determine whether they have returned to restrictive housing. Although the number of ADX and SMU releases are relatively small, the overall return to restrictive housing status are also low. Of the 66 ADX inmates released to the general population, only 9 percent returned to ADX. Of the 585 SMU inmates released, 19 percent have returned to SMU status (see table 18).

A much higher proportion of the releases do incur at least one additional disciplinary report during the follow-up period. Of the inmates released from SMU, 84 percent recorded another disciplinary report, with an average of 3.7 reports.

For the inmates released from ADX, the percentages are similar, 83 percent with a new disciplinary report, but for a much lower average of 1.6 reports.

It is beyond the scope of this report to explain the higher prison recidivism rates for the SMU releases. Clearly, there are substantial differences between the attributes of the two cohorts that are related to institutional misconduct. For, example the inmates released from SMU are younger than those released from ADX. Older inmates are less likely to become involved in misconduct, so the maturation effect may be greater for the ADX inmates. The small number of ADX inmates released does not permit a multivariate analysis that could adequately control for age and other factors possibly related to recidivism.

The larger number of inmates released from SMU makes it possible to examine the bivariate relationship between time in SMU and recidivism (table 19). Most of the releases are clustered in the 19–24 month range. The prison recidivism rates do not vary significantly by shorter or longer periods of SMU confinement. Those inmates who spent more than two years in SMU had a significantly higher rate of return to SMU but an equivalent rate of new disciplinary reports. Younger SMU inmates also tended to have shorter periods of SMU placement.

These data suggest that the amount of time in the SMU is not a strong predictor. In fact, longer periods of time in SMU are associated with higher in-prison recidivism rates. While the numbers are not large, they do raise the question of whether the current time frame of 18 months or longer for completing the four-phase SMU program is excessive. As noted in the literature review, some state systems have shorter step-down programs, and these data support a move to moderate the current length of the SMU program.

Table 18. In-prison recidivism rates for inmates released from ADX and SMU

| Attribute | ADX | SMU |
|---|---|---|
| Releases | 66 | 585 |
| Average age at release | 44 years | 36 years |
| Average time In segregation | 6.8 years | 1.7 years |
| Median | 5.4 years | 1.6 years |
| Total (%) released directly to streets | 5 (8%) | 77 (13%) |
| % returned to segregation (ADX or SMU) | 9% | 19% |
| Average time to segregation return | 246 days | 469 days |
| % with DR | 83% | 84% |
| Average number DRs after release | 1.6 | 3.7 |

Table 19. Prison recidivism rates for inmates released from SMU by time in SMU

| Length of Stay | Releases | % return | % new DR |
|---|---|---|---|
| 18 months or less | 146 | 16% | 69% |
| 19–24 months | 346 | 17% | 77% |
| 25 months or more | 93 | 29% | 75% |

Source: BOP/ORE.

## Trends in assault rates and lockdowns

To what extent have overall rates of inmate assaults and the use of lockdowns changed as the Bureau's segregation populations have increased? One of the key purposes of restrictive housing is to provide greater safety for inmates and staff as the more disruptive and violent inmates are incapacitated by removing them from the general population for extended periods of time.

Figure 3 compares the rise in the SMU population with the annual inmate assault rate. The assault rate, which is low at less than three assaults per 100 inmates, has remained stable since 2004. There has been a slight decline since the rapid increase in the SMU population.

However, while the overall assault rate has remained constant, there may have been a reduction in the high-security populations. Since most of the inmates placed in restrictive housing were classified at higher security levels and housed at the USPs, the reduction in assault rates may be limited to those facilities.

Table 20 shows that there has been a decrease in the assault rate at the Bureau's high-security prisons, suggesting that the rapid increase of the SMU population did have an incapacitation effect. Further, there has been a significant reduction in

(1) the number of lockdowns at the various Bureau prisons and (2) the total number of lockdown days (table 20). Again, no claim of causation can be made, as other external factors may be related to these trends.

Figure 3. ADX and SMU populations and inmate assault rate, 2004-2013

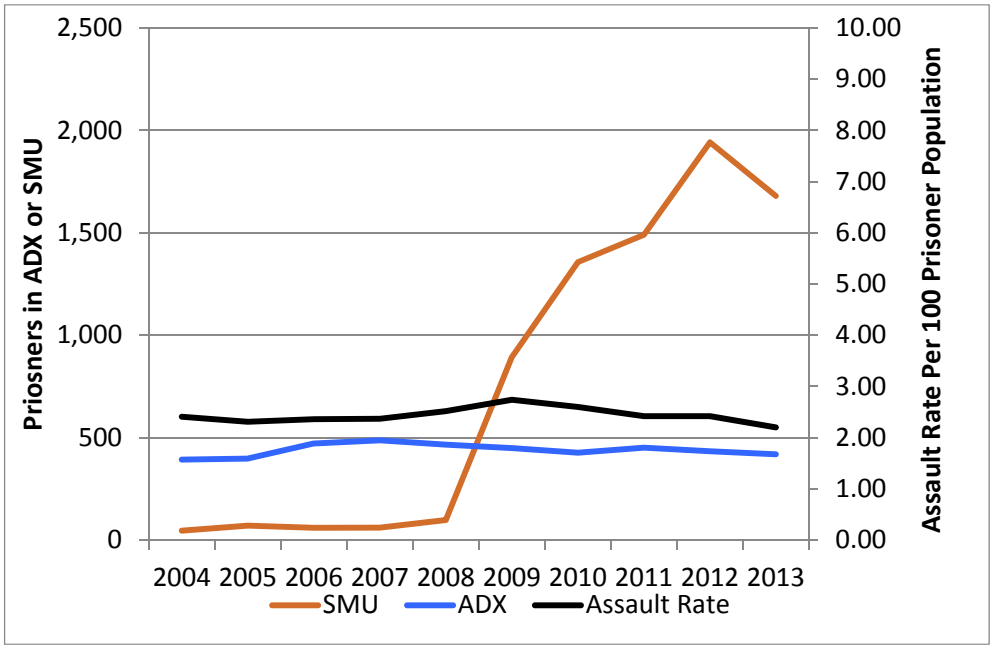



Table 20. Changes in ADX and SMU populations, assaults, and lockdowns, 2008–2013

| Year | SMU | ADX | Assaults per 100 inmates | Assault rates in high-security prisons | Lockdowns | Total lockdown days | Days per lockdown |
|---|---|---|---|---|---|---|---|
| 2008 | 100 | 471 | 2.5 | 10.5 | 148 | 1,210 | 8.2 |
| 2009 | 936 | 447 | 2.7 | 10.9 | 111 | 917 | 8.3 |
| 2010 | 1,398 | 433 | 2.6 | 10.4 | 129 | 877 | 6.8 |
| 2011 | 1,545 | 450 | 2.3 | 9.1 | 93 | 773 | 8.3 |
| 2012 | 2,042 | 434 | 2.4 | 8.7 | 86 | 526 | 6.1 |
| 2013 | 1,675 | 415 | 2.2 | 8.6 | 71 | 706 | 9.9 |

Source: BOP/ORE.

## Summary of major findings

Inmates placed in ADX, SMU, and SHU status represent a small proportion of the Bureau's prison population. They also differ from other BOP inmates on a number of key attributes. In particular, they are disproportionately male and older, and more of them are U.S. citizens. They tend to have been sentenced for a more serious/violent offense and assigned to higher custody levels, to be associated with a gang (either street- or prison-organized), and to have separation restrictions.

All three populations have substantial time left to serve on their sentences. However, there are over 2,000 inmates in restrictive housing who will be released within a year, which suggests the need for reentry services. Differences in sentence lengths, time served, and time left to serve are especially pronounced among the ADX and SMU inmates.

The majority of inmates in restrictive housing do not require any specialized medical treatment and are virtually identical to other Bureau inmates. Somewhat surprisingly, relative to mental health care level, the proportions of inmates that are reported in need of care or treatment are even lower and comparable to the mental health care levels of the nonrestrictive populations.

The SMU and ADX inmates have lengthy disciplinary records, which include repeated histories of institutional violence and other types of serious misconduct. It does not appear that initial placement in the SMU and ADX units has any impact on the rate of misconduct that was occurring prior to placement in restrictive housing.

The vast majority of ADX and SMU inmates released in 2011 were not returned to restrictive housing status, although most incurred another DR within two years. There was no strong or consistent relationship between time in SMU and in-prison recidivism rates, although inmates with the longest placement in SMU had a higher rate of return to restrictive housing. This may be due to the inmates' failure to comply with the SMU program for a substantial period of time and thus their higher risk of recidivism than that of inmates who complied and completed the program in a shorter period of time.

The Bureau's assault rate remained unchanged as the size of the SMU population dramatically increased. However, there has been an associated decline in the rate of assaults in the high-security prisons, the number of lockdowns, and the number of lockdown days.

# Chapter 4: Due process

The project team conducted a comprehensive review of the application of inmate due process rights in the assignment and management of inmates in special housing at each site visited, including an evaluation of procedures to protect due process rights during referral, designation, and throughout the duration of placement within SHU, SMU, and/or ADX. This assessment reviews the application of the Bureau's disciplinary process and assesses its administrative remedy procedures.

The following documents were reviewed as part of the assessment:

- Applicable decisions of the United States Supreme Court and circuit and district courts
- P.S. 5212.07: Control Unit Programs
- P.S. 5217.01: Special Management Units
- P.S. 5270.09: Inmate Discipline Program
- P.S. 1315.07: Legal Activities, Inmate
- P.S. 1330.17: Administrative Remedy Program
- P.S. 5270.10: Special Housing Units
- Special Management Unit Handbook

As outlined earlier in this report, data collection and analysis focused on representative samples of inmates at selected facilities. The Bureau placed no restrictions on the team's access to inmate files. By closely examining the selected inmates through case file review, observations, and interviews, the project team developed a better understanding of the due process systems associated with placement into restrictive housing within the Bureau. The file reviews of the sampled inmates included a review of the basis of placement in restrictive housing, the review process involved in placement, inmates' progress through the programs, and the process used to determine either release or transfer to another facility.

A number of recent disciplinary cases were also reviewed at each facility to more fully understand the basis of disciplinary sanctions imposed and the compliance with due process standards in administering discipline. The number of disciplinary cases varied at each facility, but a review typically covered 30–50 of the most recently completed disciplinary cases. The project team reviewed each case along with all supporting documents, including the incident report and associated hearing documents.

The case file review was supplemented by interviews with inmates, disciplinary hearing officers (DHOs), and the administrative remedy coordinator at each facility. Staff at the Central Office who directly managed due process functions were also interviewed, as were staff at the Designations and Sentence Computation Center (DSCC).[82]

# Federal due process standards

The United States Supreme Court has held that prison inmates are entitled to certain procedural protections before they can be deprived of protected liberty interests. This is known as the right to due process. The Supreme Court holds that, when a protected liberty interest exists, for example in the case of good-time credits, certain minimum requirements are due to the inmate before this interest can be infringed upon.

The inmate's interest must, however, be considered in view of the fact that he is incarcerated and the environment is secure in nature. In *Superintendent v. Hill*, 472 U.S. 445, 454-55 (1985), the Court recognized that the safeguards of due process are to be considered in light of the "legitimate institutional needs of assuring the safety of inmates and staff, avoiding burdensome administrative requirements that might be susceptible to manipulation, and preserving the disciplinary process as a means of rehabilitation."

When a prison disciplinary action infringes on an interest protected by the due process clause (a protected liberty interest), the inmate must receive (1) advance written notice of the disciplinary charge, (2) an opportunity to call witnesses and present documentary evidence in his or her defense, and (3) a written statement by the fact finder of the evidence relied upon and the reasons for the action taken (*Wolff*

[82] The Designations and Sentence Computation Center (DSCC) is located in Grand Prairie, Texas and is responsible for the review of recommendations for designation to a specific facility, re-designation or transfer to a different facility, and also review the placement recommendations to SMU and the ADX General Population.

*v. McDonnell*, 418 U.S. 539 1974). If there is "some evidence" to support the decision, then due process is satisfied (*Superintendent v. Hill*). "Some evidence" means "any evidence on the record that could support the conclusion reached" (*Id.*)

In regard to timing, there must be at least 24 hours between the time the inmate receives the written charges and the hearing. This has been determined to be sufficient time to allow the inmate to prepare a defense.

The inmate has the right to call witnesses and present documents supporting his defense, as long as doing so is not hazardous to institutional safety. Prison regulations control when the hearing is held; if the hearing is not held within the time specified by the regulation, this failure is not in and of itself a violation of due process. In the court's view, the relevant inquiry will not concern whether the prison complied with its own regulations, but rather whether the inmate ultimately received all he or she was entitled to under the *Wolff* standard outlined above.

If an inmate needs legal assistance, the prison should provide access to a "reasonably adequate law library" for conducting legal research. The Supreme Court has declined to find that inmates have a right to counsel for disciplinary matters (*Wolff*, 18 U.S. at 570). The Court did indicate, however, that if an inmate is illiterate or suffers from a mental condition, legal assistance may be appropriate. However, that assistance need not be provided by an attorney.

In sum, as long as the prison ensures that the requirements of *Wolff* are met, due process is viewed as being satisfied.

Finally, even though an inmate may be able to file a grievance regarding a condition of confinement at any time for any reason, the mere fact that such a grievance process exists does not create a protected liberty interest. Most such "blanket" grievance processes are designed to comply with the *Wolff* standards and can serve as an additional fail-safe measure to protect against inadvertent violations of due process rights. However, if an inmate challenged the underlying decision in court, the court would first determine whether or not the particular issue the inmate raised implicated a protected liberty interest. If not, then the blanket grievance process would be unnecessary.

Decisions to place inmates in some type of special housing unit, such as segregation or restrictive housing, that may result in a deprivation of the inmate's liberty interest are protected by the Due Process Clause. Whether such placement amounts to a violation of a protected liberty interest requires an answer to the following question:

Does the segregation assignment impose an "atypical and significant" hardship on the inmate "in relation to the ordinary incidents of prison life?"[83]

It is important to remember that the act of confining an inmate to special housing is not, in and of itself, a violation of due process and therefore, the *Wolff* standard does not apply just because a transfer occurs. The transfer has to amount to an "atypical and significant hardship" in order to trigger due process protections. While an inmate may feel burdened by being placed in administrative segregation, if it is for a short time, this is not generally considered an "atypical and significant hardship."

On the other hand, courts have also held that even a minor hardship can amount to a deprivation of liberty if it is imposed for an extended period of time. As federal courts have applied this rule, it has become apparent that very few instances of administrative segregation, except those that clearly affect the total duration of the inmate's incarceration, will result in infringement of due process. A recent relevant ruling[84] held that if segregation leads ultimately to a longer prison sentence compared to those served by inmates in the general population, then the segregation may be "atypical and significant" and due process should be afforded.

# Inmate discipline

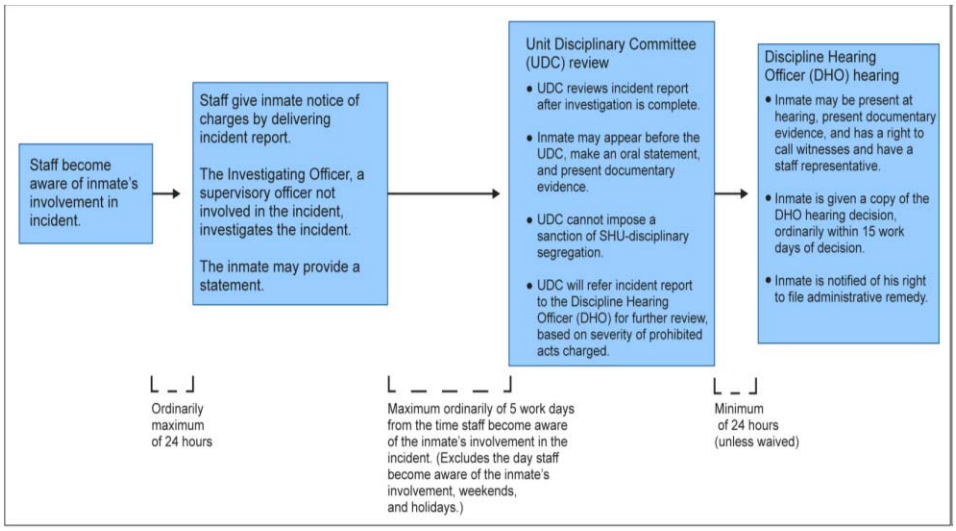
Inmate discipline within the Bureau is governed by *Program Statement 5270.09, Inmate Discipline Program*, as amended July 8, 2011. The provisions of the policy apply to all people in the custody of the Bureau including in Bureau contract facilities.

A May 2013, the Government Accountability Office report *Improvements Needed in Bureau of Prisons' Monitoring and Evaluation of Impact of Segregated Housing* included a simplified summary of the process outlined in *Program Statement 5270.09,* from staff observation of a potential prohibited behavior through the referral process for review of the allegation to conclusion of the hearing process. This summary is included in figure 4.

[83] *Sandin v. Conner*, 515 U.S. 472, 483 (1995).

[84] *Sandin v. Conner*, 515 U.S. 472, 483 (1995).

Figure 4. Inmate disciplinary process




Source: GAO analysis of BOP documents.

The key elements of the inmate discipline program as required by PS 5270.09 are summarized in the pages that follow.

The disciplinary process is initiated when a staff member believes the inmate has committed, or observes the inmate committing, a prohibited act. The resulting incident report must contain all known facts (except when there is information that must remain confidential). All people present during the incident are to be listed, as is any physical evidence. The staff member will issue the inmate the incident report within 24 hours of becoming aware of the incident. The incident report is then forwarded to the supervising lieutenant.

The 24-hour notice period begins at the point at which staff becomes aware of the incident or of probable cause to believe that the inmate was involved in an incident. For example, it would begin on the date that a probable-cause drug test came back positive, not necessarily on the date that the staff observed inmate behavior that gave rise to the test.

The lieutenant usually serves as the investigating officer and is responsible for completing the investigation and providing the inmate with formal notice of the charges as contained on the second page of the incident report. The investigating officer may informally resolve the incident report (except for those in the "greatest" and "high" severity levels). If not resolved informally or referred for external

investigation due to the nature of the incident, the incident report is forwarded to the unit disciplinary committee (UDC).

The UDC reviews both the incident report and the investigation results, and can render one of the following decisions:

- Determine the inmate committed the prohibited act or identify similar prohibited acts.
- Determine that the inmate did not commit the specified acts.
- Refer the incident report to the DHO for further review based on the nature of the charges (prohibited acts of "greatest" or "high" severity level are automatically referred to the DHO).

The following are examples of prohibited acts within each severity level:

- Greatest—killing, escaping from escort, manufacturing a weapon, rioting, assaulting any person, including sexual assault, taking a hostage, introducing or making any narcotics, drugs, alcohol, or related paraphernalia
- High—escaping from a work detail or other non-secure confinement, fighting, threatening with bodily harm, bribery, extortion, making sexual proposals or threats, engaging in sex acts, stealing, destroying government property
- Moderate—indecent exposure, misusing authorized medication, refusing to work or to accept a program assignment, violating conditions of a community program, insolence, gambling, possessing money, smoking where prohibited, communicating a gang affiliation
- Low—malingering, using obscene or abusive language, unauthorized physical contact, interfering with a staff member, conduct which disrupts or interferes with the security or orderly running of the institution or Bureau

The UDC is ordinarily composed of two or more unit staff members. It is required to review the incident report and hold a hearing within five working days. It can dispose of most charges with findings and sanctions, but must refer 100- and 200-level offenses to the DHO. To render findings and order sanctions for low-level offenses (300 and 400 levels), two members of the UDC must participate in the hearing. If the UDC renders findings and sanctions (on low-level offenses), the inmate has no due process rights, as the low-level sanctions available for such offenses do not implicate any liberty interest. Even so, inmates may appeal the decision of the UDC and, using the appropriate section on the incident report, the UDC provides the inmate with notice of appellate rights.

For minor (300- and 400-level) infractions, the program statement also provides an informal resolution process. In this process, after the inmate receives a copy of the incident report, and the unit team and inmate may agree to an informal resolution. Informal resolution of an incident report requires the consent of both the staff and the inmate but occurs at the sole discretion of staff. The incident report is placed in "pending informal resolution" status. If the inmate completes tasks that may be required of him or her, the status is changed to "informally resolved." If informal resolution fails for any reason, the disciplinary process starts again and the incident report is forwarded to the UDC.

Incidents that involve possible criminal behavior—those involving narcotics, weapons, assaults, or cell phones—must first be referred to the Federal Bureau of Investigation or other outside authorities for further investigation and possible prosecution prior to initiating the disciplinary process. Similarly, cases that require laboratory testing are deferred until the lab results are obtained. Accordingly, the incident report may not be fully completed or provided to the inmate until a later date. Incident reports may also be updated, supplemented, or rewritten and resubmitted after additional facts become known.

For a referral to the DHO, only one member of the UDC is required. The UDC is required to provide the inmate with its disposition/notice of charges at least 24 hours prior to the DHO hearing.

The policy lists the prohibited acts that may result in discipline.[85] The acts are divided into four categories based on severity: greatest, high, moderate, and low. The policy also includes a table that outlines the prohibited acts and indicates the available sanctions for each act. Sanctions are imposed either by the DHO or the UDC depending on the severity level.

Inmates have the right to select a staff representative to assist in preparation for the hearing and to serve as a representative during the hearing. This option was utilized frequently in the cases we reviewed, and in many instances continuances were granted to ensure the availability of the requested staff representative.

If evidence indicates that an inmate does not fully understand the nature of the process or the allegations or cannot assist in his or her own defense, the disciplinary hearing may be postponed until the inmate is competent to participate. The UDC or

[85] Table 1. Prohibited Acts and Available Sanctions, PS 5270.09

DHO will make this decision based on available evidence, including evidence presented by the mental health staff. [86]

Bureau policy allows for the possibility that an inmate who has been determined to be mentally ill may not be held responsible for his/her conduct. In that case, the inmate is cleared but the incident report is retained in the inmate's file for informational purposes only.

If the charges in the incident report are sustained, the hearing officer may impose sanctions that vary depending on the severity level and related circumstances of the incident as outlined below.

- Greatest severity level: forfeit or withholding of earned statutory good time and nonvested good conduct time up to 100 percent; disciplinary segregation up to 12 months; monetary restitution or a monetary fine; impoundment of property; removal from a program, group activity, or job; loss of privileges including visits, telephone, commissary, movies, and recreation

- High severity level: forfeit or withholding of earned statutory good time and nonvested good conduct time up to 50 percent or up to 60 days, whichever is less; disciplinary segregation up to six months; monetary restitution or a monetary fine; impoundment of property; removal from a program, group activity, or job; extra duty; loss of privileges including visits, telephone, commissary, movies, and recreation

- Moderate severity level: forfeit or withholding of earned statutory good time and nonvested good conduct time up to 25 percent or up to 30 days, whichever is less; disciplinary segregation up to three months; monetary restitution; monetary fine; impoundment of property; removal from program, group activity, or job; extra duty; loss of privileges including visits, telephone, commissary, movies, and recreation

- Low severity level: forfeit of up to 12.5 percent of good conduct time credit available for year (on second occurrence of same offense in six months), or forfeit of up to 25 percent of good conduct time credit for year (on third occurrence of same offense in six months); monetary restitution or a monetary fine; impoundment of property; removal from a program, group activity, or job; extra duty; loss of privileges including visits, telephone, commissary, movies, and recreation

[86] PS5270.09, Chapter 3, 541.6(b)

The maximum sanctions for disciplinary segregation for these levels are higher than the authorized levels applied in many state systems. Georgia limits disciplinary segregation to 30 days. In certain circumstances in Ohio, the 15-day segregation can be increased to 30 days.[87] Other systems limit segregation to 180 days; systems including those in Illinois, New York, and Kentucky limit segregation for a single offense to 12 months. However, most states allow consecutive segregation sentences, which can lead to very long periods of disciplinary confinement.

## Disciplinary process observations

In the course of this review, UDC and DHO hearings were reviewed and observed at each of the locations reviewed. DHO docket summaries were reviewed at each institution that was reviewed. The docket summaries included information on the violation code, location, and result of the hearing including the sanction imposed. The review also included interviewing staff involved in the UDC hearing process and the DHO assigned to each facility.[88] In addition, hearing documents for the most recent 40–50 DHO cases were reviewed. This included all related materials that were used in the hearing process, including the original incident report, results of the investigation of the incident, documentation of the UDC review and referral to the DHO, all materials associated with the DHO hearing, and the imposed sanctions. In total over 450 case files were reviewed in the course of the site visits.

The DHO staff members assigned to the facilities do not directly report to the local institution's warden or a designated staff. DHO staff members have autonomy to impose sanctions and do not consult with the operations staff when determining those sanctions. The DHO staff report up through the organizational structure to the Bureau's Correctional Programs Division. Regional DHO staff and central office staff provide direction, guidance, oversight, and training to the field-based DHO staff, but there is no direct reporting relationship to the administration of the institution where they are assigned. This is done in order to ensure the independence of the hearing process.

At all facilities visited (with the exception of USP Terre Haute, where the assigned DHO was located in the Kansas City Regional Office and hearings were conducted by

[87] Inmate Disciplinary Process, 56-DSC-01, effective December 10, 2009, Ohio Department of Rehabilitation and Correction.

[88] All DHO staff were interviewed at the facility assigned with the exception of USP Terre Haute where the DHO was based in the regional office. In this case the interview was completed telephonically.

video), the disciplinary hearings were held out of cell in a private location in the presence of the DHO, consistent with policy and best practices.

**FINDING: The DHOs and others involved in the disciplinary process were well versed in their duties. All appropriate notices and procedures were followed, and inmates responded respectfully to the process and the decision.**

Generally, the DHO at each facility had arranged for a staff representative to attend or postponed the hearing until the staff representative could be present. In two cases, although the paperwork clearly indicated that the inmates had been given appropriate notice and service of charges, when the inmates questioned appropriate notice and/or service, the DHO re-served the inmates and delayed the hearings.

**FINDING: Bureau disciplinary processes and procedures provide substantial and redundant assurances for due process compliance.**

At some facilities, the file review of DHO cases found that a significant percent of charges filed through incident reports were expunged as a result of the DHO hearing process (table 21). This is the equivalent of a dismissal or acquittal for the inmate.

Table 21. Hearing dismissal rates

| Facility | Dismissal rate |
|---|---|
| USP Lewisburg | 12% |
| USP Allenwood | 12% |
| USP Florence | 22% |
| USP Hazelton | 6% |
| USP Victorville | 7% |
| FCI Butner II | 15% |

Source: BOP.

These dismissal rates are higher than rates observed by project team members at comparable facilities at the state level, which is an indicator that the process is valid and ensures due process in the review of charges and allegations. It is also significant given that the process has multiple review points where the charges can be dismissed prior to referral to the DHO.

Sanctions issued by the DHO were found to be consistently lower than the allowed level for each of the severity levels. For example, offenses in the "greatest" severity level carry a maximum time in disciplinary segregation of 12 months. Of all the case files reviewed, not one included a sanction of 12 months segregation. For 100-level offenses such as possession of a weapon the typical sanction included 30–45 days disciplinary segregation and in many cases was 15–20 days segregation. At USP Victorville, the typical sanction for an assault or a weapons offense was 30–60 days disciplinary segregation. At USP Tucson, a typical sanction for possession of a

weapon was 45 days, while an assault resulted in 60–90 days segregation. At USP Coleman, a weapons offense resulted in 30 days of disciplinary segregation.

Bureau DHOs use the restriction of privileges such as visiting, commissary, and telephone extensively as a sanction for offenses within all severity levels. Almost every sanction issued by the DHO at each of the facilities reviewed included a restriction of one or all of the above privileges. At USP Coleman, weapons offenses typically resulted in a sanction of 41 days loss of good conduct time; 15 days placement in disciplinary segregation; or 180 days restriction on visits, commissary, and telephones. Similar sanctions, with some variance in the amount of segregation time, were found in virtually all the institutions reviewed. In the cases reviewed, it was normal for the DHO to impose 180 days loss of commissary, telephone, and visits. The extensive use of restriction of privileges resulted in the accumulation of loss of privileges over an extended period. It was not unusual to find inmates who had lost visit privileges for more than one or two years. During one interview, an inmate reported that he had lost visit and phone access for seven years. This was confirmed through review of disciplinary records provided by the DHO. File reviews confirmed that similarly lengthy restrictions of privileges were common in the system. The use of these sanctions is an outgrowth of the attempt to find alternative sanctions to placement in disciplinary segregation.

Sanctions issued by the DHO are effective the date of the hearing and are not made retroactive to the date of the incident report or the date of referral by the UDC to the DHO. There is no time limit in policy that governs how quickly the DHO must hold a hearing after the investigation/UDC process is complete. Scheduling of hearings is at the discretion of the DHO.

The lack of time limits for completion of disciplinary hearings results in substantial variation among facilities in the amount of time served in restrictive housing for similar offenses, and can result in disproportionately long sanctions.

During our review we found institutions that had established informal internal requirements that the hearing be completed within 14 days of receipt by the DHO. Another facility had established a guideline of 20 days. In the course of this review, instances of hearings held more than 30 days after the incident date were not unusual. Longer delays occurred when cases were continued awaiting the results of drug tests or other information or referred for further investigation. For example, a sanction of 30 days in restrictive housing can extend to 90 days or longer since time served is not credited and the time frame of the sanction is not made retroactive to the date of original confinement in restrictive housing.

By comparison, most state systems have specific time requirements for conducting a hearing or issuing a continuance based on need for additional information (such as investigation results or availability of witnesses). Ohio policy requires that inmates

charged with a rule violation must be scheduled for a hearing as soon as practicable but no later than seven days, excluding weekends and holidays, after the alleged violation is reported—unless the hearing is prevented by exceptional circumstances, unavoidable delays, or reasonable postponements, which must be documented.[89]

**FINDING: Sanctions issued by the DHO are effective the date of the hearing and are not made retroactive to the date of the incident report or the date of referral by the UDC to the DHO.**

The result was that in many cases a sanction of 30 days segregation in actuality became a restrictive housing sanction of 90 day or longer since the time served in segregation was not credited to the sanction or made retroactive to the date of original confinement in a restrictive housing setting.

**RECOMMENDATION 4.1: Establish reasonable time frames in which the hearing must be scheduled while permitting reasonable continuances while awaiting investigation reports, drug test results, and other essential information.**

**RECOMMENDATION 4.2: Establish by policy that a sanction of segregation time should be issued retroactive to the date of original admission to restrictive housing, providing credit for time served.**

File reviews indicated that sanctions for similar offenses vary from institution to institution. The policy only specifies the maximum sanction for each severity level, thus providing the DHO only general guidance for determining appropriate sanctions. We were also informed that the Bureau has no systemic way to measure disparities in sanctions across this large system. Over the years, initial DHO training has reportedly been cut from two weeks to one week to the current three days.

In our visits to the selected facilities, we noted wide disparities in the type and severity of sanctions imposed for similar offenses. As noted, weapons offenses sanctions varied from 15 days of restrictive housing plus loss of privileges to 60 or 90 days of restrictive housing plus loss of privileges. The independence of the DHO staff in determining sanctions also results in some disparity in sanctions. The chief disciplinary officer of the Bureau[90] stated that the central office does not monitor sanctions for consistency. They do, however, have the ability to identify inconsistencies from hearing officer to hearing officer and can address those when necessary and appropriate.

[89] Inmate Disciplinary Process, 56-DSC-01, effective December 10, 2009, Ohio Department of Rehabilitation and Correction.

[90] Interview conducted on 11/14/2013.

**RECOMMENDATION 4.3: Establish a system for monitoring patterns and trends in the use of disciplinary sanctions among Bureau facilities.**

It was also noted through our review of individual cases that different DHOs have different philosophies about the use of specific types of sanctions. DHOs at some locations used monetary fines with great success in lieu of restriction of privileges or extended time in restrictive housing. However, this sanction was not universally used, and at some facilities appears not to have been used at all, based on the cases reviewed and the interviews with the DHO assigned to the unit.

PS 5270.09 authorizes the DHO to suspend any sanction for a period not to exceed six months. In the event a sanction is suspended by the DHO or the UDC, the effect of the sanction is waived unless the inmate receives a new incident report for a prohibited act during the period of the suspension. In the event of a new incident the DHO or UDC will act on the new incident report and retroactively determine and impose the sanction for the suspended case. Review of case files and interviews with the DHO indicated that this option is used extensively by some DHOs as a means of providing motivation to avoid committing future prohibited acts.

Overall, our findings show that DHO staff are adequately trained on the disciplinary processes and procedures, and that compliance with these requirements is consistent from facility to facility. The organizational independence of the DHO from the local administration is rare outside of the Bureau as only a small number of state systems use this option. This independence was apparent during interviews with staff both in headquarters and at the local institutional level. This, combined with the relatively high percent of dismissals and expunged cases as compared to what is observed in state systems, are indicators of the independent decision making of the DHO process. However, the review did note issues with consistency in the level of sanctions for similar offenses between facilities, hearing delays that resulted in prolonged stays in segregation, and loss of access to basic privileges (visits, telephone, and commissary) for extended periods of time.

# Special housing units

SHUs are housing units in Bureau institutions where inmates are securely separated from the general inmate population and may be housed either alone or with other inmates. SHUs 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.[91]

According to Bureau policy, placement in an SHU is a result of assignment to either administrative detention or disciplinary segregation status. Administrative detention is an administrative and nonpunitive status and can occur for a variety of reasons. Disciplinary segregation is a punitive status that can be imposed only by a DHO.

An inmate may, under Bureau policy, be placed in administrative detention for the following reasons:

- Pending classification or reclassification—for example, in the case of a new inmate or one whose classification is under review
- Holdover status during transfer to a designated institution or other destination
- Pending transfer to another institution or location
- Removal from general population, where it has been determined that placement poses a threat to life, property, self, staff, other inmates, the public, or the security or orderly running of the institution
- Being under investigation or awaiting a hearing on charges of violating a Bureau regulation or criminal law
- For protection, whether requested by the inmate or determined by staff to be necessary
- After completion of disciplinary detention when return to the general population would threaten the safety, security, and orderly operation of the facility, or public safety

## Placement

Each inmate who is placed in the SHU is notified of the basis of the placement when the lieutenant or other correctional supervisor prepares and issues an administrative detention order. A separate administrative detention order is required when an inmate's status in administrative detention changes.

[91] PS 5270.10, Special Housing Units, Effective date of August 1, 2011.

- Administrative detention status: When placed in administrative detention status, the inmate receives a copy of the administrative detention order within 24 hours detailing the basis for the placement. When an inmate is placed in administrative detention status pending classification or while in holdover status, an administrative detention order is not issued.

- Disciplinary segregation status: When an inmate is placed in disciplinary segregation status as a sanction for violating Bureau regulations, notice is provided to the inmate by the DHO at the end of the discipline hearing.

Placement in the SHU is reviewed by the segregation review official (SRO) based on the following requirements as outlined in PS 5270.10.

- Three-day reviews: Within three work days of placement in administrative detention status, not counting the day of admission, weekends, and holidays, the SRO will review the supporting records. Inmates in disciplinary segregation status do not receive this review.

- Seven-day reviews: Within seven continuous calendar days of placement in either administrative detention or disciplinary segregation, the SRO will formally review the placement status at a hearing that the inmate may attend. The inmate must sign a waiver if he or she does not want to participate in this face-to-face review. Subsequent reviews of the case records will be performed by the SRO every seven continuous calendar days thereafter.

- Thirty-day reviews: After every 30 calendar days of continuous placement in either administrative detention or disciplinary segregation, the SRO will formally review the placement status at a hearing that the inmate may attend. Again, inmates must sign a waiver if they do not want to participate in these face-to-face reviews.

## Placement of protection cases in administrative detention

Inmates may be placed in administrative detention as a protection case in the following circumstances:

- The inmate was the victim of an inmate assault, or was being threatened by other inmates.

- The inmate's safety is threatened because of providing, or being perceived as having provided, information to staff or law enforcement authorities regarding other inmates or people in the community.

- The inmate refuses to enter the general population because of alleged pressures or threats from unidentified inmates, or for no expressed reason.
- Based on available evidence, staff believe the inmate's safety may be seriously jeopardized by placement in the general population.

When an inmate is placed in administrative detention for protection, the warden or designee (ordinarily the captain) must review the placement within two business days to determine if continued protective custody is necessary. This review consists of:

- Staff investigation: Whenever an inmate is placed in the SHU as a protection case, whether requested by the inmate or staff, an investigation will occur to verify the reasons for the placement.
- Hearing: The inmate will receive a hearing conducted by the SRO according to the procedural requirements within seven calendar days of the placement.
- Periodic review: If the inmate remains in administrative detention status following the hearing, he/she will be periodically reviewed as an ordinary administrative detention case.

This review includes documents that led to the inmate being placed in protective custody status and any other documents pertinent to the inmate's protection. In addition, P5324.08 *Suicide Prevention Program* mandates that protective custody inmates be screened for suicidal ideation within 72 hours of being placed in SHU.

## Protective custody

Despite the very different purposes of the SHU, all inmates including those in protection status are exposed to the same security and operational restrictions as well as the same access to programs and privileges.

As shown in table 5, 15 percent of those housed in SHUs system-wide as of June 2014 were there based on protection needs. The percent varies from institution to institution, with the percentage in the USP SHUs being significantly higher. An additional portion of inmates in SHUs are unverified protection cases who refuse assignment outside of the unit. Some of the protection claims are the result of the inmate's own behavior, while others are not validated. However, a significant portion of these offenders have legitimate protection needs.

**FINDING: A disproportionate number of inmates are being housed in the SHUs based on protection claims.**

Often the reason for an inmate's request for protection is gang related. The number of inmates that have separatee issues (cannot be housed with specific other inmates) is significant and affects inmate management. The warden at USP Lewisburg advised the assessment team that of 748 inmates at that facility, 334 had separatee issues.[92]

This raises the question of the appropriate way to manage inmates with verified protection needs. Such inmates are presently housed in administrative detention, which is identified by Bureau policy as a nonpunitive status. However, they are assigned to the same housing unit as inmates in punitive segregation. Inmate movement procedures, including application of restraints, are the same; the frequency of recreation and telephone access is the same, as was the frequency of visits at all but two facilities visited. With the exception of minor differences in personal property allowed and in-cell programming opportunities, the day-to-day conditions of confinement were not much different. Considering that one status is nonpunitive and that some individuals are included strictly as a result of being verified as requiring protection, serious consideration should be given to reevaluating the day-to-day conditions of confinement for individuals who have been verified as needing protection.

**FINDING: The application of the same security and operational restrictions to the protective custody population as to others in administrative segregation is contrary to nationally accepted practices.**

This is a complex issue within the Bureau due to the extensive presence of security threat group members, even in the SHU. Many of those have verified need for protection as a direct result of their prior involvement with a security threat group, who are also victims or potential victims that need protection while assigned to the Bureau. These protection needs should be provided, but in a more normalized setting than what is presently provided in the SHU.

In numerous states, the conditions of confinement for protection cases have been altered to parallel that provided to other general population inmates. In these instances, inmates are housed in SHUs or similar units while the claim for protection is investigated. Once the need for protection is verified, they are moved to a separate unit that provides conditions of confinement that are similar if not identical to those provided to general population inmates. These units operate separately from other general population units and afford inmates the ability to function in a normalized prison environment while ensuring they are protected. Kentucky has done this successfully at the Eddyville facility, and Ohio operates units that replicate general

[92] Interview briefing with Warden, January 21, 2014

population conditions for protective custody inmates. The Bureau is moving in the same direction with the establishment of the reintegration housing unit (RHU) in Oakdale, Louisiana.

The RHU was activated in October 2013 with an objective to target male inmates who consistently refuse to enter general population.[93] The facility was opened with an initial capacity of 160 beds but was increased to 208 in February 2014; it has a potential future capacity of 320 beds. The actual population of the facility in September 2014 was 82. The criteria for placement include documentation that the inmate is classified as a protective custody case, an assessment from psychological services that the inmate is willing to participate in programming offered at the RHU, and the following additional criteria:

- The inmate has refused to enter general population and this fear is unsubstantiated (cannot be verified by staff).
- The inmate will have been housed in an SHU for more than 12 months.
- Medium and high security inmates are considered appropriate.
- Inmates whose SHU placement is based on a gang-specific security threat group assignment are ordinarily excluded.
- Those currently in disciplinary segregation are excluded.
- Those whose sex offender classification is the basis for placement in SHU will ordinarily not be assigned to the RHU.
- Inmates must be classified in medical and mental health care level 1 or 2.
- Inmates should normally have at least 6 months remaining to serve.

Sex offenders who require protection and who meet the established criteria have been designated for the Sex Offender Management Program at USP Tucson. This is a normalized general population program and allows this group of protection inmates to fully participate in programs. The Bureau reported that it operates nine Sex Offender Management Program facilities, all of which offer an environment which increases the likelihood a sex offender can remain in general population.

[93] Memorandum of October 18, 2013, FCC Oakdale – RHU Activation Procedures, authored by the Acting Assistant Director, Correctional Programs Division.

These are the only two general population options for verified protective custody inmates that the consultant team identified within the Bureau.

**RECOMMENDATION 4.4: Expand housing alternatives for inmates in verified protective custody status that have levels of programs and privileges that are equivalent to those for general population inmates.**

## Weekly review meetings

At all the Bureau facilities visited, SHU weekly review meetings were observed. These meetings are convened and directed by the warden of each facility and are attended by representatives of the warden's management team as well as representatives of each key discipline within the facility. This includes associate wardens, unit managers, directors of psychological services and medical services, investigative staff, case management representatives, and security and chaplaincy staff.

The purpose of the meeting is to review the status of each inmate held in the SHU and determine if continued placement in the SHU is appropriate or whether an alternative placement can be identified. The structure and approach to these meetings was similar at each location we observed.

The reviews are guided by a formatted document that contains all the key information on an inmate including name, reason for placement in the SHU, mental health status, any medical issues, unit team comments, and status of any program referrals or redesignations. Also included in the document is a picture of the inmate so all participants in the meeting can identify the inmate being discussed.

The participants in the review meeting systematically review the status of each inmate. A designated representative, usually a unit manager, summarizes the offender's status, including any changes or pending actions. These can include pending transfer requests, status of any investigation, mental health or medical actions, program participation or completion, and general adjustment to the facility and/or unit. A representative of each discipline presents updated information on the inmate where appropriate. After discussion, the group with the concurrence of the warden may take action on the case, such as releasing the inmate from SHU (we observed that this action occurs frequently), referring the inmate for redesignation, or accelerating the investigation into the inmate's case.

The formal discussion is normally followed by the entire group touring the SHU and addressing any informal or formal requests presented by inmates.

**FINDING: The conduct of weekly reviews of SHU placements in a formalized setting with the facility's entire management team is an exemplary practice that ensures ongoing review of the status of inmates and their placement options.**

The review team for this project has not observed anything similar to this practice in terms of frequency of reviews, breadth of participants, and level of discussion on each and every case as was observed in the facilities reviewed. This process ensures that inmates housed in the SHU are reviewed at the highest levels on a weekly basis and that their placement options are evaluated regularly.

## Segregation reviews

Policy requires frequent contact and review of those inmates placed in administrative segregation. Through the SRO reviews and the previously described SHU Weekly Review process, there is ongoing review of the status of each inmate in relation to his/her continued placement in the SHU. There is however, inconsistency in how the SRO reviews are conducted and the scope of these reviews. In some of the facilities reviewed, the SRO reviews are conducted cell-side and consists simply of an inquiry as to how things are going and if any problems exist that need to be addressed. This provides no privacy and little opportunity for the inmate to have a dialogue with staff on his situation and what may have precipitated the problems that resulted in his placement in the SHU. This is especially important given the prevalence of security threat group members housed in the same units as those with protection claims.

**RECOMMENDATION 4.5: Establish a policy standard requiring private, face-to-face interviews for the segregation review.**

The Bureau reports that Program Statement 5270.10 requires face to face meetings at the 7 and 30 day review. Three day reviews are paper reviews, seven day and 30 day reviews give the inmate an opportunity to attend the hearing. Those inmates who refuse to attend the hearing are required to sign a waiver stating they refuse. Some Bureau facilities provide the opportunity for the inmate to meet privately with the SRO outside of the cell area and in a private location where there can be an open discussion of the issues and concerns that the inmate may face. This should become the standard for the Bureau in conducting the SRO hearings. Other facilities do not encourage or facilitate the face to face meeting in a private location.

**FINDING: The SRO reviews at some of the facilities reviewed appeared perfunctory and lacked substance in contact and purpose.**

In these instances the SRO review becomes a situation of quickly doing "how are you doing and do you have any problems" rather than a review of the reasons for

placement, program needs, placement issues if any, and verifying that the inmate has access to medical, mental health issues, etc. It appeared that there was little formal structure to the purpose and content of the reviews.

The GAO segregation review report issued in May 2013 found that "…the facilities did not consistently document conditions of confinement and procedural protections as required under Bureau policy guidelines." The GAO reported deficiencies such as missing documentation, monitoring rounds not being consistently conducted, or inmate review policies not fully implemented.

**FINDING: The review of randomly selected inmate records found some omissions in the maintenance and content of inmate records documenting the placement rationale in the SHU.**[94]

At one facility reviewed, ten percent (10 percent) of the files reviewed had problems with filing of these documents in the inmate record file including the absence of required supporting documents and the existence of a backlog in filing these documents in the inmate record. This was only observed at one facility during the course of the review.

**RECOMMENDATION 4.6: Develop and deploy an electronic inmate record system to document SHU placement decisions.**

The missing documents were later found as they were available elsewhere, but the inability to maintain inmate records in a timely and accurate fashion illustrates the need for the Bureau to substantially improve their recordkeeping, including the use of electronic means.

**FINDING: The requirements that are contained in the policy and procedures that govern the placement and review of inmates housed in the SHU are consistent with national standards and afford inmates in these units with due process in relation to their placement in the units.**

The execution of these requirements could be improved through the use of private, face-to-face, reviews with the inmates of his/her status in the SHU. This is done in some facilities, but not consistently applied throughout the system.

[94] Documents examined and filed include *Incident Reports*, BP-AO298, *Inmate Rights at Disciplinary Hearing*, BP-293, *Administrative Detention Orders*, BP-308. The Bureau reported that in August 2014, the SHU application was upgraded to include a warning screen feature notifying staff when omissions from the records were noted. This upgrade resulted in no deficiencies for this step in any Correctional Services Program Reviews conducted during the last quarter

# Special management units

According to PS 5217.01, Special Management Units, assignment to a special management unit (SMU) is considered to be a programmatic assignment. PS 5217.01 states that SMU designation is nonpunitive, and may be appropriate for any inmate meeting the referral criteria outlined in the program statement.

The conditions of confinement for SMU inmates are more restrictive than for general population inmates. Inmates are expected to complete the four-level SMU program in 18 to 24 months, at which time they may be re-designated (transferred) to an appropriate facility. At the time of the initiation of this review SMU programs were functioning at USP Lewisburg, USP Allenwood, and USP Florence. During the course of the review, the Bureau began the phasing out of the SMU at USP Florence through the gradual transfer of inmates in the unit to USP Lewisburg.

## Referral and assignment

Per the program statement, designation to a SMU may be considered for any "sentenced inmate whose interaction requires greater management to ensure the safety, security, or orderly operation of Bureau facilities, or protection of the public." Placement to a SMU requires that the inmate meet any of the following:[95]

- Participated in disruptive geographical group/gang-related activity.
- Had a leadership role in disruptive geographical group/gang-related activity.
- Has a history of serious and/or disruptive disciplinary infractions.
- Committed any 100-level prohibited act, according to 28 CFR part 541, after being classified as a member of a Disruptive Group pursuant to 28 CFR part 524.
- Participated in, organized, or facilitated any group misconduct that adversely affected the orderly operation of a correctional facility.
- Otherwise participated in or was associated with activity such that greater management of the inmate's interaction with other persons is necessary to

[95] PS 5217.10, Section 2, effective 11/19/2008.

ensure the safety, security, or orderly operation of Bureau facilities, or protection of the public.

*Referral*. If an inmate meets any of the referral criteria the unit team may present a re-designation referral to the warden. The referral packet consists of a completed Request for Transfer/Application of Management Variable (EMS-A409), copies of pertinent Special Investigative Supervisor reports and incident reports, and a cover memorandum to the warden summarizing the rationale for referral for SMU designation. If the warden approves the referral, it is submitted to the regional director.

*Hearing on the redesignation request*. If the regional director determines that sufficient evidence exists to convene a hearing, the regional director appoints a hearing administrator to conduct a hearing into whether the inmate meets the criteria for SMU designation. The hearing administrator will have been trained and certified as a discipline hearing officer (DHO), will be an impartial decision-maker, and will not have been personally involved as a witness or victim in any relevant disciplinary action involving that inmate.

Interviews with Bureau executive staff indicated that the Bureau decided to use DHO's in the SMU review process because they are trained to provide due process protections in administering the disciplinary systems and they are independent of the operational chain of command, reporting directly to the regional hearing administrator and to the Office of General Counsel.

The warden will be notified of the regional director's decision to conduct a hearing before the inmate is provided pre-hearing notice. The inmate's security needs will be assessed and staff made aware of any additional security precautions.

The appointed hearing administrator completes a notice of the hearing referral and sends it to the inmate's current institution. Unit team staff at the institution provides the inmate with a copy of the notice at least 24 hours before the hearing, and document delivery to the inmate. If the inmate is illiterate, the delivering staff member will read the notice verbatim. If the inmate does not speak English, the unit team staff will make arrangements to provide translation.

The notice advises the inmate of the date and time of the hearing and advises the inmate of the opportunity to appear at the hearing. The notice also provides a sufficiently detailed explanation of the reasons for the referral. The notice also informs the inmate that a nonprobationary staff member will be available to help the inmate compile documentary evidence and written witness statements to present at the hearing. The assisting staff member's responsibility in this role is limited to assisting the inmate in obtaining copies of documents needed, for example, from his

central file or other reasonably available source(s), or a written statement(s) from other reasonably available inmates or staff.

The inmate has the opportunity to appear at the hearing, make an oral statement, and present documentary evidence and written witness statements, except where contrary to the safety, security, or orderly operation of Bureau facilities, or protection of the public. The inmate may not call witnesses at the hearing.

*Post-hearing findings and decision*. The hearing administrator is required to consider whether the inmate meets the criteria as specified in PS 5217.10 for placement into the SMU program. Upon completion of the hearing the hearing administrator will prepare the "Hearing Administrator's Report on Referral for Designation to a Special Management Unit" and will submit it to the regional director. The report will provide a detailed explanation of the reasons for the hearing administrator's findings.

Upon receipt of the hearing findings the regional director determines whether the SMU referral is necessary to ensure the safety, security, or orderly operation of the Bureau or protection of the public. The regional director includes a recommendation on the placement request and then forwards it to the DSCC in Grand Prairie, Texas, for final review.

The DSCC reviews all documents related to the case including the hearing administrator's report and, after consulting with the assistant director, Correctional Programs Division, Central Office, will determine whether a SMU referral is approved. If the SMU referral is approved, the DSCC selects the SMU that best meets the inmate's greater management needs. The DSCC will then forward the decision to the receiving regional director and warden, with copies to the referring regional director and warden. This review also includes a mandatory review by the Bureau's Psychology Services Branch to determine if admission to SMU is appropriate.

*Post-decision notice and appeal*. The inmate's copy of the completed report will be sent to the referring warden, who is to ensure delivery to the inmate. The report advises the inmate of the opportunity to appeal the decision through the Administrative Remedy Program, directly to the Office of General Counsel. An inmate's appeal of the decision or the hearing administrator's findings does not delay designation and transfer to a SMU.

**FINDING: The Bureau has established policies and procedures that afford due process protections to inmates in the referral and assignment to SMU.**

Bureau policies and procedures governing referral and assignment to SMU provide for multiple layers of review and are clearly intended to comply with the principles of due process. The review of the documents and the process indicate that the

Bureau complies with its own requirements throughout the review and placement process.

One indicator of the validity of the process of referral and review of requests for placement in the SMU is the number of individuals who had been referred for SMU placement since the initiation of the program and of those referred, the number that have been rejected for placement either by the regional director or by DSCC.

Documentation provided by the DSCC indicated that a total of 5,435 inmates had been submitted from January 2009 to June 6, 2014. Of the inmates referred, 1,057 (19.5 percent) had been denied placement by the DSCC[96]. This does not include denials/rejections that occurred at the regional offices as those records were not readily available.

A more recent picture of the validity of the referral and review process was obtained by reviewing the number of referrals by month that have been submitted since January 2013 through February 2014 and the number that have been rejected by either the DSCC or the regional director (see table 22).This more recent snapshot of the review process indicates that 14 percent of the referrals have been denied placement.

[96] DSCC Initiatives Report of 6-6-14

Table 22. SMU referrals and outcomes, January 2013 – February 2014

| Date | Submitted | DSCC approved | DSCC denied | Region denied | DSCC deferred |
|---|---|---|---|---|---|
| January 2013 | 52 | 40 | 11 | 6 | 1 |
| February 2013 | 61 | 52 | 9 | 2 | 0 |
| March 2013 | 53 | 49 | 4 | 2 | 0 |
| April 2013 | 75 | 57 | 18 | 3 | 0 |
| May 2013 | 43 | 37 | 6 | 2 | 0 |
| June 2013 | 68 | 53 | 15 | 4 | 0 |
| July 2013 | 44 | 38 | 6 | 3 | 0 |
| August 2013 | 47 | 42 | 5 | 1 | 0 |
| September 2013 | 12 | 11 | 1 | 9 | 0 |
| October 2013 | 50 | 46 | 3 | 5 | 1 |
| November 2013 | 43 | 40 | 3 | 8 | 0 |
| December 2013 | 59 | 53 | 6 | 10 | 0 |
| January 2014 | 76 | 66 | 10 | 8 | 0 |
| February 2014 | 73 | 63 | 10 | 2 | 0 |
| **Total** | **756** | **647** | **107** | **65** | **2** |
| **Rate** | **100%** | **86%** | **14%** | **9%** | **<1%** |

Source: Bureau ORE.

**FINDING: The significant level of SMU placement request denials indicates the review process provides independent assessment beyond the institution level of the necessity of the SMU placement that reduce the number of admissions by about 14 percent.**

*Periodic review*. SMU inmates are reviewed by the unit team in conjunction with regularly scheduled Program Reviews as provided in the policy on Inmate Classification and Program Review[97]. The unit team specifically reviews inmates for progression through the levels of the program. An inmate's institutional adjustment, program participation, personal hygiene, and cell sanitation are considered when reviewing the inmate for progression to further levels.

*Redesignation criteria*. To be re-designated from SMU status, an inmate must for a period of 12 to 18 months, abstain from all of the following:

- Geographical group/gang-related activity
- Serious and/or disruptive disciplinary infractions

[97] P5100.08 Inmate Security Designation and Custody Classification (9112/06)

- Group misconduct that adversely affects the orderly operation of a correctional facility

The inmate must also demonstrate a sustained ability to coexist with other inmates, staff, and other persons.

*Referral procedures*. When an inmate has met the re-designation criteria, the unit team will submit a referral to the warden for designation to the general population. A review of records indicated that the referral is ordinarily for placement at another institution.

If an inmate is not recommended by the unit team for re-designation after 24 months, a referral for continued SMU designation must be submitted to the regional director. If the regional director approves continued SMU designation, the inmate will receive written notice of the decision and the rationale for it. The inmate may appeal the decision as provided by the Administrative Remedy Program.

The review of records, interviews with staff and inmates confirmed that the Bureau is in compliance with SMU referral and assignment policies and procedures both in form and in substance. However, the following concerns were identified in the review of this program and its associated processes.

*Subjective criteria for admissions*. The Bureau placement criteria provides for discretion and flexibility in assigning inmates to the SMU program. This is similar to the selection process in similar programs operated in state prison system. Instances of inconsistent assignments/rejections were found both in the file reviews and in observing the weekly SHU review meetings. The inconsistencies primarily existed from region to region. This inconsistency is balanced by the layered review process and the fact the final placement decision is made centrally.

While case law has indicated that assignment to programs like the SMU is left to the discretion and judgment of prison officials, inconsistencies in assigning practices have the potential to risk creating fairness and equity concerns. For example, we observed SMU inmates being referred for re-designation after a single serious disciplinary violation, while recommendations for other inmates with repeated instances of the same violation were rejected – or, in some cases – not initiated by the local administration. Demonstrable inconsistencies in assignment decisions create equity issues in the application of the placement of inmates to the SMU program. The balance between discretion of placement versus creating a consistent and reliable placement process is a challenge that all systems are presented with in rendering these types of placement decisions.

*Periodic reviews*. As noted earlier, SMU inmates are reviewed by the unit team in conjunction with regularly scheduled Program Reviews as provided in the policy on

Inmate Classification and Program Review. Upon arrival to the SMU, an intake screening is to be completed within 24 hours of the placement, with follow-up review to be completed after three days in SMU. Subsequent reviews are then conducted at seven, fourteen and twenty-eight days. Thereafter, the case manager complete thirty day reviews using form *BP-951, Special Management 30-Day Conditions Review*. This schedule of reviews is completed for the duration of the inmate's assignment to SMU.

Our observations, file reviews, and interviews with staff and inmates confirmed compliance with these SMU assignment reviews. However, while the documentation was available electronically and/or in paper form in the appropriate units, we found that official inmate records were not updated in a timely or consistent manner. During the course of observing the reviews we found that in some cases the reviews were held cell-side. It is most appropriate that all reviews be conducted in a private setting so that a proper and private review and hearing can be conducted.

**FINDING: Scheduled SMU Conditions Reviews were in some cases not conducted in a private setting, consistent with professional practices, and were not reflected in the official inmate records in a timely manner.**

## Progression through program phases

The SMU program consists of four levels, with each level differentiated by conditions of confinement and anticipated time frames. Completion of all four levels will take at least 18-24 months with the goal of integrating the inmate successfully into a general population setting. An assessment of the progression process and the associated conditions of confinement from one level to the next is addressed in this section of the report.

To determine the conditions outlined above, we examined several key factors:

- Statutory requirements
- Bureau program statements
- Special Management Unit Inmate Handbook
- Bureau performance review reports
- Inmate files
- Housing unit activity schedules
- Manual and electronic systems designed to document conditions of confinement

- On-site observations of operational practices
- Staff interviews
- Inmate interviews

The project team found that the conditions of confinement for inmates assigned to the special management unit program were generally more restrictive than the conditions for inmates assigned to the general population and less restrictive than those assigned to a special housing unit (SHU). Although the conditions were more restrictive than in a general population setting, the conditions being provided in SMU appeared to be consistent with applicable federal regulations. As the inmate progresses from one level to the next, the program is designed to provide fewer restrictions on the inmate and more opportunity for programming. The following general findings for each level within the program are described.

*SMU level 1*. An inmate in Level 1 may be single or double-celled and is normally allowed to participate in recreation at the same time as other inmates however the overall interaction between inmates is minimal. With the exception of recreation almost all programming is provided while the inmate remains in the cell. The expected time to complete this level of the program is approximately four months. An initial programming assessment is completed by staff within the first 28 days of the inmates' arrival to the unit and every 90 days thereafter. All of the conditions of confinement identified in the federal regulations and program statements appeared to be provided to the inmates.

Progression through Level 1 is based on the inmate's compliance with behavioral expectations, completion of treatment assignments and absence of significant misconduct reports. Inmates meeting the program stipulations are expected to advance to the next level in approximately four months. At the time of the project teams site visits, inmates in Level 1 were being housed at USP Florence and USP Lewisburg. Inmates in Level 1 at USP Florence were housed in separate cells from inmates in Level 2. However at USP Lewisburg inmates in both levels were housed together.

The primary differences in conditions of confinement for inmates in this level compared to Level 2, were inmates in Level 1 are allowed two telephone calls per month compared to four per month for Level 2 and the topics covered in the in-cell treatment curriculum for each level were different.

*SMU level 2*. Interaction between inmates allowed in Level 2 was found to be very similar to the interaction allowed between inmates in Level 1. With the exception of recreation, almost all programming is provided while the inmate is in the cell. *Program Statement P5217.01 Special Management Unit* states that inmates in this

level have minimal interaction with other inmates and inmates will ordinarily be restricted to their assigned cells. Level 2 inmates were being housed at USP Florence and USP Lewisburg. Observations made by team members reflect that operational practices were generally consistent with the program statement at this level. The progress of each inmate in Level 2 is formally reviewed by staff at least every 90 days. Progression through Level 2 is based upon the inmate demonstrating the potential for positive "community" interaction. Inmates meeting the program expectations of Level 2 are normally double-celled and expected to advance to the next level in approximately six to eight months.

The primary differences in conditions of confinement between Level 1 and 2 were the number of telephones calls allowed per month (2 versus 4) and the treatment curriculum. In addition, at USP Florence, there was an incentive program for inmates who were on extensive telephone restriction to be allowed a telephone call if their adjustment and progress in the program was positive. All programming with the exception of recreation was being provided on an individual basis while the inmate remained in their cell.

*SMU level 3*. The *Program Statement, P5217.01, Special Management Unit*, states in part the following: "inmates at this level will begin to interact in an open, but supervised, setting with individuals from various groups, to include open movement in the unit and frequent group counseling sessions commensurate with the inmate's demonstrated ability to effectively coexist with other inmates." The progress of a Level 3 inmate is formally reviewed by staff at least every 90 days. Progression through Level 3 is based upon the inmate's ability to demonstrate positive "community" interaction skills. Inmates meeting the program expectations of Level 3 are normally double-celled and expected to complete Level 3 in approximately six to eight months.

At the time of the project teams site visits, Level 3 inmates were being housed at all the three SMU program facilities; USP Allenwood, USP Lewisburg and USP Florence. Inmate interaction and conditions of confinement for inmates in Level 3 at USP Allenwood and USP Florence were noticeably increased compared to Level 1 and 2. The increase was primarily the result of the addition of indoor recreation opportunities being provided and expanded access to telephones, commissary and visits. Inmates housed at USP Lewisburg in Level 3 appeared to have little increase in inmate interaction as no indoor recreation was offered. Although inmate interaction and average out-of-cell time had increased at USP Allenwood and USP Florence when compared with Level 2, there was no "frequent group counseling" that was being offered at any of the three facilities.

The lack of frequent group counseling or virtually any group counseling is in contrast with the language found in the SMU program statement which states "… to include frequent group counseling sessions." Group counseling was almost

nonexistent. The only group program being provided at the time of the review was a "cognitive skills for reentry preparation" group that was being offered to Level 3 and 4 inmates at USP Florence. Facility staff reported that due to construction delays the group had recently started just prior to the project team's arrival.

*SMU level 4*. *Program Statement P5217.01* states that "…inmates must be able to demonstrate their sustained ability to coexist and interact appropriately with other individuals and groups in the unit." Inmates in Level 4 are reviewed by staff at least every 30 days. Progression through Level 4 is based upon the inmate's ability to function in a general population setting with inmates of various group affiliations. Inmates meeting the program expectations of Level 4 are double-celled and expected to be integrated into the general population after being in the level between two and four months.

There were very few differences noted in the conditions of confinement between Level 3 and 4 at USP Florence and USP Lewisburg. The primary difference was the increased treatment focus on preparation and transitioning out of the SMU program. At USP Allenwood, there were a few additional differences, including: Level 4 inmates were allowed to purchase extra clothing (sweat shirt/pants), make up to 300 minutes of social telephone calls per month (Level 3 150 minutes) and receive additional visiting hours per month (four). At USP Lewisburg and USP Florence there were no noted significant differences between the two levels with the exception of the treatment curriculum.

## Observations on progression

At the time of the review, the USP Lewisburg SMU program was considered a Level 1 and 2 facility; however, a number of Level 3 inmates were being housed at USP Lewisburg in the SMU program. The inmate handbook dated May 2013 states that "…since bed space is sometimes limited some inmates will complete Level 3 at USP Lewisburg." On the second day of the project team's site visit, there were over one hundred Level 3 inmates housed at USP Lewisburg. Management personnel reported that a combination of factors resulted in a higher than normal number of inmates in Level 3 and 4 being housed in the SMU. The Bureau was unable to identify the number of Level 3 inmates housed with Level 2 and Level 1 inmates are Lewisburg.

Factors influencing housing at USP Lewisburg included the following:

- USP Florence was no longer accepting Level 3 inmates as a result of a revised agency plan to phase out the SMU program at USP Florence. This decision temporarily reduced the number of available Level 3 and 4 beds in the SMU program.

- USP Lewisburg had space available in the SMU while USP Allenwood, a Level 3 and 4 facility, had limited beds available to accept additional inmates.
- Several inmates in Level 3 and 4 had a scheduled release date into the community that was within the next few months, and a decision was made to allow those inmates to remain at USP Lewisburg until their release.
- Limited bed space was reported to be available at FTC Oklahoma City which serves as an administrative security federal transfer center designed to house holdover inmates in-transit to other facilities.
- The transfer review and authorization process including the centralized efforts by staff at the DSCC, located at the Grand Prairie, Texas, office complex, reportedly impacts the timeliness of transfers. Staff reported that several inmates had been approved for Level 3 program placement. However, because of a lack of alternative space being available and/or inmate separation issues, numerous inmates were on an approved waiting list pending transfer out of Lewisburg or were awaiting a decision regarding their transfer. This backlog appeared to impact the program progression process and the conditions of confinement received for inmates in Level 3 and 4. The average time on the waiting list for transfer to USP Allenwood was 60 days as reported by the associate warden for programs. A delay in transfers to various degrees was noticed at all three facilities providing a SMU program, however it was most significant at USP Lewisburg.[98]
- The waiting list for inmates to transfer to USP Allenwood was not based on a chronological order. Staff reported that command personnel from USP Allenwood are allowed to select inmates on the approved transfer list who appear to be the most compatible with the inmate population at USP Allenwood. As a result, some inmates who had progressed to Level 3 and were approved for transfer had to wait an extended period of time prior to being transferred due to the selection process. The selection process appears to be in contrast with one of the primary goals of Levels 3 and 4, which is to prepare inmates to coexist in a general population setting with other individuals and groups.

The project team reviewed several inmate files at each of the three SMU programs. The purpose of the review was to assess the progression process and to determine whether inmates were advancing in the program as described in the SMU program statement. As a result of the review, it was determined that in most situations

[98] The Bureau reported that policy requires transfer applications be processed within 60 days.

inmates were progressing through the program in time frames consistent with their adjustment to the guidelines established for the program. Inmates who were in compliance with the guidelines were routinely advancing in levels. Inmates who were not completing assignments and/or were receiving disciplinary infractions were appropriately not progressing and in some cases regressing (i.e., going from Level 2 to 1 in the program. Overall, staff was consistently monitoring inmate behavior and the inmates' progression through the program. Personnel assigned to the unit teams were found to be very familiar with the criteria for advancement in the program and they appropriately documented the progress of each inmate on their caseload.

The most significant issue noted in the file review was that when an inmate completed a particular level, and the completion required a facility transfer, the timeliness of the transfer was not consistent with maintaining the integrity of the program. This practice was most prevalent at USP Lewisburg, although the delays occurred at all three SMU facilities. Although the inmate would advance to Level 3, they would remain at the facility and not receive similar conditions of confinement as those inmates in Level 3 housed at USP Florence or USP Allenwood. As a result, the inmates' consistent exposure to less restrictive conditions of confinement based on level completion was often delayed. For example, expanded out-of-cell time, access to larger recreation areas, increased interaction, access to indoor recreation and access to additional program activities did not always occur in a timely fashion.

During the course of our review at USP Lewisburg and USP Allenwood, we noted that delays in movement from Level 2 from Lewisburg to Level 3 at USP Allenwood were occurring. Inmates advancing to Level 3 and 4 from USP Lewisburg were considered for transfer to USP Allenwood or USP Florence. At the time of the site visit to Lewisburg only USP Allenwood was accepting Level 3 inmates from Lewisburg. The average time on the waiting list for transfer to USP Allenwood was 60 days according to the associate warden for programs. Similar information was obtained during the subsequent review of USP Allenwood.

Level 3 inmates awaiting transfer from USP Lewisburg are generally held in housing units E, F and I. Due to the limited space and separation issues, numerous inmates who have completed the program and have earned a transfer from the facility are on a transfer waiting list. Staff reported there were 112 inmates in Level 3 housed in the SMU. This backlog proves to be a concern and disrupts the smooth flow of inmates who should be progressing through the system. The waiting list for transfer is not managed chronologically. USP Allenwood personnel are allowed to select inmates who are most compatible with the population at that facility, based largely on separation issues.

Inmates in Level 3 housed at Lewisburg pending transfer or release do not receive the same programing opportunities as inmates in Level 3 at USP Allenwood. Inmates who advance to Level 3 at USP Lewisburg earn credit toward completion of Level 3 and are

afforded some of the Level 3 privileges to the extent possible. However, no group activities are allowed outside of the recreation that is being provided at Lewisburg. Long delays in advancement to USP Allenwood, are problematic and are somewhat self-defeating for the SMU program.

Staff at both USP Lewisburg and USP Allenwood reported that the backlog in the system was in part the result of the limited number of appropriate beds available in the Bureau. Staff indicated there are few beds available at USP Allenwood, which provides Level 3 and 4 housing.

**FINDING: Current backlogs in inmates awaiting transfer to the next program level negate the intent of the program design and decrease the motivation to change behavior. Further, it is inconsistent with the program's objectives to hold graduates of Level 2 in a unit that operates with that level's restrictions rather than receiving the benefits of advancement to Level 3.**

The project team visited each of the SMU programs and observed highly qualified and trained staff closely monitoring the progress of each inmate assigned to the SMU program. This monitoring process was reflected by staff's routine on-site presence in the units and a review of the inmate files where progression compliance was well documented. The design of the SMU program held the inmate accountable for his actions. The inmate was responsible for taking an active role in the program and through the successful application of self-study and individual participation he was able to advance through the levels. The program activities that have been established focus primarily on the development of positive behavior and values that are designed to assist the inmate in successfully residing in a general population setting.

The project team found that the SMU program was essentially a two phase program where in each phase there are currently two levels. The first major phase primarily is what the Bureau refers to as Level 1 and 2 which consists of in-cell programming. With the exception of recreation and individual access to an electronic law library kiosk almost all programming is provided to the inmate while he remains in the cell.

The Bureau *Program Statement, P5217.01, Special Management Unit*, states inmate interaction with other inmates at Levels 1 and 2 is designed to be "minimal". The project team found interaction was indeed minimal and that there was very little difference in the conditions of confinement between the two levels. The primary difference was the number of telephone calls allowed per month and the topics covered in the treatment curriculum.

The second major phase of the program includes Levels 3 and 4. This phase is designed to focus more on preparing the inmate for general population housing. Through expanded out-of-cell time, increased interaction with others and exposure to a revised treatment curriculum the inmate is being presented the opportunity to

experience conditions and treatment that will allow him to demonstrate "positive" community interaction skills. The program statement cites that during these two levels "frequent group counseling sessions" will be offered. The project team did not identify any frequent group counseling sessions occurring – either first hand through observation or through staff/inmate interviews. There was one reentry group that had recently started at USP Florence however most programming, outside of recreation, continued to be provided individually while the inmate remained in his cell. The primary difference in the conditions of confinement between Level 3 and Four was is in the treatment curriculum provided. The project team did find some minor differences between the two levels involving frequency of telephones calls or types of visits provided at an isolated facility, however, this was not the case at all three facilities.

The expanded focus on developing preparedness to enter the general population was the key difference observed between Levels 3 and 4. In reality, Level 4 has become an almost perfunctory step at USP Allenwood. When the inmate graduates from Level 3 and moves to Level 4, the re-designation request is immediately submitted. The completion of the Level 4 program is almost universally four months, except where major issues arise with the inmate's adjustment. In reality, once Level 3 is completed, the inmate is prepared to return to general population.

Based on other state practices and the observations of the SMU programs, the program should be consolidated into a three-phase program rather than the current four-phase program.

In order to achieve this, Level 3 and Level 4 as now constituted in the SMU would be consolidated into a single program phase. It would operate like the current Level 4. Level 1 and 2 would continue to operate as presently constituted.

**RECOMMENDATION 4.7: Reexamine the SMU levels as they currently operate, their corresponding conditions of confinement, the length of time in each level, and their compliance with the SMU program statement. The program should be consolidated into a three-phase program rather than the current four-phase program and the minimum length of time to complete the program adjusted accordingly.**

Additional concerns noted by the project team involved the delays in progression through the levels, specifically when the progression involves a facility transfer. Inmates requiring a facility transfer in order to continue to advance in the program were often delayed access to the full scope of conditions that came with the new level because of the delay. As a result of the delays, extensive backlogs in transfers develop and the opportunity for access to the full scope of less restricted conditions of confinement exist. This practice was most evident at USP Lewisburg.

As mentioned previously in this section of the report, the lack of frequent group counseling sessions being offered for Level 3 and 4 inmates was a concern identified by the review team. The Bureau program statement on SMUs clearly states that in Level 3 and 4 frequent group counseling sessions are to be included. Group counseling was limited and the continued practice of providing individual in-cell programming was primarily being offered to inmates in Level 3 and 4.

Lastly, the progression process identified by the project team raised concerns due to the inconsistency in conditions of confinement offered to inmates in the same level. For example, inmates in Level 3 of the SMU program housed at USP Allenwood are allowed up to 150 minutes in social telephone calls per month, two (2) one-hour noncontact social visits per month and indoor and outdoor recreation. The same inmate if housed at USP Lewisburg would be allowed twice the number of social telephone call minutes per month (up to 300 minutes), more than twice the amount of social visits per month (five (5) one-hour social visits) and outdoor recreation only.

**FINDING: There is a lack of consistency in the conditions of confinement for an inmate classified at the same level in the same program when housed at a different facility. This presents concerns regarding the integrity and design of the level system.**

# Due process and ADX

In October 2012, a memorandum was issued by the assistant director of the Bureau's Correctional Programs Division, outlining a revised referral process for ADX general population placement.[99] The key provisions of the referral process are outlined in this memorandum and are summarized in the following paragraphs.

Placement of inmates in the ADX general population is at the discretion of the assistant director of the Correctional Programs Division (CPD). The Executive Panel (assistant director, North Central regional director, warden of Florence ADX) retains authority for placement of inmates into the ADX control unit.

*Placement criteria:* Referrals for placement at ADX–general population must meet one or both of the following:

[99] Memorandum from Assistant Director, Correctional Program Division, Oct 15, 2012, Administrative Maximum Facility General Population Referral Procedures.

- Inmate's placement at other facilities creates a risk to institutional security and good order or poses a risk to the safety of staff, inmates, others or to the public safety.
- Due to the inmate's status either before or after incarceration, the inmate may not be safely housed in the general population of another institution.

The memorandum outlines the factors that are sufficient to warrant consideration for placement:

- The inmate is subject to restrictive conditions of confinement as a result of a SAM or based on documented information from a government agency that the inmate was linked to terrorist activities and presents national security management concerns.
- The inmate is subject to restrictive conditions and the sentencing judge imposes restrictions on contacts by the inmate pursuant to 18 U.S.C. 3582(d) or a similar statute.
- The inmate engaged in any conduct that is prohibited by any federal or state law in the facility where the inmate was housed.
- The inmate has committed two 100 or 200 level prohibited acts within the last 60 months.
- After being validated as a member of a Disruptive Group the inmate committed any 100 level prohibited act.
- The inmate has been identified as participating in, organizing, or facilitating any group misconduct that adversely affected the operation of the facility.
- The inmate engaged in behavior that is of such severity that it is determined that the inmate would be unable to function in a less restrictive environment without being a threat.
- The notoriety of the inmate is such that his well-being would be jeopardized if placed in a less secure facility.
- The inmate has access to resources to the extent that housing in a less secure facility would pose a higher probability of escape.

There is a detailed outline of the referral and review process for inmates who were already designated, for inmates referred for initial designation after sentencing, and for referral of those within the witness security program. The process for review of these referrals is somewhat similar and requires the appointment of a hearing

administrator to conduct a due process hearing. The review process, similar to that for SMU placement, is a multi-tiered review process that includes reviews by the warden, regional director, the administrator of the Intelligence and Counter Terrorism Branch, the chief of DSCC and the assistant director of the Correctional Programs Division. The Office of Medical Designations and Transportation also performs a review of the case in relation to mental health and medical needs. The intent of this review is to exclude inmates from ADX placement if they have serious mental or medical illnesses. This review is cited in P5310.16. In addition, a requirement to include psychological testing in the mental health evaluation is incorporated in this policy along with more detailed guidance regarding the content of the mental health evaluation.

A hearing administrator will be designated by the national discipline hearing administrator to conduct a due process hearing for inmates who are referred for placement at ADX–general population. Notice is provided to the inmate at 24 hours prior to the hearing. The inmate has the right to be present for the hearing and have opportunity to make a statement and present evidence to the hearing administrator. At the conclusion of the hearing, the hearing administrator shall prepare a written recommendation on whether placement at ADX is warranted.

The report is submitted to the assistant director of the Correctional Programs Division for review and either acceptance or rejection of the placement. If accepted the Chief of DSCC is notified of the final decision to initiate the placement.

The process for admission to the ADX control unit is similar. However, the request is forwarded to the regional director for the North Central region (as the ADX falls within that region) and the final decision must be jointly approved by the assistant director for the Correctional Programs Division and the regional director for the North Central region.

After the adoption of the ADX referral and assignment process as outlined in the October 13, 2012 memorandum[100], all inmates already assigned to ADX were afforded a hearing, retroactively.[101]

[100] The Bureau reported that they first implemented these procedures on January 1, 2008. They have since been updated and modified. In November 2009, the agency decided to provide this due process placement hearing, following the new procedures and criteria outlined in the guidance memorandums, to all inmates housed at the ADX who had not received such a hearing.

[101] In our interviews, one ADX inmate claimed that he was never afforded a hearing before or after his assignment to ADX. Along with ADX Florence staff, we reviewed the inmate's file and could find no documentation that the inmate was ever afforded a hearing. ADX Florence staff attempted

Through the file reviews, interviews with inmates, and review of the operations of ADX we confirmed that inmates are advancing through the ADX program into the step down program that can lead to assignment to general population outside of ADX. At the time of our visit to USP Florence, 18 inmates were in the final stage of the step down program, with several awaiting assignment to an appropriate unit in the general population of USPs.

The review of due process for ADX found general compliance with the referral and admission policies and procedures, including completion of appropriate documentation.

The review of ADX control unit inmate records revealed missing or incomplete documentation directly related to the ability to verify due process-type protections in four of the files reviewed. This is consistent with our review of SMU inmate records where we noted that due process-type documentation for SMU inmates was missing from some of those records.

As noted in the assessment of Bureau re-entry programs we found that there is little education or information sharing for inmates who are completing the lengthy ADX confinement process and preparing to be either released to the community or released to general population at a non-ADX facility. This is detailed further in the reentry section of this report.

# Administrative remedy program

The policy and procedures of the Bureau Administrative Remedy program are outlined in *PS 1330.18* dated January 6, 2014.

The purpose of the Administrative Remedy Program as stated in *PS 1330.18* is to allow an inmate to seek formal review of an issue relating to any aspect of his/her own confinement. An inmate may not submit a Request or Appeal on behalf of another inmate. As stated in the policy document the objectives of the Administrative Remedy Program are as follows:

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to locate the documentation while we were on-site. Then, they were invited to locate the appropriate documentation of the hearing and to notify us when it was located. We never received such notification.

- Provides a procedure that is available to all inmates by which they will be able to have any issue related to their incarceration formally reviewed by high-level Bureau officials.
- Provides that each request for review, including appeals, will be responded to within the time frames specified in the policy.
- Provides for a process to ensure that a record of inmate administrative remedy requests and appeals will be maintained.
- Through the administrative remedy process, it is believed that Bureau policies will be more correctly interpreted and applied by staff.

The Bureau's Administrative Remedy Program contains no time or subject matter limits, thus allowing any inmate a separate and unrestricted avenue to raise issues or seek relief regardless of when the alleged incident occurred.

**FINDING: The Administrative Remedy Program provides a redundant level of due process protection for all Bureau inmates, beyond that provided by many state departments of corrections.**

Using the process, inmates can challenge any aspect of their confinement, including segregation placement and conditions at any time. For disciplinary segregation inmates, because their challenge is to the DHO decision, the challenge goes directly to the regional office via form *BP-10*. For SMU and ADX inmates the challenge goes directly to the Office of General Counsel in the Central Office via form *BP-11*.

The warden is required to appoint one staff member, ordinarily above the department head level, as the administrative remedy coordinator (coordinator) and one person to serve as administrative remedy clerk (clerk). The regional director and the national inmate appeals administrator, Office of General Counsel, is to be advised of these appointees and any subsequent changes.

To coordinate the regional office program, each regional director is required to appoint an administrative remedy coordinator of at least the regional administrator level, ordinarily the regional counsel, and an administrative remedy clerk.

*PS 1330.18* establishes timelines for responses from the appropriate Bureau officials. Administrative Remedy fillings and responses are tracked via the Bureau central computer system. A listing of all remedy filings for the period from December 19, 2012 to December 19, 2013 for all inmates housed in SMU was provided. A total of 404 filings are listed for this time period for inmates housed in USP Lewisburg, USP Allenwood, and USP Florence. The report provides a status code for each remedy request filed. These codes (and their unedited language supplied by the Bureau) are as follows:

- ACC (Accepted)—The inmate has properly filed an administrative remedy at the appropriate level (i.e., the packet that the inmate submitted has all required documentation for the level that the inmate is filing at) and has properly exhausted at the lower levels.

- REJ (Rejected)—The inmate has not properly filed an administrative remedy at the level that the remedy was submitted at (i.e., the packet that the inmate submitted does not have all required documentation for the level that the inmate is filing at) and/or the inmate has not properly exhausted at the lower levels prior to submitting the remedy. We do not reject appeals because the nature of the issue is not valid for a remedy request. We respond to all appeals even though the inmate may have to use another avenue for their request (i.e., Tort Claims), but we do not reject an appeal based on a nonvalid issue.

- CLD (Closed Denied)—The inmate will NOT be granted the relief that they are requesting in their administrative remedy.

- CLG (Closed Granted)—The inmate WILL be granted the relief that they are requesting in their administrative remedy.

- CLO (Closed Other)—An appeal can be closed using CLO for various reason which will be reflected in the status reason code. For example, CLO ISJ - improper subject matter; CLO MOT request or appeal is moot; CLO REP request or appeal is denied as repetitive of previous filing; CLO WDN withdrawn at inmate's request; CLO XPL information or explanation for the inmate's request is only provided; or CLO OTH, this can be used when an inmate who filed an administrative remedy has died.

- VOID—An appeal can be voided out of the system when the information initially entered for the inmate is entered incorrectly and needs to be corrected for a proper record of the appeal submission.

The status of the 404 remedy filings by SMU inmates listed on the documents is noted in table 23.

Table 23. Remedy/SMU filings by reason, December 19, 2012 – December 19, 2013

| Decision | Number | Percent |
|---|---|---|
| Accepted | 118 | 29% |
| Closed—denied | 89 | 22% |
| Closed—granted | 0 | 0.% |
| Closed—other | 71 | 18% |
| Rejected | 122 | 30% |
| Void | 4 | 1% |
| Granted | 0 | 0% |
| **Total** | **404** | **100%** |

Source: Bureau of Prisons.

The above analysis does not included filings that are informally resolved as provided by *PS 1330.18*, paragraph 542.13. The most obvious indicator from this review is the fact that none of the 404 filings are listed as granted.

Similarly, data on filings for SHU inmates for the same time period were obtained from the Bureau. For the time period from December 19, 2012 to December 19, 2013 a total of 285 requests were noted on the data sheet. The status of the 285 filings by SHU inmates are shown in table 24.

Table 24. Remedy SHU filings by disposition type, December 19, 2012 – December 19, 2013

| Decision | Number | Percent |
|---|---|---|
| Accepted | 101 | 35% |
| Closed—denied | 15 | 5% |
| Closed—granted | 0 | 0% |
| Closed—other | 21 | 7% |
| Rejected | 147 | 51% |
| Void (VOD) | 1 | <1% |
| Granted | 0 | 0% |
| **Total** | **285** | **100.00%** |

Source: Bureau of Prisons.

As noted with SMU filings, these data do not include filings that have been informally resolved per the policy. Also similar to the SMU the most obvious indicator is that none of the requests for relief have been granted.

Each facility AR clerk maintains a separate tracking and accountability system to track each filing from initiation of the remedy request to investigation and response,

through the appeals process. These systems are time sensitive so that reminders and flags are attached to ensure timely responses.[102]

The AR clerks also ensure that AR's are entered into the central Bureau system. Institutional staff reported that the local tracking systems (spreadsheets) are more detailed and helpful than reliance on the central tracking system.

Inmates can appeal UDC or DHO decision via the Administrative Remedy Program. UDC decision is appealed locally (form *BP-8*) and DHO decision is appealed to the region (form *BP-10*).

A 2013 study, "Procedural justice and prison: Examining complaints among federal inmates (2000-2007),"[103] which was conducted by David M. Bierie appears to validate the Bureau's grievance system. "Generally speaking, people feel a process is more 'just' when their voice is heard before decisions are made, decision makers treat everyone equally, outcomes are proportionate, and there is a process of appeal or challenge if they don't agree with an outcome." The opposite is also true if the system is perceived to be unfair; thus, the grievance process plays "a central role in generating compliance or defiance" by inmates.

The study found that the Bureau's grievance system is perceived by some inmates as overly formal and more concerned with procedural practices and deadlines than the substance of a complaint.

The study also reported that most complaints concerned issues related to discipline, medical care and staff, with food, housing and use of force at the bottom of the list.

The timelines for responses to *PS 1330.18* remedy requests were summarized by the national inmate appeals administrator during an interview on November 14, 2013. These timelines are as follows:

- Initial filing: 20 calendar days from the date on which the basis of the filing occurred
- Wardens review: Warden's review is to be completed within 30 calendar days with a possible 30 day extension with cause

[102] For example, PS 1330.18 requires that grievances to wardens must be answered within 30 days, appeals to the region must be responded to within 30 days and appeals to the central office must be responded to within 40 days, each with possible 30-day extensions.

[103] "Procedural justice and prison: Examining complaints among federal inmates (2000-2007)," by David M. Bierie. Psychology, Public Policy and Law, Vol. 19(1), Feb. 2013.

- Regional director: Inmate must appeal to the regional director within 20 calendar days of the date Warden signed the response. The regional director must respond within 30 calendar days with an additional 30 day possible extension

- Central office appeal: Appeals submitted to the central office are to be responded to within 40 days with a possible 30-day extension with cause

The national inmate appeals administrator reported that in November 2013 central office was 11 months behind in responding to appeals to central office. It was reported that this was due to the volume of complaints and the complexity of the appeals. However, the administrator reported that the office has made a concerted effort to process restrictive housing appeals in a more expeditious manner, resulting in less time to address these issues.

# Chapter 5: Mental health assessment and treatment

One of key areas of concern in the use of restrictive housing and/or solitary confinement is the mental health status of the people who are assigned to such housing units. As suggested in the literature review, it has been found in other studies that large proportions of the segregated populations suffer from mental illnesses that either predate admission to restrictive housing and/or develop as a result of the restrictive housing experience. Regardless of the basis for the mental health illness, it is essential that inmates with a current mental health illness in restrictive housing be properly diagnosed and treated.

In this chapter, we review the Bureau's mental health population that is assigned to SHU, SMU or ADX facilities and units. As noted in the earlier chapter, only a small percent of the Bureau's restrictive inmate population has been identified with a significant mental illness of some kind. This figure likely represents an under identification of those inmates who are truly suffering from some form of a mental health illness.

The most recent mental health status data on state, local jails and the Bureau are based on a 2005 survey. As shown in table 25, large percentages of all three inmate populations were found to be diagnosed by the external researchers to have at least one recent history (past 12 months) of a mental health illness. In terms of current symptoms, the percentages are somewhat lower but still significant. For the Bureau the estimate was 31 percent of the inmates having current mental health illness . symptoms.

Also shown in table 25 are the November 2013 mental health care levels. Significantly, 93 percent of the population are in Care Level 1 which is the lowest care level available. This is not to say that some portion of these inmates have no mental health issues. The Bureau reported that under current policy, inmates assigned to Care Level 1 can and do have such symptoms but do not raise the level of elevated treatment beyond medication.

Table 25. Symptoms of a mental health disorder among prison and jail inmates

| Symptoms in past 12 months or since admission | State prison | Federal prison | Local jail |
|---|---|---|---|
| Major depressive or mania symptoms | % | % | % |
| Persistent sad, numb, or empty mood | 32.9 | 23.7 | 39.6 |
| Loss of interest or pleasure in activities | 35.4 | 30.8 | 36.4 |
| Increased or decreased appetite | 32.4 | 25.1 | 42.8 |
| Insomnia or hypersomnia | 39.8 | 32.8 | 49.2 |
| Psychomotor agitation or retardation | 39.6 | 31.4 | 46.2 |
| Feelings of worthlessness or excessive guilt | 35.0 | 25.3 | 43.0 |
| Diminished ability to concentrate or think | 28.4 | 21.3 | 34.1 |
| Any attempted suicide | 13.0 | 6.0 | 12.9 |
| Persistent anger or irritability | 37.8 | 30.5 | 49.4 |
| Increased or decreased interest in sexual activities | 34.4 | 29.0 | 29.5 |
| Thoughts of revenge | 28.4 | 21.3 | 34.1 |
| Psychotic disorder symptoms | | | |
| Delusions | 11.8 | 7.8 | 17.5 |
| Hallucinations | 7.9 | 4.8 | 13.7 |
| Bureau mental health care levels | | | |
| Care level 1 | N/A | 93% | N/A |
| Care level 2 | N/A | 6% | N/A |
| Care level 3 | N/A | <1% | N/A |
| Care level 4 | N/A | <1% | N/A |

Source: *Survey of Inmates in State and Federal Correctional Facilities, 2004, and the Survey of Inmates in Local Jails, 2002*.

Nationally, the Bureau of Justice Statistics estimates that at least 15 percent of the state inmate population has symptoms of psychotic disorders as compared with the Bureau's percentage of 13 percent.[104] A very small percentage of the Bureau inmates with serious mental illnesses are transferred to specialized mental health treatment facilities located at the Atlanta, Butner, Springfield, Carswell, Devens or Rochester facilities. In addition, residential mental treatment units addressing a range of mental health conditions are located at Atlanta, Coleman, Danbury, and Terre Haute.

[104] Bureau of Justice Statistics, *Mental Health Problems of Prison and Jail Inmates,* September 2006, NCJ 213600.

The Bureau advised the project team that additional residential mental health treatment units are planned for activation in 2015 at Allenwood and Florence.

This assessment is intended to evaluate those inmates in the Bureau with a serious mental health problem to determine if the diagnosis and treatment plans prescribed by the Bureau are appropriate. Recommendations are made at the end of the chapter that would serve to improve the current mental health system within the Bureau.

# Assessment process

Two board-certified psychiatrists (Dr. Pablo Stewart and Dr. Roberta Stellman) were retained to conduct independent mental health assessments of inmates assigned to the various restrictive housing units within the Bureau. Each psychiatrist was given a structured interview form to be completed on each sampled inmate. The assessment was based on: (1) a brief review of the existing BOP mental health record retained at the BOP facility and (2) a face-to-face confidential interview with the inmate.

For each inmate taking part in the review process the CNA retained psychiatrist was asked to make the following assessments and opinions:

- Did the CNA psychiatrist agree with the Bureau mental health diagnosis?
    - If no, what was diagnosis is recommended by the CNA psychiatrist?
- Did the CNA psychiatrist agree with the Bureau prescribed treatment including medication and out of cell treatment?
    - If no, what is the recommended treatment for the inmate?
- Did the CNA psychiatrist believe the inmate was appropriate for placement in restrictive housing?
    - If no, what form of housing is recommended?
- Were there any other comments that pertained to this inmate's mental health status or treatment appropriate for this person?

For each selected facility, a list of inmates housed in restrictive housing and scheduled to be assessed was provided by CNA several days in advance of each visit. Inmates that were sampled were predominantly assigned to Mental Health Care Levels 2 and higher. As noted in Chapter 3, the specific definitions provided by the Bureau for the four care levels are as follows:

- CARE Level 1-MH—no significant mental health care

- CARE Level 2-MH—routine outpatient mental health care or crisis oriented mental health care
- CARE Level 3-MH—enhanced outpatient mental health care or residential mental health care
- CARE Level 4-MH—inpatient psychiatric care

In addition to the level of mental health care, the Bureau also provided the date the inmate was admitted to either SHU, SMU or ADX status in order to calculate the length of stay in restrictive housing. In sampling the cases, efforts were made to ensure that people who had experienced lengthy periods of time in restrictive housing were included in the sample. As such the sample is not a pure random sample but rather a purposeful sample that was designed to ensure inmates with various lengths of stay were captured.

CNA also sampled a small number of inmates who were a) assigned to Mental Health Care Level 1 and b) who had been in restrictive housing for extensive periods of time. These cases were sampled to determine if some levels of de-compensation in their mental health status had occurred since being assigned to restrictive housing.

Due to the inmate refusals there were some instances where additional inmates were evaluated simply based on their willingness to be assessed. These "nonsampled" cases were included in the overall evaluation to ensure a sufficient number of inmates were evaluated at each facility.

It is recognized that there has been considerable debate about the reliability of psychiatric diagnosis between psychiatrists. Previous studies have shown low level of inter-reliability when two psychiatrists are asked to assess the same mental health patient.[105] However, in this situation the project psychiatrists were not being asked to develop a full psychiatric assessment to formulate a diagnosis. Rather the task was to review the current diagnosis and treatment plan to determine whether the two were consistent with one another. This type of review is commonly done by supervising psychiatrists who oversee mental treatment units. Both of the project psychiatrists who conducted these reviews have considerable experience in this area.

[105] Aboraya, Ahmed, Eric Rankin, Cheryl France, Ahmed El-Missiry, and Collin John. "The Reliability of Psychiatric Diagnosis Revisited: The Clinician's Guide to Improve the Reliability of Psychiatric Diagnosis." Psychiatry. January 2006; 3(1): 41–50.

# Inmate interviews and case review trends

Table 26 summarizes the overall sampling results. The 12 facilities/housing units reviewed had a total of 2,683 inmates in restrictive housing shortly prior to each site visit. Of that population, only 297 (or 11 percent) were determined by the Bureau to have some mental health issue. Of these 297 inmates, 180 (or 61 percent) were interviewed and assessed. For some facilities, the number of cases evaluated exceeded the number of mental health care inmates at the facility. These higher numbers reflect inmates who were not designated with a significant mental health issue but were evaluated to assess the accuracy of the Level 1 mental health status.

Table 26. Cases interviewed and assessed

| Facility | Population in restricted housing at time of site visit | Mental health care level 2 or higher | Inmates interviewed and assessed |
|---|---|---|---|
| Allenwood SHU | 116 | 20 | 20 |
| Atlanta SMU MH | 7 | 7 | 7 |
| Butner SHU | 70 | 4 | 9 |
| Coleman SHU | 171 | 21 | 14 |
| Florence ADX | 368 | 36 | 23 |
| Florence SMU | 493 | 41 | 22 |
| Florence SHU | 13 | 5 | 2 |
| Hazelton SHU | 24 | 6 | 11 |
| Lewisburg SMU | 779 | 47 | 25 |
| Terre Haute SHU | 200 | 32 | 16 |
| Tucson SHU | 221 | 39 | 13 |
| Victorville SHU | 221 | 39 | 18 |
| **Total** | **2,683** | **297** | **180** |

Source: Bureau/JFA

Table 27 shows the medical and mental health care levels for the interviewed inmates. The most frequent level of mental health care is Level 2 followed by Care Level 3. The 35 Care Level 1 inmates were those that had been assessed by the Bureau as not having a substantial mental health problem. However, the CNA psychiatrists concluded that 7 (or 20 percent) of the 35 cases had a significant mental health problem.

While the sample size is quite small and may not be completely representative of the entire Care Level 1 population, it raises the possibility that a proportion (20 percent) of the entire Care Level 1 population may have a significant mental health issue that

has been missed by the Bureau mental health system. This conclusion is supported by the non–mental health interviews where a significant proportion of the inmates reported being depressed and/or having medical symptoms related to depression and anxiety (e.g., loss of weight, inability to sleep).

The Medical Care Levels are also noteworthy with almost half of the sample having significant medical problems, which placed them in Care Levels 2 and 3. In terms of their time in restrictive housing at the time of the site reviews, the average overall time was 242 days. The ADX inmates had the longest average number of days in restrictive housing at 959 days.

Table 27. Key health care attributes of assessed inmates

| Attribute | Frequency | % of Total |
|---|---|---|
| Total cases | 180 | 100% |
| | | |
| Mental health care status | | |
| Mental health care 1 | 35 | 19% |
| Assessed as care level 1 | 27 | 77%* |
| Assessed as care level 2 | 4 | 11%* |
| Assessed as care level 3 | 3 | 9%* |
| Mental health care 2 | 114 | 63% |
| Mental health care 3 | 31 | 17% |
| Restrictive housing status | | |
| SHU | 49 | 27% |
| SMU | 108 | 60% |
| ADX | 23 | 13% |
| Medical care status | | |
| Care level 1 | 84 | 47% |
| Care level 2 | 69 | 38% |
| Care level 3 | 12 | 7% |
| Unknown | 15 | 8% |
| Average time in restrictive housing | 242 days | |
| SHU | 107 days | |
| SMU | 144 days | |
| ADX | 959 days | |

* Percentages based on the 34 care level 1 inmates. For one case there was no CNA assessment.

Finally, in general terms, the independent psychiatric review found considerable disagreement in the core areas of a mental health program. These include: initial mental health diagnosis, adequate psychiatric staff coverage and coordination with other mental health staff, provision of adequate out-of-cell treatment services based on individualized treatment needs, review/modification of prescribed medication, and the capacity to quickly remove an individual from a segregated environment and place them in a health services treatment unit for residential treatment.

**FINDING: Based on the review of the inmate mental health records and the inmate interviews, the reviewers disagreed with the BOP diagnosis in nearly two thirds of the cases reviewed. The review further indicated that the treatment being offered by the BOP was insufficient or inappropriate in over half of the cases reviewed.**

CNA believes that approximately one-third of the cases reviewed should not be assigned to restrictive housing and about 30 percent should be placed in a specialized mental health program or residential treatment unit similar to the one implemented at USP Atlanta and found in many state prison systems. These units are structured clinical environments that provide daily programming and a therapeutic milieu for individuals who cannot function in general population due to their mental illness and frequently receive disciplinary reports as a consequence. It is noted that the Bureau has indicated that, in 2015, the Atlanta program will be expanded with the establishment of a similar treatment program at USP Allenwood.

Table 28. Key conclusions of independent psychiatric review

| Assessment item | Inmates | % |
|---|---|---|
| Total sample | 180 | 100% |
| Disagree with bureau diagnosis | 114 | 63% |
| Inappropriate treatment | 95 | 53% |
| Does not require restrictive housing | 65 | 36% |
| Needs mental health program | 53 | 29% |

# Clinical analysis and observations

The following section provides a more in-depth assessment of the current BOP mental health system as it is operating in the SHU, SMU and ADX restrictive housing environments. The intent is to better understand the statistical data presented earlier in this chapter and to identify problems that are restricting the delivery of effective mental health services to inmates in the SHU, SMU and ADX housing units.

## Mental health diagnostic process

As noted above, there was considerable diagnostic disagreement between the Bureau mental health staff (which is comprised mostly of psychologists) and the CNA psychiatrists. Some of the reasons for this level of disagreement are outlined in the following.

*Infrequent updates of initial mental health assessments*. The Bureau does complete a comprehensive psychological assessment at the time of admission to the Bureau. However, there is not a similarly comprehensive re-evaluation during the course of

their incarceration within the restrictive housing units other than monthly progress notes – and these are completed only for those on the Bureau mental health caseload. These assessments are usually based on brief, cell-front visits[106], which are part of the mandatory rounds mental health and medical staff must make on at least a weekly basis. At USP Hazelton when private interviews occurred, they were performed by psychology interns rotating through the psychology service as part of their graduate training. Although the use of interns can be beneficial to both the interns and the agency in terms of service, the use of such interns can lead to a lack of continuity in programming when the interns rotate off the service, as was reported by the staff at USP Hazelton.

**RECOMMENDATION 5.1: All inmates should be seen in a private setting for a comprehensive mental health evaluation prior to placement in any restrictive housing environment.**

The initial evaluations should assess the presence of a mental illness and the determination of whether the inmate can tolerate the conditions of restrictive confinement. They should also assess the presence of the potential for self-injury and active signs or vulnerabilities for significant mental health de-compensation.

It is acknowledged that a pre-screening procedure is in place at all Bureau facilities. Per 5324.08 Suicide Prevention Program, the Suicide Prevention Program Coordinator is to provide SHU staff with a list of inmates with mental health conditions who may become dangerous, self-destructive, or suicidal when placed into SHU. The Correctional Services Supervisor is to immediately notify Psychology Services if one of these inmates is placed in SHU. In addition P5310.16 mandates a comprehensive mental health evaluation, to include psychological testing, prior to placement at the ADX.

Many of the mental health inmates interviewed were in need of and were receiving psychotropic medications. However, the notes in the case file did not follow a differential diagnosis pathway. Rather it appears that the inmate receives a diagnosis, most often by a practitioner without specialty training in psychiatry, and is treated for that diagnosis alone without consideration that they may actually have another condition that manifests with similar symptoms but for which the treatment differs. There is little, if any, consideration of more than one diagnosis or evolving

[106] The revised Treatment and Care of Inmates with Mental Illness policy, issued May 1, 2014, now mandates private meetings with inmates classified as CARE2-MH and above. This policy change was aimed at addressing an identified concern with cell-front sessions. The policy was not in effect at the time of the site visits and thus was not assessed by the team.

consideration that the initial diagnosis was incorrect and perhaps the person suffers from another disorder ~~entity~~ requiring alterations in the treatment plan.

The concern is that modification to the initial set of prescribed medications and treatment plan may be needed due to (1) a comprehensive follow-up diagnoses, (2) consideration that the initial diagnosis was incorrect, and/or (3) that the person has developed an illness requiring alterations in the initial treatment plan.

**FINDING: The lack of on-going assessments can lead to the absence of a proper mental health status evaluation.**

For example, at USP Tucson there had been a recent suicide in the special housing unit. The inmate in the adjoining cell (diagnosed with depression and traumatic brain injury) was interviewed. He expressed significant difficulty in adjusting the death of his neighbor, which increased his own depression and suicidal ideation. After the loss, he requested to be put in the restraint cell and have the staff keep his medications. He was identified as being on the mental health caseload but, at the time of the site visit, was not being considered for transfer to a treatment unit or receiving additional mental health services.

**RECOMMENDATION 5.2: A complete re-evaluation of the mental health record should be performed by psychology and psychiatry staff every 30 days. Included in this review should be a face-to-face interview by a member of the mental health team in a private setting and the results of this interview included in the re-evaluation record.**

The re-evaluations should assess the presence of a mental illness and the determination of whether the inmate can tolerate the conditions for segregated confinement. They should also assess the presence of the potential for self-injury and active signs or vulnerabilities for significant mental health de-compensation.

It should be noted that after the completion of the site visits the Bureau issued a revised *Program Statement 5310.16, Treatment and Care of Inmates with Mental Illness*. The provisions of this modified program statement address in policy some of the issues observed during this review. Specifically, the policy states the following in Section 8a, Restrictive Housing:

Ordinarily, all critical contacts, regardless of an inmate's mental health care level, will, to the extent possible, be conducted in a private area. These include the following:

- Diagnostic assessments
- Suicide risk assessments

- Crisis intervention contacts
- Protective custody reviews
- Sexual assault prevention intervention
- Mental health treatment contacts as indicated by the treatment plan
- Any other service that addresses potentially sensitive issues or high-risk behaviors

Additionally, all inmates with mental illness in restrictive housing units (e.g., SHU, SMU, ADX) will receive, at a minimum, face-to-face mental health contacts consistent with the type and frequency indicated by their care level, to the extent feasible. These contacts take place in a manner that protects an inmate's privacy to the extent that safety and security of staff are not compromised. Contacts should be consistent with the goals of the treatment plan, and are in addition to any critical contacts or contacts required by policy (e.g., SHU Review).[107]

Due to the timing of the issuance of this program statement, the CNA team was unable to assess the impact of the requirements on the actual delivery of services to those in restrictive housing.

*Lack of close coordination between psychology and psychiatric staff*. Much of the treatment being provided to the inmates takes the form of psychiatric medications that can only be prescribed by a psychiatrist or a psychiatric nurse practitioner who are very familiar with the patient's symptoms and prior mental health history.

In the majority of the facilities inspected, the prescribing physician was not a psychiatrist, which further added to the problems of coordination with the psychology staff. The electronic medical record system also contributed to the diagnostic difficulties encountered. Psychology and medical services document in different electronic records so one must exit one software system and enter another to try and integrate the treatment for those with mental illness[108].

**FINDING: A number inmates in restrictive housing demonstrated significant symptomatology compatible with the presence of a serious mental illness, which was undetected by the psychology staff. This is based not only on the cases**

[107] Program Statement 5310.16, Treatment and Care of Inmates with Mental Illness.

[108] The Bureau has reported that as of April 2014, the electronic medical and mental health records have been integrated and all providers document in BEMR. Due to the date of implementation this was not verified.

**interviewed by the CNA psychiatrists but also the larger number of Mental Health Level Care Level 1 inmates who were reporting symptoms of depression, lack of sleep and loss of weight, and anxiety.**

**RECOMMENDATION 5.3: A vigorous quality improvement program should be established.**

The Bureau should ensure that the psychologists are adequately identifying all of the inmates who suffer from mental illness. The existing quality assurance measures in place, to include remote reviews of the mental health record conducted by the Psychology Services Branch should be included in an internal evaluation of the quality assurance programs.

*Assessments and contacts are not completed in private confidential settings*. A major system-wide deficiency is the practice of providing the vast majority of clinical mental health contacts in a nonprivate, cell-side rounds format. According to Bureau policy, the psychology staff is expected to complete a direct contact with every inmate in restrictive housing on the mental health caseload at least monthly and conduct weekly rounds on all inmates in restrictive housing[109].

**FINDING: Very few of the monthly mental health assessments occur in private settings on a face-to-face basis.**

Instead, these contacts typically occur through the cell door within the presence of a cellmate and within earshot of the inmates housed in adjacent cells. In this nonconfidential environment it is unlikely that an inmate will confide vulnerabilities including suicidality. Therefore, inmates with worsening mental illnesses or the onset of new symptoms can remain under-identified throughout the course of their restrictive housing incarceration.

An example of this situation was a young man interviewed at the USP Florence facility. He was actively delusional, isolative, and demonstrated a full complement of symptoms compatible with chronic paranoid schizophrenia. Psychology staff suspected he had a mental illness because of his poor hygiene; yet he had not been adequately interviewed in a private confidential setting for sufficient time to reveal his psychopathology.

[109] The Bureau noted that P5310.16 Treatment and Care of Inmates with Mental Illness issued May 1, 2014 mandates private, at least monthly sessions with CARE2-MH inmates and private, at least weekly sessions with CARE3-MH inmates. In addition, critical contacts, such as suicide risk assessments, are also to be conducted in a private setting.

Another example was encountered at USP Lewisburg, where an overtly psychotic inmate was assessed by the psychology staff as being antisocial and was not offered any mental health services.

*Lack of psychiatric staff*. Inmates who are identified as having a mental health issue treated by pharmacological methods are most frequently evaluated and followed by a general health practitioner (sometimes a physician but more often a physician's assistant) and not a board certified psychiatrist. There is a clear shortage of psychiatric physicians throughout the facilities that were visited.

**FINDING: The shortage of psychiatric staff in Bureau facilities leads to numerous problems in both diagnosis and treatment, particularly for the seriously mentally ill inmates.**

**Recommendation 5.4: Given the level of disagreement in the assessment and treatment plan formulation, the Bureau should conduct an inter-reliability test for its mental health staff to better determine the accuracy of the diagnosis and treatment plan process.**

Most facilities have limited psychiatry hours that are insufficient to assess and treat those inmates with mental disorders in the system, not just restricted to the SHU or SMU. Psychologists must prioritize psychiatric review to only a handful of the least stable mentally ill inmates on their caseloads. Table 29 summarizes current and vacant mental health treatment positions at reviewed Bureau facilities.

Table 29. Mental health treatment staff at reviewed facilities

| Facility | Doctoral-level psychologist | Psychology interns/ postdoctoral residents | Treatment specialists | Social workers | Psychiatrists | Psychiatric nurse practitioners | Contract psychiatry or tele-psychiatry | Vacant positions as of October 30, 2014 |
|---|---|---|---|---|---|---|---|---|
| **FCC Allenwood** | 12 | 0 | 15 | 1 | 1 | 0 | Tele-psychiatry | 1 psychiatrist*<br>2 psychologists<br>1 social worker* |
| **FCC Butner** | 27 | 7 | 14 | 4 | 6 | 0 | N/A | 3 psychiatrists<br>2 psychologists*<br>1 treatment specialist |
| **FCC Coleman** | 18 | 0 | 26 | 1 | 1 | 0 | Tele-psychiatry | 1 psychiatrist<br>1 psychologist<br>3 treatment specialists |
| **FCC Florence** | 15 | 0 | 12 | 1 | 0 | 1 | Contract and tele-psychiatry | 1 psychiatric nurse practitioner<br>1 psychologist*<br>1 social worker |
| **USP/SFF Hazelton** | 14 | 0 | 13 | 1 | 0 | 0 | Tele-psychiatry | 3 psychologists |
| **USP Lewisburg** | 8 | 1 | 11 | 0 | 0 | 0 | Tele-psychiatry | 1 postdoctoral resident<br>1 psychologist<br>2 treatment specialists |
| **FCC Terre Haute** | 12 | 4 | 11 | 0 | 0 | 0 | Tele-psychiatry | 3 psychologists |
| **FCC Tucson** | 9 | 0 | 8 | 0 | 1 | 0 | N/A | 2 psychologists<br>2 treatment specialists |
| **FCC Victorville** | 10 | 0 | 6 | 0 | 0 | 0 | Tele-psychiatry | 2 treatment specialists |

FCC = Federal Correctional Complex.
* Vacant position is newly allocated.

Psychiatric medications were observed in several cases to be prescribed in subtherapeutic or inadequate doses to treat the identified condition. At USP Terre Haute, a mid-level provider prescribed a tricyclic antidepressant to an inmate with serious depression despite this family of antidepressants being potentially lethal in an overdose situation. When medications were prescribed, inmates were not seen for review in a timely manner compatible with community and correctional standards of practice. One inmate at USP Florence had not been seen by any medical provider regarding his medications since 2012. Some sites, including USP Florence and USP Atlanta, had no psychiatric presence within the prison whatsoever. All psychiatric services were provided by tele-psychiatry at those facilities.

Wardens expressed their frustration with their (and the Bureau's) inability to recruit and retain psychiatrists. Tele-psychiatry is available at sites without a psychiatrist, but the hours provided are so limited that the referral system is delayed and insufficient to meet the health needs of the inmates.

For example, USP Florence has four hours per month of tele-psychiatry time available for 128 SMU inmates. Time is split between two psychiatrists, one of which has refused to staff cases with the psychology staff. On average, no more than six to eight inmates can be seen per tele-psychiatry session. The on-site physician assistant and nurse practitioner will not follow psychiatric patients. The facility physician sees inmates on psychiatric medications but frequently will not start medication if the inmate is not deemed to be "a perfect match for a DSM criteria" or put patients on drug holidays, a practice that is discouraged because of the likely risk of a relapse. The assessment team was told that the Bureau brought in their chief psychiatrist several months ago to try and catch up with inmate care. One inmate summed the situation up by saying that access to psychiatry at USP Florence was "impossible."

Similarly, USP Terre Haute has four hours of tele-psychiatry available every 4-6 weeks and only 23 percent of their SHU mentally ill have been seen by the psychiatrist.

At USP Hazelton, 16 hours of psychiatry services are available per month for 600 female inmates. Given the traditionally high degree of expressed psychopathology in female incarcerated populations, this amount of dedicated psychiatry time is insufficient to meet the needs of the population. Understaffing in this area leads to potential under diagnosis, inadequate treatment, and delayed referral because the psychiatrist only has time to see the most severely mentally ill inmates.

Tele-psychiatry should be a resource of last resort when there is no psychiatrist present in a facility. It should not be routinely relied upon for day-to-day psychiatric care.

For example, in one case at USP Terre Haute, the psychology staff noted there was a significant delay in the receipt of a progress note by the tele-psychiatrist. In that one case, no note has yet been received despite the inmate being seen six weeks ago.

At USP Florence, the sick call system was reported to be unreliable and not confidential – both of which are requirements by any national accrediting body and federal standards that require reliable access to care. This observation was also reported by inmates at USP Terre Haute.

While on site, the assessment team was notified that USP Tucson had hired a full time psychiatrist.

**RECOMMENDATION 5.5: Psychiatrists need to be more actively involved in the diagnostic and treatment process.**

Currently, the psychiatrists only get involved if a patient is brought to them for evaluation. The psychiatric staff needs to work more closely with the psychologists to ensure that all of the mentally ill inmates are properly identified and referred to treatment. The psychiatrist should also meet with the psychology staff on a monthly basis to review the medication and case management plan for each Mental Care Level 2 and 3 inmates housed in restrictive housing.

## Mental health treatment

*Lack of out of cell treatment*. Inmates in restrictive confinement rarely receive out of cell mental health programming within the Bureau. Instead, the primary form of treatment consists of written materials, such as cognitive behavioral handouts, delivered to the cell by psychologists.

For example, written homework assignments are passed out to the inmates who are expected to complete them in their cells and turn them within a few days. These assignments are then graded by the psychologist and the results are used to determine whether the inmate can progress to the next level in the SMU or ADX progressive programs. These workbooks do not constitute mental health treatment.

Efforts to provide out of cell group activities at the expanding USP Florence SMU were curtailed because of the timing of such activities had to conform to the Bureau's approved evidence based plan of approved group therapies. Psychologists at the site level have not been encouraged to implement innovative group services to fit the mental health needs of their inmate populations.

There are some notable exceptions that were positive in nature. For example, at USP Florence, one psychologist was conducting a weekly out of cell group in the SMU. Psychologists at the ADX Florence have recently begun seeing some of their patients

in out-of-cell settings.[110] USP Allenwood is another facility where the psychologists attempt to see their patients in out-of-cell settings. Another exception is the Level-III treatment program at the USP Atlanta. A very conscientious lead psychologist directed this program and saw to it that her patients participated in out of cell treatment activities.

**FINDING: Overall most restrictive housing units had no mental health programing and especially no out of cell programming for any inmates with or without mental illness.**

Some interviewed inmates reported little or no response by psychology to their requests for individual counseling. Exceptions to this practice were noted at the United States penitentiaries at Allenwood and Atlanta, as well as at the ADX. As noted above, facility staff reported they do not have adequate staffing in the facility to provide more than the minimum required weekly rounds and monthly cell front checks.

**RECOMMENDATION 5.6: A program of regular out-of-cell mental health treatment should be implemented.**

Specifically, it is generally accepted that inmates with serious mental illnesses in restrictive housing should receive a minimum of 10 hours of unstructured out-of-cell time and at least 10 hours of structured therapeutic activities. They also should receive weekly, out-of-cell clinical interviews by their assigned psychologist.

Some interviewed inmates with serious mental illnesses in restrictive housing, with the noted exception of USP Florence, described their conditions as worsening in confinement or not improving. These reports by inmates were especially prevalent at USP Lewisburg which houses the largest number of SMU inmates (almost 800) of whom approximately 50 are assigned to Mental Health Levels 2 and 3.

*Lack of sufficiently trained mental health staff to provide treatment to the segregated housing units*. A consistent finding of the assessment team was that access to mental health services is directly related to the level of professional expertise by the chief psychologist as well as the number of mental health staff available at each site. In several of the facilities reviewed, the project psychiatrist opined that the chief psychologist did not possess adequate experience or clinical skills to run a comprehensive mental health program. This is especially problematic in that the facility psychologists act as gatekeepers to psychiatric and mental health treatment.

[110] CNA was informed by the Bureau that this change has come about due to the ongoing litigation about mental health system inadequacies.

**FINDING: Almost all facilities reported a lack of mental health staff required to provide treatment services.**

USP Hazelton was down five psychology positions with no psychologist assigned to the SHU. USP Florence had only three psychologists and one psych tech for a 700-inmate population with no dedicated psychologist for the segregation unit. This duty was split among the psychologists on the staff. In most facilities, providing treatment services to the restrictive housing units was not the primary focus of the mental health staff, which has to provide care to the larger general population inmates with mental health needs.

It is acknowledged that in comparison the Bureau's mental health staffing levels exceed that found in many state correctional facilities. As noted previously, the Bureau employs a large number of doctoral level psychologists – more than 600, a higher doctoral level psychologist staffing rate than many state systems.

**RECOMMENDATION 5.7: The Bureau should complete a clinical staffing needs analysis.**

Based on the results of this clinical staffing needs analysis, the Bureau should then recruit and retain a sufficient number of psychiatrists to meet agency demands. No specific number for psychiatrists can be offered until the staffing analysis is completed. It is acknowledged that there are significant challenges associated with the recruitment and retention of psychiatrists. It is a fact that there are a decreasing number of training programs in psychiatry, a decreasing number of applicants for existing programs, and a decreasing number of graduates from programs – all at the time of a national shortage of psychiatrists.

*Improper assignment to restrictive housing*. As noted earlier, there were a number of interviewed inmates who had demonstrated serious and unstable psychiatric symptomatology, which should have excluded them from a restrictive housing setting.

**FINDING: This review identified inmates in restrictive housing whose mental conditions should have precluded them from assignment to these units**.

In some cases, the facility's lack of mental health treatment warranted a transfer to a specialized treatment program that did not require the level of security that was operating at the SHU, SMU or ADX units. It is acknowledges that legitimate security needs can be associated with a small, violent segment of the mental health population. A heightened level of security may be required for these inmates, even within a specialized treatment program. This complicates placement options for these inmates.

**RECOMMENDATION 5.8: A protocol needs to be established that identifies those inmates with serious mental illness who should be excluded from SHU, SMU or ADX housing.**

A similar review and re-assessment protocol should be implemented that facilitates the identification of those inmates who decompensate while in SHU, SMU or ADX housing.

## Other site-specific observations

*SMU programming*. Psychology contacts with SMU inmates are primarily a self-guided activity based on the delivery of written handouts and homework assignments. This does not constitute a treatment program driven by an individualized mental health treatment plan. This behavioral approach for inmates with only disciplinary problems might be adequate, but is insufficient for individuals with significant mental health conditions.

The SMU program does not take into account the inmate's mental illness in evaluating the inmate's progress or lack thereof with the four SMU program levels.

For example, one inmate (who would benefit from residential mental health treatment) had been assigned to the SMU for three years. He has an SMI diagnosis and a history of repeated self-injury and persistent suicidal ideation. He was almost to Level 3 in SMU when he overdosed on a potentially fatal antidepressant and was regressed back to Level 1. This exemplifies a case of someone with a serious mental illness/personality disorder being punished for his psychopathology, rather than treated for it. He reported to the CNA psychiatrist that he is only seen during the weekly rounds despite requesting more intensive counseling for over three years.

*Long-term segregation effects at ADX*. ADX Florence presented an interesting mix of mentally ill patients. While there were a significant number of seriously mentally ill individuals who required care at ADX, there were also a significant number of non–mentally ill inmates housed at ADX.

A majority of these inmates made it very clear that they wanted to remain in the ADX Florence and would commit a serious offense to ensure their ongoing housing in the facility. Several of the inmates interviewed said they would assault someone if they were told that they were going to be transferred to another Bureau facility. The reason given was their belief that the yards at the various USP's were exceedingly more dangerous and they knew that they would likely have to kill someone on the yard if transferred out of the ADX.

Among the interviewed inmates, none stated that they wanted to be transferred from the ADX, which was a tribute to the level of care the inmates are receiving.

It should be noted that part of the desire for these inmates to remain at ADX is the unique and often close relationship these men have with the staff. It was clear from our observations that ADX staff knew the inmates very well in terms of the basis for their placement in ADX but also they individual needs and interests.

**FINDING: The assessment team encountered no cases where an inmate's serious mental illness was due to their prolonged placement in the ADX.**

This reluctance to leave ADX Florence may be related to privileges such as reading materials, television, and recreation activities afforded inmates at ADX and the professionalism of the security and program staff assigned there. As noted above, the quality and quantity of the mental health care at ADX has recently improved.

*Delays in transferring inmates out of SHUs*. Inmates in SHUs can wait for many months for an opening in a program at another prison. During this time no additional mental health services are offered which potentially can have significant adverse effects while the inmate remains under segregation conditions.

**RECOMMENDATION 5.9: All inmates who are found to be decompensating from the effects of restrictive housing should be transferred to the most appropriate unit for treatment and observation.**

**RECOMMENDATION 5.10: Inmates with serious mental illness who are not excluded from restrictive housing should start participating in a treatment program.**

Such programming should consist of a minimum of ten hours of out-of-cell structured therapeutic activities and an additional ten hours of out-of-cell unstructured activities should as yard and dayroom time. Within these standards the treatment programming should be individualized to the inmate's specific condition and treatment needs.

*Large numbers of protective custody inmates who require mental health treatment but are not receiving it*. As indicated earlier in this report, these inmates are supposed to be receiving protection from other inmates by the Bureau. However, the restrictive nature of the SHUs makes it very difficult to afford any form of meaningful mental health treatment to these inmates. For example, at USP Coleman, there was an overrepresentation of protective custody inmates being housed in the SHU with only five hours per week of out-of-cell time.

**RECOMMENDATION 5.11: Inmates should not be housed in a SHU for protective custody but rather, should be in sheltered general population housing.**

*Innovation at Hazelton to enhance mental health services*. At USP Hazelton, the psychology staff has a "Hot List" which is a binder kept in the officers' station updated monthly that lists the inmate's name, diagnosis and the psychology staff's

concerns regarding the inmate's risk of behavioral disturbances. The staff there was also very active in a multidisciplinary meeting with security and classification to aid in expediting women being progressed out of the SHU. This best practice approach should be expanded to the other SHUs. It is our understanding that the Bureau has done so.

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# Chapter 6: Reentry

Federal and state corrections facilities held over 1.6 million inmates at the end of 2010 — approximately one of every 201 U.S. residents.[111] According to the National Reentry Resource Center, 708,677 individuals are released to the community annually from state and Federal prisons and another 9 million are released from local jails each year.[112] Persons involved in the criminal justice system often cycle in and out of various correctional agencies throughout their lives. The reentry of an individual into the community without appropriate support and resources is a major public safety concern. This is a particular concern for those inmates being released directly from the highly controlled environment of restrictive housing.

As noted in chapter 3, within a year over 2,000 inmates currently in ADX, SMU or SHU status will be released from the Bureau to the community. A small but visible number of SMU and ADX inmates (approximately 80) were released directly from segregation to the community. A higher but unknown number of SHU inmates were are also directly released to the community from SHU housing units. For these reasons alone it is important that the Bureau have effective re-entry programs for the restrictive populations.

Since the passage of the Second Chance Act in 2008, reentry has become a major policy emphasis for corrections professionals. Hundreds of millions of dollars in Second Chance and Justice Reinvestment monies have been dedicated to expanding and improving reentry programs with the goal of reducing recidivism. While researchers are evaluating the effects of these programs, the Urban Institute has developed a "What Works in Reentry" clearinghouse to inform the field about promising and best practices. Four of these guiding principles are as follows:

111 Guerino, P.M., P.M. Harrison, and W. Sabol. Inmates in 2010. NCJ 236096. Washington, D.C.: U.S. Department of Justice, Bureau of Justice Statistics, 2011. http://www.bjs.gov/content/pub/pdf/p10.pdf

112 Beck, A.J. The Importance of Successful Reentry to Jail Population Growth. Presented at the Urban Institute's Jail Reentry Roundtable, June 27, 2006. www.urban.org/projects/Reentry-roundtable/upload/beck.PPT

1. !*Focus on individuals most likely to reoffend.* Research clearly indicates that successful programs begin with carefully sorting offenders according to their risk --separating those likely to reoffend from those less likely.

2. !*Base programs on science and ensure quality.* Researchers are very clear that resources must be invested in program models that have the promise of reducing recidivism.

3. !*Implement effective community supervision practices.* Policies and practices must provide supervision officers with a broad range of options for swift and certain sanctions that are proportionate to the violation and appropriate for the individual under supervision.

4. !*Apply place-based strategies.* Place matters. Ensuring that resources are available to offenders – where they live – is particularly critical to reducing recidivism. For individuals to change their behavior, services and supports crucial to their success must be nearby.

In order to place the Bureau's approach to reentry planning for inmates in restrictive housing in context, the project team first conducted a general review of reentry services for general population inmates as well as the overall delivery of program services to inmates in restrictive housing. However, the scope of this project limits this review to the evaluation of the content and delivery of reentry programming to the restrictive housing population and the findings and recommendations do not apply to the overall reentry approach for general population inmates.

# Reentry programs for inmates in the general population

The Bureau's website states that release preparation begins the first day of incarceration; however, the focus on release preparation intensifies at least 18 months prior to release. The Bureau's Release Preparation Program includes classes in résumé writing, job search, and job retention while incorporating presentations by community-based organizations that help ex-inmates find jobs and training opportunities after release. In planning for release, the Bureau works with the United States Probation System providing all pertinent information to the probation officer that may bear on the safe and effective supervision of the released offender. This information includes any record of medical, psychiatric, psychological, sex offender, or substance abuse treatment.

All inmates have the responsibility to develop and submit a suitable release plan for investigation and verification by the probation office in the district of supervision. Release plans may include placement in a residential reentry center (also known as

community correctional center), normally for a period of up to 180 days, to afford the inmate a reasonable opportunity to complete development of a suitable release plan. When no adequate release plan is developed and an inmate will be released to supervised release directly from an institution, U.S. probation officers may seek modification of the conditions of release to include a special condition that the inmate reside at a residential reentry center (RRC) or halfway house, a contracted facility that provides assistance to inmates nearing release.[113]

The Bureau typically places appropriate inmates in RRCs prior to release to help them adjust to life in the community and find employment. RRCs provide inmates with a structured and supervised environment along with employment counseling, job placement services, financial management assistance, and other community-based social services and programs.[114] RRCs facilitate inmates' efforts at reestablishing ties to the community while allowing staff at the RRC to supervise inmates' activities.[115]

RRCs provide suitable residence, structured programs, job placement, while the inmates' activities are closely monitored. The Bureau ensures the provision of mental health, substance abuse, and sex offender treatment for offenders in RRCs and Home Confinement through contracts with community-based treatment providers. The Community Treatment Services section of the Psychology Services Branch is responsible for establishing and overseeing these contracts, and the associated care provided.

There are two program components: the Community Corrections Component and the Prerelease Component.

The Community Corrections Component is designed as the most restrictive option. Except for employment and other structured program activities, an inmate in this component is restricted to the RRC. An inmate shall ordinarily be placed in the Community Corrections Component upon arrival at the RRC. This orientation period normally lasts for two weeks or until the inmate has demonstrated the responsibility necessary to function in the community. Based on their professional judgment, the RRC staff shall determine when an inmate is prepared to advance to the Prerelease Component.

[113] U.S. Department of Justice, Bureau of Prisons, Community Corrections, http://www.bop.gov/locations/cc/index.jsp.

[114] Ibid.

[115] Ibid.

The Prerelease Component is designed to assist inmates making the transition from an institution setting to the community. These inmates have more access to the community and family members through weekend and evening passes. Participating in community-based transitional services may reduce the likelihood of an inmate with limited resources recidivating, whereas an inmate who is released directly from the institution to the community may return to a criminal lifestyle.[116]

The Bureau provides a comprehensive array of programs that directly or indirectly support reentry preparation for general population inmates. This programming includes:

*Education*. All institutions offer literacy classes, English as a Second Language, parenting classes, wellness education, adult continuing education, library services, and instruction in leisure-time activities. Inmates who do not have a high school diploma or a GED certificate are required to participate in the literacy program for a minimum of 240 hours or until they obtain the GED. Non-English-speaking inmates must take English as a Second Language.

*Vocational training*. Programs are based on the needs of the inmates, general labor market conditions, and institutional labor force needs. An important component is on-the-job training, which inmates receive through institution job assignments and Federal Prison Industries. The Bureau also facilitates post-secondary education in vocational and occupationally oriented areas.

*Behavioral skill building*. Parenting classes help inmates develop appropriate skills during incarceration. Recreation and wellness activities encourage healthy life styles and habits.

*Substance abuse treatment*. The Bureau offers four different levels of substance abuse treatment: (1) education regarding substance abuse and its effects; (2) the Residential Drug Abuse Program, which is a cognitive-behavioral program delivered within a modified therapeutic community model where offenders experience living in a prosocial community; (3) nonresidential drug treatment for offenders who have short sentences; may not meet the criteria for, or are awaiting an opening in, the Residential Drug Abuse Program; are transitioning to the community; or have had a positive urinalysis test; and (4) community treatment services, which as a part of reentry provides continuity of care for offenders placed in RRCs and on Home Confinement.

*Mental health*. The Bureau provides formal counseling and treatment on an individual or group basis with institutional psychologists, psychiatrists, social

[116] Bureau Program Statement Change Notice #7310.04.

workers, and treatment specialists. The Bureau operates a series of residential psychology treatment programs to provide more intensive care for inmates with serious mental illness. In addition, medical referral centers provide inpatient psychiatric care for acutely ill inmates.

*Sex offender programs*. The Bureau offers both residential and nonresidential programs for inmates with a current or prior conviction for a sex crime (including sex involving consenting adults such as prostitution or pimping). Inmates may also be eligible if there was a sexual element in the crime.

*Religion*. Chaplains facilitate religious worship and sacred scriptural studies across faith lines in addition to providing pastoral care, spiritual guidance, and counseling. Religious programming is led by agency chaplains, contracted spiritual leaders, and trained community volunteers. The Life Connections Program (LCP) and Threshold Programs offer inmates the opportunity to improve critical life areas within the context of their personal faith or value system. The LCP utilizes various faith communities nationwide who serve as support group facilitators or mentors at program sites and release destinations to enhance community reintegration. Reentry preparation for inmates not eligible for the residential LCP is also offered through the Threshold program that also seeks to strengthen inmate community reentry. Threshold is a nonresidential condensed version of LCP that is active in institutions throughout the agency.

Programs directly supporting reentry include:

*Release planning*. Inmates released under federal supervision (i.e., Supervised Release Parole) must submit release plans for review and approved by the U.S. Probation Office. Release plans have two primary components: residence and employment. These plans must be submitted 90-days prior to a release.

*Residential reentry centers*. RRC placement provides an opportunity to establish/solidify sound release plans (i.e., residence and employment) prior to release to the community and to allow a readjustment to community life prior to release. Consideration and referral for RRC placement should occur well before a release date.

*Release preparation program*. The RPP assists inmates in developing plans for their personal lives and future employment. The program offers six modules concerning the personal, social, and legal responsibilities of civilian life: (1) Continuity of Care and Infectious Disease; (2) Resume Writing; Money Management; (3) USPO and Supervision Requirements; (4) Veterans Outreach (only for veterans); (5) Release Requirements; and (6) Psychology of Release. Staff indicated that they encourage inmates who are within 30 months of release to complete the RPP.

*Reentry affairs coordinators*. Reentry affairs coordinators (RACs) are assigned to an institution or region and are responsible for preparing release readiness materials. RACs perform orientation for inmates related to the various aspects of reentry, which includes informing inmates of the requirements and benefits of the Affordable Care Act, as well as other reentry topics, to include job placement, housing, benefits, requiring identification, job skills, veteran benefits, Social Security benefits, etc. The also develop partnerships to foster reentry efforts and continuity of care; serve as the point of contact for outside agencies - providing training and information; help identify areas that need to be addressed for the inmate population specific to each institution and develop resources to address those needs; manage the volunteer program; and compile data and information to assess reentry efforts.

*Regional reentry affairs administrators*. The regional reentry affairs administrators provide direct supervision to the RACs; providing training and oversight, as well as direct authority, monitoring and tracking for skill development and reentry initiatives, including volunteer program activities throughout the region. They serve as liaison with state and regional governmental agencies and organizations to foster partnerships and develop resources to assist institutions in reentry efforts. Additionally, they serve as the liaison with the NRB in Central Office.

In addition to these specific programs the Bureau also provides staff training on reentry services both to new officers and on an in-service basis to current staff.

# Reentry program evaluation

There have been very few rigorous studies of the impact of re-entry programs. Those that have been completed have shown either negative or no effects on recidivism. Project Greenlight was designed to provide reentry services for New York state inmates. It was evaluated using a rigorous experimental design with random assignment. One year follow-up results showed that the experimental group (reentry) performed worse than inmates who were not exposed to the re-entry program.[117]

More recently, an initial national evaluation of 12 reentry sites funded by the U.S. Bureau of Justice Assistance reported that although there was an increase in the number and type of services provided to soon-to-be-released inmates, the services did not produce significant differences between the experimental reentry inmates

[117] Wilson, J. A., and R. C. Davis. 2006. "Good Intentions Meet Hard Realities: An Evaluation of the Project Greenlight Reentry Program." Criminology and Public Policy 5:303–38.

and the control group. The researchers believe the lack of an impact can be traced to insufficient "dosage" of services and the exposure of services to the control group.[118]

To date, the Bureau has not conducted a formal evaluation of its reentry programs or a formal recidivism study since 1994.[119] This is surprising given the large number of such studies that were conducted in the 1970s and 1980s which were used to developed risk instruments and evaluate core treatment programs throughout the field of corrections. The 1994 study showed that Bureau inmates released in 1987 had a re-arrest rate of 41 percent, which was well below the rate reported in studies of recidivism among state inmates. This 3-year re-arrest rate was consistent with previous studies conducted on Bureau inmates.

The lower Bureau re-arrest rate is consistent with the profile of the federal prison population. In aggregate, Bureau inmates tend to be older, not convicted of violent crimes and have modest prior criminal histories, and lower rates of mental illness as compared to state inmates. Collectively these data suggest a large low risk population that would require minimal reentry services.

## Program services in restrictive housing

Program services in restrictive housing units are generally delivered by psychologists and treatment specialists providing routine mental health services, crisis intervention, and cognitive-behavioral interventions targeted to inmates' specific needs. Cognitive-behavioral interventions offered include anger management, basic cognitive skills, criminal thinking, values, and the nonresidential drug abuse program.

The physical design of most restrictive housing units as well as the severe limits on inmate interaction makes meaningful program delivery difficult. Inmates are generally not allowed to congregate in a classroom setting and space limitations in most restrictive housing areas do not provide suitable areas for program delivery. As a result, program staff services are provided on an individual basis via interactive journals, books, audio presentations, cell-side visits, and private counseling sessions. Specific types of restrictive housing programming include:

*Bibliotherapy.* Psychologists provide inmates with specific self-help books and articles that target the inmate's expressed interest/need. The staff defines

[118] Lattimore, Pamela V and Christy A. Visher. 2013. "Prison Reentry Services on Short-Term Outcomes: Evidence From a Multisite Evaluation. *Evaluation Review,* 37(3-4) 274-313.

[119] Harer, Miles D. 1994. "Recidivism Among Federal Inmates Released in 1987." Washington, DC: Federal Bureau of Prisons, Office of Research and Evaluation.

"bibliotherapy" as "using books to aid people in solving the issues that they may be facing at a particular time." Examples include Dialectic Behavior Therapy, Rational Emotive Therapy, and Chicken Soup for the Soul, etc. Inmates receive a certificate for participation in the program.

*ESL/GED*. Small congregate education classes are provided on a very limited basis, with inmates confined in individual cages or secured to chairs that are bolted into the floor. For example at USP Allenwood, a new schedule has been introduced which allows for inmates enrolled in ESL/GED classes to participate in a congregate educational class for one hour per week. The maximum number of students in a class at any one time is nine.

*Self-study packets*. A variety of educational, vocational, mental health, behavioral and substance abuse treatment programs are provided through self-study packets (workbooks to complete and be reviewed by staff). These workbooks are distributed to inmates, collected upon completion, and then evaluated by staff. The SMU programs at USP Allenwood and USP Lewisburg also use audio programs (referred to as "radio" programming) with paper tests to verify successful completion of specific courses.

*Life Skills*. The psychologists and treatment specialists distribute word games, puzzles, and workbooks on stress management, communications, anger management and other related topics. Other self-help programs include Anger Management, Coping, Drug and Alcohol Abuse. These are booklet-driven programs that require homework by the inmate. Written feedback is provided cell side. Completion of this work is documented in the inmate's electronic medical/mental health record.

The specific programs offered and mode of delivery in restrictive housing varied by facility. Examples of the different approaches to programming at specific facilities include:

- *ADX*. The majority of the programming is provided in-cell on an individual self-study basis through closed circuit TV's located within each cell. Within the past six months, five "therapeutic enclosures" were built in the gymnasium so five inmates at a time can receive congregate or group programming. Currently, the psychology department is using the therapeutic enclosures to conduct a reentry preparation program. One 90-minute group is meeting once a week.

- USP Hazelton. Staff reported that their philosophy is that programming is suspended while inmates are in the SHU because they believe inmates should lose privileges when they are sent to restrictive housing. Staff also reported that their practice is to minimize an inmate's time in the SHU so that they can resume programming as soon as possible. There are no congregate programs provided to the inmates housed in SHU.

- *FCI Butner*. Education courses are offered in six categories: Math (7 classes); Science (3); Reading (4); Social Studies (4); Writing (4); and Miscellaneous classes (4). Inmates can only enroll in one class at a time; coursework is provided on paper and collected when completed. Inmates are expected to complete each course in two weeks. If assistance is required, education staff will provide assistance cell side.

- *USP Coleman*. All programming in the SHU is in-cell and voluntary. There are no structured programs. Staff will speak with the inmates one-on-one through the solid steel cell door. Upon request, staff will provide a variety of written materials. SHU inmates are not allowed to officially enroll in an education program and are not allowed to take the GED exam.

The methods used to deliver programming in restrictive housing necessarily limit the type and level of programming offered. For example at USP Allenwood, a Vocational Trades Instructor offers two Adult Continuing Education courses to the SMU inmates; a computer course and a heating, ventilating, and air conditioning (HVAC) course, both of which are in-cell, self-study programs. Each course takes four to six months to complete. The staff member stated she goes to the SMU for two hours, twice a week and will go cell to cell or speak to the inmates during their recreation time while out on the range. The staff member provides a test for each module that must be completed prior to advancing to the next module. At this point in time, no inmate has successfully completed either course. While this type of vocational programming is important for preparing inmates to be productive in the community, this program may be too difficult to complete by self-study.

## Reentry program services in restrictive housing

The need for reentry programming in restrictive housing is predicated on the likelihood of an inmate's direct release to the community from restrictive housing, or imminent release after transfer back to general population. The transition from the high level of control and restrictions on behavior present in restrictive housing units to the comparative freedom and lack of structure that inmates face upon release can be highly disorienting. Appropriate reentry programming can assist inmates in coping with this huge change in their living circumstances.

**FINDING: There was no data available at any of the facilities visited that identified the number of inmates released directly to the community from restrictive housing.**

However, staff at each facility acknowledged that inmates are being released directly from restrictive housing. Data on the number of offenders being released would be valuable to inform facility and Bureau leadership in making policy decisions regarding the need to provide reentry programming to inmates in restrictive housing.

**RECOMMENDATION 6.1: The Bureau should routinely track and monitor the actual numbers of inmates releasing directly from restrictive housing at each facility monthly.**

The issue of inmates releasing from restrictive housing with little or no preparation is significant. The magnitude of the issue is not fully known since no data was available on the frequency of this practice. One staff member reported that they do not need to track that information since their goal is to minimize the time an inmate spends in restrictive housing. While the goal of shortening the time in restrictive housing is correct and will help this situation, it ignores the fact that inmates are still releasing from restrictive housing.

**FINDING: Facilities do not provide step-down planning to transition an inmate from restrictive housing to general population and subsequently to their eventual release. The prevailing practice is to keep inmates in restrictive housing until such time as they discharge to an RRC or directly to the community.**

With the exception of assigned completion of self-study activities related to reentry, inmates often abruptly transition from extended stays in restrictive housing to general population or the community without any meaningful step down programming. Many of the staff interviewed indicated that this was acceptable and suggested that it was preferable to release inmates from the SHU, SMU or ADX rather than first transitioning to general population due to the risk of violence to the general population. While this may be a sound decision for institutional security, it is not in the interests of the communities where these inmates are being released. Inmates spending extended periods of time in confinement with little social interaction or skill-building programming are seriously unprepared for reentry and re-socialization.

**RECOMMENDATION 6.2: Establish a policy whereby only under extraordinary circumstances would an inmate discharge directly from a SHU, SMU or the ADX.**

To support this policy, the Bureau should require monthly reports from each facility on all inmates releasing from restrictive housing. This 'exception' report should include the length of time in restrictive housing, specific reentry programming and preparation provided, and documentation of the reasons why the inmate was released from restrictive housing as opposed to step down or general population and other relevant information. Requiring facility staff to provide this information will help raise awareness of the problem and assist staff in finding ways to make better decisions about moving inmates to less restrictive settings prior to release. Requiring this type of report would force facility administration and Bureau leadership to regularly examine these occurrences and take steps as appropriate to minimize this occurrence.

**RECOMMENDATION 6.3: Develop a step-down program with increasing incentives, more out of cell opportunities and increasing opportunities for congregate programming.**

When inmates in SMU Level 4 go to general population, they are going from restrictive housing to general population all at once, without any step-down or transition. Providing a step-down from Level 4 before general population would provide more meaningful programming and increase inmates' social skills by interactions with others, and would also provide incentives for inmates to work harder on the programs and be less disruptive. The step-down process would also make it possible for more inmates in Level 4 to try to be tested in more of a congregate setting but with much less risk or exposure.

The following is a representative summary of reentry programming provided in Bureau restrictive housing units. The common characteristic across all facilities visited was the absence of any actual programming of consequence provided to inmates.

*USP Lewisburg*. The facility is designed to house only SMU Level 1 and 2 inmates and offers a Release Preparation Program (RPP) through self-study booklets and audio programs. Inmates progressing to Levels 3 and 4 are transferred to USP Allenwood. Staff indicated that inmates are released from USP Lewisburg to the community from the SMU Level 1 or 2 if they are unable to progress to Levels 3 and 4 due to behavior issues. Staff reported that some inmates do not want to be moved to Level 3 or Four and act out just prior to advancing to ensure they will remain in Level 1 or Two until release. One staff person described it as a way of keeping safe and away from general population without showing weakness or fear.

For inmates who are to be released from the SMU, case managers begin informally providing them with reentry services at about 18 months before release. This includes more phone time to talk with family and their probation officer to prepare for return to the community. Case managers also begin planning for home placement and transfer to a RRC or "Public Law" placements in halfway houses. If a Public Law placement is denied, the probation officer finds a shelter for the inmate to live in when released. The RAC provides information for inmates related to the requirements and benefits of the Affordable Care Act, as well as other reentry topics such as job placement, housing, benefits, requiring identification, job skills, veteran benefits, Social Security benefits, etc.

*USP Allenwood*. RPP programming for Level 3 and 4 inmates in the SMU at USP Allenwood is individualized and consists of six modules: (1) Continuity of Care and Infectious Disease; (2) Resume Writing; Money Management; (3) USPO and Supervision Requirements; (4) Veterans Outreach (only for veterans); (5) Release Requirements; and (6) Psychology of Release. All programs are offered through self-study packets or audio program. The RPP is voluntary and completion is not required

for Level progression. Staff indicated that they encourage inmates who are within 30 months of release to complete the RPP. In addition to the self-study packets, psychologists work with inmates that have significant mental health needs to facilitate linkage to community resources. This facilitation can include telephone consultations with community resources, providing written materials from the support services agencies, and release planning with family by telephone. In some cases, inmates releasing to a metropolitan area such as Washington, DC can be linked with advocacy agencies that have a specific mission to assist mentally ill inmates releasing to the community.

*USP Florence SHU*. There is no coordinated, targeted reentry programming. Case managers, counselors, psychology staff and education staff provide materials for self-study upon request.

*ADX Florence*. Inmates confined to the ADX typically serve extended periods of time there. All inmates at the ADX are provided release programming and there are no exclusions due to risk or classification level. The staff reported that they try not to have inmates release directly from the ADX, however, due to the nature of charges or institutional adjustment, some inmates do release directly to the street. The case manager and unit manager complete supervised release plans for inmates. The staff that works with the ADX inmates noted that because of the nature of the inmates they are supervising, they would ensure they have contact with the releasing inmate's probation officer. For those inmates within 18-24 months of release, halfway house applications may be submitted to residential reentry managers for review/approval. Due to the nature of the inmates at the ADX, many are denied placement in residential release centers. As a result, staff has a lot of communication with the probation officer in the inmate's home location. Staff aims to transfer inmates to a facility closer to their home prior to release however this was characterized by staff as a significant challenge.

*USP Terre Haute*. A reentry affairs coordinator prepares release readiness materials, including Affordable Care Act benefits, job placement, housing, benefits, personal identification, job skills, veteran's benefits, Social Security benefits etc. The coordinator is also responsible for training institutional staff regarding reentry concepts and procedures. Case managers work with the inmates as they prepare for release.

*USP Hazelton*. Although there is no coordinated, comprehensive, targeted reentry programming available for SHU inmates, case managers work with the SHU inmates who are within 90 days of release to assist SHU inmates in obtaining a social security card, birth certificate and driver's licenses if appropriate and to develop home plans which may consist of confirming a home address. The case manager sends the notes on the inmate and the home plan to the probation officer in the home area. The probation officer will investigate the home location and either approve or disapprove of the plan. If disapproved, an alternative release and home plan is developed by the

case manager working with the inmate. The case managers also provide inmates releasing to a halfway house or to the street, informational pamphlets including information on "one stop centers" which are in most large cities that assist reentering offenders with employment, disability employment, job seeker resources and veteran resources.

General population inmates at Hazelton are often released to the Court Services and Offender Supervision Agency and Hope Village in Washington, DC. The Court Services and Offender Supervision Agency provides video conferences with general population inmates and their children prior to release as a part of reentry programming. However this program is not provided to inmates in restrictive housing.

*FCI Butner*. Facility case managers develop home plans for each inmate to be released from restrictive housing. This consists of identifying a home address so the probation officer can check the residence out for suitability. Halfway house referrals are completed and sent to residential reentry managers for review/approval although some inmates releasing from restrictive housing are not eligible for a halfway house due to the nature of their offenses. Inmates are not enrolled in any community services until they are in a halfway house or back in the community. The case manager also assists the inmate in obtaining a social security card, birth certificate and driver's license if appropriate.

There is no coordinated, comprehensive, targeted reentry programming otherwise available. The reentry affairs coordinator assists case managers with reentry preparation as needed. The unit manager may provide informational pamphlets on "one stop centers" located in most large cities that assist reentering offenders with employment, disability employment, job seeker resources and veteran resources. As in other Bureau facilities, there are no educational classes in restrictive housing with the exception that if an inmate was previously enrolled in education or requests programming, 'push packets,' self-administered course work, are provided.

*USP Coleman*. Inmates must request information regarding reentry programs. There are no structured programs. Once an inmate is within 18 months of discharge, the case manager will begin release planning, which consists of verifying an address upon release and ensuring the inmate has appropriate identification to include a social security card, birth certificate and driver's license if appropriate. A reentry affairs coordinator is available to staff and inmates as a resource to help with reentry services and provides the training to the staff on the topic of reentry during annual refresher training.

As can be seen from these examples, inmates in Bureau restrictive housing have very limited access to reentry programming. Services are generally limited to providing basic information on identification and benefit issues, and referrals to community programs and services. This stands in stark contrast to range and depth of reentry

programming provided to Bureau general population inmates. Ironically, it is the restrictive housing population that is in the most need of programs and poses the greatest potential risk in their transition back to the community.

## Reentry program observations

*Access to program data*. Currently, the record of inmates who complete psychology self-help programs such as Anger Management, Coping, Drug and Alcohol Abuse this work is documented in the Psychology Data System (PDS) and in the Bureau Electronic Medical Records System, but neither of these systems are accessible by case managers and case managers need to be aware of all course work being completed by inmates[120]. Inmates are provided with completion certificates and Psychology Services staff provide feedback to the unit team at the time of the inmate's Progress Review.

**RECOMMENDATION 6.4: Ensure that when inmates complete psychology self-help programs such as Anger Management, Coping, Drug and Alcohol Abuse that completion of these activities are documented in support of reentry planning so that case managers and counselors are aware of these activities.**

*Lack of program strategy*. Although inmates in restrictive housing receive information about reentry, there is no formal coordinated, comprehensive, targeted, specialized reentry program inmates Bureau wide who are unable to participate in general population reentry programming due to their restrictive housing status. Some facilities visited had small rooms within the restrictive housing unit that would enable several inmates to be safely secured at tables to participate in small group classroom training or even individualized training for the highest risk inmates.

**RECOMMENDATION 6.5: Develop and provide a coordinated, comprehensive, targeted, specialized cognitive reentry programming specifically designed for inmates in restrictive housing.**

While there needs to be a loss of privileges for inmates in disciplinary segregation, there are many administrative segregation inmates and some disciplinary segregation inmates who will spend long periods of time in restrictive housing. Currently, those inmates will not return to general population and therefore not receive any meaningful reentry preparation programming.

[120] Bureau has advised the project team that since April 2014, PDS has been a part of BEMR. The system is now integrated. Since site visits were complete we were unable to verify this improvement.

The Bureau should design instructor led cognitive programming to support reentry similar to what is being provided to general population inmates. This programming could be designed as the "Cliff's Notes" version of reentry services in order to provide at least the most critical reentry related programming to those inmates at least 6 – 12 months prior to their release. Such programming does not have to be as comprehensive as that provided to the general population, however it should be meaningful.

Such a program could easily be designed by the Reentry Services Division staff to include both instructor led classes with self-study and homework provided to these offenders whose risk levels and disciplinary status would enable such controlled group programming. Direct interaction with the inmate by the instructor would help prevent cheating where the inmate's cellmates complete homework assignments. Considering the types of inmates being released from these units, and often after extensive periods of time in restrictive housing, this should be a priority.

No substantive programming is provided in restrictive housing units at any level. Some of the Bureau's program descriptions refer to self-help reading materials as 'program' or 'therapy' however they are barely more than reading activities. Additionally, there is currently no way to ensure an inmate actually did the work if they are double-celled. Some inmates interviewed reported cheating by having other inmates do the work so they could get credit for completing the assignments.

*Program communication*. Most contact with inmates housed in SHUs, SMUs, and the ADX is cell side. This limits the ability for any meaningful or confidential dialogue. Inmates are not likely to discuss sensitive or private issues shouting through a cell door with other inmates and staff present.

**RECOMMENDATION 6.6: Provide inmates the opportunity to participate in more out of cell individual interviews.**

*Congregate programming*. Interaction with a service provider, psychologist etc. is essential for meaningful learning and aids in preparation for reentry by engaging in discussion and social interaction. With the exception of the ADX Florence, no other facilities visited provided any congregate programming. The ADX at USP Florence has begun using specially constructed "Therapy Enclosures," on a very limited basis. While this may not be possible in every facility due to space constraints, it may be feasible in some facilities.

**RECOMMENDATION 6.7: Provide appropriately screened inmates with the opportunity to participate in small group programs facilitated by a counselor, case manager, psychologist, education instructor or other treatment provider.**

Such programming should only be provided to those inmates the Bureau staff feel are appropriate based on their disciplinary status, security risks etc. However, there

are a significant number of inmates who could be safely programmed in very small groups secured to tables separated a safe distance from other inmates.

*Program design*. Research shows that programs for high-risk offenders should focus on evidence-based practices that target their individual criminogenic needs. Inmates in restrictive housing are unable to receive the programming available to general population inmates.

**RECOMMENDATION 6.8: Provide programming that identifies and addresses most significant areas of need for high-risk offenders in order to assist the offender to successfully reintegration into the community.**

If limited programming is made available for selected inmates in restrictive housing who are not likely to return to general population, the programming provided should be designed to meet their most significant areas of need based on their risk needs assessments and other relevant factors.

*Training*. Staff (including civilian and contractor staff working within the institution) should receive additional training that reinforces the fact that reentry is not a program, but rather a philosophy. Staff do currently receive information as part of annual refresher training (ART) from the Reentry Affairs Coordinator and a brief module in the in-service training however, in order to ensure a more comprehensive and successful approach to reentry, particularly in restrictive units, all staff need to be trained and expected to work collaboratively with each other, understand they model and reinforce pro-social behavior as a way to encourage inmates to change.

**RECOMMENDATION 6.9: Educate staff about the need for inmates in restrictive housing to receive formal reentry programming if being released from restrictive housing.**

*Reentry culture/philosophy*. There is no formal Bureau-wide reentry preparedness program specific to restrictive housing. Each facility visited seemed to have their own unique programming that they tried to offer within the confines of the restrictive housing unit. Most staff interviewed did not appear to recognize the need for programming beyond self-help packet programs and no facility was able to provide data on the number of inmates actually being released from restrictive housing. The mindset that it is okay and preferable to discharge from a SHU needs to change.

**RECOMMENDATION 6.10: Establish and maintain a culture among all BOP staff, employees and contractors that recognizes the need for meaningful reentry programs for "all" inmates in the Bureau of Prisons, including those in restrictive housing, beginning at new officer/staff training and continuing in every annual in-service training.**

The Bureau of Prisons has made reentry a priority and has taken significant steps to emphasize the importance and impact of a comprehensive reentry program. The

mission statement of the Bureau of Prisons (that is prominently displayed in all agency communications including the BOP's internal and external website, or internal newsletter, and many ad hoc memorandums and publications) is to operate safe, secure, humane prisons, and to prepare inmates for release. Bureau of Prisons staff interviewed understand their responsibility to prevent inmates who are released from returning to criminal activities in the community. Bureau staff (and inmates) have been told that, "Preparation for release begins on the first day of incarceration". In the past few years the focus on reentry has been especially pronounced through the creation of the Reentry Services Division, an organizational change in the agency that required support from the attorney general and final approval from Congress.

In addition to establishing this division to coordinate and amplify the agency's reentry efforts and message, the director communicates continuously with staff about this critical aspect of the mission, and he has also communicated directly with the inmates. Specifically, the director wrote an open letter to inmates on June 19, 2013, expressing hopes that they embrace the opportunities provided to them to pursue the education, training and treatment needed to succeed when they return to the community.

While we salute the director and BOP leadership for making reentry a priority, the reality is that inmates in restrictive housing are not afforded reentry services in any significant way due to their housing restrictions and because in disciplinary situations, loss of programs is a consequence of their placement.

Psychology and education staff in the facilities visited were making individual efforts to provide more program services to this population. It is understood that the challenges that restrictive housing creates and the associated security concerns are a priority over programming. However, more effort should be made to provide meaningful reentry services to inmates in restrictive housing while still maintaining appropriate security.

Because of the risks that many of these individuals pose, it is essential that the Bureau do more where possible to improve the reentry into the community in order to protect the public's safety.

The project team did observe and interview staff that believed reentry programming is not possible or appropriate for those inmates in restrictive housing. It is appropriate to not provide programming to inmates who are in restrictive housing for short periods who will likely return to the general population where they can resume programming. This recommendation is aimed at establishing a culture [and policy] that recognizes the need for inmates in restrictive housing to receive more meaningful reentry programming if they will likely never return to the general population and will eventually be released to the community.

ADX Releases. Inmates are spending a significant period of time at the ADX and then placed directly to a halfway house or released directly to the community. Some inmates interviewed have spent from eight to fifteen years at the ADX and will be releasing to a halfway house or to the community. The Bureau needs to develop a step-down or transitional program to prepare inmates for this adjustment.

**RECOMMENDATION 6.11: Review of the practice of keeping inmates at the ADX until halfway house placement or direct release to the community on the inmate's release date.**

# Chapter 7: Restrictive housing operations and conditions of confinement

The section of the report addresses the Bureau's approach to management of restrictive housing units. This analysis includes assessment of organization, staffing, training, security operations, and conditions of confinement. The Bureau management approach is relatively uniform from one facility to another; however, there are some unique characteristics to each facility's management structure; a number of which are described in the following chapter.

## Organizational structure

### Special housing unit management

The organizational structure governing the SHUs is similar across facilities in structure and management approach. To a degree, the management structure is bifurcated with security managed by the Bureau's Correctional Services department and issues pertaining to classification, programming, minor disciplinary matters and case management assigned to the unit management teams.

Institutions with SHUs are generally but not always part of a larger complex of facilities managed by a single complex warden. The complex warden is supported by additional management staff that may include other wardens of a lower grade reporting to him or her, as well as associate wardens that are deployed in facilities throughout the complex. In the facilities that were assessed for this project, the complex warden was managing a USP.

Within the USP a SHU is managed by the facility's correctional services division and overseen by an associate warden. These associate wardens are responsible for supervising all uniformed staff in the correctional services division.

Direct oversight of the SHUs is the responsibility of the SHU lieutenant, who is the uniform commander of the restrictive housing unit. These lieutenants supervise day-

to-day operations five days per week, and also are designated as the SRO, that conducts the segregation reviews of the inmates assigned to the unit as required by *Program Statement 5270.10, Special Housing Units.*

Only the USP Hazelton Secure Female Facility did not have an SHU lieutenant assigned to manage unit operations. At Hazelton, the shift or operations lieutenant supervised the SHU, in addition to his/her other duties, and on occasion an extra lieutenant was assigned to the unit to supervise operations.

Correctional officers are not selected by management for their posts, but are awarded their post assignments based on a seniority bidding process that takes place each quarter of the calendar year. Therefore, SHU staff can turnover once every three months, depending on bidding for the various posts and the officer's status in the seniority system. Lieutenants are assigned by the warden and his/her staff, based on management prerogative. As outlined above, unit chain of command shifts when the SHU lieutenant is off duty and the shift commander or operations lieutenant for the facility takes over supervision of the SHU and the unit officer in charge (SHU#1 post).

The Bureau is invested in a decentralized management program known as Unit Management. The theory behind unit management is to decentralize operations by dividing large correctional institutions into more manageable units, where staff work in close proximity to the inmates they manage. With respect to the SHUs, unit teams are not specifically assigned to the unit to manage the unit and inmate activity. Instead the unit team assigned to the inmate prior to placement in SHU will retain management of the inmate's case, and will see the inmate in the SHU. Day to day responsibility rests with the SHU lieutenant or in the cases where there is no SHU lieutenant on duty, the operations lieutenant.

Other departments of the institution provide services to inmates and regularly visit the unit. Medical staff enter the unit a minimum of two times per day to administer medications and conduct triage on inmate medical concerns. Facility chaplains, educational staff, caseworkers, and counselors provide services at least on a weekly basis. The shift supervisor or operations lieutenant visits the unit each shift that a SHU lieutenant isn't present. At least weekly, a captain will visit the unit as well as a member of the top administration, such as a warden or associate warden. A mental health clinician visits the unit at least weekly and is further required to conduct a mental health review including a personal interview after every 30 days of continuous placement in the SHU.

In a number of facilities assessed, the warden conducts rounds of the SHU with members of his/her management staff. The assessment team observed this practice at a number of facilities. Each member of the management team accompanies the warden on the tour and observes each inmate's cell, stopping to respond to questions or concerns that the inmates may have.

## Special management unit management

Administrative oversight of SMU programs is similar to what is found with oversight of SHU programs. As noted earlier in this report, SMU programs at USP Lewisburg, USP Florence, and USP Allenwood were assessed as part of this review. Generally, each facility is managed by a warden and there are associate wardens assigned to manage correctional services or custody operations, as well as associate wardens responsible for programming. The special management unit custody and security is overseen by the facility captain, or in some cases by a deputy captain. Lieutenants are assigned, either directly to the units, as was the case at USP Allenwood, or covering a geographical sector of the facility that includes multiple units, as was the case at USP Lewisburg. Correctional officers are assigned to posts inside the housing units supervising the inmate population on the various ranges.

Unit management personnel perform a prominent role in the SMU programs. Unit managers, caseworkers, counselors and unit secretaries provide services to the inmate population that includes classification, casework, disciplinary and programming. Unit team members work cooperatively with correctional services staff to manage each unit. It is important to note that correctional officers and lieutenants report in a parallel chain of command to the facility captain/deputy captain. Unit managers report to associate warden than the captain, although that is not always the case. Regardless, there is a different chain of command for correctional services staff and unit management staff.

## ADX Florence unit management

The ADX Florence is managed directly by the complex warden, who is based physically at the ADX. Three associate wardens, also based at the ADX, are responsible for correctional services, programming, human resources, and a number of other ancillary functions. ADX custody operations fall under the associate warden for correctional services. A correctional captain manages security for the unit and all custody personnel. This position is supported by a deputy, a position that was vacant the time of the assessment. Each tour of duty is managed by a shift commander, who is the operations lieutenant that oversees shift operations. There are additional lieutenants that supervise "facility activities," the SHU, the control unit, and the special security unit. SHU, control unit, and special security unit lieutenant posts are filled 16 hours per day on day and swing shift. An administrative lieutenant manages staff scheduling and administrative duties.

Unit teams provide services to the inmate population and work cooperatively with correctional services personnel. There are three unit teams that provide unit management services e.g., inmate classification, minor discipline, casework. The SHU does not have a separate unit team assigned to it and the facility unit teams follow

their inmates and continue to monitor them while they are housed in the SHU, similar to the process described above for SHUs throughout the Bureau.

## Restrictive housing management structure observations

**FINDING: The management structure of the Bureau facilities is staffed with sufficient personnel to provide management and oversight of its restrictive housing units.**

Each complex is managed by a warden, who is further supported by subordinate level wardens and associate wardens. Associate wardens supervise department heads of the various departments throughout the correctional complex. These department heads provide direct oversight of functional areas and provide support to the segregated units depending on their function and responsibilities.

Department heads that have particular responsibility for the segregated units include facility captains and unit managers. The captain provides oversight over lieutenants who are the key figures in managing the segregated units, as first line supervisors of the staff assigned there. The SHU and SMU lieutenants are the officers in charge of operations and are tasked with the responsibility of ensuring that all aspects of policy and procedure are complied with. These policies and procedures include program statements, federal regulations, procedures and post orders.

The Bureau utilizes a bifurcated management structure in which the Correctional Services Division oversees the uniformed staff and a unit team with a separate command structure provides direct service to the inmate population.

Correctional services is responsible for most of the conditions of confinement an inmate is subjected to, as well as ensuring discipline and order is maintained in the units. As specified before, correctional services report to an associate warden, and in a parallel chain of command, unit teams report to an associate warden as well, providing casework, classification, minor discipline, and services to the inmate population. In the SHUs, unit teams provide support; whereas, in the SMU the unit teams provide direct service to the inmate population in the units they oversee. Although a bifurcated chain of command is somewhat unusual, unit management is a long-standing and successful management strategy that is used not only in the Bureau, but also in correctional departments throughout the nation.

Correctional officers are the main providers of service and the staff that maintain security, order, and discipline in the restrictive housing units. Officers self-select

their assignments to restrictive housing units on the basis of seniority: the exception being the lieutenant who is assigned by the facility/complex warden[121].

This is a practice mandated by the labor contract and is not the most ideal method of staff assignment. Best practice dictates that staff assigned to restrictive housing units are selected on the basis of their performance and competencies. Furthermore, in many jurisdictions, they are rotated out of these units after a period of time because of the high stress nature of the assignments and the potential for 'burnout.' This cannot be accomplished in a system where staff select their assignments.

# Correctional operations staffing levels and approach

This section of the report addresses the approach and methodology of staffing restrictive housing units in the Bureau, which includes special housing units (SHU), special management units (SMU), ADX, ADX general population and step-down units, and special security unit. In assessing staffing in these units, the following documents were reviewed to determine if staffing levels and approaches were consistent with Bureau policy, statutes, and nationally recognized best practices, to include conformance with American Correctional Association Standards.

## Special housing unit staffing

The staffing of SHUs is consistent throughout the Bureau of Prisons facilities assessed. With the exception of the female unit at USP Hazelton, each of the SHUs was managed by the lieutenant that was designated as the SHU lieutenant, responsible for management and oversight of the unit. In most facilities, particularly the larger USPs, there was a SHU lieutenant on the day shift and a SHU lieutenant assigned to swing shift. Typically, a lieutenant was present at the facility from 6 AM to 10 PM. When the SHU lieutenant is not on duty, the operations lieutenant or shift commander is responsible for managing SHU operations. The SHU lieutenant is assigned by the warden to the post and may rotate out of the unit based on the warden's decision. The SHU lieutenants report to the facility captain and are part of

[121] Work rosters are created in accordance with Article 18 of the collective bargaining agreement called the Master Agreement. The Master Agreement provides that staff can bid on certain posts by seniority, and preference requests are considered based on seniority. Management is required to make reasonable efforts to honor the requests (i.e. not deny request arbitrarily).

the Correctional Services Division of the facility, which consists of uniformed correctional staff. In all units assessed, the facility captain reports to one of the associate wardens, who reports directly to a warden.

The SHU lieutenant is responsible for supervising all staff assigned to the unit. The lieutenant is responsible for all security related matters in the unit to include the training of personnel; maintenance of inmate records; such as form *BP-292*, which is a record of inmate activity; census counts; ensuring inmates receive services and conditions of confinement are maintained at an acceptable level; movement procedures; overseeing use of force incidents; management of emergencies; searches of inmates; conducting supervision rounds; conducting segregation reviews as the SRO; and other security functions.

The number of correctional officer positions assigned to the SHU varies from facility to facility depending on the size of the unit. In all facilities assessed, the SHU #1 post is designated as the officer in charge of floor operations. SHU #1 reports to the SHU lieutenant or, in that person's absence, to the operations lieutenant for the facility. SHU #1 is normally the officer that carries the key to the inmate living areas, known as "ranges". SHU #1 oversees the activities and performance of other line officers working in the unit, although he/she is not formally a supervisor. Specific duties may include maintaining the equipment inventory; conducting census counts; maintaining records, such as form *BP-292*, which tracks individual conditions of confinement; ensuring that officer's conduct and record 30 minute rounds, which consist of wellness checks of inmates in their cells; ensuring meals are provided to inmates; controlling all inmate movement, ensuring that the application of restraints meets procedural requirements; conducting searches; and other security related duties.

Additional officers assigned to the unit, specifically SHU #2 through SHU #6, (the number of officers assigned depends on the size of the unit), are range officers, who perform most of their security duties on the ranges supervising inmates, controlling their movements, conducting wellness checks, and providing them with meals and services. In units with a secure control center, SHU #2 is the control room officer, who manages access though electronically controlled doors and keeps unit records in logbooks and a computerized record-keeping program.

In the larger USPs, a recreation officer is assigned to the day shift, and in some cases, swing shift to supervise inmate recreation. Inmates are normally ask~~ed~~ at the beginning of the day shift they are interested in attending outdoor recreation. The recreation is conducted in secure recreation cages located adjacent to the cellblocks. The recreation officers are responsible for supervising the inmates while they recreate. In the smaller units, the post is a day shift post, as the recreation can be completed during the eight-hour tour of duty. In the larger units, recreation may continue into second or swing shift. Our assessment also revealed the assignment of a property officer in the USP SHUs. The property officer is responsible for

inventorying, distributing and maintaining inmate property, while the inmates are housed in the SHUs.

*SHU seniority bidding for post assignments*. With the exception of the SHU lieutenant all correctional officers working in the SHUs select their assignments on the basis of a seniority bidding system. Already stated above, The Master Agreement between the American Federation of Government Employees and the Bureau mandates that officers are allowed to bid based on seniority for their shift and post assignments each quarter of the year. This process ensures that the most senior bidder is awarded the post. The only exception is that after one year the officer must bid to a different shift, but not necessarily to a different assignment/post. There are some exceptions to this rule, but as it relates to the SHU assignments, officers select their post and shift assignment. As a result, seniority plays a prominent role in these assignments.

*Program Statement 5500.14, Correctional Services Procedures Manual* provides further guidance as it relates to post assignments. Chapter 1, Section 101 requires that wardens develop a quarterly assignment roster that is prepared at 13-week intervals. This policy further requires that officers are subject to post rotation in accordance with the contract.

*SHU management and program staff*. Staffing of the SHU consists of unit lieutenants and correctional officers. There are typically no other staff assigned directly to work in these units. Bureau facilities have an established practice of assigning staff from the facility to make periodic visits to the unit to meet with inmates and provide service. This includes case managers, medical and mental health staff, etc.

There is no separate unit team assigned and housed in the SHUs. However, the unit team members continue to work with inmates that were residing in their units prior to being placed in segregation/special housing. In practice, unit team members are expected to make periodic rounds of the SHU (least once per day) to ensure that members of a unit team make regular tours of the ranges. The presence of unit team members is documented on the sign in sheet. Members of the assessment team reviewed sign in sheets for a minimum of a three-month period at each of the sites assessed. This review revealed that unit team members, including the unit manager, made regular visits to the SHU in accordance with procedural requirements.

Similarly, other staff members are also required to conduct rounds and meet with inmates providing service. A review of the sign in logs reveals that staff such as chaplains, mental health clinicians, captains, associate wardens, the warden, and other staff make periodic visits to the SHUs as well.

## Special management unit staffing

The history and background of the inmates housed in the SMU dictates a need for close supervision and a high level of security services.

The SMU programs have a bifurcated management structure. Correctional officers working the unit are supervised by lieutenants that are specifically assigned to the day shift or swing shift. When a lieutenant is not present in the unit, correctional officers report to the operations lieutenant for the facility. All lieutenants report to the facility captain and are members of the Correctional Services Division. The facility captain reports to an associate warden at the facility. As is the case with SHU staffing and chain of command, housing unit post SMU #1 is designated as the unit officer in charge on each shift, and is considered second in command with regards to security in the SMU.

Additional officers are assigned to each shift and provide correctional services, security and supervision to the inmates in the SMUs. SMU officers have similar functions and responsibilities as SHU officers and conduct census counts, maintain records of inmate activity, conduct periodic wellness checks and rounds, conduct searches, supervise inmate movement, and other security-related duties.

The SMU's are also managed, in part, by the unit team. The unit team is comprised of a unit manager, case managers, counselors, and a unit secretary. The unit team is primarily involved in classification matters that determine the inmate's SMU phase status and subsequent placement. The unit manager also reports to an associate warden. Typically, the unit manager and facility captain report to a different associate warden. In this arrangement, it is expected that the unit manager and captain work closely with one another on operations and procedural issues. As evidence of this, Program Statement 5500.14, Correctional Services Procedures Manual requires that the captain and unit manager jointly sign and approve correctional officer post orders. This approach suggests that the two staff are operating in a united fashion to avoid divisiveness in this bifurcated management structure.

*SMU seniority bidding for post assignments*. SMU line staff bid each quarter for a post assignment and are granted assignments on the basis of seniority. Therefore, a rotation occurs four times per year. The most senior person bidding for a post is awarded the post assignment. There is a four quarter limit on shift assignments to the same shift. In the case of an officer with significant seniority, he can only bid a particular shift four times in a row, and then must bid to a different shift for at least one quarter, before returning to the previous shift. This rotation requirement prevents an officer from bidding to the day shift more than four quarters in a row. According to lieutenants interviewed, a staff member can be removed from special management assignments for disciplinary reasons, although none of the lieutenants

could recall an instance where an officer was removed for disciplinary reasons. As described above, shift rotation takes place on a quarterly basis affecting correctional officers only and there is no selection process for line staff, only the shift bidding process, where officers choose their assignments on the basis of seniority. The lieutenant's assignments, on the other hand, are selected by management and seniority does not officially play a part in those assignments.

*SMU program staffing*. Staffing for two of the SMU programs is described in more detail below. These two facilities were selected because they provide programming for all four levels of the SMU, with USP Lewisburg housing mainly Level 1 and Level 2, while USP Allenwood provides housing and programming for Level 3 and Level 4 inmates.

*USP Lewisburg*

USP Lewisburg is the largest SMU in the Bureau, whose program is designed to house disruptive inmates in Level 1 and Two of the SMU program. Supervisory staffing includes a captain and a subordinate deputy captain, as well as a number of lieutenants assigned to manage the daily operations of the facility. Each shift has an operations lieutenant that operates as the shift commander and an East and West lieutenant who manage security operations in a sector of the facility. D and G units house inmates who are disruptive, or who pose special management challenges. Each of these units has a lieutenant present on the day shift. The east lieutenant is responsible for B, C, and X units. The west lieutenant is responsible for E, F, J, and I units. Officers are assigned to units based upon a quarterly seniority bid system as discussed previously. Based upon a review of 30 days of rosters and an interview with the captain, security staffing in the facility is sufficient and consistent with the roster and master schedule.

In addition to the officers assigned to each unit there are also a number of correctional program staff assigned. Three unit managers are assigned to the eleven units in the facility (a fourth unit manager is assigned to the camp). In each unit there is an assigned case manager and a counselor. Additional assigned program staff provide reentry services, psychology services, religious services, and educational services, and casework services to the inmate population. Staffing at this facility is appropriate given the mission of the facility, and the size of the population in the assessment team's judgment.

*USP Allenwood*

USP Allenwood is a step-down facility from USP Lewisburg that houses those inmates who have progressed to Level 3 and Level 4 of the SMU program. There are two SMU housing units at USP Allenwood. Each of the two units have staff assigned and there are two lieutenants that supervise the program five days per week . The lieutenants are assigned to the Correctional Services Division of the facility. In addition, the unit

management team provide services to both housing units. Shift rosters were examined for a 14-day period in the months of January and February 2014. SMU staffing on each unit was typically four officers on day shift (not including a shared property officer); three officers on afternoon shift; and one officer on the night shift. On Saturday and Sunday, the day shift complement is often reduced to three officers, as there is less activity to supervise on those days.

Of the 14 shift rosters examined, there were no instances when the staffing complement was lower than described above. Occasionally, on third shift a second officer is added to the SMU. This officer is also listed as a floater and can be utilized in other areas of the facility based upon need.

There is a lieutenant assigned to unit 4A SMU and a lieutenant assigned to unit 4B SMU on the day shift only. Supervision on afternoon and night shifts is provided by the shift or operations lieutenant. One of the four officers on the day shift is designated as the recreation officer, who manages and supervises inmate recreation. A property officer is added to the complement and is shared between units 4A and 4B five days a week on the day shift.

A review of the rosters for the 14-day period reveals that staff are deployed consistently and the units did not run short of personnel at any time. The lieutenants queried on this issue also indicated that the posts are consistently manned per the staffing plan. During the course of an interview with the union's representative it was confirmed that this was in fact the facility's staffing practices.

## Control unit staffing at Florence ADX

The Florence ADX is designated as a control unit within the Bureau. According to *Program Statement 5212.07, Control Unit Programs*, placement in the control unit is reserved for inmates who are unable to function in a less restrictive environment without being a threat to others or to the orderly operation of the institution. Inmates are referred to the control unit by facility wardens and approval for placement is made by an assistant director within the Bureau, with input from a regional director. Although inmates are frequently reviewed as described in other sections of this report, length of stay in ADX Florence can be substantial.

The ADX is managed by a warden, who is based at the ADX. There is a correctional complex warden, who is the warden of one of the three Florence facilities and is responsible for all the facilities on the correctional complex. Three associate wardens, based at the ADX, are responsible for correctional services, psychology services, human resources and a number of other functions. ADX custody operations

fall under the associate warden for correctional services. A correctional captain manages security for the unit and all custody personnel. This position is supported by a deputy captain, a position that was vacant at the time of the assessment[122].

Each tour of duty is managed by a shift commander, who is a lieutenant and who oversees shift operations. Correctional officers working throughout the facility are supervised by a lieutenant, who is either the shift supervisor or one of the area lieutenants. There are area lieutenants assigned to the Activities position (two shifts, 16 hours, seven days), the SHU (two shifts, 16 hours, five days), and the special security unit, and the control unit (two shifts, 16 hours, five days). There are specialty lieutenant positions that include an administrative lieutenant, and other five-day post lieutenants including EPO, Special Investigative Service (SIS), and SIA lieutenants. All lieutenants report to the captain.

Unit teams provide services to the inmate population. There are three unit teams that provide unit management services throughout the facility. These teams are responsible for inmate classification, discipline, casework and to some extent programming. Unit teams are assigned to geographic sectors of the facility and service those inmates living within the sector cellblocks. The SHU within the ADX does not have a separate unit team assigned to it, and the facility unit teams follow their inmates and continue to monitor them while they are housed in SHU. The assignment of unit teams to SHUs has been described above and there is no difference as to how they are utilized at the ADX than was described for other SHUs. Centralized management is practiced with regard to management of the SHU. The lieutenant works with the operations lieutenant, who reports to the facility deputy captain, who reports to the complex captain.

*ADX seniority bidding for post assignments*. As with all Bureau facilities assessed, correctional officer personnel are assigned on the basis of seniority. Each quarter of the calendar year, post bidding takes place and staff select their assignments, days off and shift on the basis of seniority. This was confirmed with the administrative lieutenant. Staff may continually bid posts, days off, and shifts they are interested in each quarter. Staff must rotate to a different shift periodically. If they bid on sick and annual relief positions, changing of the shifts as indicated above is not required. Lieutenants are assigned by management to their positions. Seniority may be taken into account for those assignments. Also, SIS personnel, tool room personnel, and security officers are assigned by management to their posts.

Unit management staff are assigned by management to their positions. Unit managers, unit counselors, and caseworkers are members of the unit teams. The unit

[122] The Bureau reported that the position was filled in April, 2014 and assumed duties after the completion of the project site visit.

teams manage classification and casework related functions, as well as providing other services to the inmate population. The unit teams report to an associate warden. In a parallel fashion, security staff report to their lieutenants and the facility captain, who also reports to an associate warden.

## Staffing observations

*Program Statement 5500.14, Correctional Services Procedures Manual*, dated October 19, 2012, outlines procedures relating to correctional services and staffing. Chapter 1 entitled management of correctional services describes methodology for computing the correctional staff complement and the preparation requirements for the quarterly and daily staff roster assignment. The policy further describes correctional officer rotation requirements, referencing the Labor Contract Master Agreement. The procedures include requirements relating to the preparation, use, and distribution of post orders. Post orders are documents that describe in detail the requirements of the job and the schedule of duties for a particular post. The procedures outlined a format for post orders describing procedures and special instructions regarding a particular post.

The Bureau has an organized and comprehensive process for determining staffing levels based upon post assignment needs. This process is reviewed on a regular basis. The application of post assignments is quite consistent in segregation units throughout the agency. Post orders are comprehensive and detailed, outlining duties and responsibilities of the officers assigned. Our analysis also determined that once staffing levels are set utilizing a formula to compute the correctional complement needed, there is little variation in staffing levels from what is prescribed in the daily roster and master schedule. When there are vacancies, staff are normally reassigned to work in the various restrictive housing units. If there are no staff available, overtime expenditures are typically authorized. This analysis also is in agreement with the Commission on Accreditation of the American Correctional Association that routinely reviews Bureau facilities for accreditation. ACA has accredited all of the Bureau facilities assessed. The accreditation process includes a review of staffing methodology, consistent with staffing standards. Those staffing standards were referenced earlier in this document.

When staff were questioned regarding removing a poor performing staff member from the assignment, they believed that an individual could be removed for disciplinary purposes, but there were no instances when staff could recall this taking place.

Staffing of these SHUs was found to be consistent throughout the assessed facilities. Post orders and job requirements are similar from one facility to another and focus attention on uniformity and consistency in its facilities. In addition to the consistency of staffing levels, the assessment team examined facility rosters

carefully to determine if staffing levels were maintained on a regular basis. In our experience, due to budget difficulties in many jurisdictions, as well as correctional officer vacancies, it is not unusual to see posts left vacant, from time to time, when there are insufficient personnel available to man the posts. This review revealed that there were few occasions identified where a post was left vacant in a SHU for any reason.

**FINDING: Each facility reviewed had sufficient staff to perform the functions of managing the restrictive housing units.**

**FINDING: The presence of a correctional services team working alongside a unit management team appears to be an effective management approach and provides sufficient personnel to conduct the work as required by the Bureau.**

# Staff training, curriculum, and approach

This section addresses the approach, policy requirements and training provided to staff working in segregation units in the Bureau of Prisons, which includes SHUs and SMUs. There are a number of training mandates that the Bureau adheres to, and nationally accepted practices that will be reviewed as part of this analysis. The following documents were reviewed as part of the assessment of Bureau restrictive housing unit staff training. In addition, nationally recognized best practices including American Correctional Association Standards were also examined.

- *Program Statement 3906.20, Employee Development Manual*, dated January 24, 2007.
- Bureau of Prisons ART curriculum and lesson plans.
- Bureau of Prisons quarterly SHU training curriculum and PowerPoint presentations.
- ACA Standard 4 – 4075 - The training plan is developed, and updated based on an annual assessment that identifies current job related training needs.
- ACA Standard 4 – 4084 – 1- Written policy, procedure, and practice provide that all correctional officers receive at least 40 hours of annual training. This training shall include at a minimum the following areas:
    - Standards of conduct/ethics
    - Security/safety/fire/medical/emergency procedures

  - Supervision of offenders including training on sexual abuse and assault; and use of force
  - Additional topics shall be included based upon the needs assessment of staff and institution requirements

- ACA Standard 4-4090 - All security custody personnel are trained in approved methods of self-defense and the use of force as a last resort to control inmates.
- ACA Standard 4-4092 - All personnel authorized to use chemical agents receive thorough training in their use and in the treatment of individuals exposed to a chemical agent.
- ACA Standard 4-4220 - All institution personnel are trained in the implementation of written emergency plans. Work stoppage and riot/disturbance plans are communicated only to appropriate supervisory or other personnel directly involved in the implementation of those plans.
- ACA Standard 4-4373 - There is a written suicide prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and offender critical incident debriefing that covers the management of suicidal incidents, suicide watch, assaults, prolonged threats, and death of an offender or staff member. It ensures a review of critical incidents by administration, security, and health services. All staff with responsibility for offender supervision are trained on an annual basis in the implementation of the program. Training should include but not being limited to:
  - identifying the warning signs and symptoms of impending suicidal behavior;
  - understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors;
  - responding to suicidal and depressed offenders;
  - communication between correctional and healthcare personnel;
  - referral procedures;
  - housing observation and suicide watch level procedures; and
  - follow-up monitoring of offenders who make a suicide attempt.

## Bureau of Prisons employee development manual

*Program Statement 3906.20* establishes comprehensive training procedures, specify training management responsibilities, and provide employees with access to training. This policy and manual requires that the agency develop an annual training plan that addresses the needs of the employees that is approved by a Training Committee with employee representation. This requirement also conforms to ACA standards. The training plan is the basis for the annual refresher training that is conducted each year and is discussed below. New employees are required to attend a three-week *Introduction to Correctional Techniques* program, which is considered basic training for new correctional employees and is conducted at the training academy in Glynco, GA. There is another component that is completed at the assigned institution.

## Annual refresher training

All staff that work in Bureau facilities are required to participate in an annual 40-hour in-service training program, commonly known as annual refresher training (ART). ART training is conducted and provided during the first quarter of the calendar year. The ART program is designed to comply with ACA standard 4-4084-1 relating to recommended annual training. The assessment team met with facility administrators, human resource representatives, training staff, and supervisory staff to determine the content and quality of the training programs provided. Each facility develops a curriculum that contains Bureau required core curriculum and adds content that is applicable to local training needs. The following curriculum is presented as an example of the training content for a typical Bureau facility.

The curriculum offerings represent a comprehensive in-service training program that is offered in Bureau facilities with some variation depending on the site. The CNA team met with administrative, human resources, and training staff during the facility assessments. At each site, a minimum of 15 randomly selected training records were reviewed of staff assigned to the facility and a maximum of 25 records, mainly those staff assigned to work in restrictive housing units, such as the SHU, SMU, and control unit. The records revealed that ART training is a high priority in the Bureau and is conducted in the first quarter of the calendar year. With few exceptions, staff records reviewed revealed that staff completed the required training in 2013.

**FINDING: The Bureau's commitment to staff training is outstanding and consistent with best practices in corrections.**

## Specialized training

The assessment team examined a number of high risk and high liability areas where specialized training is offered and also recommended by the ACA to determine if Bureau training covers these important topics. Training areas chosen for review included the following:

*Suicide prevention*. Each of the facilities assessed provided a training program on suicide prevention and recognition of the signs of suicidal behavior. Most often this training was conducted as part of Annual Refresher Training, but also was a topic of training in all of the SHU training programs offered quarterly in facilities that operate SHUs. *PS 5324.08* states that supplemental training will be conducted approximately 6 months after the conclusion of institution ART. A review of selected training records indicated that the vast majority of Bureau staff receive the annual training and are familiarized (annually) in the recognition of the signs of suicidal behavior.

*Administration of oleo capsicum chemical agent*. Oleo capsicum (OC) is a chemical irritant dispensed from aerosol containers or via projectiles to disable an inmate who is threatening or acting violent in a correctional institution. The administration of any chemical agent, such as OC is considered a use of force. There are specific manufacturer's guidelines for the use of the chemical agent and staff need to be trained regarding the proper method to deploy, the amount to deploy, the type of reaction an inmate may have to the agent, and methods for decontamination after the use of the chemical agent. Bureau policy requires that those individuals authorized to administer chemical agents must be trained annually and also receive a quarterly refresher training. Our findings were that annual OC training is conducted at all facilities, and in a number of facilities, quarterly refresher training is mandated.

*Use of force*. Use of force training is provided to guide staff on under what circumstances the use force may be used, levels of force allowed, and reporting procedures following use of force incidents. Each of the facilities assessed provided instruction on use of force as part of the Annual Refresher Training, as well as SHU specific training.

*Emergency plan training*. Staff are regularly trained on an annual basis regarding emergency plans and the management of emergencies. This topic is included in the Annual Refresher Training program. Additional training in the Incident Command System is also provided as part of the ART training. Management of emergencies is also a training topic in a number of SHU training programs reviewed.

*Self defense*. This training is provided to enhance officer safety by instructing them on self-protection against violent attacks. Self-defense training is a topic of instruction in ART at all facilities subject to our assessment.

## Special housing unit specific training

The Bureau requires that facilities that have SHUs provide a specialized curriculum of instruction for staff that work in SHUs. The requirement calls for an eight-hour program to be delivered on a quarterly basis for staff assigned to the units[123]. Beyond the requirement that training must be provided, no guidance is provided with regard to content or curriculum. Training content is determined locally by the facility warden and his/her staff. The assessment team inquired about this training at each facility in order to determine the content of training being provided, the length of the program, the training delivery methods, who was required to complete the training, as well as compliance with Bureau requirements and mandates. The following is a summary of that analysis.

*Training methodology/hours of instruction*. Ten facilities were visited and assessed as part of this process. Eight of the ten facilities have a training program for staff that are assigned to the SHU that is an eight-hour program. USP Victorville, USP Hazelton, USP Florence, USP Allenwood, USP Coleman, USP Terre Haute, USP Lewisburg, and the Florence ADX all provide an eight-hour program. The delivery method and attendance requirements do vary from facility to facility.

For example, at USP Victorville the warden has mandated that all staff at the facility regardless of their assignment participate in the quarterly training. Records reviewed indicated that over 300 staff have been provided with this training during the past year. The program is an eight-hour course of instruction provided in a classroom setting.

Similarly, an eight-hour classroom session is provided quarterly at USP Hazelton, USP Florence, USP Terre Haute, USP Coleman, USP Lewisburg, and the ADX for staff assigned to the SHU as a regular assignment or on a temporary basis. An alternative method of delivering the required training is provided at USP Allenwood, where no classroom instruction is provided, but the SHU lieutenant has created a training binder with written content that staff assigned to the SHU must review each quarter of the year. The lieutenant indicated he verifies that staff review the content by questioning them on various aspects of the training and has the staff sign a training log that indicates they have reviewed the material.

[123] The Bureau reported that in November 2014, a standardized SHU Training lesson plan and slide show were completed. SHU staff will be required to participate in this training four hours per quarter. Additionally, a CENTRA training for captains regarding the presentation of this training is being routed for approval.

At USP Hazelton, the quarterly SHU training is offered only three quarters of the year. During the first quarter of the calendar year, because Annual Refresher Training is taking place, there is no SHU training. The captain explained that at this facility there is no requirement for SHU training during the first quarter, and ART participation satisfies the SHU training requirement for that quarter.

The SHU training at USP Tucson and FCI Butner consists of a four-hour block of training provided on a quarterly basis for SHU staff as it is the policy at those facilities that SHU training consists of a four-hour program.

*Level of staff participation*. At USP Victorville, over 300 staff received the required training in the past year. At a number of the facilities, records indicated that the majority of staff assigned to work in the SHU received the SHU training. There were instances where staff who were assigned to SHU per the roster did not receive the training when it was offered during the quarter. This was especially true for those staff assigned as sick and annual leave replacements for staff who are regularly assigned SHU employees. The only facility where 100 percent of the staff assigned to the SHU participated in the training was at USP Allenwood, where the training was not conducted in a classroom setting.

At USP Victorville, the strategy of training all staff ensures that staff assigned to work in the SHU either on a permanent or temporary assignment are trained. In each of the other facilities, there were staff assigned to work in the SHU at various times that did not complete the training program. The frequency of the training (quarterly) and the significant number of staff who may work in the SHU one or two days a week, or in some cases, less frequently makes it challenging to achieve 100 percent compliance with the training requirement. This issue is further exacerbated by the fact that staff bid their posts on the basis of seniority quarterly, which can result in high turnover in the SHUs every three months, creating a new cohort of personnel that need to be trained four times per year.

## Special housing unit training curriculum

Based upon staff interviews, there is no standardized curriculum for the SHU training. It was determined that the SHU training content varies from facility to facility. However, there appear to be similarities in the training content provided with respect to inmate management and security procedures. Examples of the training content found in the various training programs are noted below.

- USP Hazelton: Hunger Strike Management; SHU Strategies; Prison Rape Elimination Act; and Suicide Prevention.
- USP Allenwood: Use of Batons; Searches; Supervision of ; Cell rotation (21 days); Meal Service; Completing 292 Forms; Inmate Movement; Levels of

Supervision; Food Slot Operations; Food Trays; Recreation; Privileges; Cell Assignments; and Use of Force.

- FCI Butner: Application of Restraints; Suicide Risk Assessment and Prevention; Conducting Rounds; Searches; and Emergency Response.
- USP Coleman: Application of Restraints; Use of Batons; Inmate Discipline; Sanitation; Searches; Razor Procedure; Key Control; Cell Rotation(21 days); Completing 292 Forms; Food Service; Suicide Prevention; Inmate Supervision; Recreation; Privileges; Escorts; Programs; and Unit Evacuation.
- USP Terre Haute: Use of Force; Suicide Prevention; Prison Rape Elimination Act; SHU Operations (includes Escorts, Law Library, Haircuts, Recreation, Safety and Security).
- ADX: Use of Force; Interpersonal Communications; Conducting Rounds: Meal Service; Searches; Psychology/Suicide Prevention; Admissions and Releases; Escorts; and Searches.

In the six examples provided, close attention is paid to unit operating procedures, proper record-keeping (*BP-292* Forms, which note if inmates accepted meals, participated in recreation etc.), inmate escort and supervision practices, use of force, suicide prevention and recognition of signs of suicidal behavior, privileges and security procedures.

## Staff training observations

The Bureau is heavily invested in both in-service training and preparing staff to carry out their duties efficiently and effectively. On an annual basis, a training plan is developed consistent with the requirements of Employee Development Manual, which is also in accordance with ACA standards previously referenced. From the training plan, a national curriculum is developed for the coming year's Annual Refresher Training. The training curriculum includes all topics recommended by the ACA, including those high-risk areas that are addressed in the standards, where training is recommended. The Bureau also adds content to address identified training needs.

During the first quarter of each calendar year, staff are scheduled to participate in ART training at each site and, as noted, the vast majority of personnel complete the training during the first quarter of the calendar year. This includes all staff assigned to the facility, such as correctional officers, supervisors, unit management, professional and support staff. The amount of training provided and the number of staff receiving ART training is impressive and, as previously stated, is a best practice. Many other correctional agencies are unable to provide this level of training, either for budgetary reasons or logistical reasons that can not be overcome. The Bureau is

seems to be deeply committed to the annual training and makes it a high priority mandate that all facility leaders must and do adhere to.

**FINDING: The training curriculum used by Bureau facilities is consistent with best practices, providing a range of topics that meet industry standards and ACA standards.**

High liability training areas, such as the use of force (to include OC training), providing first aid/medical attention, security procedures, emergency procedures, sexual misconduct, inmate mental health issues and suicide prevention are training topics addressed.

The SHU training is also provided at each of the sites the assessment team reviewed. There are inconsistencies on how the SHU training is conducted, as some sites train four hours per quarter while others eight hours per quarter. The majority of the facilities provide classroom instruction and one facility requires staff to read a binder that contains training content outside of the classroom. Inconsistency was also found with the mandatory nature of the training, as the majority of the facilities were unable to train 100 percent of those staff assigned to work in the SHUs. USP Victorville, however, exceeded Bureau standards by training all staff, regardless of whether they were assigned to a SHU post or not.

It is difficult to train all staff members that work in the unit on a quarterly basis, especially those who are temporarily assigned to fill a post to backfill for a regular SHU officer that is absent on a particular day. The quarterly rotation of staff resulting in turnover also contributes to the problem of ensuring SHU staff receive the training.

**FINDING: SHU training is not consistent throughout the Bureau in terms of delivery, content, hours of instruction, schedule, and mandatory attendance.**

# Security systems and practices

This section of the report addresses Bureau security systems and practices as described in policy and procedures, as well as observed during the assessment process at facilities reviewed. Team observations contributed to the summary and findings, as well as numerous documents that were also reviewed during the assessment process. The report does not document any practices or procedures that were observed by the project team that if reported would compromise the safety and security of the institutions. The following documents were reviewed during the assessment process and contributed to this section of the report.

- Statutory requirements

- Bureau program statements relating to control units #5212.07, dated 2/20/2001; special housing units #5290.10, dated 7/29/2011; special management units #P5217.01, dated 11/19/2008, and use of force and application of restraints #P5566.06, dated 11/30/2005
- Correctional officer post orders[124]
- Bureau performance review reports
- American Correctional Association standards[125]
- Bureau Operations Memorandum 004-2013 (5500) Oleoresin Capsicum (OC) Aerosol Spray Pilot Program
- Bureau Memorandum, Conducting 30 minute Checks, authored by Assistant Director for the Correctional Programs Division, April 26, 2012
- On-site observations of operational practices
- Staff interviews
- Inmate interviews

## Physical plant characteristics

The physical plants of the Bureau segregated units are typically cellblock style units with a controlled entry point from a sally port[126] leading from a main corridor into

[124] Post Orders are detailed descriptions of the duties and responsibilities of a correctional officer. They include the schedule of daily events and activities, as well as procedural requirements that an officer must comply with. Post Orders often include excerpts from policies and procedures that an officer must be familiar with. It is required that an officer review their post orders on a periodic basis, usually when they assume a new post, and sign and date the post order signature sheet.

[125] The American Correctional Association (ACA) is a nationally recognized private, nonprofit organization whose mission includes the development and promotion of effective standards for the care, custody, training, and treatment of offenders. As part of its accreditation process, a visiting committee of ACA auditors audits the correctional facility against standards and expected practices documentation and evaluates the quality of life or conditions of confinement. An acceptable quality of life rating is necessary for a facility to be eligible for accreditation. The quality of life in a facility includes cell size and time inmates spend outside the cells, adequacy of medical services, offender programs, recreation, food service, sanitation, use of segregation, crowding, and reported and/or documentation of incidents of violence.

[126] A sally port is a secure, controlled entryway in a correctional facility, which normally includes the use of two doors to control access to an area. Sally port doors are not opened at

the unit. The majority of the units viewed are linear style, with cells located on either side of the cellblock corridor. The cellblock area is protected by a "range" gate that leads from the cellblock common area, usually near the control room. Access through the range gate is carefully controlled by an officer, who controls entry into the cellblock area. At the opposite end of the corridor, there is typically an emergency exit as a secondary means of egress for fire evacuation purposes. All cells viewed were of solid steel construction with a tamper resistant security glazing vision panel to allow visibility inside the cell.

All cells in SHU and SMU housing are occupied by two inmates, except security cells used to monitor inmates that require close monitoring due to security or mental health issues. All the cells at the ADX have one bunk and are occupied by one inmate.

Each cell door is also equipped with a small panel that can be unlocked by the correctional officer to deliver food (also known as the "food slot") that serves as a protected method of handcuffing inmates before the cell door is opened. The cells themselves are equipped with sleeping bunks, which are secured 12 inches off the floor, one on top of another; a toilet/sink combination unit; one or two shelves; a writing surface; one or two seats, property storage units; and, in many cases with the exception of the older facilities, a shower unit inside the cell. In the older units, showers are located at one end of the range and inmates must be escorted from their cells to the showers, one at a time. Most of the cellblocks viewed have cameras installed at either end of the range to record inmate and staff movement, with footage digitally recorded.

Each unit has at least one cell that is of a modified design to house disruptive inmates and/or suicidal inmates that need to be controlled more closely. These cells often have a secure bunk constructed of concrete or steel and have the capability of securing inmates to the bunk with restraints if they are violent or a significant threat to security. These cells were positioned in the unit in such a way to allow for close staff observation of the inmate. Suicide Watch cells are not ordinarily contained in the physical plan of the restrictive housing unit. Rather, per policy they are generally located in the Health Services area or another similarly private location. A policy waiver is required in order for a Suicide Watch cell to be placed in SHU.

Inmate recreation is conducted in secure recreation areas constructed of chain-link or expanded metal. Inmates recreate either one at a time or in small groups. Entry into the recreation areas is through a locked gate, equipped with a handcuff port to allow an officer to secure the inmate in handcuffs before opening the gate.

the same time so the control officer can control entry and prevent someone from breeching the inner door.

The common area is located between the unit entrance door and the cellblock area. It typically consists of a control room or officer station, holding cells, interview rooms, staff offices, multipurpose rooms, storage areas and a room where inmates can access computerized law library materials. The multipurpose rooms are used for interviews, barbering services, and programming, where appropriate.

## Patrol requirements

In April 2012, the assistant director for the Correctional Programs Division issued a memorandum, which requires correctional staff that work in SHUs to observe all inmates confined in continuous lockdown status, such as administrative detention or disciplinary segregation every 30 minutes on an irregular schedule, but with rounds that are not to take place less than 40 minutes apart. These observations are documented in a logbook maintained for that purpose.

The purpose of these observations is to ensure that inmate activity is carefully supervised and the health/mental health of each inmate is monitored. This practice was observed at all facilities assessed. The Post Orders of SHU staff included a description of this requirement and it is a mandated practice throughout the assessed facilities. The 30-minute rounds are documented by the officer conducting the rounds and the logbook containing this information is reviewed and signed off by a supervisor at the end of the shift.

The April 2012 memorandum and the practice of observing inmates in SHU every 30 minutes complies with the ACA standard. The standard also provides guidance in the management of violent, mentally disordered inmates, or suicidal inmates. Bureau officials at each site assessed have an established practice of removing suicidal inmates and placing them in a cell specially designed to provide for direct observation of inmates that are at risk. Bureau either assigns an inmate companion[127] or staff member to directly observe the inmate in crisis and keep an ongoing log of the inmate's activity and movements.

Bureau policy[128] and post orders also require that a lieutenant, typically the SHU/SMU lieutenant if on duty, must visit the unit and conduct a tour of the cellblock area once per shift. This practice ensures that supervisory staff are conducting inmate wellness checks and verifying that line staff are following approved procedures.

[127] Inmate companions are trained to provide direct observation of inmates housed in suicide resistant cells. The companions receive special training from the Bureau staff and also keep a log of the inmate's activity while being observed on suicide watch status.

[128] *Program Statement 5290.10, Special Housing Units*, dated August 1, 2011, Section 12 (m) - Staff Monitoring.

*Patrol requirements observations*. The assessment team found a meticulous level of compliance with the monitoring and supervisor tour requirement as 30 minute logs are typically up-to-date and entries are initialed by the recording officer and subsequently reviewed by a supervising officer, who also signs the document. Lieutenant rounds also take place each shift, as required. We would estimate a better than 95 percent compliance rate with these log entries, and found few cases where staff failed to make an entry or write their initials. There certainly were cases where noncompliance was detected, but these were anomalies. The log entry sheets are archived and maintained for future reference.

**FINDING: The observation of inmates in special housing and those that are being monitored as having suicidal tendencies in specially designed cells under direct supervision is consistent with best practices and in compliance with ACA standards.**

## Inmate movement practices

All inmates residing in SHUs, regardless of the reason for that placement, are transported in restraints whenever they leave their cells. Post orders require that an inmate be handcuffed from behind through the food slot before the cell door is opened to remove the inmate. In cases where there are two inmates residing in a cell, both inmates must be handcuffed before the cell door is opened. In these cases, two officers are present when the cell door is opened. The inmate may be transported by a single officer, once the cell door is closed and the second inmate is secured. Special circumstances may require a second officer be present at all times during an escort.

For example, the handcuffing procedure at USP Lewisburg requires that the inmate be restrained from behind utilizing hand restraints, with palms up and thumbs out. The handcuffs are double locked, which helps prevent the inmate from tampering with the handcuffs. Inmates are also scanned with a hand-held metal detector and pat searched prior to any movement taking place. The double locking of handcuffs is not a universal practice throughout the Bureau for internal inmate movement, except when the inmate is being transported outside of the unit. A device, known as the "black box" (a cover for the handcuff key slot that prevents an inmate from tampering with the key slot) is often used for transportation outside of the facility, or if the inmate poses a substantial risk to security. Internal movement of inmates mostly takes place when the inmate is being moved to recreation, unit showers, law library, or for staff interviews.

Movement within the unit is recorded when the inmate is transported to the law library, recreation, and to receive a haircut. Movement out of cell for interviews for example, is not recorded. Movement outside of the unit is noted in the unit log.

*Special movement circumstances*. In cases where staff safety dictates that inmates need more supervision than described above, additional precautions can be taken. These include the following:

- **Two-man hold**: The two-man hold is one method utilized by the Bureau. The two-man hold requires that two staff be present the entire time the inmate is out of his cell or secure area. This requires one staff member will remain in direct physical contact with the inmate at all times and both staff members are directly responsible for the control of the inmate.

- **Three-man hold**: Again, in cases where staff safety is a concern, the supervising officer may require that three staff be present the entire time the inmate is out of his cell or secure area. In a three-man hold situation, two staff members remain in direct physical contact with the inmate at all times, and all three staff are directly responsible for the control of the inmate.

- **Lieutenant hold**: The lieutenant hold technique calls for a lieutenant to be present the entire time the inmate is out of the cell and the lieutenant is required to provide supervisory oversight during the inmate movement.

- **Other hold**: In circumstances where an additional security is needed, staff may be required to wear protective gear and additional personnel may be dispatched to supervise inmate movement.

*Program Statement P5566.06 Use of Force and Application of Restraints*, dated November 30, 2005 also allows for "…staff to place an inmate temporarily in restraints to prevent an inmate from hurting self, staff, or others, and/or to prevent serious property damage. When the temporary application of restraints is determined necessary, and after staff have gained control of the inmate, the warden or designee is to be notified immediately on whether use of restraints should continue." The policy states that restraints should only be used when other effective means of control had failed, or are impractical, and that restraints can remain on the inmate until self-control is regained.

*Special management and control unit movement practices*. Inmates residing in SMU programs at Level 1 and Level 2 are subject to restrictive movement as described above. As inmates are moved to Level 3 and Level 4, they earn additional privileges and are allowed to participate in small group congregate activity unrestrained. However, movement outside of the unit to medical and other locations, are conducted while the inmate is in restraints.

Inmates housed in the ADX are subject to restraint conditions consistent with the conditions noted above for SHU inmates, except two officer escorts are the norm. Movement outside the unit requires utilization of the Martin chain, handcuffs

attached to the chain, with a black box covering handcuffs. Additional protective equipment is provided at the ADX for officer safety and to better control the inmate population, such as rapid rotation batons in defensive position.

*Progressive and ambulatory restraints*. *Program Statement 5566.06, Use of Force and Application of Restraints* allows for the placement of inmates in restrictive and secure restraints to control behavior and protect staff and property. Use of ambulatory restraints is authorized when the inmate is acting aggressively and/or lacks self-control. This is allowed until the inmate establishes a pattern of self-control and is no longer acting out. The policy refers to this as a "pattern of nondisruptive behavior over a period of time."

The placement of inmates in four-point restraints is authorized per policy when placement is "the only means available to obtain and maintain control over an inmate."

Each of these procedures requires regular observation of the inmate, examinations by medical personnel, regular reporting of activity, and review as to whether the placement in restraints is still necessary. The assessment team did not have an opportunity to review this process in great detail; however, our use of force analysis did include cases where inmates were placed in ambulatory and/or four-point restraints.

ACA Standard 4-4190 regarding the use of restraints reads: "Written policy, procedure, and practice provide that instruments of restraint, such as handcuffs, irons, and straitjackets, are never applied as punishment and are applied only with the approval of the warden/superintendent or designee."

ACA Standard 4-4191 regarding restraints reads: "Written policy, procedure, and practice provide that the unit is placed in a four/five point restraint (arms, head and legs secured), advanced approval must be obtained from the warden/superintendent or designee. Subsequently, the health authority or designee must be notified to assess the inmate's medical and mental health condition, and to advise whether, on the basis of serious danger to self or others, the inmate should be placed in a medical/mental health unit for emergency and involuntary treatment with sedation and/or other medical management, as appropriate. If the offender is not transferred to a medical/mental health unit and is restrained in a four/five point position, the following minimum procedures will be followed:

- Direct visual observation by staff must be continuous prior to obtaining approval from the health authority or designee;
- Subsequent visual observation must be made at least every 15 minutes; and,

- Restraint procedures are in accordance with guidelines endorsed by the designated health authority."

*Inmate movement practices/observations*. Assessment of off-site transportation was beyond the scope of this review. However, the team did examine internal inmate movement, the use of restraints to safely facilitate inmate movement, and post orders that guide and direct officers in the performance of their duties. In visiting the selected facilities, there was only one instance observed where a staff member was observed opening a cell door without having two officers present, in apparent violation of operational procedures. This was at the female facility at USP Hazelton and staffing levels in that SHU may have contributed to this violation, as there were few officers available to conduct the movements. Otherwise, our observations found that Bureau staff and supervisors carry out their duties consistent with the post orders and in compliance with movement procedures as described above. Across the board, post orders are well drafted documents that include comprehensive content that act as a guide to ensure staff perform in accordance with procedures.

Procedures and policy for the use of restraints describe the use of restraints as a method to control inmates and not to administer punishment. Bureau policy is in compliance with ACA standard 4-4190, which states restraints shall not be used as punishment. In the Use of Force section of this report, inmates interviewed at one facility claimed that the application of ambulatory restraints is managed improperly as the restraints are at times applied tightly, and cause minor injury to wrists. This assessment was unable to verify or confirm this alleged practice, but it should be reviewed to determine if there is any validity to the claim.

A review of *Program Statement P5566.06, Use of Force and Application of Restraints* describes procedures for the use of four-point restraints. This policy is in compliance with ACA standard 4-4191. However, the assessment team did not examine in detail situations where four-point restraints were utilized as part of this study as no cases where four-point restraints were applied were taking place during the site visits. The policy does require that inmates be checked every 15 minutes and that qualified health personnel evaluate the inmate and ensure that the placement is appropriate. Subsequently, a lieutenant is charged with reviewing the placement in four-point restraints to determine if a period of calming effect has occurred, which will allow staff to remove the inmate from four-point restraints. Extensive reporting requirements are also outlined in the policy.

# Impact of gang issues and separation practices

One of the most difficult security issues facing the Bureau staff is the management of gang activity of the various gangs in the system. As is the case in many state correctional facilities, this issue plagues the general population of the Bureau's USPs, which carries over to its segregated units. This assessment revealed that it is common practice for inmates in the USPs to associate themselves with a particular gang or what is termed "cars." A car is a group of inmates who develop a close association as protection against other established inmate groups, such as gangs. The prevalence of inmate grouping and gangs places pressure on administrators to carefully place inmates in housing units throughout the agency, as placement of a gang member in a cellblock housing a high concentration of rival gang members can result in violence.

In the case of the SHUs, administrators and staff exercise caution when making bed placements, as certain gang members cannot be housed with one another or violence will likely ensue. Given that all of the SHUs are double celled, an evaluation of each inmate's record and associations has to be conducted by SHU and unit management staff prior to cell assignment.

The SHU situation is complicated by the fact that a high percentage of inmates residing in SHUs have requested protection from other inmates, often due to gang related issues. Many inmates in the system have what is termed as "separatees." A separatee is an inmate, who due to safety and security concerns cannot be placed in housing units with other specific individuals. As noted in chapter 3, the number of inmates that have separatee issues is significant and impacts inmate management in the agency. For example, the warden at USP Lewisburg advised the assessment team that of 748 inmates at that facility, 334 had separatee issues.[129] Some inmates had as many as 14 separatees. Keeping in mind that these inmates cannot congregate with one another, bed management in the general population and in restrictive housing units is very complicated.

In the SMU at USP Allenwood, where inmates in Level 3~~Three~~ and 4 ~~Level 4~~ are allowed to congregate, the lieutenants and unit management staff have to carefully place inmates according to their gang or group designation. For example, on one unit of the Allenwood SMU, one range can only house Caucasian inmates, Southern California Mexican Mafia, or African-American inmates. On another range, Southern

[129] Interview briefing with Warden on January 21, 2014.

California Mexican Mafia, Caucasian protective custody and African-American inmates are housed. On yet another range, Texas Mexican Mafia, inmates from the District of Columbia, and nonaffiliated African-American inmates are housed; and on Range 4 Latin King, NETA, Northeast region inmates, and Caucasian Cars are housed.

Staff indicated that the mixing of rival groups in the same housing unit can affect the security of the unit. This unit allows congregate group activity and only one range at a time is allowed out for recreation. The mixing of ranges is such a concern that the keys to the nonrecreating range are kept outside the unit to ensure that the nonrecreating range doesn't mix with the range that is out on recreation.[130]

The issue of gang separation and taking a cautious approach with inmate housing to prevent violence, is less of a concern at the ADX because most of the recreation is in individualized areas and there is no double bunking of inmates. It does, however, become a concern when congregate activity takes place in the step-down unit, where limited congregate activity is allowed.

*Special Investigative Service*. The Bureau assigns personnel at each USP and FCI the team visited to investigate criminal activity and gather intelligence to aid in the safe operation of the correctional facilities. The SIS investigates separatee issues and validates inmate protective custody requests. One of their most critical responsibilities is gathering gang intelligence to assist facility supervisors in managing the inmate population. SIS personnel also investigate and validate inmate gang membership and keep ongoing records of gang membership, as well as determining who the gang leaders are. The SIS performs a valuable security function to aid in the management of the inmate population that has a heavy concentration of gang and car membership, all of which complicates inmate management and placement practices.

The gang issue in the USPs that was assessed impacts the management of the SHU as it creates separatee issues and likely increases the number of inmates requesting protective custody. This, in turn, results in these inmates being housed in restrictive housing. This was confirmed through interviews with staff and inmates who indicated that many of the segregated inmates were unable to live in general population because of the influence, harassment, intimidation, and threats of violence from members of gangs and cars in the facilities.

**FINDING: Difficulties in the management of the gang problem exacerbates the protective custody problem, thus causing a high incidence of inmates leaving general population by their own request and being placed in segregation units, after being threatened in general population.**

[130] Interview with Lieutenants on March 4, 2014.

# Post orders

Post Orders are detailed descriptions of the duties and responsibilities of a correctional officer. They include the schedule of daily events and activities, as well as procedural requirements that an officer must adhere to. Post Orders often include excerpts from policies and procedures that an officer must be familiar with to assist them in performing their duties. It is required that an officer review their post orders on a periodic basis, usually when they assume a new post, and sign and date the post order signature sheet. ACA Standard 4-4178 requires that there be written orders for every correctional officer post and that the orders should be reviewed annually and updated if necessary. ACA standard 4-4179 requires that policy, procedure, and practice provide for personnel to read the appropriate post order each time they assume a new post and sign and date the post order.

Post orders were provided to the assessment team at each site for all posts in SHU, SMU, and at the various programs at the ADX. The post orders, as a general rule, include numerous procedures and instructions on important topics, which assist correctional officers in performing their jobs.

The content of post orders, which are relatively consistent from one facility to another, reflects that a high priority is placed on utilizing post orders to provide procedural and job performance guidance to correctional staff. The post orders reviewed address the majority of the areas of security procedure that a correctional officer needs to be familiar with in the performance of their duties.

Compliance with ACA standards is noted and each of the facilities visited had passed an accreditation audit within the past three years, and the above-referenced Post Order ACA standards were also complied with.

**FINDING: Bureau post orders are extremely comprehensive documents that meet national standard requirements and are considered a best practice.**

The Bureau utilizes post orders as working documents to guide the job performance of correctional staff.

# Use of force and critical incidents

The focus of this section of the report addresses the project team's findings regarding the use of force and critical incidents within the Bureau's restrictive housing units. An assessment of the Bureau policies, operational practices and compliance levels were examined throughout the review process.

According to federal regulations and associated program statements, the Bureau of Prisons can authorize staff to use force only as a last alternative after all other reasonable efforts to resolve a situation have failed. When authorized, staff must use only that amount of force necessary to gain control of the inmate, to protect and ensure the safety of inmates, staff, and others, to prevent serious property damage and to ensure institution security and good order. Based on our review there was no supported evidence presented that policy or routine staff practice included operating outside the federal regulations.

Program statements and facility supplemental statements (referred to as Institutional Supplements) related to the use of force in restrictive housing have all been developed in line with the requirements identified in the federal regulations. In addition to the regulatory requirements the Bureau program statements and facility supplemental statements also identify policies, procedures and objectives regarding when the use of force can be authorized, the type of force to be used, required documentation, the review process and staff training.

For the most part, the Bureau's program statements serve as core documents personnel use to reference the appropriate procedures to follow when applying restraints, when being involved in a critical incident, or when involved in a use of force incident. At each facility visited, the project team reviewed multiple Use of Force incident reports, associated documents, inmate files, staff training files and videos of incidents that occurred. At several of the facilities team members were also present to observe after action reviews conducted by the facility management team. The *After Action Review* team by Bureau policy consists of the warden, associate warden, captain and health services administrator or designee. The team is responsible in part for reviewing all use of force incidents at the facility.

**FINDING: The Bureau has established a comprehensive and extensive program statement that clearly identifies the step-by-step requirements associated with managing potential use of force and critical incidents consistent with nationally recognized standards.**

The Bureau's *Program Statement 5566.06* requires that a report be prepared by staff on all incidents involving the use of force, chemical agents, progressive restraints, and nonlethal weaponry. The report must describe the incident, establish the identity of all individuals involved and include appropriate mental health/medical reports. These reports must be submitted to the warden or his/her designee no later than the end of the tour of duty. The program statement further requires that use of force incidents be videotaped if time and circumstances permit. All calculated use of force incidents should be videotaped.

All the required documentation that has been prepared is reviewed for completeness and maintained by the facility captain or deputy captain and becomes available for subsequent reviews including the required after action review. By policy, the after

action review team consists of the warden, associate warden, captain and health services administrator or designee. The warden must provide the appropriate documentation to the regional director within two days after the inmate has been released from restraints.

Based upon a review of documentation and information provided, the assessment team found that generally appropriate procedures consistent with policy are routinely being followed. In cases where deficiencies are noted, corrective action is applied. In the project team's review of documentation and video footage, there were deficiencies noted. Some of the deficiencies included: equipment failure, (video camera battery goes out), lack of proper staff identification, inappropriate application of restraints, and submittal of incomplete documentation. These were all considered deficiencies that required corrective action – however, these instances were considered the exception to practice rather than the norm. In each case, corrective action steps were initiated by management personnel. An overall review of these reports did not reveal any consistent issues with meeting the reporting requirements.

## Types of force

The Bureau's applicable *Program Statement (P5566.06)* and associated federal regulation (28 CFR 552.21) identify the primary types of force: *Immediate Use of Force; Calculated Use of Force and/or Application of Restraints; Use of Force Team Technique*. The following descriptions as provided in the federal regulations and program statement identify when each type of force may be considered appropriate.

*Immediate use of force*. Staff may immediately use force and/or apply restraints when the behavior constitutes an immediate, serious threat to the inmate, staff, others, property, or to institution security and good order.

*Calculated use of force and/or application of restraint*. This occurs in situations where an inmate is in an area that can be isolated (e.g., a locked cell, a range, recreation yard) and where there is no immediate, direct threat to the inmate or others. When there is time for the calculated use of force or application of restraints, staff must first determine if the situation can be resolved without resorting to force.

*Use of force team technique*. If use of force is determined to be necessary, and other means of gaining control of an inmate are deemed inappropriate or ineffective, then the Use of Force Team Technique shall be used to control the inmate and to apply soft restraints, to include ambulatory leg restraints. The Use of Force Team Technique ordinarily involves trained staff, clothed in protective gear, who enter the inmate's area in tandem, each with a coordinated responsibility for helping achieve immediate control of the inmate.

Any exception to this rule is prohibited, except where the facts and circumstances known to the staff member would warrant a person using sound correctional judgment to reasonably believe other action is necessary (as a last resort) to prevent serious physical injury, or serious property damage which would immediately endanger the safety of staff, inmates, or others.

A review of the use of force incidents revealed that the majority of incidents involved the application of physical restraints (use of hand restraints). The policy on the application of restraints does not restrict the use of restraints in situations requiring precautionary restraints, particularly in the movement or transfer of inmates (e.g., the use of handcuffs in moving inmates to and from a cell in detention, escorting an inmate to an SHU, pending investigation). Staff routinely place inmates in restraints when moving the inmate to and from a cell/recreation/shower in most segregation units. This is a recognized practice that is consistent with national standards, with the exception of applying restraints for verified protective custody inmates. Most agencies have separate internal movement procedures for inmates verified as requiring protection which does not require the application of physical restraints each time the inmate is moved out of their cell. Inmates assigned to the SMU program in Level 3 and 4 or for inmates in the Transitional and Pre-Transfer steps of the ADX–general population and Step-Down Program are routinely moved outside the cell however within the unit without restraints.

In addition to the established routine movement procedures, personnel are also authorized by policy to apply physical restraints necessary to gain control of an inmate who appears to be dangerous for one of the following reasons:

- Assaulted another individual.
- Destroyed government property.
- Attempted suicide.
- Inflicted injury upon self.
- Becomes violent or displays signs of imminent violence.

This is consistent with national standards. In reviewing incident reports the use of ambulatory restraints was normally the result of staff attempting to control escalating inmate disruptive behavior or to prevent inmate self-injury. It was noted that a number of force incidents applied by staff were related to either resolving conflicts between cell mates, inmates refusing to submit to being restrained before movement or during a recreation incident. Overall, based on observation, video and document review, staff appeared to routinely follow established policy.

*Use of chemical agents*. In some circumstances, the use of chemical agents may be required. By policy the use of chemical agents is used only after approval and a

review of the inmate's medical file, unless such a delay would endanger the safety of the inmate, other inmates, staff and the community or result in severe property damage or escape. Only staff that have been trained in confrontation avoidance, use of force team technique and use of chemical agents are authorized to apply chemical agents.

A review of incident reports revealed that the use of force incidents resulting in chemical agents being used primarily fell into one of three categories:

1. ! To gain control of inmates fighting or participating in assaults on the recreation yard. As many as six inmates can be placed in one recreation yard depending on the size of the yard. A pre-screening is normally conducted by staff prior to placement on a specific yard however the recreation period appeared to be a time when many of the reported assaults/fighting took place. A review of videotapes of incidents related to recreation revealed staff normally responded in a timely manner, ordered inmates to cease, followed protocol and if necessary administered chemical agent from hand-held canisters and/or a pepper ball launcher to gain control over the situation.

2. ! A second category in which the use of force and the application of chemical agents appeared to occur was when two cellmates were fighting in the cell and ceased to stop after several direct orders. A pre-screening is conducted prior to housing two inmates together, however staff report that occasionally fights between cell mates occur and they fail to stop after several direct orders.

3. ! A third type of use of force case that often involves the use of chemical agents occurs when an inmate is unwilling to have restraints applied in order to be removed from the cell/shower/recreation yard, and staff must respond to gain control over the inmate(s). If conflict avoidance techniques do not work, then a five-man team is assembled wearing protective gear, the inmate is provided repeated direct orders to comply with the application of restraints and the inmate continues to refuse. Chemical agent is occasionally applied to gain control over the inmate's extremities in order to apply the restraints. If the chemical agent is unsuccessful and the inmate remains noncompliant, this may result in the five-member team entering the area and gaining control over the inmate applying force to contain the inmate(s). Based on a review of documentation and available video operational practices appear to be consistent with policy.

Overall, the requirement for staff to follow the step-by-step procedures seems to be a part of routine practices and the application of confrontational avoidance techniques is an established part of the use of force protocol.

*Chemical agent use (oleoresin capsicum).* In 2013, Bureau Director Charles E. Samuels, Jr. issued *Operations Memorandum # 004-2013 (5500),* authorizing the use of oleoresin capsicum (OC), an aerosol chemical agent pepper spray for use by authorized personnel to incapacitate or disable disruptive, assaultive, or armed inmates posing a threat to the safety of others or to institution security and good order.

The OC product is designed primarily for an immediate use of force or a calculated use of force, where an inmate needs to be brought under control to avoid injuries to others. OC is particularly effective in disabling assaultive inmates without causing significant or long-term injury to the inmate. This less than lethal technology has become widely used in corrections to prevent violence, control disruptive inmates, and avoid staff injury.

The Bureau memorandum directs that only trained staff shall use OC and detailed reporting requirements follow the use of OC, consistent with the Use of Force and Application of Restraints policy referenced above.

The Bureau memorandum also identifies which staff members occupying certain posts are authorized to carry the OC aerosol dispenser and that Post Orders be revised providing specific instructions and direction for the use of OC. It is also required that instructions be consistent with the Use of Force and Application of Restraints policy. To ensure consistent application in compliance with the memorandum, post orders are required to be submitted to the regional correctional services administrator for signature and approval.

The memorandum and policy outlines requirements for decontamination of the inmate and area where OC has been applied. Typically, fresh air and rinsing with water will reduce the effects of the chemical agent. Policy dictates that decontamination take place approximately 15 minutes after application of OC. Additional procedures are outlined in the document and in post orders at each facility where the use of OC is authorized.

OC training is emphasized in the Bureau memorandum, which requires that staff be thoroughly trained in the use of OC, decontamination procedures, and reporting procedures. Each officer authorized to carry OC must receive a four-hour block of training, as well as a quarterly re-familiarization training. The facility captain is responsible to maintain records of training and personnel authorized to carry OC.

ACA Standard 4-4199, reads: "Written policy and procedure govern the availability, control, and use of chemical agents, electrical disablers, and related security devices and specify the level of authority required for their access and use. Chemical agents and electrical disablers are used only with the authorization of the warden/superintendent or designee." A review of the policy documents and practices observed found overall compliance with ACA standards.

The assessment team had occasion to review post orders at the facilities visited and found that post order special instructions are contained in those post orders that are considered "OC Carry" posts. Post order special instructions are thorough and consistent with the Operations Memorandum issued by Director Samuels. These procedures outline the allowed use of OC, which posts may use or carry OC, the purpose for using the product, reporting procedures, decontamination procedures and training requirements.

Spot checks were conducted at each facility and initial training was taking place and quarterly refresher training was also occurring at most sites. For example at the ADX, the captain delegates the quarterly refresher training to a lieutenant at that facility. The lieutenant ensures that OC authorized staff review a PowerPoint presentation and sign a log, which indicates they had completed the training. That document is forwarded to the regional office for review by regional staff. Each site handles the quarterly training differently, however the assessment team's spot checks revealed that some form of quarterly training was taking place at all sites.

The application of OC chemical agent constitutes a use of force when used on an inmate. Use of force cases are analyzed as a separate section of this report. With regard to the procedures and training concerning the administration of the OC program, the assessment team found overall compliance with the policy. We did view cases where OC was dispensed on inmates either through the use of the aerosol spray or from a pepper ball launcher. The video recordings of the use of force cases we reviewed did not reveal any abuse with respect to OC use.

*Calculated use of force*. This type of force occurs in situations where an inmate is in an area that can be isolated (e.g., a locked cell, a range) and there is no immediate, direct threat to the inmate or others. When there is time for the calculated use of force, staff must first determine if the situation can be resolved without resorting to force.

All of the calculated use of force incidents reviewed by the project team were due to inmates refusing to obey orders. Overall in most instances the inmate complied with the verbal order of the team leader without further resistance; in these cases the reported use of force consisted of putting an inmate in restraints and removing him from the cell/recreation yard/shower.

In another few instances where inmate(s) continued to refuse the orders, the team had to enter the cell and force was used. A review of documentation and videos revealed that occasionally inmates would repeatedly refuse to "cuff up" after one of them had broken a sprinkler head in the cell; chemical agent was authorized but not deployed and the inmates were subdued and seen by medical personal for examination of any injuries. The videos were reviewed and the level of force used appeared appropriate.

The project team reviewed several videos at each facility to observe operational practices and to ensure there were efforts made by staff to de-escalate and achieve compliance before any force was used. In most cases staff followed standard procedures. In cases where procedures were not followed facility management personnel, the after action review team or regional team ensured corrective action would be applied.

## Use of force observations

The code of federal regulations clearly identifies the requirements as to when force can be applied. The regulations authorize the Bureau to use force only as a last alternative after all other reasonable efforts have failed. Programs Statements, facility supplemental statements and staff training are aligned with the federal regulations and are used by staff to clearly identify policy, procedures and expected practices. Based on the project team's review there was no indication that there is an ongoing practice by management to operate outside the federal regulations or program statements.

The project team did review documentation from isolated incidents where an individual staff member may not have followed policy and corrective action was taken.

The program statement includes the requirements for an extensive review process including several layers of management review to ensure incidents involving the use of force are examined by multiple staff. These requirements appeared to be met on a regular basis.

The project team reviewed over one hundred incident reports, policies were examined, videos were assessed and both staff and inmates were interviewed. As noted above, one concern was expressed by some inmates at USP Lewisburg or inmates who had previously been at USP Lewisburg. Several inmates referenced the operational practice of some staff to apply restraints in a manner inconsistent with policy. This practice was described as applying the restraints excessively tight often times after a previous incident.

## Use of force at USP Lewisburg

As indicated above, our review of uses of force and critical incidents at each facility showed few cases that were inconsistent with policy. However, as noted before, there was a concern shared by a significant percentage of the interviewed inmates, especially those housed at USP Allenwood who had previously been assigned to SMU Levels 1 and 2 at USP Lewisburg.

Several inmates reported that some of the staff at USP Lewisburg have a tendency to apply physical restraints tighter than necessary or tighter than normal. Inmates shared that this was often the practice by some staff either after an earlier challenging interaction with an inmate, previous experiences an inmate may have had with staff, a combination of the overall nature of events occurring throughout the day or for no apparent reason. In addition, several inmates at USP Allenwood reported that staff at USP Lewisburg used verbal and physical intimidation techniques against inmates routinely. No supportive evidence was presented to indicate this was the routine staff practice, however the high number of reported incidents were mentioned during inmate interviews suggests the need for further investigation by the Bureau.

The project team did not observe this practice directly, However, based on (1) the number of individuals that had expressed this concern and (2) the fact that many of the inmates were not currently at USP Lewisburg however had previously been there and shared this information was an issue that deserves mention and further review and evaluation by the Bureau.

# Conditions of confinement

The focus of this section of the report addresses the findings and recommendations related to the housing, services and activity levels provided to individuals housed in the three main types of restrictive housing units being analyzed: SHUs, SMUs, and ADX (with general population, step-down, control, and special security units). This section addresses the conditions of confinement rather than placement and procedural issues which will be discussed in another section as well as an assessment of educational programs.

To determine these conditions we examined several key factors:

- Regulatory requirements[131]
- Bureau program statements
- Facility supplemental statements
- Bureau program review reports

[131] Title 28 CFR Part 541.

- American Correctional Association standards and most recent facility reports
- Housing unit activity schedules
- Manual and electronic systems designed to document conditions of confinement
- On-site observations of operational practices;
- Staff interviews
- Inmate interviews

According to federal regulations and Bureau program statements, all three of the restrictive housing units are designed to help ensure the safety, security, and orderly operation of the Bureau facilities. The conditions of confinement are generally considered more restrictive than those found in the general population. Specific conditions of confinement for each type of segregation vary based on the unit and the inmates' classification level within each unit.

Program statements and facility supplemental statements related to conditions of confinement in segregation units have all been developed in-line with the statutory requirements identified in the federal regulations. In addition to the statutory requirements, the program statements and facility supplemental statements also identify policies, procedures and objectives regarding a specific area, including conditions of confinement.

These program statements for the most part serve as the core documents staff use to reference the minimum required conditions of confinement for individuals housed in each of the forms of restrictive housing units. To be in compliance with the program statements, housing unit activity schedules have been developed, staff post responsibilities have been established, staffing patterns have been designed, staff training implemented and personnel and performance oversight is currently provided.

The review team found that personnel were generally familiar with the program statements and the condition of confinement requirements. Activity schedules were in place, appropriately trained personnel were assigned to adhere to these requirements and oversight was being made. A general review is described in more detail below. Applicable federal regulations and Bureau program statements are referenced as well as the associated American Correctional Association standards. These references have all been italicized. In addition to the references the project team's general assessments are provided.

The conditions of the living quarters are the result of an ongoing physical plant maintenance program that evaluates and addresses issues related to maintaining nationally accepted environmental conditions for living quarters. Overall, the preventive and ongoing maintenance program appears to be a priority at the facilities visited. Most facilities maintained a high level of sanitation. Some of the facilities housing units were air conditioned while others were not. At USP Lewisburg, the most recent ACA accreditation review completed in 2011 indicated there was inadequate lighting (low) in the SMU cells.[132] This issue had since been corrected as reported in documentation provided and based on observation of the units. In October 2011, the Bureau Program Review Division reported that the sanitation condition of the SHU at USP Florence was below average and corrective action was required.[133] Again, based on supported documentation and on-site observations, an ongoing practice has been established to maintain appropriate sanitation conditions at USP Florence on a regular basis[134].

**FINDING: Overall the sanitation and physical plant maintenance programs in Bureau facilities are considered consistent with nationally recognized best practices.**

*Cell occupancy*.

Living quarters ordinarily house inmates according to the design of the unit. The number of inmates assigned to a cell should not exceed the number for which the space was designated. Conditions may be altered by the warden as long as it meets applicable standards. *(28 CFR 541.31, P5217.01, P5270.10, ACA 4-4134, 4-4140, 4-4141.)*

Inmates are generally housed based on their status and level within each restrictive housing unit. At the ADX, all inmates were housed in single cells in the same housing unit as other inmates assigned to the same level of the program. All cells are designed for one inmate and include one bed, toilet, wash basin and a shower. The size of the cell is consistent with nationally recognized standards.

[132] Commission on Accreditation for Corrections Standards Compliance Intensive Reaccreditation Process Audit Federal Bureau of Prisons Lewisburg, Pennsylvania, August 2011.

[133] Bureau Program Review Division Memorandum dated October 27, 2011, Subject: Correctional Services Program Review FCC Florence.

[134] A Correctional Services program review conducted in October 2014 after the completion of the site visits of this project, the Bureau Program Review Division reported the condition of both SHU units were at a "high level of sanitation in common areas and cells."

The design of the SMU program is to have inmates housed according to their level within the program. Inmates assigned to Level 1 are either housed alone or with one other Level 1 inmate, inmates in Level 2 may be housed with one other Level 2 inmate and inmates assigned to Level 3 and four are designed to be housed with an inmate in the same level. At USP Florence and USP Allenwood, this policy appeared to be in practice. At USP Lewisburg, the operational practice observed was that inmates in Level 1 and Two may be housed together. In addition, at USP Lewisburg, the program was designed to house only inmates in Level 1 and Two at the time of the site visit. However, staff reported that – in part because of limited space at other sites including USP Allenwood – some Level 3 and 4 inmates were being housed at USP Lewisburg on the same ranges as Level 1 and 2 inmates. There were approximately 100 inmates in Level 3 or 4 housed at USP Lewisburg during the project team's site visit. The number of inmates assigned to the cells in SMU's did not exceed the number of beds in the cell. Most cells contained two beds. USP Lewisburg did have a few four-person cells containing four beds and the size of the cells were consistent with nationally recognized housing standards.

**FINDING: The size and furnishings provided in the cells in the SMUs were consistent with nationally accepted practices.**

In a SHU, inmates are assigned to either administrative detention or disciplinary segregation status. Administrative detention status inmates are generally not housed in the same cell as inmates assigned to disciplinary segregation status, however they are assigned to the same housing unit. Administrative detention is a nonpunitive status and disciplinary segregation is a punitive status.[135] Some facilities house disciplinary segregation inmates on a separate range (housing floor) from administrative segregation inmates, while others have both types of inmates on the same range however in different cells.

The average cell in a SHU contains two beds and the size of the cell is approximately 85 square feet with approximately 35 square feet of unencumbered space. The exact cell sizes vary to the physical plant configuration even within the same facility. In each SHU and SMU there are also a few cells designed to house one inmate. Some of

[135]28 CFR 541.22 (a) Administrative detention is an administrative status which removes the inmate from the general population when necessary to ensure the safety, security and orderly operation of correctional facilities, or to protect the public. Administrative detention status is nonpunitive, and can occur for a variety of reasons. (b) Disciplinary segregation is a punitive status imposed only by a disciplinary hearing officer (DHO) as a sanction for committing a prohibited act(s).

these cells are normally used on a temporary basis to more closely observe an inmate.

**FINDING: The size and furnishings provided in the SHUs is consistent with nationally accepted practices when providing housing for the designed number of inmates. The fact that most cells in the SHUs contained showers exceeded national standards. However in one facility, the number of inmates housed in a cell exceeded the design capacity.**

At USP Victorville, the SHU consists of 120 cells of which 118 are designed for two inmates and two cells are designed for one inmate. Based on the overall SHU population level, facility staff reported they routinely found it necessary to house three inmates in a cell designed for two (contains two beds). This housing practice was confirmed by the warden, administrative personnel, housing unit staff and inmates. The third inmate is provided a mattress accompanied by appropriate bedding and is required to sleep on the floor of the cell.

The frequency in which this practice occurs was reported as routine when the population level exceeds or comes close to capacity. The length of time an individual is housed on the floor was not being tracked and staff interviewed were not aware of the average length of time an inmate is housed in a cell with two other inmates. The warden reported this most often occurs when issues arise with the transportation systems ability to move inmates. On those occasions inmates get backlogged awaiting movement.

On the second day of the on-site review, there were 35 USP inmates classified for SHU placement housed in the SHU at FCI Victorville I and 42 USP inmates housed at FCI Victorville II. There were no inmates being tripled-celled in the SHU at USP Victorville at the time of the on-site review.

It was reported by supervisory staff that five days prior to the review team's arrival, a number of inmates were transferred from the USP Victorville SHU to either the FCI I SHU or FCI II SHU. The warden reported there was no written policy or written procedure in place that identified the protocol to follow to determine when three individuals can be housed in a two-person cell, who can be assigned three to a cell, how long they can be assigned or when the FCI I or FCI II special housing units can be used to house USP SHU inmates. Once three individuals are assigned to a cell containing two beds and one individual is required to sleep on a mattress on the floor, unencumbered space is reduced and nationally recognized housing standards are no longer maintained.

*Clothing*. Inmates should receive adequate institution clothing, including footwear. Inmates have opportunities to exchange clothing or have it washed. *(28 CFR 541, P5580.08, P5217.01, P5270.10, ACA 4-4263.)*

Based on observation, interviews and policies reviewed appropriate clothing, footwear and the opportunity to exchange the clothing and/or have it washed is available on a regular basis. Additional limited clothing items may be purchased from the commissary for inmates in specific levels within each restrictive housing unit.

*Bedding*. Inmates should receive a mattress, blankets, a pillow, and linens for sleeping. Inmates have necessary opportunities to exchange linens. *(28 CFR 541, P5217.01, P5270.10, ACA 4-4263).*

Based on site observation, interviews and policies reviewed inmates generally receive a mattress with a built-in pillow, sheets, blanket and a towel. The sheets can be exchanged at least once per week.

*Food*. Inmates receive nutritionally adequate meals and may be required to eat all meals in their living quarters. *(28 CFR 541, P5217.01, P5270.10, ACA 4-4264, 4-4316, 4-4318, 4-4319, 4-4320).*

The Bureau provides a standard menu that applies to most facilities and is approved by a dietician and nutritionist. Inmates may receive medical and religious diets when considered appropriate and may request heart healthy meals. Substitutions may be made in segregation units when meat or poultry items containing bones are being served to the general population. Inmates receive three meals per day and all meals are consumed in the cell. The timing of the meals at some of the facilities reflected the breakfast meal was occasionally being served approximately 14 or more hours after the last meal of the previous day. Although this feeding schedule was not observed at every facility the scheduling and time of delivery of meals should be closely monitored to avoid extensive periods with no food services.

*Personal hygiene*. Inmates should have access to a wash basin and toilet. Inmates receive necessary personal hygiene items. (*28 CFR 541, P5270.10, P5217.01 ACA 4-4261).* Inmates should have the opportunity to shower and shave at least three times per week *(P5270.10, P5217.01, ACA 4-4262).* Inmates should have access to necessary hair care services *(28 CFR 541.21, P5270.10, P5217.01; ACA 4-4263).*

All cells contained a wash basin and toilet. Most of the cells in the SHU and control unit contained a shower within the cell. Those facilities where a shower was not located within the cell, staff provided the inmate with access to a shower at least three times per week. The cells located in the SMUs at USP Lewisburg, USP Florence, and USP Allenwood did not contain a shower, however multiple showers were located within the housing unit. Documentation over a period of several months was reviewed and reflected showers and the opportunity to shave were being provided in a manner consistent with federal regulations. Hair care services are also available at least once per month. Personal hygiene items are available to the inmate in the housing unit as well as through the commissary.

*Exercise*. SHU and SMU inmates have the opportunity to exercise outside their individual quarters for five hours per week, ordinarily in one-hour periods on different days. The warden may deny these exercise periods for up to one week at a time if it is determined that an inmate's recreation itself jeopardizes the safety, security, or orderly operation of the institution. However, recreation conditions specified here may not otherwise be limited, even as part of a disciplinary sanction imposed under P5217.01, P5370.11; ACA 4-4270. 28 CFR 541, P5270.10.

***Exercise and Recreation*** The frequency of exercise outside the cell varies based on the type of segregation/program assigned and the inmates' level within the program.

**SHU exercise and recreation.** Inmates assigned to a SHU are generally provided the opportunity to exercise outside their cells five hours per week, ordinarily in one-hour periods five days per week. One facility scheduled recreation four days per week and provided inmates between one and one quarter and one and one half hours of recreation per day. The five hours provided is consistent with the minimum requirements cited in the federal regulations. Inmates in administrative detention status are generally not placed in the same recreation cage as an inmate in disciplinary segregation status; however, inmates in both statuses are provided the same amount of recreation time per week. Outdoor recreation is provided in individual recreation cages located adjacent to the unit. Each individual recreation cage may contain between one and four inmates based on the size of the cage and the number and type of inmates requesting access. No indoor recreation is provided.

The procedure for gaining access to recreation was found to be similar at most SHUs. Inmates are asked by an officer on each scheduled recreation day whether they are interested in recreation for that day. The request is generally made either before the breakfast meal or after the meal is served. No response or a negative response is considered a refusal and documented in the electronic file as the same. Recreation is generally provided first thing in the morning and at some facilities is completed by 0900. At other facilities, recreation continues until approximately 1600. The recreation scheduled varied at several facilities and was normally based on the number of inmates requesting recreation for that day.

The Program Review Division reported in October 2011 that at USP Florence the facility failed to properly complete documentation identifying recreation, meals and unit officer signatures in the SHU[136]. The project team reviewed both manual and automated reports for the most recent four months and found that the documentation indicated that inmate access to meals, recreation and unit officer signatures were being provided on a regular basis.

[136] The Bureau subsequently report that at the FCC Florence Correctional Services Program Review conducted in October 2014, revealed these issues were corrected.

Reports and documentation reviewed at several facilities reflected that a very small percentage of inmates were utilizing the recreation cages. Inmates interviewed expressed concerns that recreation requests occur only once per day, at approximately 0500 and that if the inmates are not standing at the cell door at that time they were not allowed to participate in recreation on that day. The requirement to stand at the door was not found to be a required practice at all facilities.

Project team members observed the practice at several facilities which consisted of the officer going to each cell and requesting whether the inmate wanted to go to recreation that day or not. Standing at the cell door was not a required procedure during the project team's observation. Staff reported that on average, 50 percent of the inmates in administrative detention status do not participate in recreation on any given day. A significant number of inmates in administrative detention status reported to team members that they chose not to participate in recreation because they feared being assaulted. Inmates in administrative detention status are not placed in the same recreation cage as an inmate in disciplinary segregation status, however in some facilities recreation may take place at the same time.

**SMU exercise and recreation.** Inmates assigned to the SMU program receive the opportunity to exercise outside their cells at least five hours per week, ordinarily in one-hour periods five days per week. SMU Level 1 and 2 inmates receive one hour of outdoor recreation, five days a week. SMU Level 3 and 4 inmates may receive up to 15 hours of indoor / outdoor recreation per week depending upon where they are housed. There is no difference in the amount of recreation time offered to Level 1 and 2 inmates or between Level 3 and 4 inmates, except for where they are housed. Inmates in Level 3 and 4 housed at USP Lewisburg were not provided indoor recreation. As a result, they were limited to approximately five hours of outdoor recreation per week based on weather conditions. Overall, however, practices were consistent with minimum federal regulations.

**ADX: exercise and recreation**—Inmates assigned to the ADX program receive the opportunity to exercise outside their cells at least seven hours per week. This practice is consistent with federal regulations. ADX General Population inmates receive two hours per day out of cell five days a week for a total of ten hours. Control inmates receive 1.5 hours a day four days per week and one hour one day for a total of seven hours per week out of cell. The ADX Step-down inmates normally receive 1.5 hours inside and 1.5 hours outside cell seven days a week for a total of 21 hours per week.

*Personal property*. Inmates may have reasonable amounts of personal property. Personal property may be limited for reasons of fire safety, sanitation, or available space *(28 CFR 553, 28 CFR 541, P5270.10, P5217.01; ACA 4-4261, 4-4265, 4-4292).*

In administrative detention status an inmate may ordinarily be allowed a reasonable amount of personal property and reasonable access to the commissary. In

disciplinary segregation status an inmate's personal property will be impounded, with the exception of limited reading/writing materials, and religious articles. The warden may modify the quantity and type of personal property allowed. Personal property may be limited or withheld for reasons of security, fire safety, or housekeeping. Unauthorized use of any authorized item may result in the restriction of the item. Also, commissary privileges may be limited.

**SHU personal property.** Although administrative detention status is a nonpunitive status and disciplinary segregation is a punitive status, there are very few differences in conditions of confinement between the two groups. However, personal property is one area where there are a few minor differences. The two notable differences in personal property were inmates assigned to administrative detention were allowed to purchase a portable radio with ear buds and a limited amount of food items and coffee from the commissary. Inmates in disciplinary segregation were normally not allowed to purchase those same items.

Other noted differences between the two SHU statuses outside of personal property was that administrative detention inmates are to have access to educational programming while inmates in disciplinary segregation may have their programming suspended. In addition at two facilities, inmates in administrative detention received a two hour visit per week while inmates in disciplinary segregation received a one hour visit per week. No other significant differences in conditions were noted between the two statuses.

With respect to personal property, administrative detention status inmates according to the SHU program statement are ordinarily allowed to have the following: Bible, Koran, or other scriptures (1), books, paperback (5), eyeglasses, prescription (2), legal material (see policy on inmate legal activities), magazine (3), mail (10), newspaper (1), personal hygiene items (1 of each type) (no dental floss or razors*), photo album (25 photos), authorized religious medals/headgear (e.g., kufi), shoes, shower shoes, snack foods without aluminum foil wrappers (5 individual packs), soft drinks, powdered (1 container), stationery/stamps (20 each), wedding band (1), radio with ear plugs (1) and a watch (1).

**FINDING: There is very little difference between the personal property of inmates assigned to administrative detention and disciplinary segregation with the exception of noted commissary items. This is problematic given that at some facilities the majority of administrative detention inmates are on protective custody status.**

**SMU personal property.** Inmates are limited in the amount of personal property that may be possessed, purchased and maintained in their assigned cell. As participants progress through the program, more property privileges become available. Separate commissary lists are available and generally grouped into lists for inmates in Level 1 and two and those inmates in Level 3 and 4.

USP Allenwood, which does not house Level 1 or 2 inmates, primarily has one list and the difference in approved property between Level 3 and 4 inmates is that inmates in Level 4 may purchase one pair of sweat pants and one sweatshirt and inmates in Level 3 cannot. Other than the clothing mentioned there were no significant differences.

At USP Lewisburg the approved property list for SMU inmates is the same for each level,[137] although a separate commissary list is provided for inmates in Level 1 and 2 compared to Level 3 and 4. The primary difference between inmates in Level 3 and 4 and those in Level 1 and Two at USP Lewisburg is inmates in Level 3 and 4 have access to additional clothing and snack items. Inmates placed on commissary restriction will be able to purchase stamps and certain hygiene items (as specified by staff) based on their level.

At USP Florence, two separate commissary lists are provided, one for inmates in SHU and Level 1 and 2 of the SMU and one for inmates in Level 3 and 4 of SMU. The primary differences between the two lists are Level 3 and 4 inmates have access to more food items, clothing, miscellaneous items and additional options in each category.

**ADX personal property.** Property limitations including limitations on legal materials were found to be appropriate in volume and type to ensure safety and good order of the ADX. Personal property was being stored appropriately in the space provided. All general population, step-down, control unit, special security unit, and SHU inmates, with the exception of those inmates assigned to disciplinary segregation, are issued televisions. With the exception of inmates assigned to the SHU, each television has leisure viewing channels. Separate commissary lists are provided for each classification within the ADX and appeared appropriate based on the classification and security nature of the facility. Primary differences in the various commissary lists included the number of options available, access to additional clothing and food and snack items. Overall, access to property and commissary items is consistent with national standards.

***Correspondence and telephone use.*** Inmates may correspond with persons in the community and use the telephone in accordance with *28 CFR 540.17* and Program Statements *P5217.01, P5264.08 and P5270.10*. Special mail and unmonitored attorney telephone calls are handled in accordance with *28 CFR 540.17. 28 CFR 540.17; ACA 4-4266, 4-4271, 4-4272. 28 CFR 540.16(b)* states, the warden shall permit an inmate in segregation to have full correspondence privileges unless placed on restricted general correspondence under *540.15. 28 CFR. 540.15(a*) states the

[137] USP Lewisburg SMU Handbook, page 51, Appendix B.

warden may place an inmate on restricted general correspondence based on misconduct or as a matter of classification. The warden shall permit an inmate who has not been restricted from telephone use as a result of a specific institution disciplinary sanction to make at least one telephone call each month.

*28 CFR 540.101(d) Procedures* states ordinarily an inmate who has sufficient funds is allowed at least three minutes for a telephone call. *28 CFR 540.103* states the warden may not apply frequency limitations on inmate telephone calls to attorneys when the inmate demonstrates that communication with attorneys by correspondence, visiting or normal telephone use is not adequate. *28 CFR 540.105(b),* Expenses of inmate telephone use, states that the warden shall provide at least one collect call each month for an inmate who is without funds. *28 CFR 540.17; P5217.01; ACA 4-4266, 4-4271, 4-4272, Program Statement P5264.08* states a local institution supplement is required and must include, in part, the following: a maximum length of telephone calls of 15 minutes.

The frequency and length of time of a social telephone call as cited in the Bureau's program statements is at least one telephone call per month for no more than 15 minutes, unless the inmate is placed on telephone restriction as a result of a disciplinary sanction.

**SHU correspondence and telephone use**. In the SHU's this is the general practice for both administrative detention and disciplinary segregation inmates. There is no difference in access to a telephone for inmates assigned to administrative detention or disciplinary segregation. The minimum frequency is provided and the maximum duration is set by the program statement. All other correspondence, including mail services are the same as those services provided to inmates assigned to general population, with the exception of email access.

**SMU correspondence and telephone use** In the SMU program opportunities to send and receive written correspondence and make telephone calls are subject to monitoring and analysis for intelligence purposes. Legal correspondence and calls are not subject to monitoring and analysis. Unless an inmate is on telephone restriction status, inmates assigned to Level 1 of the SMU are allowed to make two telephone calls per month. Inmates assigned to Level 2 are allowed to make up to four telephone calls per month. Telephone calls may last up to 15 minutes. Level 3 inmates can access telephones from the common area of their housing unit and may make up to 150 minutes of calls per month. Level 4 inmates may make up to 300 minutes of calls per month and participate in the electronic mail program (email). There is a program at USP Florence for inmates who have lengthy telephone restrictions of months or years to earn back telephone privileges by compliance with certain items. This was not found to be an incentive found in all facilities.

**ADX correspondence and telephone use** In the ADX General Population, Control and SHU inmates schedule legal calls through their assigned counselor. General

Population inmates can make (2) 15 minute telephone calls per month, Control inmates can make (1) 15 minute telephone call per month unless on disciplinary status then (1) 15 minute call every 90 days, SHU inmates receive (1) 15 minute personal telephone call per month on administrative detention status and (1) 15 minute telephone call if on disciplinary status. Control step-down unit inmates can receive (3) 15 minute calls per month. Incentive telephone calls can be earned. All inmate personal telephone calls must be live monitored by ADX staff.

All incoming and outgoing ADX inmate correspondence is inspected by Special Investigation Service technicians. Incoming and outgoing social mail is reviewed by SIS technicians and must be processed within 36 hours. Legal mail is picked up and delivered by the unit counselor which must be processed within 24 hours of receipt. .

*Visiting*. Inmates may receive visitors in accordance *with 28 CFR 540.40. 28 CFR 540.43, Frequency of visits and number of visitors, P5217.01, P5270.10 and P5267.08.* The warden shall allow each inmate a minimum of four hours visiting time per month. The warden may limit the length or frequency of visits only to avoid chronic overcrowding**.** Inmates may be provided noncontact visits, through the use of videoconferencing or other technology. *(P5217.01, P5270.10, P5267.08, ACA 4-4267.)* Title 28 CFR 541.17 states: "Ordinarily, an inmate in administrative detention or disciplinary segregation status may receive visits in accord with the same rules and regulations that apply to general population inmates, providing such visits do not pose a threat to the security or orderly operation of the institution. In such cases, the warden may authorize special visiting procedures to preclude such a threat."

***SHU visitation.*** Generally an inmate retains their visiting privileges while in administrative detention or disciplinary segregation status. However, visiting may be restricted or disallowed when an inmate (while in administrative detention or disciplinary segregation) is charged with or was found guilty of a prohibited act related to visiting guidelines, or has acted in a way that would reasonably indicate a threat to security or order in the Visiting Room.

A minimum of four hours per month of visitation is required by statute and the program statement unless the length of time creates chronic overcrowding. At one facility, FCI Butner II, inmates assigned to the SHU received contact visits, however at all other SHUs, only noncontact visits were provided. The frequency and length of visit for both administrative detention and disciplinary segregation inmates at most facilities were generally the same, one visit per week for two hours. At USP Coleman I and FCI Butner II inmates in disciplinary segregation status received a one-hour visit. SHU inmates generally receive noncontact visits while general population inmates receive contact visits.

At USP Florence, the SHU inmates receive visits through video from a secure room within the SHU. Video visits at USP Florence may last two hours and there is a limit of five visits per month for SHU inmates. Few SHU inmates actually receive visits based

on information obtained during interviews. Legal visits are arranged upon request and take place in the general visiting room area either in a glass noncontact visiting booth or in private room designated for attorneys, depending on the circumstances.

***SMU visitation.*** At USP Lewisburg and USP Florence, social visits are provided primarily through video technology. The inmates utilize the video visiting room located in their assigned housing unit, and their visitors utilize the video-visiting units located in the Visiting Room. Regular visitation for SMU inmates in Levels One, Two, and Three is only available to immediate family members, and the relationship must be verified. At USP Lewisburg, inmates in Level 3 are permitted noncontact visits in the visiting room and inmates in Level 4 are permitted contact visits in the visiting room and are not limited to immediate family members. SMU inmates are limited to a maximum of five social visits per month. This does not include legal visits. SMU inmates must submit a request, in writing at least one week in advance of the expected visit. As the availability of video equipment may be limited, visits may be limited to two hours per inmate at USP Florence and one hour visits at USP Lewisburg, although more time may be allotted based on availability of visiting booths.

At USP Allenwood, legal visits are allowed in a manner consistent with national practices. Social visits are noncontact visits and are ordinarily scheduled from 0830 to 1500 hours, Tuesday through Thursday. The social visits for these inmates are limited to immediate family members only. Level 3 inmates are allowed two one-hour visits per month and Level 4 inmates are allowed four one-hour visits per month. The frequency and duration allowed for each visit is reportedly limited due to the number of noncontact rooms available. There are four private noncontact visitation rooms. Staff at USP Allenwood reported the number of visits for SMU inmates was quite low because of several factors including the distances that most visitors have to travel in most instances.

The applicable federal regulation states: "*The Warden shall allow each inmate a minimum of four hours visiting time per month. The Warden may limit the length or frequency of visits only to avoid chronic overcrowding.*"[138]

**FINDING: The frequency of visitation allowed for inmates in Level 3 at USP Allenwood is inconsistent with Bureau practices for the same level of inmate at other facilities and not representative of national best practices.**

At USP Florence, the frequency for Level 3 inmates was five visits per month for up to two hours per visit through the use of video technology. At USP Lewisburg, Level 3 inmates were allowed up to five one-hour noncontact social visits per month. When

[138] *28 CFR 540.43, Frequency of visits and number of visitors.*

comparing USP Lewisburg visitation policies with USP Allenwood visitation policies, inmates in the same level are allowed a difference of three hours in visits per month.

**RECOMMENDATION 7.1: A further review of the frequency and duration of visits should be conducted at USP Allenwood for Level 3 inmates. Serious consideration should be given to providing the allowance for additional time for those inmates in Level 3.**

Although the warden may limit the length of time or frequency of visits to avoid chronic overcrowding, there was no evidence presented to indicate the established frequency and duration for Level 3 inmates as identified in the facility policy should be less than four hours per month. In addition to the hours provided, there is an issue of consistency in the conditions of confinement for each level. Currently, an inmate housed at USP Allenwood in Level 3 is allowed up to two hours of social visits per month while the same inmate housed at USP Florence would receive ten hours of social visits per month.

Establishing a reference to "more time may be allowed based on availability" in the policy, expanding the number of days or hours visitation is allowed for Level 3 inmates, use of video technology and/or increasing the number of noncontact rooms should all be considered as viable options to provide more consistent visitation practices.

***ADX Visitation.*** The legal visits for inmates confined at the ADX are scheduled through the housing unit counselor. ADX inmates can receive five general visits per month with each visit lasting as long as seven hours. Inmates are dressed in different clothing for visits; SHU-Orange Jumpsuits, Control-Yellow Jumpsuits, and General Population-White Jumpsuits. Hand restraints are removed from General Population and SHU inmates after the inmate is secured in the visitation booth with leg irons remaining in place. Control inmates remain in full restraints even after placement in the visitation booth. The ADX has ten noncontact visitation booths for general visits and four noncontact visitation booths for legal visits.

*Legal activity*. SHU inmates must submit a request to use the electronic law library located in a room in SHU. The equipment is available seven days per week. A review of the logbooks reflects that this equipment is frequently used. SMU Level 1 and 2 inmates submit a request to use the electronic law library that is located in their respective housing units. At USP Florence, there are two enclosures in each unit that contain the equipment and a printer. They were observed in frequent use during our review. SMU Level 3 and 4 inmates have open access to this equipment that is located in the common area of their units, which they can frequently access. That equipment was also observed in use during our review. Upon approval of the unit manager, an inmate may request another inmate to assist in legal matters / use of the equipment. This was also observed in action with Level 1 and Two SMU inmates. At USP Allenwood, the records reflected a minimum of one hour access and frequently more

than that. SMU inmates have a dedicated electronic law library in the common recreation area that may be used during recreation. An additional terminal is located in a room adjacent to the common area when a SMU inmate needs privacy or for noise considerations. The project team noted consistent access to the electronic law library throughout site visits.

*Access to medical care*. Inmates in restrictive housing units have limited capability to access and communicate to staff because of the nature of secure confinement. Nationally accepted best practice dictates that inmates are afforded daily access to medical care, or in more emergent circumstances immediately. Correctional institutions should have in place a method to allow for unimpeded access to medical care. This is particularly difficult to carry out in restrictive housing units, where the inmates are mainly locked in their cells 23 hours per day, seven days per week. This section of the report examines access to healthcare in the Bureau facilities assessed.

Title 28 Code of Federal Regulations, section 541.32 (a) addresses the provision of medical and mental health care in the SHU. The regulation specifies that a health services staff member will visit each inmate daily to provide necessary medical care, exclusive of emergency care, which is provided on an as needed basis.

The assessment team examined SHU sign-in records and logbooks, as well as making direct observations at each of the facilities assessed to determine the frequency that medical staff signed into the unit to make rounds of the cellblock ranges and also administer medication. The following findings are the result of that analysis.

- *USP Tucson.* Medical staff visit the unit two times per day. During the morning visit, healthcare staff observe each inmate in their cells and respond to inquiries. Also the medical staff receive formal written medical requests from the inmate. Evening medical rounds focus more on administering medication.

- USP Victorville. Records were reviewed for a 60 day period and the following was revealed. The average number of medical staff visits to the unit was two per day. In five of the 60 days medical staff signed into the unit one time. A medical staff member visited the unit at least once per day for all 60 days.

- USP Hazelton. At this facility, sign in records revealed that once per day a physician's assistant visited the unit to visually observe the inmates.

- *USP Florence.* Assessment team members observed medical staff traveling cell to cell to check on the inmates and make visual observations. Records revealed that medical staff entered the unit multiple times per day.

- *USP Terre Haute.* Sign in logs revealed that a registered nurse enters the unit a minimum of once per day and a medical staff person visits the unit multiple times each day.

- *ADX Florence.* SHU records revealed the presence of medical staff two times per day to conduct rounds and administer medication.
- *USP Allenwood.* In the SHU medical staff signed into the unit two times per day to conduct rounds and administer medication.
- *FCI Butner.* 90 days of sign in logs were reviewed and it was determined that medical staff visited the SHU multiple times per day administering medications, observing inmates, and collecting medical slips.
- *USP Coleman.* 62 days of sign in logs were reviewed revealing the presence of medical staff on a daily basis in the unit.

The ACA standards that address the provision of medical care in restrictive housing units call for, at a minimum, daily visits by qualified healthcare personnel and unimpeded access to prescribed medication.[139]

SMU healthcare access requirements are outlined in *Program Statement P5217.01, Special Management Units*, dated 11/19/2008. Section 5 (a) 15 regarding medical care reads: "…a health services staff member visits inmates daily to provide necessary medical care. Emergency medical care is always available either at the institution or from the community."

Three SMUs were visited during this assessment. At USP Florence, SMU sign in records and logs revealed that health care staff visited the unit one time per day, consistent with the requirements of the program statement.

The largest of the SMU programs is at USP Lewisburg. Logbooks, sign in sheets and observations revealed that health care staff enter the units at least one time per day to conduct their rounds. A spot check of sign in documents was conducted covering a six-week period to make this determination.

At USP Allenwood, which houses SMU inmates in Level 3 and Level 4, records revealed that health care staff visited the two SMU cellblocks, two times per day.

[139] 4-4258 Written policy, procedure, and practice provide that inmates in segregation receive daily visits from the senior correctional supervisor in charge, daily visits from a qualified healthcare official (unless medical attention is needed more frequently), and visits from members of the program staff upon request. 4-4261 Written policy, procedure, and practice provide that all inmates in segregation provide prescribed medication, including that is not degrading, and access to basic personal items for use in their cells unless there is imminent danger that an inmate or any other inmate(s) will destroy an item or induce self-injury.

ADX control unit healthcare personnel make rounds of the various control unit housing areas once per shift or two times per day. Section 541.67, of Title 28 Code of Federal Regulations requires that "…a medical staff member see the inmate daily and regularly record medical and behavioral impressions."

Bureau regulations and program statements provide clear direction with respect to inmate access to healthcare in segregated units. Inmates in these units have limited mobility and a limited capacity to communicate with staff. This has been recognized by the corrections profession and nationally accepted correctional standards, such as the ACA standards require that inmates be seen daily in the living unit and also have unimpeded access to their prescribed medications.

Bureau regulations call for a minimum of a daily visit by a qualified healthcare professional to these units. Our assessment process included a review of sign in or attendance records of health care staff entering the various segregated units. Our findings are outlined in the above paragraphs. These findings are supported by interviews with staff, interviews with inmates, and documentary evidence that revealed that health care staff meet and often exceed the minimum requirement of attending to inmates in segregated units.

This examination did not include a review of medical records or the quality of medical care that is provided, as this was beyond the scope of this analysis. A number of the inmates interviewed did express concern about the quality of the care they were receiving; however, there were few complaints that medical staff were unavailable to speak with inmates during medical rounds.

**FINDING: The presence of health care staff in the segregated units is ongoing at least daily, and often more frequently, consistent with Bureau policy and ACA standards.**

Health care staff administer medications to inmates and this is an ongoing process that takes place at different times during the day. In addition, the medical staff are required each day to visually observe all inmates, regardless whether or not they are receiving medication, as a wellness check to determine if they may need healthcare services. There were no examples that we detected where a medical staff person didn't make a visit to a segregated housing unit at least once per day.

# Adequacy and allocation of program space

The focus of this section of the report addresses the findings and recommendations related to program space available in the three main segregation units being analyzed: SHUs, SMUs, and ADX. The reported lack of space has been cited at several facilities by staff as one of the primary reasons why programming is provided for

most inmates individually in their cell using a self-study format. This section focuses more on the potential use of existing space available to provide small group programming for appropriate inmates rather than on specific programming opportunities, which are addressed in another section of the report.

According to federal regulations and applicable Bureau program statements, all three of the restrictive housing units are designed to help ensure the safety, security, and orderly operation of the Bureau facilities. Title 28 Code of Federal Regulations, section 544.81 Education states: "the warden shall ensure that an inmate with the need, capacity and sufficient time to serve has the opportunity to: Complete an Adult Literacy program leading to a General Educational Development (GED) certificate and/or high school diploma." The required access to program activities is based in part on the inmates' status and the type of restrictive housing unit in which they are housed.

## Statutory and Bureau requirements

*Special housing unit programs*. In administrative detention status, an inmate will have access to programming activities to the extent safety, security, orderly operation of a correctional facility, or public safety are not jeopardized. In disciplinary segregation status, participation in programming activities, e.g., educational programs may be suspended. *(28 CFR 541.31, 28 CFR 544.81, P5270.10*).

Inmates assigned to an SHU are either in administrative detention status (nonpunitive) or disciplinary segregation status (punitive). Based on federal regulations, inmates in administrative segregation status are allowed to have program access as long as it does not jeopardize safety. Inmates in disciplinary segregation status may have their program activities suspended.

Educational and religious program activities are provided on an individual basis normally while the inmate is in the cell and the staff member is outside the door. There is no small group programming provided with the exception of recreation where between one and four inmates may be placed in a single recreation yard. In most facilities, educational services were available however the services were considered limited and provided in a self-study format while the inmate remained in the cell.

At FCI Butner II, inmates enrolled in GED or ESL classes prior to being in the SHU were allowed to remain in those classes for 60 days and provided with appropriate instructional materials to continue their studies. Inmates in the SHU more than 60 days are dropped from those courses and placed on a waiting list to restart the courses upon their release from the SHU. A new education program with a series of classes on various topics was reported to have started in the SHU beginning February 17, 2014. The inmates are provided self-study materials to be completed in-cell.

Twenty-six courses are offered in six categories: Math (7 classes); Science (3); Reading (4); Social Studies (4); Writing (4); and Miscellaneous classes (4). The significant number of enrollees in the first week is a strong indication of the desire of SHU inmates to participate in programming. All of the inmates interviewed expressed a desire for more program offerings while in the SHU. An OASIS computer based course was being offered to inmates in the general population and could be offered to inmates in the SHU to complete in the SHU Law Library if approved. Most other facilities offered comparatively limited opportunities.

*Special management unit programs.* SMUs consist of four program levels and access to program activities generally increases as the inmate advances through the program. Progression through Level 1 is based upon the inmate's compliance with behavioral expectations as established by staff. Progression through Level 2 and Three is based upon the inmate demonstrating the "potential for" or positive "community" interaction. Progression from Level 4 to a general population facility is "based upon the inmate's ability to function in a general population setting with inmates of various group affiliations." P5217.01.

The project team found that a staff member representing the education department was assigned to each of the SMU programs and based on documentation reviewed frequently visited the units. Inmates in Level 1 and Two normally are involved in individual self-study programming which takes place in the cell. Staff primarily visit the inmate in front of their cell and communicate through the cell door. Inmates without a verified high school diploma or GED certificate are required to participate in a literacy program with the goal of improving their knowledge and skills through academic activities. At all three SMU programs daily schedules reflect educational personnel are scheduled to make rounds in the housing unit on a regular basis.

The opportunity for additional inmate interaction increases when the inmate reaches Level 3 and 4. Most programming for Level 3 and 4 inmates is individualized self-study however during the inmates' out-of-cell time they are allowed to seek assistance from the staff member. There is no formal group educational programming offered in the SMU program.

*ADX programs.* The federal regulations for the control unit program state that the warden shall assign a member of the education staff to the unit on at least a part-time basis to assist in developing an educational program to fulfill each inmate's academic needs. The education staff member is ordinarily a member of the unit team[140].

[140] 28 CFR 541.46, 28 CFR 544.81.

The ADX consists of several different program levels ranging from the general population, intermediate step of the step-down program, SHU, control unit, and special security unit. In each phase of the program the level of access to program activities changes. As an inmate progresses through the different program levels access to program activities increases. A staff member representing the education department is assigned to the each program. For those inmates in the control unit, the majority of programming is conducted in cell and on an individual self-study basis. Programming is also offered on the closed circuit TV within the inmate's cell. For those inmates in the ADX general population units, the majority of the programming is conducted in-cell on an individual self-study basis and programming is offered on the closed circuit TV within the inmate's cell. The ADX recently constructed five "therapeutic enclosures" in the gymnasium where five inmates in separate enclosures can participate in a group program. At the time of the on-site review, the psychology department was using the therapeutic enclosures to conduct a reentry preparation program. One 90-minute "group" is meeting once a week. Generally, inmates assigned to all of the ADX phases are provided self-study materials to be completed in their cell.

Program statements and facility supplemental statements related to program access in restrictive housing units are aligned with the regulatory requirements identified in the federal regulations. The review team found that personnel were generally familiar with the program statements and the program access requirements. Daily activity schedules were in place, appropriately trained personnel were assigned to adhere to these requirements and oversight was provided. The assessment team observed that almost all programming outside of recreation was provided on an individual basis while the inmate remained in their cell.

## Existing potential program space

The current practice observed by the project team reflected access to program activities for most of the inmates assigned to a segregation unit is provided individually while the inmate is in the cell and the staff member is outside the cell door. The federal regulations do not address how program activities are to be provided or the frequency in which they are to be provided. Outside of a few select cases or during recreation and the day room time provided for inmates assigned to an ADX transitional unit, or Level 3 and 4 of the SMU program, almost no formal group program activity is being provided. As indicated in other sections of the report, there had been recent initiatives including the building of multiple individual enclosures to provide some limited "group" programming.

Overall, access to program activities appears to be consistent with meeting the minimum requirements cited in the federal regulations. Most programming consists primarily of cell-side services. Staff interviewed during the review process reported

that individual in-cell programming was preferred primarily due to safety concerns and the lack of available small group space.

**FINDING: Based on an assessment of the physical plants and on-site reviews, there does appear to be an opportunity to provide properly scheduled small group programming for appropriate inmates in existing space at the facilities.**

Every facility the project team visited had space within the unit to provide small group programming for three to six inmates at a time. Based on site observations and staff interviews, all of the potential group programming space was not consistently being used during the day.

In the other facilities visited limited small group programming space located primarily on the front end of the range or unit that was being used primarily for interviews, hearings, storage or screening and could also be considered available programming space during select times. The project team identified limited space available to provide small group programming for appropriately screened inmates at all of the facilities visited.

The project team is not advocating group programming be provided to all inmates in the segregation units however some may be considered appropriate. For example, inmates who are in administrative detention status (nonpunitive) for the sole reason they have been verified by staff as requiring protection or inmates who have advanced in their assigned program to a higher level (SMU Level 3 or 4, ADX step-down, transitional and pre-transfer unit) structured small group programming should be considered an option as space appears to be available.

**FINDING: There are a limited number of potential small group programming spaces available at each facility.**

The location of the potential space was all in an area in the housing unit that was consistent with maintaining a secure environment for both the inmate and staff. Though the size of each space varied, the rooms appeared to be sufficient to accommodate multiple individuals for short periods of time. Currently, most programming is offered individually while the inmate remains in the cell.

The project team is not advocating all individuals assigned to a restrictive housing unit be provided access to small group programming, however some inmates with specific classifications should be considered when proper security precautions are applied. For example, those inmates who have been assigned to administrative detention status (nonpunitive) solely for protection and have been verified by Bureau staff as requiring protection, inmates in Level 3 and 4 of the SMU program, (the program statement states frequent group counseling, they currently recreate in a group setting and participate in day room activities as a group), and ADX Step-Down,

Transitional and Pre-Transfer inmates who currently recreate and share day room activities at the same time should all be considered for small group programming.

**RECOMMENDATION 7.2: Use of existing small group space should be seriously considered for inmates who have been properly screened.**

## Observations on conditions of confinement

**FINDING: The general conditions of confinement were found to be consistent with national regulations and standards. Establishing, maintaining and monitoring the conditions of confinement appeared to be a routine part of the daily operations of managing the Bureau facilities visited. Policies were in place, staff were familiar with the requirements, and post orders and job descriptions had been established to enforcing compliance in this area.**

The additional use of external monitoring and assessment through the Bureau's ACA efforts was considered a valuable management tool that provided quality feedback regarding general conditions of confinement. The project team found that areas of deficiency that were cited by the Program Review Division (PRD) and/or ACA were addressed and/or seriously considered by facility management staff. Every facility visited had received accreditation status by the ACA.

However, some areas of concern identified during this assessment were either not present at the time of the PRD or ACA review or had not been identified by the PRD and ACA reviews as concerns.

- *Triple-celling.* The practice of housing three individuals in a cell that is approximately 85 square feet in size and contains two beds should be eliminated. This practice is inconsistent with nationally accepted standards and creates an environment that threatens the safety of both inmates and staff. The absence of an established written policy that identifies proper procedures to follow before placing three individuals in a cell with two beds, including monitoring practices, inmate screening, time limits and authorization is inconsistent with national best practices.

- *Low levels of participation in out of cell recreation.* Many inmates do not take part in recreation due to access only at early hours (0500 wake up calls for recreation), fear of being assaulted, passing room inspection, and lack of equipment.

- *Lack of consistency in the conditions of confinement provided for individuals in the same level.* For example, and inmate in Level 3 housed at USP Allenwood is allowed up to 150 minutes in social telephone calls per month, two one-hour noncontact social visits per month and indoor and

outdoor recreation totaling approximately fifteen hours per week. The same inmate if housed at USP Lewisburg would be allowed twice the number of social telephone call minutes per month (up to 300 minutes), more than twice the amount of social visits per month (five one-hour social visits) and significantly fewer recreation hours per week (five hours of outdoor recreation). The differences in frequency, type, and the duration of conditions of confinement for an inmate classified at the same level in the same program while housed at a different facility presents concerns regarding the integrity and design of the level system.

- *Similarity in conditions of confinement for inmates in administrative detention and disciplinary segregation status.* Administrative detention is identified as a nonpunitive status while disciplinary segregation is identified as a punitive status. However, the inmates are assigned to the same housing unit, inmate movement procedures including application of restraints are the same, the frequency of recreation is the same, telephone access is the same and visits at all but two facilities visited were the same. With the exception of minor differences in personal property allowed and in-cell programming opportunities the day-to-day conditions of confinement were not much different. Considering one status is nonpunitive and includes in part individuals that are in administrative detention status strictly as a result of being verified as requiring protection serious consideration should be placed on reevaluating the day-to-day condition of confinement authorized for individuals in a nonpunitive status.

# Program reviews

The Program Review Division (PRD) is directly responsible for overseeing Bureau-wide performance reviews that are designed in part to examine facility operational compliance levels with applicable laws, rules, regulations, and policies. In addition, the division examines the adequacy of controls, the efficiency of operations, and effectiveness in achieving the desired program results. PRD is also responsible for ensuring an analysis of specific program performance patterns is completed and serves as the Bureau's liaison with most external audit agencies.

To provide personnel with consistent direction and guidance a comprehensive program statement[141] has been established that identifies the purpose, requirements

[141] *Program Statement 1210.23, Management Control and Program Review Manual*, dated 8/21/2002.

and procedures associated with meeting review responsibilities. As a result, *local operational reviews* are required to be conducted by facility personnel at least once every 10 to 14 months. These *operational reviews* are commonly considered facility self-audits. In addition, a comprehensive *program review* managed by central office is conducted and completed by external Bureau personnel at least once every three years.

Throughout the review process the project team examined the operational and monitoring practices and found that both program and operational reviews were normally being completed on a scheduled basis. Facility personnel were familiar with the process, documentation was available and dedicated personnel were assigned to each facility that were held accountable for monitoring local compliance levels.

## Program review observations

Policy and review schedules have been established that are consistent with federal requirements and have been designed to ensure that both the operational and program reviews are conducted in a manner that best addresses the requirements of the Bureau. The division normally schedules the external *performance reviews* based on specific areas being analyzed and the location of the facilities. For example, either a correctional services or facilities management *program performance* review is scheduled for a prison complex and will include an examination of several subject areas to be reviewed within the complex. In most facilities specific guidelines have been established to ensure certain policies and procedures are reviewed.

At the Federal Correctional Complex Tucson a facilities management review was conducted on February 12-14, 2013, which included the Federal Correctional Institution, USP, and the satellite work camp. Guidelines were established by PRD that identified specific policies to be reviewed including policies impacting both general population and SHUs at each of the facilities. The scope of coverage and format used during the Tucson review was typical of what the project team observed in evaluating other PRD reports.

A typical performance review normally does not focus strictly on a particular housing type or specific subject matter, but analyzes and provides a report that identifies the overall complex performance findings and trends. *Program reviews* are not designed to examine each requirement identified in every policy in every housing type. However, *program review* guidelines have been established to ensure specific protective policies, conditions and procedures that are reviewed, include general population, SHUs and SMUs. Additionally, to provide further observation of SHU operations, each institution's program review (all disciplines) includes the reviewer-in-charge conducting a comprehensive tour of the SHU, promptly reporting findings as appropriate, and including the findings in the final report.

For example, inmate access to recreation may be examined complex-wide and by policy a sample number of general population, SHU and SMU files will be required to be reviewed. If there are specific concerns identified in this area those concerns are generally noted in a subsection entitled "general comments" or "deficiencies" in the PRD report. Bureau policy states that the reviews include an examination of a select percent or number of general population, SHU and/or SMU files. What is excluded in the review is the same level of examination of conditions for the ADX. The Program Review Division at the time of the project team's assessment did not have specific monitoring requirements for ADX policies as was the case for the SHUs and SMUs. Operational reviews and performance reviews were being conducted at the ADX as evidenced by documents provided, however specific guidelines ensuring select areas were reviewed had not been established.

**FINDING: Specific conditions of confinement and protective policy compliance levels are monitored locally by facility personnel and in some areas by central office personnel that are not assigned to the Program Review Division.**

The lack of these specific guidelines for the ADX creates the potential for possible omissions in examining areas that require ongoing review.

**RECOMMENDATION 7.3: Guidelines that identify specific conditions of confinement and protection policies consistent with applicable federal regulations and national standards should be developed and included as part of the Program Review Division performance review process[142].**

## Reporting

In addition to a review of the specific policies and conditions examined by the Program Review Division, an assessment of the performance reports was completed. Program Review Reports from 2011 to 2013 were reviewed as well as *Program Statement 1210.03, Management Control and Program Review Manual*. Each report identified the dates the review was completed, overall rating, response requirements, if applicable, reviewer assurance statement, background information, general comments (concerns, if any) and deficiencies.

In examining the documents from 2011 to 2013, there were several program review reports that identified concerns in the restrictive housing units that required a response from facility personnel. Some of the concerns noted in the reports included such areas as: inadequate cell search procedures; consistent documentation of staff

[142] The Bureau has reported that ADX-specific program review guidelines were developed and became effective June 13, 2014.

rounds; consistent documentation of inmate access to services; proper application of restraints; and below average sanitation conditions. The positive aspect of the reviews was that the Program Review Division was identifying concerns during their review and requiring facility personnel to provide a written response and corrective action plan for each.

A few of the concerns cited in the 2011 – 2013 reports were consistent with the review team's observations in 2014. Policies were in place that required activities and service delivery to be documented when provided, however observations reflected there were occasions when incomplete documentation was being provided. The frequency of the omissions was few. The addition of the new automated software program designed to document inmate service delivery was in use at several of the facilities. The system allowed routine activities to be recorded electronically such as meals delivered, recreation, and shower access. This procedural upgrade was viewed by staff and the project team as a significant improvement over the manual system. Staff were familiar with the automated system and procedures were in place to ensure select service activities and conditions were documented and inputted into the system.

## Operational review observations

The Program Review Division (PRD) is an essential part of the Bureau tasked with the responsibility of overseeing Bureau-wide performance reviews that are designed in part to identify facility operational compliance levels with applicable laws, rules, regulations, and policies. Policies and procedures have been developed, qualified staff are assigned and site reviews are conducted on a regular basis consistent with applicable regulations.

**FINDING: Both program and operational reviews served a vital role in the overall positive operations of the Bureau's facilities.**

Appropriate adjustments and revisions were being implemented to refine the system and Bureau personnel reported additional modifications are being considered. In line with the approach of continued growth and refinement, the project team has identified a few recommendations in this area:

**RECOMMENDATION 7.4: Establish a separate program performance review for the USP Florence ADX that includes in part a comprehensive evaluation of specific policies and procedures that are unique to the ADX.**

The current review includes three facilities: Federal Correctional Institution; USP Florence High, and USP Florence ADX with a separate satellite work camp. The benefit of providing a separate review with specific guidelines focused on the unique

operations of the ADX can only assist in meeting the established mission of the Bureau.

Specific guidelines to be reviewed have not been established for the ADX and should be considered. These guidelines should reflect federal regulations, Bureau policies and national standards. Based on the uniqueness of the program, including the ADX's operations and conditions of confinement a separate review may provide for a more detailed assessment of the facilities overall compliance levels with established policies and regulations.

**RECOMMENDATION 7.5: Enhance the external oversight of the local operational reviews that are being conducted no less than on an annual basis.**

External program performance reviews appear to be identifying a number of issues that should be addressed and corrected as a result of the local operational reviews that are conducted by the facility. Written responses are required and provided on concerns identified in the operational review, however reported corrective action may not always resolve the deficiency. Exploring the expanded use of announced or unannounced follow-ups and or requiring repeated assurances over a period of time regarding the effectiveness of the correction action should be considered.

**RECOMMENDATION 7.6: Reassess the performance review rating system.**

A number of program reviews resulted in an overall rating that may not have been consistent with the findings or definitions identified in the applicable program statement. Based on the project team's observations and review of documents, the team did not identify any facilities that warranted an overall rating of "deficient" or "at-risk," and none of the reports indicated the same. Re-evaluating the overall performance rating designation and ensuring an accurate rating is provided essential to solidifying the integrity of the review process.

# Chapter 8: Summary of conclusions

The following summarizes the major findings and recommendations that were presented in the previous chapters of this report.

## Extent of segregation

The Bureau experienced an increase in the use of restrictive housing that began in 2009 by rapidly implementing its existing SMU program. Data indicates that the ADX population has remained quite stable over the same time period.

Only a limited amount of information is known about the SHU population in terms of historic trends as the Bureau did not retain data on the number and type of inmates placed in the SHU status - protective custody, investigation and disciplinary segregation. More recent data indicates that the size of the SHU population has been steadily declining since 2011. The Bureau was able to provide detailed SHU population statistics beginning in February 2013. At that time, the count was 10,262 in over 100 facilities and has steadily declined since then reaching 8,939 by June 2014. This is a significant reduction from the self-reported count of the SHU population of over 13,000 in 2011.

The decline can be attributed to several factors as reported by staff at all levels and confirmed and observed by the CNA project team. The process of conducting weekly reviews of SHU placements has been in place for some time and is a key factor in the decline. These reviews are held in a formalized setting with the entire management team of the facility participating in a review of the status of each inmate in SHU. The review includes an assessment and evaluation of all placement options including release from SHU. Staff noted that in the last three years the process has been re-emphasized as a means to ensure that inmates are managed in the least restrictive setting given their risk to the system.

As of November 2013, approximately 5 percent of the entire Bureau's inmate population was being housed in one of these three restrictive housing populations with the vast majority in the SHU status. From a state prison population perspective, this number is neither high nor low, but more in the middle.

However, this review indicates that there are excellent opportunities to significantly lower the SHU and SMU populations by adopting the recommendations outlined in this report. Specifically, we estimate that the current SMU and SHU populations can be lowered significantly by adopting the following approaches:

As of 2014, there were 4,252 inmates in some form of investigation status. This is partially a result of the lack of a policy requirement that investigation be limited to a specified maximum time period, absence a rationale for continuing the inmate on investigation beyond the specified time period. Presently, investigations can linger for months without resolution:

- Related to the investigation time period, once the investigation is completed and the case heard by the DHO, the sanction issued is not retroactive to the original date of placement in the SHU. As a result, if the investigation continues for 180 day and the inmate is found guilty of the infraction and issued disciplinary time of 30 days, the sanction and disposition is in reality 210 days as it is not retroactive to the original placement date. Giving the option for credit for time served will reduce the bed days in segregation significantly given the size of the investigation population.

- It was reported that in November 2013, there were 1,437 protection cases in special housing with an additional 172 housed in special housing but pending placement back into the general population. As noted in the report, many states have removed protection cases from administrative segregation and created specialized housing that is secure but replicates the conditions of confinement and programming of a general population unit. Not all of those in protection status would qualify for such placement as those whose protection is related to their own behavior could be excluded as they represent an ongoing risk to others. This option would, however, remove a significant number of offenders from the SHU. The Bureau is already utilizing this option to a small degree with the establishment of the RHU in Oakdale, Louisiana.

- The Bureau should continue to utilize a process of careful review of all referrals for placement to the SMU program. As noted in this report a recent snapshot of the review process indicates that 22 percent of the referrals initiated at the institutional level have been denied placement. This recent level of denials are an increase over prior measured levels and will assist in controlling any future growth as the SMU beds are reserved for only those who require such placement.

- It is recommended that the time period for completion of the SMU program be reduced from the present 18-24 months to 12 months and also the four levels be compressed to three levels by combining Level 3 and

Level 4 and allowing more differentiation between the condition of confinement between the levels.

Implementation of these recommendations will significantly reduce the present restrictive housing population, while ensuring that mechanisms are still in place to maintain the safety and security of the institutions.

# Conditions of confinement

In general, we found the housing units, cells, and furnishings provided in the cells to be adequate to accommodate either single or double celling of the ADX, SMU and SHU populations. Lighting, ventilation, access to showers and recreation areas were also nonproblematic. Some concern is noted with recreation, as a significant portion of the restrictive population decline to use scheduled recreation periods. Interviews with inmates with few exceptions validated our on-site observations. The quality of food provided to inmates was rarely cited as an issue by inmates.

Virtually all of the inmates in SMU and SHU are double-celled. Inmates do have regular access to showers and recreation but the vast majority of their time is spent in their cells with their cellmates (with the exception of the Level 4 SMU inmates). Security staff, case managers, medical and mental health staff make regular visits to the housing units. However, direct out-of-cell contact with staff is very limited. When such contacts occur, they are brief and in front of the cells doors.

Establishing, maintaining and monitoring the conditions of confinement appeared to be a routine part of the daily operations of managing the Bureau facilities visited. Policies were in place, staff are familiar with the requirements and post and job descriptions had been established to help in enforcing compliance.

A typical week for the inmate in restrictive housing consists of a few hours of recreation, limited visits, and no phone calls (primarily due to the restriction issued by the DHO as part of the disciplinary hearing process), and no participation in out of cell treatment programs. Based on the information obtained by the prisoner interviews, although inmates are afforded opportunities for out of cell activities, portions of the SHU and SMU populations never leave their cells each week.

Administrative detention is identified as a nonpunitive status while disciplinary segregation is identified as a punitive status. However, the inmates are assigned to the same housing unit, inmate movement procedures including application of restraints are the same, the frequency of recreation is the same, telephone access is the same and visits at all but two facilities visited were the same. With the exception of minor differences in personal property allowed, number and duration of phone calls, and in-cell programming opportunities the day-to-day conditions of

confinement were basically equivalent. Considering one status is "nonpunitive" and includes individuals who are in administrative detention status for protection, serious consideration should be placed on reevaluating the day-to-day condition of confinement authorized for individuals in a nonpunitive status.

The Bureau needs to increase the amount of out-of-cell activities and continue its ongoing efforts to reduce the overall size of the restrictive housing population.

## Impact of the "separatee" status

The SHU situation is complicated by the fact that a high percentage of inmates residing in SHUs have requested protection from other inmates, often due to gang related issues. Many inmates in the system have what are termed as "separatees." A separatee is an inmate who for security and safety concerns cannot be housed with specific inmates in housing units where they may congregate with one another. The number of inmates that have separatee issues is significant and impacts inmate management in the agency. For example, the warden at USP Lewisburg advised the assessment team that of 748 inmates at that facility, 334 of them had separatee issues. Some individual inmates had as many as 14 separatees. Keeping in mind that these inmates can't congregate with one another, bed management in the general population and segregation units is very complicated.

In the SMU at USP Allenwood, where inmates in Level 3 and Level 4 are allowed to congregate, the lieutenants and unit management staff have to carefully place inmates according to their gang or group designation.

The gang issue in the USPs that was assessed impacts the management of the SHU as it creates separatee issues and likely increases the number of inmates requesting protective custody, resulting in them being housed in restrictive housing. This observation was confirmed through interviews with staff and inmates who indicated that many of the segregated inmates were unable to live in general population because of the influence, harassment, intimidation, and threats of violence from members of gangs and "cars" (Prison based gangs in the facilities).

Difficulties in the management of the gang problem exacerbate the protective custody problem, thus causing a high incidence of inmates leaving general population by their own request and being placed in segregation units after being threatened in general population. There is no simple solution for this issue but its impact is significant throughout the Bureau. Through its investigation units and its gang management unit the Bureau is aggressively attacking the problem. The wide spread presence of the gang factions, especially in the United State Penitentiaries, significantly impact the presence and size of the restrictive housing units.

# Investigation, protective custody, and pending transfer inmates in SHU

The SHU population needs to be understood in terms of the major statuses that one can be assigned. Those assigned for disciplinary sanctions purposes are inmates who have been found guilty by a well-functioning disciplinary process for serious violations of prison rules and conduct. However, the much larger number of inmates held administrative detention for investigation, protective custody, and pending Bureau actions under restrictive conditions of confinement for extensive periods of time deserves further discussion and scrutiny.

The largest number of inmates being held in SHU are either there for investigation or protective custody. Although the Bureau states in its policy that both statuses are "nonpunitive," this is clearly not the case when examining the units from an operational and program standpoint. Inmates in protective custody and investigative status are housed in SHU experience the same living conditions as those placed in what is an explicitly punitive environment. As of 2014, there were 4,252 inmates in some form of investigation status and another 1,361 inmates in some form or protective custody. Further another 1,802 inmates in the punitive SHUs awaiting some action by the BOP to either have a hearing for discipline, or transfer to ADX or SMU status or some other location. Thus, over 80 percent of the SHU inmates have not been found guilty of disciplinary conduct.

As noted previously, investigations should be completed in a more timely manner. It is suggested that a limit of 45 days be established, with provisions for an extension of this time limit when circumstances exist that require additional time.

Also noted previously, there needs to be a clear difference in the conditions of confinement from those in punitive segregation, those in investigation or protection status, and those simply awaiting an administrative action of some kind.

# Inmates awaiting administrative actions

Somewhat related to inmates under investigation status are those awaiting some final action by the Bureau's central office. This population is excessive and needs to be reduced. The reasons for delays in transferring inmates from SHU either to SMU/ADX or back to the general population is complicated by lack of space and the number of separates. Little can be done about the number of separatees but, as noted later, much can be done about the lack of bed capacity.

SHU inmates who have pending transfer actions should be transferred out of SHU within ten working days once their status for placement in SHU has expired.

## Protective custody inmates in special housing units

Housing protective custody inmates in a punitive setting clearly contradicts best correctional practices. States that have been found to do so have suffered from on-going litigation and court ordered reforms. Many states have developed specialized protective custody housing units where inmates are provided the same level of basic privileges and access to rehabilitative programs and even work assignments as general population inmates. The one exception is that they are assigned to specially designated housing units within a prison or a specialized facility.

It was reported that in November 2013 there were 1,437 protection cases in special housing with an additional 172 housed in special housing but pending placement back into the general population. In October 2013, the Bureau issued a memorandum that provided field staff with procedures and criteria for placement of inmates in the reintegration housing unit (RHU) located at the Federal Correctional Complex at Oakdale, Louisiana.

The target population for the RHU consists of male inmates who "consistently refuse to enter general population at multiple locations" and those who have been designated through the classification process as protective custody.

The question then becomes 'what is the appropriate manner to manage inmates who have verified protection needs?' such inmates are presently housed in administrative detention, which is identified by Bureau policy as a nonpunitive status. However, the inmates who are verified protection cases are assigned to the same housing unit as punitive segregation inmates, inmate movement procedures including application of restraints are the same, the frequency of recreation is the same, telephone access is the same and visits at all but two facilities reviewed were the same. With the exception of minor differences in personal property allowed and in-cell programming opportunities, the day-to-day conditions of confinement were not much different. Considering one status is nonpunitive and includes in part individuals that are in administrative detention status strictly as a result of being verified as requiring protection, serious consideration should be placed on reevaluating the day-to-day condition of confinement authorized for individuals who have been verified as needing protection.

This is a complex issue within the Bureau due to extensive presence of security threat group members even in the SHU. Many of those have verified protection as a

direct result of their prior involvement with a security threat group. But many are also victims or potential victims who need protection. These protection needs should be provided but in a more normalized setting than what is presently provided in the SHU.

In numerous state departments of correction, the conditions of confinement for protection cases have been altered to parallel that provided to other general population inmates. In these instances inmates are housed in SHU or similar units while the claim for protection is being investigated. Once the need for protection is verified they are moved to a separate unit that provides conditions of confinement that are similar if not identical to that provided to general population inmates. These units operate separate from other general population units and afford the inmate the ability to function in a normalized prison environment while ensuring they are protected. Kentucky has done this successfully at the Eddyville facility while Ohio also operates units that replicate general population conditions for protective custody inmates. It should be noted that the Bureau is moving in this same direction with the establishment of the RHU in Oakdale, Louisiana.

The Bureau should to establish nonpunitive protective custody housing units that have equivalent levels of programs and privileges as general population inmates.

# The special management unit program

The Bureau has developed a much-needed step-down program for inmates removed from the general population. The criteria for such removals are objective and reasonable (only inmates who have committed serious acts of violence or pose a threat to the safety and welfare of the other 95 percent of the inmate general population).

The conditions of confinement for SMU inmates are more restrictive than for general population inmates. SMU inmates are expected to complete the four-level SMU program in 18 to 24 months, at which time they may be re-designated (transferred) to an appropriate facility. At the time of the initiation of this review, SMU programs were functioning at USP Lewisburg, USP Allenwood, and USP Florence. During the course of the review the Bureau began the phasing out of the SMU at USP Florence through the gradual transfer of inmates to USP Lewisburg.

Documentation provided by the DSCC indicated that a total of 5,435 inmates had been submitted for SMU placement from January 2009 to June 6, 2014. Of the inmates referred, 1,057 (19.5 percent) had been denied placement by the DSCC. This does not include denials/rejections that occurred at the regional offices as those records were not readily available.

A more recent picture of the validity of the referral and review process was obtained by reviewing the number of referrals by month that have been submitted since January 2013 through February 2014 and the number of these by month that have been rejected by either the DSCC or the regional director. Table 21 summarizes these decisions.

This more recent snapshot of the review process indicates that 22 percent of the referrals have been denied placement.

What is uncertain is the need for four levels and overall time to complete all four levels before an inmate can be returned to the general population. Currently, the total minimal amount of time required to complete all four levels is approximately 18 months. We say "approximately," because in the Bureau the levels are designated by policy as six to eight months and two to four months in each level.

As noted in chapter 2, most of the reviewed state prison step down programs allow for only three phases of confinement, which tend to last 90 days each. Many have implemented a program that has a minimum stay exceeding 12 months. Nor is there any research basis for extending the minimum amount of time in segregation for fully compliant inmates beyond nine months or for that matter any length of time.

It was also discovered that SMU inmates who have completed a particular phase of the program are not promptly transferred to the next program phase location. This was a problem at USP Lewisburg for inmates who had completed Level 2 and were scheduled to advance to Level 3. These backlogs in inmates awaiting transfer to the next program level negate the intent of the program design and decrease the motivation to change behavior.

Finally, relative to program content, much of the program elements of the status (with the exception of Level 4) consist of in-cell written assignments that are not testing the prisoner's ability to return to the general population. In order for the program to be more effective, the Bureau should examine whether to develop a range of structured out-of-cell contacts and activities beginning at Level 2 and expanding at Level 3/4.

As a result of this review, it is recommended that the Bureau modify the current SMU program to have a stay of 12 months and only three levels and increase the amount of structured out of cell activities for SMU inmates especially for those in Level 2.

# Mental health services

In general, each of the restrictive housing units is providing mental health services to the inmates assigned to the units. Mental health staff routinely visit the housing units as required by Bureau policies. There are sufficient nonpsychiatric mental

health staff assigned to the units to provide sufficient mental health services. Monthly mental health records are being updated on a regular basis as required by Bureau policy. Inmates in special housing being monitored for having suicidal tendencies in specially designed cells under direct supervision is consistent with best correctional practices.

However, our review of the mental services found a number of areas that the Bureau needs to significantly improve upon. The issues raised can be separated into three separate subcategories:

1. Proper mental health diagnosis
2. Effective treatment
3. Sufficient psychiatric staffing

Relative to diagnosis, based on the Bureau's four level mental health rating system, only about 10 percent of the segregated populations were assigned to Care Levels 2, suggesting minimal need for mental health care treatment beyond limited psychotropic medications. However, our review of randomly selected Care Level 1 cases by two experienced psychiatrists found a number of inmates exhibiting significant mental health symptoms which suggest their care level should be increased to Care Level 2 or higher. A contributing factor to this issue is that very few of the monthly mental health assessments occur in private settings on a face-to-face basis.

The majority (between 68 and 72 percent) of restrictive housing inmates have been classified by the Bureau as healthy or only having simple chronic medical care, and not requiring any specialized medical treatment (see table 11). These proportions are virtually identical to the other Bureau inmates (also 72 percent). Of those requiring medical care, the level of care is mostly at the lowest threshold (between 26 and 30 percent at "Care Level 2 –Stable, Chronic Care").

Somewhat surprisingly, relative to mental health care level, the proportions in need of care or treatment are even lower with the vast majority assigned to Care Level 1. The ADX has the highest proportion of Mental Health Care Levels 2 and 3 but they only represent ten percent of the entire ADX population. These proportions are comparable to the mental health care levels of the nonrestrictive populations.

Based on the assessment of the project psychiatrists the review further indicated that the treatment being offered by the Bureau was insufficient or inappropriate in over half of the cases. In particular, there was little evidence of structured out of cell treatment services occurring for those in need of services beyond medication.

Much of the "treatment" being provided to the inmates takes the form of psychiatric medications that can only be prescribed by a psychiatrist or a psychiatric nurse

practitioner whom is familiar with the patient's symptoms and prior mental health history. There is a significant lack of coordination between the psychology staff who cannot prescribe these medications and psychiatric staff who are prescribing the psychotropic medications. A significant number of the inmates which the review found had been misdiagnosed and/or were receiving inadequate treatment should be transferred from the SMU or SHU to a comprehensive mental health program directed by a psychiatrist. It is acknowledged that mental health clinicians frequently disagree on diagnoses and that doctoral level psychologists are most certainly capable of directing a mental health program.

The shortage of psychiatric staff in Bureau facilities leads to numerous problems in both proper diagnosis and treatment, particularly for the seriously mentally ill inmates at the large segregation units. For example, at most facilities, the prescribing physician was not a psychiatrist, which further added to the problems of coordination with the psychology staff.

As a result the following recommendations are submitted:

- All inmates should be seen in a private setting for a comprehensive mental health evaluation prior to placement in any segregated setting.
- A complete re-evaluation of the mental health record should be performed by psychology and psychiatry staff every 30 days which would require a face to face interview in a private setting.
- Additional full time psychiatric staff are needed at the major restrictive housing units (in particular USP Lewisburg).
- A complete review of all inmates assigned to ADX, SMU and SHU should be completed by the Bureau to identify all inmates who should be transferred to a secure mental health program similar to the one being developed at the USP Atlanta and USP Allenwood.

# Crowding and segregation

As has been noted earlier, the ability of the Bureau to place inmates who are being returned to general population from restrictive housing and housing inmates within the SMU and SHU's which are largely double-celled is often hampered by the number of separatees that each inmate may have. As noted in chapter 3, virtually all of the ADX and SMU, and 2/3rds of the SHU inmates have at least one other inmate they must be separated from. Even within the nonsegregated population, 40 percent have separation orders. Many of these separation orders are related to conflicting gang affiliations.

In general, inmates with separation orders cannot be transferred to general population in facilities where separatees are currently located. This in turn produces delays in the transfer of inmates from segregation status back to the general population.

A final complication is the level of crowding that permeates the Bureau's facilities. As of 2013, the Bureau was operating at 137 percent of its rated capacity and even higher at its high (154 percent) and medium (144 percent) security facilities. Only two options exist to reduce these exceedingly high crowding levels – add more and expensive high security general population beds or reduce the current Bureau population.

These two factors (high numbers of separatees and prison crowding) contribute to the number of inmates in SHU who are awaiting transfer back to the general population.

# Due process

Sanctions issued by the DHO were found to be consistently lower than the allowed level for each of the severity levels. For example, offenses in the Greatest Severity Level carry a maximum time in disciplinary segregation of 12 months. Of all the case files reviewed, not one included a sanction of 12 months in restrictive housing. For 100 level offenses such as a weapon, the typical sanction included 30 – 45 days disciplinary segregation and in many cases was 15 – 20 days segregation. At USP Victorville, the typical sanction for an assault or a weapon offense was 30 or 60 days disciplinary segregation. At USP Tucson, a typical sanction of possession of a weapon was 45 days while an assault resulted in 60 – 90 days segregation. At USP Coleman, a weapons offense resulted in 30 days disciplinary segregation.

It was apparent from interviews and case file reviews that the DHO's have made extensive use of the loss of access to basic privileges (visits, telephone, and commissary) for extended periods of time as a disciplinary sanction. The use of these sanctions is an outgrowth of the objective to find alternative sanctions to the placement of the offender in disciplinary segregation.

The Bureau DHO's use the restriction of privileges such as visiting, commissary, and telephone extensively as a sanction for offenses within all severity levels. Almost every sanction issued by the DHO at each of the facilities reviewed included a restriction of one or all of the above privileges. At USP Coleman, weapons offenses typically resulted in a sanction of 41 days loss of Good Conduct Time, 15 days placement in disciplinary segregation, 180 days restriction on visits, commissary and telephones. Similar sanctions with some variance in the amount of segregation time were found in virtually all the institutions reviewed. In the cases reviewed, it was a

normal practice for the DHO to use the restriction of 180 days loss of Commissary, Telephone, and Visits.

The extensive use of restriction of privileges resulted in the accumulation of loss of privileges over an extended period. It was not unusual to find inmates who had lost visiting privileges for in excess of one or two years. During one interview, an inmate reported that he had lost visiting and phone access for a period of seven years. This was confirmed through review of disciplinary records provided by the DHO. File reviews confirmed that similarly lengthy periods of restrictive privileges was common place in the system.

Sanctions issued by the DHO are effective the date of the hearing and are not made retroactive to the date of the incident report or the date of referral by the UDC to the DHO. There is no time limit in policy that governs how quickly the DHO must hold a hearing after the investigation/UDC process is complete. Scheduling of hearings is at the discretion of the DHO.

The lack of time parameters for completion of disciplinary hearings results in substantial variation among facilities in the amount of time served in restrictive housing for similar offenses, and can result in disproportionately long sanctions.

During our review, we found institutions that had established internal informal requirements that the hearing be completed within 14 days of receipt by the DHO (USP Coleman). Another facility had established a guideline of 20 days. In the course of this review, instances of hearings held more than 30 days after the incident date were not unusual. Longer delays occurred when cases were continued awaiting the results of drug tests, when cases where referred for further investigation, and when cases were continued for further information. The result was that, in many cases, a sanction of 30 days segregation in actuality became a sanction of 90 days segregation or longer since the time served in segregation was not credited to the sanction or made retroactive to the date of original confinement in segregation.

By comparison most state systems have specific time requirements for conducting the hearing or issuing a continuance based on need for additional information (investigation, availability of witnesses, etc.). Ohio policy requires that inmates charged with a rule violation must be scheduled for a hearing as soon as practicable but no later than seven days, excluding weekends and holidays, after the alleged violation is reported, unless the hearing is prevented by exceptional circumstances, unavoidable delays, or reasonable postponements. The exceptional circumstances, unavoidable delays, or reasonable postponements must be documented.

# Reentry

There is no formal Bureau-wide reentry preparedness program specific to restrictive housing. Each facility visited seemed to have their own unique programming that they tried to offer within the confines of the restrictive housing unit. Most staff interviewed did not appear to recognize the need for programming beyond self-help packet programs and no facility was able to provide data on the number of inmates actually being released from restrictive housing. The mindset that it is okay and preferable to discharge from a SHU needs to change.

The issue of inmates releasing from restrictive housing with little or no reentry preparation is significant. The magnitude of the issue is not fully known since no data was available on the frequency of this practice and limited research on the effectiveness of reentry programs. One staffer reported that they do not need to track that information since their goal is to minimize the time an inmate spends in restrictive housing. While the goal of shortening the time in restrictive housing is correct and will help this situation, it ignores the reality that inmates are still releasing from restrictive housing.

Facilities do not provide step-down planning to transition an inmate from restrictive housing to general population and subsequently to their eventual release. The prevailing practice is to keep inmates in restrictive housing until such time as they discharge to an RRC or directly to the community.

With the exception of assigned completion of self-study activities related to reentry, inmates transition from often extended stays in restrictive housing to an abrupt release to general population or the community without any meaningful step down programming. Many of the staff interviewed found this completely acceptable and indicated that it was preferable to release inmates from the SHU, SMU or ADX rather than first transitioning to general population due to the risk of violence to the general population. While this may be a sound decision for institutional security, it can hardly be in the interests of the communities where these inmates are being released. Inmates spending extended periods of time in close confinement with little social interaction or skill-building programming are seriously unprepared for reentry and re-socialization.

As can be seen from these examples, inmates in Bureau restrictive housing have very limited access to reentry programming. Services are generally limited to providing basic information on identification and benefit issues, and referrals to community programs and services. This stands in stark contrast to range and depth of reentry programming provided to Bureau general population inmates. It is the restrictive housing population that is in the most need of programs and poses the greatest potential risk in their transition back to the community.

# Information system needs

The report has noted the difficulties in tracking the number and movement of inmates within the restrictive housing units. For the SMU population, it was not possible to track which level of the SMU program the inmate was assigned to and how long he had been assigned to that level. The lack of such data was even more pronounced for the much larger SHU population. If the Bureau is to develop more effective forms of restrictive housing intervention, it will need to significantly enhance its information data system and its capabilities to effectively analyze trends within this population.

# Summary of findings and recommendations

## Statistical analysis of restrictive housing

FINDING: There are over 2,000 inmates in restrictive housing who will be released within a year, which suggests the need for reentry services. The differences in sentence lengths, time served, and time left to serve are especially pronounced among the ADX and SMU prisoners.

FINDING: The majority of inmates in restrictive housing do not require specialized medical treatment and are virtually identical to the other Bureau inmates. Somewhat surprisingly, relative to mental health care level, the proportions reported in need of care or treatment are lower than and comparable to the mental health care levels of the inmates in general population housing.

FINDING: SMU and ADX inmates have lengthy disciplinary records that include histories of repeated institutional violence and other types of serious misconduct. It appears that these rates of misconduct significantly decline while in restrictive housing status and after release from restrictive housing.

FINDING: The vast majority of ADX and SMU inmates released in 2011 were not returned to restrictive housing status, although most incurred another disciplinary report within two years. The average number of disciplinary reports declined sharply after released from either ADX or SMU.

FINDING: The Bureau's information system cannot directly provide the most basic data on the number of inmates admitted and released from restrictive housing, the current restrictive housing population, and the status of inmates assigned to restrictive housing.

RECOMMENDATION: The Bureau information system needs to be modified so it will directly measure the movement of restrictive housing placements and removals as well as the basis for and current status of each placement.

FINDING: The use of four SMU levels that last at least 18 months is not consistent with other, state programs, which typically require only two or three levels and a minimum period of confinement ranging from 9 to 12 months.

FINDING: There was no strong or consistent relationship between time in SMU and prison recidivism rates, although inmates with the longest placement in SMU had higher rates of return to restrictive housing.

RECOMMENDATION: The current required minimum length of stay for SMU inmates should be reduced from 18 months to 12 months and the number of levels consolidated from four to three.

## Due process

FINDING: The DHOs and others involved in the disciplinary process were well versed in their duties. All appropriate notices and procedures were followed, and inmates responded respectfully to the process and the decision.

FINDING: Bureau disciplinary processes and procedures provide substantial and redundant assurances for due process compliance.

FINDING: The lack of time parameters for completion of disciplinary hearings results in substantial variation between facilities in the amount of time served in restrictive housing for similar offenses, and can result in disproportionately long sanctions.

FINDING: Sanctions issued by the DHO become effective on the date of the hearing and are not made retroactive to the date of the incident report or the date of referral by the UDC to the DHO.

**RECOMMENDATION 4.1: Establish reasonable time frames in which the hearing must be scheduled, while permitting reasonable continuances when waiting for investigation reports, drug tests, etc.**

**RECOMMENDATION 4.2: Establish by policy that a sanction of restrictive housing time should be issued retroactive to the date of the original admission, providing credit for time served.**

**RECOMMENDATION 4.3: Establish a system for monitoring patterns and trends in the use of disciplinary sanctions among Bureau facilities.**

FINDING: A disproportionate number of inmates are being housed in the SHUs based on protection claims.

FINDING: The application of the same security and operational restrictions to the protective custody population as those applied in administrative segregation is contrary to national accepted practices.

**RECOMMENDATION 4.4: Expand housing alternatives for inmates in verified protective custody status to provide levels of programs and privileges equivalent to those provided for the general population.**

FINDING: The conduct of weekly reviews of SHU placements in a formalized setting with the entire management team of the facility is an exemplary practice that ensures ongoing review of the status of inmates in SHU and evaluation of placement options.

**RECOMMENDATION 4.5: Establish a policy standard requiring private, face-to-face interviews for the restrictive housing review.**

FINDING: The SRO reviews at some of the facilities reviewed appeared perfunctory and lacked substance in contact and purpose.

FINDING: The review of randomly selected inmate records found omissions in the maintenance and content of inmate records documenting the placement rationale in the SHU.

**RECOMMENDATION 4.6: Develop and deploy an electronic inmate record system to document SHU placement decisions.**

FINDING: The requirements that are contained in the policy and procedures that govern the placement and review of inmates housed in the SHU are consistent with national standards and afford inmates in these units due process in relation to their placement in the units.

FINDING: The Bureau has established policies and procedures that afford due process protections to inmates in the referral and assignment to SMU.

FINDING: The significant level of SMU placement request denials indicates that the review process provides a valid and independent assessment beyond the institution level of the necessity of the SMU placement.

FINDING: Scheduled SMU conditions reviews were in some cases not conducted in a private setting, consistent with professional practices, and were not reflected in the official inmate records in a timely manner.

FINDING: Current backlogs in inmates awaiting transfer to the next program level negate the intent of the program design and decrease the motivation to change behavior. Further it is inconsistent with the program's objectives to hold graduates of Level 2 in a unit that operates with that level's restrictions rather than receiving the benefits of advancement to Level 3.

FINDING: SMU operational practices at the facilities fail to meet the standards set by the Bureau's program statement.

FINDING: There is a lack of consistency in the conditions of confinement for an inmate classified at the same level in the same program but housed at a different facility. This presents concerns regarding the integrity and design of the level system.

**RECOMMENDATION 4.7: Reexamine the SMU levels as they currently operate, their corresponding conditions of confinement, the length of time at each level, and their compliance with the SMU program statement. The program should be consolidated from four levels to three and the minimum length of time to complete the program adjusted accordingly.**

## Mental health

FINDING: Based on the review of the inmate mental health records and the inmate interviews, the reviewers disagreed with the Bureau diagnosis in nearly two thirds of the cases and found in over half of the cases that the treatment being offered was insufficient or inappropriate.

**RECOMMENDATION 5.1: All inmates should be seen in a private setting for a comprehensive mental health evaluation prior to placement in any segregated setting.**

FINDING: The lack of ongoing assessments can lead to the absence of a proper mental health status evaluation.

**RECOMMENDATION 5.2: A complete reevaluation of the mental health record should be performed by psychology and psychiatry staff every 30 days. Included in this review should be a face-to-face interview by a member of the mental health team in a private setting, and the results of this interview should be included in the reevaluation record.**

FINDING: Many inmates in restrictive housing demonstrated significant symptomatology compatible with the presence of an SMI, which was as yet undetected by the psychology staff.

**RECOMMENDATION 5.3: A vigorous quality improvement program should be established for the provision of mental health.**

FINDING: Very few of the monthly mental health assessments occur in private settings on a face-to-face basis.

FINDING: The shortage of psychiatric staff in Bureau facilities leads to numerous problems in both diagnosis and treatment, particularly for seriously mentally ill inmates.

**Recommendation 5.4: Given the level of disagreement in the assessment and treatment plan formulation, the Bureau should conduct an inter-reliability test for its mental health staff to better determine the accuracy of the diagnosis and treatment plan process.**

**RECOMMENDATION 5.5: Psychiatrists need to be more actively involved in diagnosis and treatment.**

FINDING: Overall, most restrictive housing units had no mental health programing and especially no out-of-cell programming for any inmates with or without mental illness.

**RECOMMENDATION 5.6: A program of regular out-of-cell mental health treatment needs to be implemented.**

FINDING: Almost all facilities reported a lack of mental health staff required to provide treatment services.

**RECOMMENDATION 5.7: The Bureau should complete a clinical staffing needs analysis.**

FINDING: Our review identified inmates in restrictive housing whose mental conditions should have precluded them from assignment to these units.

**RECOMMENDATION 5.8: A protocol needs to be established that identifies those inmates with serious mental illness who should be excluded from SHU, SMU, or ADX housing.**

FINDING: The assessment team encountered no cases in which an inmate's serious mental illness was due to prolonged placement in the ADX.

**RECOMMENDATION 5.9: Any inmates who are found to be decompensating from the effects of restrictive housing should be transferred to a mental health unit for treatment and observation.**

**RECOMMENDATION 5.10: Inmates with SMI who are not excluded from restrictive housing should start participating in a treatment program.**

**RECOMMENDATION 5.11: Inmates should not be housed in a SHU for protective custody but rather should be in sheltered general population housing.**

## Reentry

FINDING: No data were available at any of the facilities visited that identified the number of inmates scheduled to be released directly to the community from restrictive housing within the next 180 days.

**RECOMMENDATION 6.1: On a monthly basis, track and monitor the numbers of inmates who are scheduled to be released within 180 days and are being released directly from restrictive housing at each facility.**

FINDING: Facilities do not provide step-down planning to transition an inmate from restrictive housing to general population and subsequently to their eventual release. The prevailing practice is to keep inmates in restrictive housing until they are discharged to an RRC or directly to the community.

**RECOMMENDATION 6.2: Establish a policy whereby only under extraordinary circumstances would an inmate be discharged directly from a SHU, SMU, or ADX.**

**RECOMMENDATION 6.3: Develop a step-down program with increasing incentives, more out-of-cell opportunities, and increasing opportunities for congregate programming.**

**RECOMMENDATION 6.4: Ensure that when inmates complete psychology self-help programs—for example on anger management, coping, or drug and alcohol abuse—completion is documented so that case managers and counselors are aware of it during reentry planning.**

**RECOMMENDATION 6.5: Develop and provide coordinated, comprehensive, targeted, specialized cognitive reentry programming specifically designed for inmates in restrictive housing.**

**RECOMMENDATION 6.6: Provide programming that identifies and addresses most significant areas of need for high-risk inmates in order to assist them in successfully reintegrating into the community.**

**RECOMMENDATION 6.7: Educate staff about the need for inmates in restrictive housing to receive formal reentry programming if being released from restrictive housing.**

**RECOMMENDATION 6.8: Establish and maintain a culture among all BOP staff, employees, and contractors that recognizes the need for meaningful reentry programs for all inmates in the Bureau of Prisons, including those in restrictive housing, beginning at new officer and staff training and continuing in every annual in-service training.**

**RECOMMENDATION 6.9: Review the practice of keeping inmates at the ADX until halfway house release or release directly to the community.**

## Conditions of confinement

FINDING: The management structure of the Bureau facilities is staffed with sufficient personnel to provide management and oversight of its segregated units.

FINDING: Each facility reviewed had sufficient staff to manage the segregation units.

FINDING: The presence of a correctional services team working alongside a unit management team appears to be an effective management approach and provides sufficient personnel to manage a difficult-to-manage inmate population.

FINDING: The Bureau's commitment to staff training is outstanding and consistent with best practices in corrections.

FINDING: The training curriculum used by Bureau facilities is consistent with best practices, providing a range of topics that meet industry and ACA standards.

FINDING: SHU training is not consistent throughout the Bureau in terms of delivery, content, hours of instruction, schedule, or mandatory attendance.

FINDING: The observation of inmates in special housing and those that are being monitored as having suicidal tendencies in specially designed cells under direct supervision is consistent with best practices and in compliance with ACA standards.

FINDING: Difficulties in the management of the gang problem exacerbates the protective custody problem, thus causing a high incidence of inmates leaving general population at their own request and being placed in segregation units after being threatened in general population.

FINDING: Bureau post orders are extremely comprehensive documents that meet national standards and requirements and are considered a best practice.

FINDING: The Bureau has established a comprehensive program statement that clearly identifies the step-by-step requirements associated with managing potential use of force and critical incidents consistent with nationally recognized standards.

FINDING: Overall the sanitation and physical plant maintenance programs in Bureau facilities are considered consistent with nationally recognized best practices.

FINDING: The size and furnishings provided in the cells in the SMUs were consistent with nationally accepted practices.

FINDING: The size and furnishings provided in the SHUs were consistent with nationally accepted practices when providing housing for the designed number of inmates. The fact that most cells in the SHUs contained showers exceeded national standards. However, in one facility, the number of inmates housed in a cell exceeded the design capacity.

FINDING: There is very little difference between the personal property of inmates assigned to administrative segregation and disciplinary segregation, with the exception of noted commissary items. This is problematic given the fact that at some facilities the majority of administrative segregation inmates are on protective custody status.

FINDING: The frequency of visitation allowed for inmates in Level 3 at USP Allenwood is inconsistent with Bureau practices for the same level of inmate at other facilities and not representative of national best practices.

**RECOMMENDATION 7.1: A further review of the frequency and duration of visits should be conducted at USP Allenwood for Level 3 inmates. Serious consideration should be given to allowing additional time for inmates in Level 3.**

FINDING: Health care staff are present in the segregated units at least daily, and often more frequently, consistent with Bureau policy and ACA standards.

FINDING: A limited number of potential small-group programming spaces are available at each facility.

**RECOMMENDATION 7.2: Use of existing small-group space should be considered for inmates who have been properly screened.**

FINDING: The general conditions of confinement were found to be consistent with national regulations and standards. Establishing, maintaining, and monitoring the conditions of confinement appeared to be a routine part of the daily operations of managing the Bureau facilities visited. Policies were in place, staff were familiar with the requirements, and post and job descriptions had been established to enforce compliance in this area.

**RECOMMENDATION 7.3: Guidelines that identify specific conditions of confinement and protection policies consistent with applicable federal regulations and national standards should be developed and included as part of the PRD performance review process.**

**RECOMMENDATION 7.4: Establish a PRD review for the ADX that is separate from the rest of the Florence Complex.**

FINDING: Both program and operational reviews served a vital role in the overall effective operation of the Bureau's facilities.

**RECOMMENDATION 7.5: Establish a separate program performance review for the USP Florence ADX that includes a comprehensive evaluation of policies and procedures that are unique to the ADX.**

**RECOMMENDATION 7.6: Enhance the external oversight of the local operational reviews that are being conducted on at least an annual basis.**

**RECOMMENDATION 7.7: Reassess the performance review rating system.**

# Appendix: Research team bios

Project Directors Ken McGinnis and Karl Becker and Program Manager Tammy Felix were responsible for overseeing all work on this project. Mr. McGinnis was primarily responsible for making decisions on the direction of research activities and operational analysis, while Ms. Felix and Mr. Becker were responsible for monitoring progress on the project work plan and assuring the quality and timeliness of all products. Below we provide a list of the core team members, their role in the development of this report, and a brief summary of their background and experience.

**Ken McGinnis, Project Director (CGI).** Mr. McGinnis directed all project analysis and the development and delivery of the final report to the Bureau. Mr. McGinnis worked in, managed, assessed, and developed plans for the use of restricted housing units over the course of his 30-year career in corrections. He has served as the Director of the Michigan Department of Corrections and the Illinois Department of Corrections. He also has worked as a warden in maximum, medium, and minimum security institutions and received a number of national awards for his contributions to the field of corrections, including the Walter A. Dunbar Award in recognition for his contributions to the development of professional standards for correctional facility operations. Mr. McGinnis has conducted operational reviews of correctional systems and facilities across the country. He is a recognized expert in security and management issues and has directed operational assessments for the Arizona, Colorado, Florida, Kentucky, Louisiana, Massachusetts, Mississippi, North Dakota, Oklahoma, Texas, Virginia, and District of Columbia correctional systems.

**Dr. James Austin, Research Team Lead (JFA).** Dr. Austin has over 30 years of experience in criminal justice planning and research. He directed several DOJ-funded research and evaluation programs. He has also assisted numerous state and local correctional agencies design, implement and validate prison and jail classification and risk assessment systems. With regard segregation, Dr. Austin was assigned to the Illinois Department of Correction in one of the nation's first specialized segregation units in the early 1970s. More recently he has conducted comprehensive assessment of the administrative segregation units in the states of Ohio, Mississippi, Colorado, Illinois New Mexico, Oklahoma, and Maryland. He has conducted this work through the JFA Institute (Ohio, Mississippi, Colorado), as the lead consultant for

Vera Institute (Illinois, Maryland, and New Mexico), and in support of CNA (Oklahoma).

**Karl Becker, Project Director (CGI).** Mr. Becker was responsible for project logistics, work plan implementation, and quality assurance. He provided additional oversight of the development of project findings and the project report. Mr. Becker brings experience in managing more than 50 major consulting engagements that have included performance reviews, organizational assessments, and program evaluations for correctional systems. Mr. Becker has more than 25 years of experience working with federal, state, and local criminal justice agencies. He specializes in management, health care, and financial administration of correctional systems and has extensive expertise in institutional and departmental staffing assessments. Mr. Becker directed program services, planning, and finance for 12 years as the Deputy Director of Administration and Planning for the Illinois Department of Corrections. Over the last 12 years as a consultant specializing in correctional system management, Mr. Becker has worked with senior correctional officials, governor's office staff and legislative appropriations staff on correctional system performance reviews and operational assessments in Colorado, Florida, Illinois, Indiana, Kentucky, Massachusetts, Oklahoma, and Virginia.

**Larry Fields, Operations Reviewer (CNA).** Larry Fields has over 40 years of experience in the field of correctional administration and leadership. He has demonstrated skills in facility management, community corrections and probation and parole. His expertise has been further enhanced by a background that includes work with juvenile offenders, psychiatric patients, and county jail operational reviews. In addition to serving as Director of the Oklahoma Department of Corrections, Mr. Fields has also served as Deputy Director of Institutions, Regional Director, Warden, Deputy Warden, and Community Corrections Superintendent. His government experience has been supplemented by his extensive experience providing consultant services in correctional management and administration issues nationally for the last 16 years.

**Michael Lane, Operations Reviewer (CNA).** Michael Lane has 35 years' experience in law enforcement and corrections. As Inspector General for the Illinois State Police, Mr. Lane directed sworn and civilian staff responsible for financial, compliance, and management audits of all Illinois State Police divisions, as well as ensuring compliance with standards established by the Commission on Accreditation for Law Enforcement Agencies. Mr. Lane was Director of the Illinois Department of Corrections from 1981 to 1990, the longest tenure of any Corrections Director in the history of the state. He administered a budget of more than $528 million and managed a staff of 11,000 who supervised 38,000 adults and juveniles in prison or on parole. Mr. Lane supervised a massive $500 million expansion program to meet an adult inmate population that grew from 12,500 to 24,700. He established written, standard policies and procedures for the state correctional system and implemented

a highly effective auditing compliance system. Mr. Lane's career includes experience managing all adult prisons in Illinois as an Assistant Director, as Warden of the largest maximum security prison in the state, the Menard Correctional Center, and as regional administrator of adult parole.

**Mike Maloney, Operations Reviewer (CNA).** Mr. Maloney completed a 30-year career with the Massachusetts Department of Corrections in 2004. Since beginning his career in 1974, he served as a Social Worker, Director of Classification Deputy Superintendent, Superintendent, Deputy Commissioner, and Commissioner from 1997 to 2004. Throughout his career he has had operational responsibility over segregation units and high-security facilities. While a Deputy Superintendent in the largest medium security institution in Massachusetts, he was responsible for the daily operation of a 100-man segregation unit, which included a 30-man protective custody unit. As the Superintendent of Walpole Prison, the maximum security facility in Massachusetts, he was responsible for all aspects of the operation of the Department Segregation Unit, a department unit designed to hold the most violent and disruptive inmates in the Massachusetts system and also supported the design of the high-security unit, modeled after the Control Unit at U.S. Penitentiary Marion, that replaced the DSU. Mr. Maloney was directly responsible for overseeing the process to develop policy and procedures for the unit, to which inmates were assigned based on a departmental disciplinary hearing. Mr. Maloney was the Commissioner's designee to approve or deny placement in the unit, and to act upon appeals. As Deputy Commissioner, part of Mr. Maloney's responsibility was to ensure that all superintendents with segregation units within their facilities adhered to departmental policy regarding the operation of segregation units.

**Mary Marcial, Reentry Reviewer (CNA).** Mary Marcial has 25 years of service with the Connecticut Department of Correction. She began her career as a Correctional Counselor in Addiction Services and in Classification and Case Management. In 1992 she was appointed as Warden of the state's DWI unit and later that year was tasked with activating a new institution, which included developing the facility's policies, procedures, post orders, staffing plans, and program mission. In 1995 she was selected to be the first female Warden of the state's reception and high-risk offender special management unit, which at that time also served as the state's Super-Max facility. While there, she initiated a High Bond unit for the state's pretrial offenders and established the state's Chronic Discipline Unit, developing policies, procedures, and post orders for those high-risk offender units. In March 2003, Ms. Marcial was selected to serve on the Commissioner's executive team as Director of Programs and Treatment. In that capacity she was responsible for numerous divisions including Reentry Services, Education, Religious Services, Victim Services, Volunteer and Recreation Services, Program Review and Development, Correctional Enterprises, Health and Addiction Services, and Offender Classification and Population Management. She currently works with ASCA's Reentry Committee managing a

reentry information-sharing grant and has recently conducted an assessment of the Virginia Department of Correction's Reentry and community diversion programs.

**Robert May, Reentry Team Lead (CNA).** Mr. May is Assistant Director of Program and Technology Services with the IJIS Institute where he oversees the Institute's work in Corrections/Reentry, Justice to Health, Gang Information Sharing, and Statewide Automated Victims Information and Notification System Technology Assistance and Procurement Reform. Mr. May most recently was a principal with the Criminal Justice Institute where he also served as the Associate Director of the Association of State Correctional Administrators (ASCA). He has over 37 years of experience in the fields of criminal justice, law enforcement, substance abuse treatment programming, correctional health care, alternatives to incarceration, and substance abuse program design and implementation. Mr. May serves as ASCA's representative on the Second Chance National Reentry Resource Center (NRRC) Steering Committee and as vice chair of the NRRC's Pre-Release Planning and Post-Release Supervision Subcommittee. He has experience in treatment programming and alternatives to incarceration and has conducted alternatives assessments and reentry work for state correctional systems and counties. Mr. May directed ASCA's Reentry Information Sharing projects funded by the Bureau of Justice Assistance (BJA) with pilot sites in Maryland, Rhode Island, and Hampden County, MA Sheriff's Department. The main goals of these projects were to leverage corrections information for reentry purposes and enable effective sharing of information among corrections and various social service agencies and service providers to improve reentry of offenders back into the community.

**Jon Ozmint, Due Process Team Lead (CNA).** Mr. Ozmint is an attorney who began his legal career in the U.S. Navy Judge Advocate General's Corps, where he served in various capacities in the criminal justice system. Mr. Ozmint later served as prosecutor in the Tenth Circuit Solicitors Office, where he served as General Counsel to the South Carolina State Department of Labor, Licensing and Regulation until 1994, when the Attorney General appointed him Deputy Attorney General and Chief Prosecutor for the Statewide Grand Jury. In 2003 Mr. Ozmint was appointed Director of the South Carolina Department of Corrections, where he served until 2011. Mr. Ozmint has served as chairman of the Staff Safety Committee for the American Correctional Association and of the Legal, Legislative and Policy Committee of the Association of State Correctional Administrators (ASCA). His experience as a practicing attorney, member of the Judge Advocate General's Corp, and former director of corrections provides him with unique skills, abilities and knowledge that will enable CNA to conduct a thorough and comprehensive review of the due process issues within the special housing units of the Bureau.

**Tom Roth, SHU Operations Lead (MGT).** Tom Roth has more than 27 years of experience in the field of corrections. He has been involved in virtually every facet of correctional management including central office leadership, facility management,

accreditation, training, and education. Mr. Roth has served as Deputy Chief of Administration for the Illinois Department of Corrections, warden of multiple correctional institutions, and accreditation auditor for the American Correctional Association for nine years. He led the creation and implementation of an agency-wide strategic plan for the Illinois Department of Corrections.

**Emmitt Sparkman, Operations Reviewer (CNA).** Emmitt Sparkman, the current Deputy Commissioner of Institutions for the Mississippi Department of Corrections, brings extensive experience in the analysis of restricted housing as a tool in correctional system management. Mr. Sparkman has overseen all of the state's correctional institutions for the last ten years and has also served as Warden and Deputy Warden in a career that spans more than 35 years in the operation of state correctional facilities. He has been a key figure in the development of capacity plans for the state of Mississippi that have managed the growth in the overall inmate population without new prison construction. More recently, he has participated in a study of the use of administrative segregation practices in the Colorado and Oklahoma correctional systems.

**Dr. Roberta Stellman, Mental Health Reviewer (CNA).** Dr. Stellman is a board-certified psychiatrist and Distinguished Fellow of the American Psychiatric Association. She provided clinical psychiatric services to the inmate population of the New Mexico Department of Corrections from 1983 to 2006. She has since served as a consultant in correctional mental health treatment for the state of Delaware, served as the federal court monitor for an agreement on the delivery of correctional mental health services between the state of Delaware and the Justice Department, and participated in a comprehensive outside review of mental health services in the Massachusetts Department of Correction.

**Dr. Pablo Stewart, Mental Health/Medical Service Team Lead (CNA).** Dr. Stewart was the Senior Attending Psychiatrist for 4 years at the Forensic Unit of San Francisco General Hospital, with administrative and clinical responsibility for a 12-bed, maximum-security psychiatric ward. He was appointed as the Psychiatric Expert for the U.S. Federal Court in the Gates v. Deukmejian case and Madrid v. Gomez, which addressed the quality and availability of psychiatric care provided to the inmates at Pelican Bay State Prison. He has worked extensively on correctional mental health issues as a consultant for the United States Department of Justice, Civil Rights Division in both juvenile and adult systems.

**George Vose, ADX/SMU Operations Lead (MGT).** Mr. Vose has more than 30 years of experience in the corrections field. He has served in a number of positions within the Massachusetts Department of Corrections, including the director, deputy director, and as superintendent of two facilities. He also served as the Commissioner of the Rhode Island Department of Corrections. Through these positions, he has been responsible for the development and allocation of programs and resources, as well as determination of agency objectives, goals, and internal organizational structure. He

also served as first-in-command regarding correctional issues affecting public safety and was responsible for the safety and security of all state correctional facilities. Mr. Vose has provided consulting services and technical expertise to numerous state departments of correction including Arizona, Maryland, New Mexico, and Wyoming, as well as local government correctional systems in Bristol County, New Jersey, and the City of Philadelphia. He served as the Project Manager for the NIC project, "Assessing Prison Culture," working with the consultant team and NIC to develop a protocol for assessing prison culture and to administer the protocol in correctional facilities throughout the U.S. He also was a consultant on a project for the Maryland Department of Corrections to conduct an organizational analysis of Central Office functions and staffing, and as a consultant on an assessment of the Vermont Department of Corrections organizational structure for the NIC.

**Tammy Felix, Program Manager (CNA).** Ms. Felix was responsible for the overall delivery of the project and served as the single point of contact for project coordination and technical direction with the Bureau. She also provided project updates and coordinated/ensured the delivery of the final report to the Bureau. Ms. Felix has over 14 years' experience performing analytical and research support work for a variety of safety and security projects focusing on emergency management, homeland security, and law enforcement issues. As the manager of a project assessing the New York City Police Department's (NYPD) implementation of vertical patrol tactics in New York City Housing Authority facilities, Ms. Felix provided oversight and analytic support for the review of the NYPD's Housing Bureau Policies, procedures, rules, training and practice, transcripts, review of other Expert Reports, analysis of the conformity of practice with the policies and whether these policies reflect professional standards within policing. She has also supported site visits in Colorado and Massachusetts state prisons.

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# Special Housing Unit Review and Assessment Report Response

February, 2015

Federal Bureau of Prisons

The report, *Federal Bureau of Prisons: Special Housing Unit Review and Assessment*, was undertaken at the request of the Bureau of Prisons (BOP), and was completed under a contract between the Bureau of Prisons and CNA Analysis and Solutions. The Bureau requested this independent assessment of our policies and practices related to restricted housing following a Senate Judiciary Committee hearing chaired by Senator Richard J. Durbin (D-IL). We were particularly interested in learning of innovative, effective approaches for using restrictive housing to ensure the safety of staff, inmates, and the public, consistent with the agency's overall mission to prepare offenders for a successful return to the community.

As noted in the report, "The Federal Bureau of Prisons uses restrictive housing for serious infractions of institution and system-wide rules governing inmate conduct, such as engaging in violent, aggressive behavior against other inmates and staff. Restrictive housing is also used for inmates who cannot be safely managed in a general population setting, or who have been otherwise determined to be a security threat." Additionally, we use our restricted housing units to assist state corrections systems with inmates they find to be too violent or disruptive to manage. We accept custody of these inmates and house them primarily in our Administrative Maximum Security Prison in Florence, Colorado.

We concur with most of the key findings, and we appreciate the identified "opportunities" and specific recommendations. The purpose of this document is to explain some concerns we have with particular recommendations, and make a few important points that we believe were omitted.

We would like to offer some background regarding the BOP's use of restricted housing over the past 5 years. As noted in the text of the report, and depicted in several graphs, the total numbers of inmates in restricted housing increased in 2009 and decreased significantly beginning in 2012. The increase coincides with the creation of Special Management Units (SMUs), in response to dangerously violent, confrontational, defiant, antagonistic, and violent inmates who were using their gang affiliations to control other inmates. These actions threatened the safe and orderly operations of many BOP institutions. In addition to establishing SMUs, a variety of other changes were made to operations at high security institutions. In the years that followed, as the rate of serious assaults (particularly at high security institutions) and lockdowns declined, so did the populations of the SMUs and Special Housing Units (SHUs) around the country. In fact, over the past two fiscal years (2012-2014), the SMU population decreased by 37 percent and the SHU population decreased by 21 percent. From 2009, when we made the changes described above, to the present, we have seen an 86 percent decrease in serious assaults on staff and a 60 percent decline in serious assaults on inmates. For high security institutions, where the majority of such assaults occur, the decline for staff was 79 percent and for inmates it was 61 percent. We believe this data confirms the agency developed an effective strategy, in 2008, for responding to challenges in managing the high security inmate population. Moreover, the data affirms that by reducing the restricted housing population, the agency reacted appropriately to reductions in violence and disruptive behavior.

# Key Findings

We concur that it is desirable to provide inmates who are in verified protective custody the opportunities to participate in programs and privileges equivalent to what is available to general population inmates. We are looking for ways to expand such opportunities using our existing limited resources, in terms of staffing and space. Recently, we have taken proactive steps to reduce the numbers of inmates who require protective custody. For example, in October 2013, we transitioned the Federal Correctional Institution in Otisville, New York, from a general population institution to the agency's first Security Threat Group Drop-Out institution. Inmates at this institution must disassociate themselves from inmates with active Disruptive Group or Security Threat Group designations. Additionally, we activated the Reintegration Housing Unit (RHU) at the Federal Correctional Complex in Oakdale, Louisiana, in October 2013 to provide inmates, who have been housed in administrative detention for an extended period of time, the opportunity to reintegrate into a general population setting. Finally, we will continue to work with state correctional agencies to exchange inmates, where appropriate, in an effort to allow protective custody federal inmates the opportunity to be housed in general population state prison facilities.

We agree it is critical to properly diagnose and provide effective treatment to inmates in restricted housing. The Bureau employs more than 600 doctoral level psychologists, who enter the agency with 5 years of graduate training in clinical or counseling psychology and receive additional specialized training in correctional psychology upon entry into the Bureau. These staff, working closely with our psychiatrists, social workers, and other institution staff, manage the mental health needs of the entire inmate population, including those in restricted housing. We are working hard to increase psychiatric staffing, but we know this is a challenging issue for communities around the country, not just for the Bureau of Prisons. We note that even in the community the majority of psychiatric medications are prescribed by general practitioners, not psychiatrists or psychiatric nurse practitioners. Additionally, Tele-Medicine, which is actively supported by teaching universities, insurance companies, and the federal government, including the U.S. Veterans Administration, is an effective means of treating mental health patients. The Bureau of Prisons uses this technology to provide quality mental health care to federal inmates around the country.

Finally, we have a software application designed to enhance the operations and oversight of our special housing units, that we implemented nationwide in early 2013. This application, referred to as the SHU Application, is integrated with Sentry, our mission-critical inmate information system, and allows staff working in restricted housing units (i.e., SHUs) to record all aspects of the care and treatment of inmates. While the SHU application is an operational system designed to facilitate daily operations, it also provides management staff the ability to review information on a periodic and "as-needed" basis to ensure policies and procedures are being followed. The application has greatly enhanced the agency's ability to monitor the use of SHU nationally and locally and has facilitated our successful efforts to reduce the SHU population.

## Recommendations

Over the past few years the Bureau of Prisons has been reviewing the best manner in which to house inmates with serious mental illness who cannot function in general population and who may pose a serious danger to other inmates and staff. Many changes have been made in Bureau policies that enhance the care and treatment of mentally ill prisoners. For example, we increased mental health reviews for inmates placed in restrictive housing. In addition, a residential mental health treatment unit was established at the United States Penitentiary (USP) Atlanta, and a second unit is being developed at USP Allenwood. We recently opened a residential treatment unit at USP Florence designed for inmates with personality disorders.

The report's findings that inmates are underdiagnosed or misdiagnosed could be misconstrued to suggest a pervasive problem that we do not believe exists. The sample size was small and not representative of the entire population. Bureau mental health clinicians regularly interact with inmates in their care and document their observations, conclusions, and recommendations in the mental health record. The mental health records of inmates such as those reviewed by the CNA team are extensive. The average number of clinical documents in the mental health records of Mental Health Care level 2 and above inmates currently housed in SHU is 108, currently housed in a SMU is 208, and currently housed in the Administrative Maximum Security facility in Florence, Colorado (ADX) is 205. Given the significant number of clinical documents, a "brief" review of the record paired with a single clinical interview may not provide a complete assessment of offenders' mental health. Finally, for the inmates at the ADX, the report notes that none of the inmates interviewed wanted to be transferred from the facility, and the team did not identify any cases where an inmate's serious mental illness was due to their prolonged placement at the ADX.

Prior to placing an offender at the ADX, we conduct a comprehensive mental health evaluation in a private setting. With regard to SMU placement, all inmates classified as Mental Health Care level 2 inmates and above are reviewed by mental health clinicians at the Central Office level prior to placement in a SMU. With regard to SHU placement, a list of inmates with mental health conditions of concern is maintained at each institution. If any of these inmates are placed in SHU, Psychology Services is immediately notified and they follow up with staff and inmates, as appropriate.

The Bureau uses a quality improvement program that includes Operational and Program Reviews; remote reviews of the mental health record by subject matter experts in the Psychology Services Branch; and on-site reviews of activating and at risk programs by the Psychology Services Branch, Health Services Division, and other relevant subject matter experts.

The Bureau implemented Institution Care Coordinator and Reentry (CCARE) Teams that include representatives from Psychology Services and Health Services, as well as other relevant disciplines, to discuss and resolve any diagnostic discrepancies and treatment plans in inmate records. Psychiatrists are a part of these teams and therefore are involved in the diagnostic and treatment process where they are available. As noted earlier, we are working to augment the number of psychiatrists on staff in order to make this process even more effective.

The Bureau recognizes the benefit of out-of-cell interventions for inmates with mental health concerns. As noted in the report, there is no consensus on the most appropriate number of hours outside the cell. While the report states it is "generally accepted" that inmates with serious mental illness should receive 10 hours of out-of-cell structured therapy per week and an additional 10 hours of unstructured out-of- cell time, even professional correctional association guidelines do not identify specific numbers for out-of-cell time. Rather, inmates with mental health issues should be individually evaluated and provided appropriate treatment based on their specific needs, with the general goal of integrating the inmate back into general population as quickly as possible.

The report recommends the agency provide coordinated, comprehensive, targeted, specialized cognitive reentry programming specifically designed for inmates in restricted housing. The Bureau has developed a program, named Turning Point, that provides inmates in restricted housing with cognitive behavioral treatment, along with resource materials targeting motivation to change, coping skills, and criminogenic needs. The Bureau is committed to exploring additional strategies to provide more intensive programming opportunities in restricted housing settings.

The Bureau appreciates the emphasis in the report on reentry. There is substantial empirical research demonstrating the positive impact of reentry programs. Over the past decade, the Washington State Institute for Public Policy (WSIPP) has undertaken studies to identify evidence-based programs that have been proven to lower crime while providing a positive return on taxpayer investment. (Washington State Institute for Public Policy – The Costs and Benefits of Programs to Reduce Crime, 2001, 2005, 2006.)

WSIPP estimated that residential drug treatment (with community aftercare) results in a benefit of $2.69 for every $1 of taxpayer money spent (benefit-to-cost ratio), in-prison vocational training has a benefit-to-cost ratio of $7.13, and correctional adult basic education programs produce a benefit-to-cost ratio of $5.65. Correctional industries produce a benefit-to-cost ratio of $6.65. In 2006, WSIPP conducted a comprehensive follow-up study of the costs and benefits of correctional programs, validating earlier findings that these programs provide significant cost benefits by reducing recidivism and avoiding future crime victimization.

The Bureau has conducted formal evaluations of several reentry programs that demonstrate their effectiveness.[1] An evaluation of our Residential Drug Abuse Programs (RDAP) demonstrated convincingly that offenders who participated in RDAP were 16 percent less likely to recidivate and 15 percent less likely to relapse than inmates who did not receive such treatment. Research has also confirmed that inmates who participate in Federal Prison Industries (FPI) gain valuable skills and training, resulting in substantial reductions in the rate of recidivism. The study revealed that FPI participants were 24 percent less likely to recidivate for as long as twelve years after release when compared to similar non-participating inmates, and FPI participants are 14 percent more likely to be employed one year after release from prison than their non-participating peers. Follow-up analyses revealed that the program provides the greatest benefit to minorities, who are often at the greatest statistical risk for recidivism.

[1] While some of the reports were done many years ago, the findings remain valid. Just as drug companies do not revalidate the effectiveness of pharmaceuticals, social scientists do not revalidate effective treatment programs unless the target population changes substantially. To do so would be a waste of taxpayer dollars that can be used to create and test new programs needed to address the wide variety of inmate needs.

Finally, the Bureau's Occupational and Vocational Training programs are not only important to assist with reentry employment, but also have a strong recidivism reducing effect. Research has demonstrated that inmates who participate in these programs are 33 percent less likely to recidivate, as compared to similar non-participating inmates. Moreover, these programs contribute to institution safety by keeping inmates constructively occupied and eliminate idleness.

The mission of the Bureau of Prisons is to operate safe, secure, humane prisons, and to prepare inmates for release. Bureau of Prisons staff at all 121 of our Federal Correctional Institutions around the country understand their responsibility to prevent inmates who release from our prisons from returning to criminal activities in the community.

Maintaining security and order in our prisons is critical, but more is expected and required from staff and the inmate population. For decades Bureau staff (and inmates) have been told: "Reentry begins on the first day of incarceration." In the past couple of years the focus on reentry has been especially pronounced, through the creation of the Reentry Services Division, an organizational change in the agency that required support from the Attorney General and final approval from Congress. In addition to establishing this Division to coordinate and amplify the agency's reentry efforts and message, agency leadership communicates continuously with staff about this critical aspect of our mission.

On a daily basis, Bureau of Prisons staff encourage inmates to pursue the education, treatment, training, and other services and programs offered at our institutions so that they can be positive role models for other inmates, assist their families and friends from inside the prisons, and be ready to support themselves and their families and contribute to their communities when they complete their sentence. We are proud that 80 percent of federal offenders do not return to our prisons during a three-year period following release. We are doing everything possible to increase that number and we are striving also to improve on the 60 percent who are not arrested for a new crime or a technical violation of supervision. We believe reentry is a key component of the agency's culture, and we plan to continue to train and educate our staff about this critical aspect of our mission.

Restricted housing is an important tool for corrections to accomplish our mission. Offenders who pose a threat to the safety and security of prisons, or who require protection from other inmates, must be housed in more controlled environments. We remain committed to continuing to review our policies and practices regarding the most appropriate use of restricted housing. The information contained in this report will be of great assistance to the Bureau of Prisons for years to come. We will continue to work with all corrections professionals to enhance and improve the use of restrictive housing throughout the country.

United States Government Accountability Office

GAO

Report to Congressional Requesters

May 2013

# BUREAU OF PRISONS

# Improvements Needed in Bureau of Prisons' Monitoring and Evaluation of Impact of Segregated Housing

G A O

Accounta ility * Integ ity * Relia ility

GAO-13-429

May 2013

# BUREAU OF PRISONS

## Improvements Needed in Bureau of Prisons' Monitoring and Evaluation of Impact of Segregated Housing

GAO Highlights

Highlights of GAO-13-429 a report to congressional requesters

### Why GAO Did This Study

BOP confines about 7 percent of its 217,000 inmates in segregated housing units for about 23 hours a day. Inmates are held in SHUs, SMUs, and ADX. GAO was asked to review BOP's segregated housing unit practices. This report addresses, among other things: (1) the trends in BOP's segregated housing population, (2) the extent to which BOP centrally monitors how prisons apply segregated housing policies, and (3) the extent to which BOP assessed the impact of segregated housing on institutional safety and inmates. GAO analyzed BOP's policies for compliance and analyzed population trends from fiscal year 2008 through February 2013. GAO visited six federal prisons selected for different segregated housing units and security levels, and reviewed 61 inmate case files and 45 monitoring reports. The results are not generalizable, but provide information on segregated housing units.

### What GAO Recommends

GAO recommends that BOP (1) develop ADX-specific monitoring requirements; (2) develop a plan that clarifies how BOP will address documentation concerns GAO identified, through the new software program; (3) ensure that any current study to assess segregated housing also includes reviews of its impact on institutional safety; and (4) assess the impact of long-term segregation. BOP agreed with these recommendations and reported it would take actions to address them.

View GAO-13-429. For more information, contact David C. Maurer at (202) 512-9627 or maurerd@gao.gov.

### What GAO Found

The overall number of inmates in the Bureau of Prisons' (BOP) three main types of segregated housing units—Special Housing Units (SHU), Special Management Units (SMU), and Administrative Maximum (ADX)—increased at a faster rate than the general inmate population. Inmates may be placed in SHUs for administrative reasons, such as pending transfer to another prison, and for disciplinary reasons, such as violating prison rules; SMUs, a four-phased program in which inmates can progress from more to less restrictive conditions; or ADX, for inmates that require the highest level of security. From fiscal year 2008 through February 2013, the total inmate population in segregated housing units increased approximately 17 percent—from 10,659 to 12,460 inmates. By comparison, the total inmate population in BOP facilities increased by about 6 percent during this period.

BOP has a mechanism to centrally monitor segregated housing, but the degree of monitoring varies by unit type and GAO found incomplete documentation of monitoring at select prisons. BOP headquarters lacks the same degree of oversight of ADX-specific conditions of confinement compared with SHUs and SMUs partly because ADX policies are monitored locally by ADX officials. Developing specific requirements for ADX could provide BOP with additional assurance that inmates held at ADX are afforded their minimum conditions of confinement and procedural protections. According to a selection of monitoring reports and inmate case files, GAO also identified documentation concerns related to conditions of confinement and procedural protections, such as ensuring that inmates received all their meals and exercise as required. According to BOP officials, in December 2012, all SHUs and SMUs began using a new software program that could improve the ability to document conditions of confinement in SHUs and SMUs. However, BOP officials acknowledged the recently implemented software program may not address all the deficiencies GAO identified. Since BOP could not provide evidence that it addressed the documentation deficiencies, GAO cannot determine if it will mitigate the documentation concerns. BOP expects to complete a review of the new software program by approximately September 30, 2013, which should help determine the extent to which the software program addresses documentation deficiencies GAO identified.

BOP has not assessed the impact of segregated housing on institutional safety or the impacts of long-term segregation on inmates. In January 2013, BOP authorized a study of segregated housing; however, it is unclear to what extent the study will assess the extent to which segregated housing units contribute to institutional safety. As of January 2013, BOP is considering conducting mental health case reviews for inmates held in SHUs or ADX for more than 12 continuous months. However, without an assessment of the impact of segregation on institutional safety or study of the long-term impact of segregated housing on inmates, BOP cannot determine the extent to which segregated housing achieves its stated purpose to protect inmates, staff and the general public.

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## Abbreviations

| | |
|---|---|
| ACA | American Correctional Association |
| ADX | Administrative Maximum |
| BOP | Bureau of Prisons |
| CMU | Communications Management Unit |
| CPD | Correctional Programs Division |
| DHO | Discipline Hearing Officer |
| DOJ | Department of Justice |
| FCC | Federal Correctional Complex |
| GP | General Population |
| HQ | Headquarters |
| PDS | Psychology Data System |
| IPPA | Information, Policy, and Public Affairs Division |
| OJP | Office of Justice Programs |
| ORE | Office of Research and Evaluation |
| PRD | Program Review Division |
| SAM | Special Administrative Measure |
| SHU | Special Housing Unit |
| SMU | Special Management Unit |
| USP | United States Penitentiary |

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United States Government Accountability Office
Washington, DC 20548

May 1, 2013

The Honorable Richard J. Durbin
Chairman
Subcommittee on the Constitution,
Civil Rights and Human Rights
Committee on the Judiciary
United States Senate

The Honorable Elijah E. Cummings
Ranking Member
Committee on Oversight
and Government Reform
House of Representatives

The Honorable Robert C. Scott
Ranking Member
Subcommittee on Crime, Terrorism,
Homeland Security, and Investigations
Committee on the Judiciary
House of Representatives

Since the late 1980s, America's federal prison population increased by more than 400 percent, accompanied by the use of certain types of segregated housing units where prisoners are kept apart from the general inmate population in at times highly restrictive conditions. The Department of Justice's (DOJ) Bureau of Prisons (BOP) is responsible for the custody and care of approximately 217,000 federal inmates.[1] BOP's mission is to confine federal inmates in the controlled, safe, secure, humane, and cost-efficient environments of prisons and community-based facilities, and to provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. BOP operates several types of segregated housing units to separate inmates from the general inmate population for different purposes, such as

[1]As of February 2013, BOP held the majority of inmates in its custody in 119 BOP-operated federal prisons. BOP held about 41,700, or about 19 percent, of the total BOP federal inmate population in community confinement (residential reentry and home confinement) and 15 privately managed prisons. We are focusing only on the 119 BOP-operated facilities for the purposes of this review.

administrative detention, disciplinary reasons, gang-related activity or assaulting staff. Specifically, these units are the (1) Special Housing Units (SHU), where inmates can be placed for administrative reasons, such as pending transfer to another prison, and for disciplinary reasons, such as violating prison rules; (2) Special Management Units (SMU), a four-level program in which inmates can progress from more restrictive to less restrictive conditions; and (3) the Administrative Maximum (ADX) facility in Florence, Colorado, for inmates that require the highest level of security. As of February 2013, BOP confined approximately 12,460 federal inmates—or about 7 percent of inmates in BOP-operated facilities—in segregated housing units. According to BOP, these segregated housing units help ensure institutional safety for inmates and staff. Approximately 435 individuals in ADX are held in what is commonly referred to as solitary confinement, or single cells alone, for about 23 hours a day.[2]

There is little publicly available information on BOP's use of segregated housing units. Given the potential high costs, lack of research on their effectiveness, and possible long-term detrimental effects on inmates, you requested that we review BOP's segregated housing unit practices, including BOP's standards, reasons for segregating inmates, and costs. Specifically, this report addresses the following objectives:

1. What were the trends in BOP's segregated housing unit population and number of cells from fiscal year 2008 through February 2013?
2. To what extent does BOP centrally monitor how individual facilities document and apply policies guiding segregated housing units?
3. To what extent has BOP assessed the costs to operate segregated housing units and how do the costs to confine an inmate in a segregated housing unit compare with the costs of confining an inmate in a general inmate population housing unit?
4. To what extent does BOP assess the impact of segregated housing on institutional safety and the impacts of long-term segregation on inmates?

Overall, to address our objectives, we reviewed BOP statutory authority and policies and procedures related to each type of segregated housing

[2] According to BOP officials, BOP does not hold anyone in solitary confinement because BOP staff interacts with inmates who are held in single cells alone.

unit and interviewed BOP management officials responsible for inmate placement and security, monitoring and program compliance, facility and financial management, and research. To address our first objective, we obtained and analyzed BOP's inmate population and number of cells data for each type of segregated housing unit for the past 5 fiscal years to the most recent data available—from fiscal year 2008 through February 2013. We also compared the total inmate population in BOP-operated facilities with the total segregated housing unit population data to identify trends in the segregated housing unit population as a share of the total inmate population in BOP-operated facilities during this period. We assessed the reliability of BOP's segregated housing unit inmate population and cell data by reviewing relevant documentation, interviewing knowledgeable agency officials about how they maintain the integrity of their data, and examining the data for obvious errors and inconsistencies. We found the segregated housing unit inmate population and cell data were sufficiently reliable for the purposes of this report. We also interviewed BOP headquarters officials to discuss reasons for the trends in BOP's segregated housing unit inmate population and cells.

To address our second objective, we assessed BOP's monitoring for each type of segregated housing unit by reviewing monitoring policies, guidelines and reports. We analyzed BOP's segregated housing unit policies and monitoring guidance and compared them against criteria in *Standards for Internal Control in the Federal Government*. We also analyzed BOP's policies and procedures pertinent to the monitoring of individual prisons' compliance with BOP policies, including those of BOP's Program Review Division (PRD), which leads monitoring reviews. In addition, to observe the conditions of confinement, procedural protections and inmate placement in segregated housing, we conducted visits to 6 of BOP's 119 institutions. We chose these institutions to reflect a range in the types of segregated housing units and security levels.[3] Although the results of our site visits are not generalizable, they provided insights about BOP monitoring. Further, to assess the methodology and system BOP employs to monitor, identify, and address deficiencies at prisons, we requested a selection of monitoring reports from BOP, which BOP provided for a variety of facilities. Specifically, we analyzed 45 of 187 PRD monitoring reports from 20 of 98 prisons from fiscal years 2007

[3]We selected six federal prisons, three of which were complexes that contained multiple facilities. Thus, our six selected sites contained 11 BOP facilities, 10 of which we visited. See appendix I for the specific facilities we visited.

to 2011. We also reviewed related follow-up monitoring reports to determine the extent that these prisons resolved deficiencies. Further, we independently assessed compliance with segregated housing policies for selected inmates at 2 institutions we visited. For example, we selected a random sample of 61 case files from inmates housed in segregated housing units, including SHUs. Although our selection of case files was not generalizable to all inmates in all types of segregated housing units, it provided insights into whether these 2 institutions were following BOP policy. We also reviewed information related to BOP's new software program, that includes the SHU application, and compared it against best practices for project management and criteria in BOP's monitoring documentation policies.

To address the third objective, we reviewed BOP fiscal year 2012 average inmate per capita costs for institutions at each security classification: high security, medium security, low security, minimum security, administrative, and Federal Correctional Complex.[4] Further, we analyzed a BOP estimate of fiscal year 2012 inmate per capita costs that BOP provided in January 2013. We interviewed knowledgeable BOP officials to understand their processes for developing these cost data and estimates, and we found the average inmate per capita costs and estimated inmate per capita costs data to be sufficiently reliable for the purposes of this report. We also used BOP's estimated segregated housing unit versus general population housing inmate per capita cost data, combined with fiscal year 2012 BOP inmate population data, to illustrate the possible costs of housing the inmate population in segregated housing units compared with the costs of housing these same inmates in general population housing for fiscal year 2012.

To address the fourth objective, we analyzed BOP's policies, including program objectives, for each segregated housing unit and policies governing the provision of mental health services to inmates in segregated housing units. We also reviewed BOP lockdown information from fiscal years 2007 through 2012. In addition, we interviewed senior BOP officials to discuss the extent that BOP has assessed the impact of segregated housing on institutional safety and their views on the impact of long-term segregation on inmates. Further, we identified and reviewed

[4]BOP operates Federal Correctional Complexes (FCC), which have different missions and security levels.

actions five states have taken regarding segregated housing units. We selected these five states because they were involved in addressing segregated housing unit reform and had taken actions to reduce the number of inmates in segregated housing units. For each of the five selected states, we reviewed relevant documents on segregated housing, including placement policies, and we interviewed corrections officials in these states to understand the reasons for and impact of segregated housing unit reforms. We visited correctional facilities in two of the five states—Kansas and Colorado. While the results from our interviews are not representative of all prisons, they provided us with perspectives on state actions. We also analyzed studies and reports that describe, evaluate, or analyze the impact of segregated housing units on institutional safety and inmates held in these units. We compared BOP's mechanisms for evaluating the impact of segregated housing units on institutional safety, and the impacts of long-term segregation on inmates, with BOP's policies and mission statements. Appendix I includes more details about our scope and methodology.

We conducted this performance audit from January 2012 to April 2013 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions for our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

## Background

BOP operates three main types of segregated housing units: (1) SHUs, (2) SMUs, and (3) the ADX facility in Florence, Colorado.[5] BOP also operates Communications Management Units (CMU), where conditions of confinement are similar to general population and inmates are allowed to congregate outside their cells for up to 16 hours per day. For information about CMUs see appendix II. According to BOP policy, all three types of segregated housing units have the same purpose, which is to separate inmates from the general inmate population to protect the safety, security, and orderly operation of BOP facilities, and to protect the public. However, the specific placement criteria and conditions of confinement

[5]BOP also operates other types of segregated housing units, including protective custody units for inmates requiring protection, sex offender management units for convicted sex offenders, and a Special Confinement Unit to hold inmates on death row, among others.

vary for each type of segregated housing unit. In addition, inmates in SHUs, SMUs, and ADX are confined to their cells approximately 23 hours per day.[6] See figures 1 and 2 for a comparison of differences among the three units.

[6] Inmates in segregated housing units may be confined to their cells for fewer or more hours per day, depending on their unit. For example, inmates in Phase 3 of the ADX Step-Down Unit may recreate outside of their cells for three hours per day, or are confined to their cells for 21 hours per day. Inmates in other types of segregated housing units, such as SMUs, are permitted five hours of recreation per week, ordinarily on different days, in which case they would be confined to their cells 24 hours per day on at least two days. For more information about the number of hours of out-of-cell recreation per segregated housing unit, see figure 1.

**Figure 1: Comparison of Segregated Housing Unit Policies: SHU and SMU**

## Special Housing Units (SHU)

**Referral**

Inmates placed in SHU are in either administrative detention or disciplinary segregation status:

**Administrative detention (AD)**–Inmates who are pending security classification or reclassification of the inmate's security or program needs, in holdover status during a transfer to a facility or other location, or removed from the general inmate population because they pose a threat to other inmates and staff and meet additional criteria.[a] Placement in AD is intended to be temporary and nonpunitive.

**Disciplinary segregation (DS)**–Possible sanction for inmates who violate rules. Length of stay is based on severity of offense.[b]

**Procedural policies**

- Inmates placed in AD are not provided a hearing, but inmates placed in DS are to receive an inmate discipline hearing. (See fig. 3.) Inmates are to be provided an opportunity to attend the hearing and make a statement, present documentary evidence, request witnesses, and have a staff representative.
- All inmates placed in AD are to receive a notice of reasons for placement within 24 hours of placement in SHU, except inmates pending transfer or in holdover status, and a review of their supporting records within 3 work days.
- The Segregation Review Official (SRO) is to review the status of each inmate regularly, generally after 7 days of continuous placement, and after every 30 days, SRO is to formally review inmate status at a hearing that the inmate can attend.

**General conditions of confinement**

- Mostly double-bunked.
- Minimum 5 hours of out-of-cell exercise per week.
- May shower/shave at least three times per week.
- One phone call per month, unless restricted as disciplinary sanction.
- Minimum 4 hours visiting per month.
- Inmates eat all meals inside cells.
- In AD, inmates are to have access to programming (e.g., education) to the extent that institutional safety and order and public safety are not jeopardized.
- In DS, inmates may have their participation in programming suspended.
- In DS, inmates are to have their personal property impounded, except for legal materials, limited reading/writing, and religious items, and commissary privileges may be limited.

**Number of cells and population[c]**

Number of cells: 7,381 cells
Population: 10,050

## Special Management Units (SMU)[d]

**Referral**

BOP may consider designating an inmate to a SMU who (1) participated in or had a leadership role in disruptive geographical group/gang-related activity; (2) has a history of serious disruptive disciplinary infractions; (3) committed any greatest severity level prohibited acts after being classified a member of a disruptive group, among other reasons.

- Referral of inmates to SMUs must be approved by the warden of the facility where the inmate is housed and the Regional Director.
- If the Regional Director determines sufficient evidence exists, he or she will appoint a Hearing Administrator to conduct a hearing.

**Procedural policies**

- Inmates are to be provided a hearing, including an opportunity to attend, and make an oral statement, present documentary evidence and written witness statements, and have a staff member assist in obtaining these documents.
- SMU staff are to review inmates initially within 28 days of placement and in conjunction with periodic reviews of the inmate's program progress and needs every 180 days thereafter. The inmate may attend these reviews.
- SMU staff also are to review each inmate every 90 days in levels 1 through 3, and every 30 days in level 4 to assess the inmate's readiness to progress to the next level.

**General conditions of confinement**

- Ordinarily conditions are to be made less restrictive when an inmate progresses from level 1 to level 4.
- Mostly double-bunked.
- Five hours of out-of-cell exercise per week.
- May shower/shave at least three times per week.
- Minimum two completed calls per month, may be increased by level.
- Correspondence and telephone calls subject to monitoring for intelligence purposes.
- Telephone calls live-monitored where feasible.
- Minimum 4 hours visiting per month.
- May be provided noncontact visits through videoconference or other technology.
- Inmates eat all meals inside cells.

**Number of cells and population**

Number of cells: 1,270
Population: 1,960

Source: GAO analysis of BOP information ; Art Explosion (clip art).

[a]According to BOP policy, BOP may place inmates in SHU-administrative detention status who are removed from the general population because they pose a threat to other inmates and staff or the orderly running of an institution and are (1) under investigation or awaiting a hearing for possibly

violating a BOP rule or criminal law, (2) pending transfer to another facility or location, (3) placed in a SHU for the inmate's own protection, or (4) in post-disciplinary detention status.

[b]BOP lists 91 different types of prohibited acts, which have different punitive measures depending on their severity, including greatest, high, moderate, and low severity acts. Examples of greatest severity prohibited acts are killing, attempted or accomplished serious physical assaults and encouraging others to riot. Examples of high severity prohibited acts are fighting with others and threatening bodily harm. Examples of moderate severity prohibited acts are indecent exposure, and refusing to obey an order. Inmates who commit low severity offenses are not eligible to receive disciplinary segregation as a sanction.

[c]BOP provided SHU number of cells data as of fiscal year 2012, and SMU number of cells data as of November 2012. The population data for both SHUs and SMUs is as of February 2013. Also, the total SHU population does not include inmates in SHUs within the Florence Administrative Maximum facility or SHUs within SMUs. These SHU inmates are counted under the ADX and SMU total inmate populations, respectively. For example, the total SMU population in figure 1 includes inmates in the SHU within each SMU.

[d]SMUs consist of a four-level, 18- to 24-month program. According to BOP policy, an inmate may progress through the levels depending on his compliance with behavioral expectations, ability to demonstrate positive "community" interaction skills, and preparedness to function in a general population setting with inmates from various group affiliations.

**Figure 2: Comparison of Segregated Housing Unit Policies: ADX**

## Florence Administrative Maximum Facility (ADX)[a]

**Referral**
Inmates whose placement in another facility poses a risk to the safety of inmates, staff, or the public or good order of the facility; and/or inmates whose status before or after incarceration does not allow them to be safely housed in another facility. BOP has identified several factors to be considered when determining whether inmates meet one or both of the above criteria. Referrals of all inmates to ADX must be approved by the Regional Director (RD); Chief of BOP's Designation and Sentence Computation Center; and the Assistant Director, Correctional Programs Division.

**Procedural policies**
All inmates are to receive a hearing prior to placement in ADX. Inmates may attend the hearing, make an oral statement, and present documentary evidence to the Hearing Administrator.[b]

**General conditions of confinement**
- Nearly all single cells[c]
- Inmates consume all meals inside cells, except inmates in Special Security Unit (SSU) phase 3 and Step Down Unit phases 3 and 4

**Number of cells and population[d]**
Number of cells: 623
Population: 450

### Control Unit

**Referral**
Inmates who are unable to function in a less restrictive environment without posing a threat to others or institutional order. Initial referral: (a) The warden of the facility where the inmate is housed must make a recommendation based on very specific criteria; (b) The RD of that region is to review recommendation; (c) If the RD concurs, RD is to forward to the RD of the North Central Region, where the control unit is located, who is to designate a Hearing Administrator to conduct a hearing.[e]

**Procedural policies**
- Inmates may attend the hearing, present documentary evidence, call witnesses, and receive assistance from a staff representative.
- After the hearing, the Hearing Administrator is to give a copy of the decision to the inmate and to the Executive Panel for final review and placement decision.
- Inmates are to be reviewed within 4 weeks of placement in unit, and receive a copy of their reason for placement and expected length of stay.
- The Unit Team is to conduct monthly reviews of the inmate's status, and the Executive Panel is to review each inmate's placement on a quarterly basis.[f]

**General conditions of confinement**
- Seven hours of individual, out-of-cell exercise per week.
- Three-staff escort and hand and leg restraints when escorted outside cell.
- Showers in cell.
- One 15-minute social phone call per month.
- Up to five visits per month.

**Population:** 78

### Special Security Unit (SSU)

**Referral**
Inmates who have more restrictive measures, or special administrative measures (SAM), imposed by the Attorney General[g]

**Procedural policies**
Each inmate's SAM is reviewed annually to determine SAM renewal or modifications. Inmate may provide related documentation and may meet with BOP and FBI staff to discuss any related issues.

**General conditions of confinement**
- The SSU is a three-phase program. Inmates are to be kept in increasingly less restrictive conditions based on program progress.
- Minimum 10 hours of out-of-cell exercise per week.
- Two staff escorts and hand restraints in phase 1.
- Minimum three showers per week.
- All nonlegal communication is to be provided per inmate's SAM.
- All nonlegal mail is reviewed.
- Two to four social calls a month.
- Calls and visits contemporaneously monitored by FBI and recorded.
- Visits supervised by staff.
- Inmates eat all meals inside cells, except in phase 3, in which inmates may have minimum of one meal per month with up to three other inmates.
- Other conditions, such as number of calls and time outside cell, are to increase from phases 1 to 3.

**Population:** 30

### General Population (GP) and Step Down Units

**Referral**
Inmates who meet ADX placement criteria. Purpose of program is to monitor an inmate's adjustment to GP, with increased privileges and recreation time.

**Procedural policies**
During regular program reviews, inmates may be present and ask questions about their placement.

**General conditions of confinement**
- GP and Step Down units constitute a four-phase, minimum 36-month program; inmates are to be kept in increasingly less restrictive conditions based on progress through program.
- Minimum 10 hours out-of-cell exercise per week
- Shower stalls inside each cell in phase 1; inmates may shower at any time they are on the range in phases 2 to 4.
- Two-officer escorts, hand restraints behind back (except phase 4, no restraints).
- Two to four social calls a month.
- May increasingly interact with more inmates for more hours per day in phases 3 and 4.

**Population:** 275

Source: GAO analysis of BOP information; Art Explosion (clip art).

[a]The ADX houses BOP inmates who require the tightest controls. The ADX operates five types of housing unit programs: the Control Unit, a Special Housing Unit, the Special Security Unit, General Population Units, and the Intermediate Phase (Phase 2) of the Step Down Program. The Transitional Phase (Phase 3) and Pre-Transfer Phase (Phase 4) of the ADX Step Down Program are physically located in the United States Penitentiary (USP) Florence (high security) facility.

[b]If the Designation and Sentence Computation Center (DSCC) staff determine the inmate warrants consideration for ADX placement, the Chief, DSCC, is to forward the referral packet to the BOP National Discipline Hearing Administrator, who is to designate a Hearing Administrator who is experienced in working with and observing inmates and is familiar with the criteria for inmate placement in different institutions, with an emphasis on ADX.

[c]Inmates may be reviewed to be placed in a double-bunked cell, after an initial placement of three months in a single cell in Phase 4.

[d]BOP provided the number of cells data as of fiscal year 2012. The population data are as of February 2013. The ADX number of cells and population data include the total number of ADX cells and population physically located in ADX, including the ADX SHU, and the total number of cells and population in Phases 3 and 4 of the ADX Step Down Unit, physically located at USP Florence. For example, the total ADX population includes inmates held in the ADX SHU (67 inmates).

[e]For more information about BOP policies related to the ADX Control Unit, see BOP program statement 5212.07 (February 20, 2001), available on BOP's website.

[f]The Executive Panel is composed of the Regional Director of the region where the control unit is located and the Assistant Director, Correctional Programs Division.

[g]Special administrative measures (SAM), which must be authorized by the Attorney General, primarily limit communication with others, through restricted telephone, correspondence, and visiting privileges. SAMs based on a substantial risk of death or serious bodily injury may be imposed for a period of up to 120 days, or, with the approval of the Attorney General, up to one year and may be renewed. SAMs based on national security threat may be imposed for a period of up to 1 year and may be renewed. The BOP Director may renew special restrictions within the SAMs if the Attorney General or federal law enforcement or intelligence agency provides written notification of continued substantial risk of death or serious bodily injury or threat to national security related to the inmate's communications or contacts with other persons. See 28 C.F.R. §§ 501.2, 501.3.

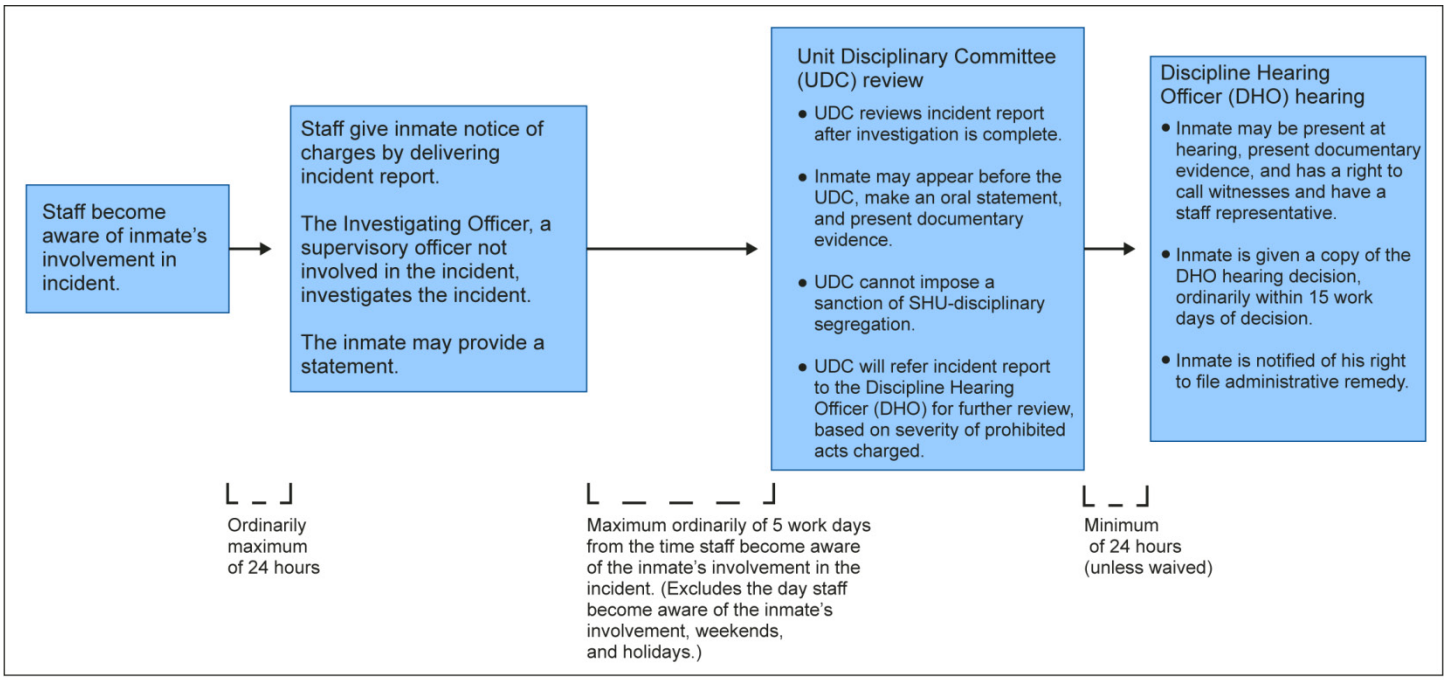
## BOP Segregated Housing Unit Policies

BOP has specific procedural and conditions of confinement policies that govern each of the three types of segregated housing units. For example, BOP's procedural policies govern how determinations are made to place inmates in each type of segregated housing unit. These determinations vary based on the level of security and supervision an inmate requires as well as any prohibited acts committed (e.g., assault against staff or gang activity). BOP policies require hearings to determine whether an inmate should be placed in an SMU, SHU-disciplinary segregation, or ADX.[7] In general, a discipline hearing officer (DHO) not involved in the alleged infraction presides over the hearing, and inmates have a right to testify and call witnesses. (See fig. 3 for the required procedures for SHU-disciplinary segregation). In addition, BOP's procedural policies state that

[7]According to BOP, the hearing process is intended to meet the prison disciplinary system due process requirements established in Wolff v. McDonnell, 418 U.S. 539 (1974). This includes providing the inmate advance written notice of the alleged violation, and permitting the inmate to (1) attend the hearing and make a statement, (2) call witnesses, (3) present documentary evidence, and (4) have staff representation. The inmate is also provided a written statement of the evidence and reasons for the disciplinary action taken.

staff are to periodically review inmates' status to determine whether they should remain in SHUs, SMUs, and ADX.[8]

**Figure 3: Required Procedures for Special Housing Unit (SHU)-Disciplinary Segregation**




Source: GAO analysis of BOP documents.

Further, according to BOP regulations, BOP administers an Administrative Remedy Program which includes formal procedural protections and provides all inmates in its custody—including those in segregated housing units—a method for filing a complaint about their placement, treatment or conditions while in custody, including placement in a segregated housing unit.[9] In addition, BOP has specific policies

[8]Inmates placed in SHU-administrative detention do not receive a hearing prior to placement. However, BOP policy requires officials to review the inmates' records within 3 work days of being placed in SHU-administrative detention, and to review their detention status within 7 calendar days of their placement and every 30 calendar days thereafter.

[9]The Administrative Remedy Program is BOP's process for filing a complaint, such as concerns about the appropriateness of placements, or allegation of improper physical or verbal abuse against facility staff, along with any aspect of an inmate's confinement and appeals of disciplinary decisions.

governing the conditions of confinement of inmates by segregated housing unit, such as minimum number of hours of exercise per week, minimum number of telephone calls and visits, and other privileges.

BOP also requires all of its facilities to be accredited and follow standards developed by the American Correctional Association (ACA).[10] BOP policies state that all facilities, security level and housing unit notwithstanding, must provide the same minimum conditions of confinement, including clean housing units; nutritionally adequate meals that meet dietary requirements (such as vegetarian or religious diet); access to educational, occupational, and leisure time programming; basic medical and mental health care; and access to a chaplain and basic religious items according to the inmate's religious beliefs.

According to BOP officials, BOP does not hold anyone in solitary confinement because BOP staff frequently visit inmates held in single-bunked cells alone.[11] BOP officials stated BOP staff regularly interact with inmates during their required monitoring rounds and while providing meals to inmates. In addition, BOP officials stated that inmates who are in single cells can interact with other inmates during recreation while in either the same or separate recreation areas and they are also able to talk to each other in adjoining cells. However, inmates in these three types of segregated housing units are subject to more restrictive conditions of confinement than their counterparts in the general population.

## Population of Segregated Housing Units

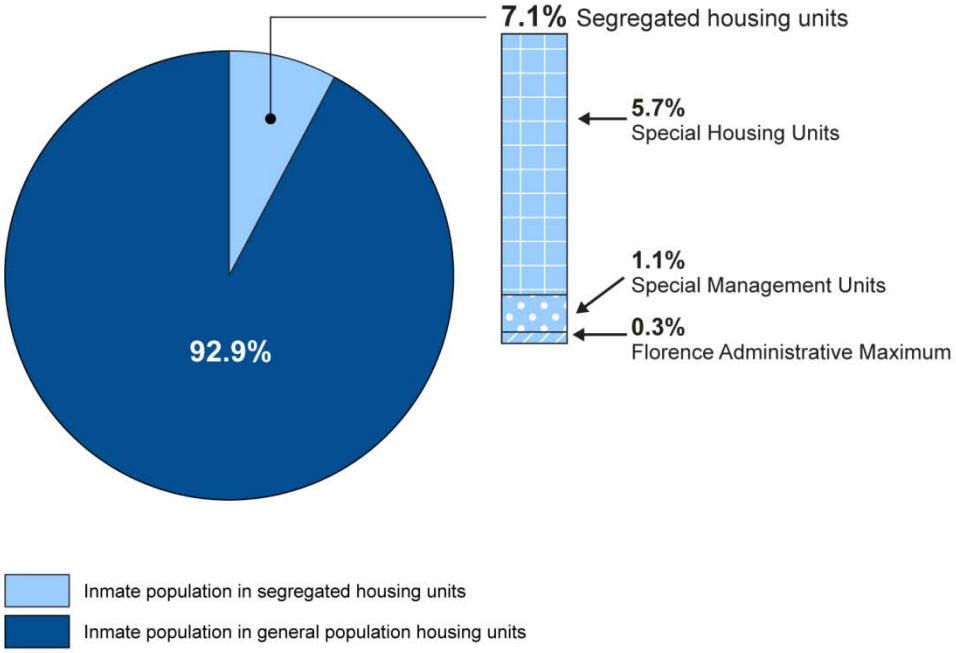
BOP has segregated housing units in prisons located throughout the country. (See app. III for more information about the location of segregated housing units). With more inmates held under more restrictive conditions, often for months or years at a time, segregated housing represents an important part of BOP's effort to achieve its goal of

[10]ACA's mission includes the development and promotion of effective standards for the care, custody, training, and treatment of offenders.

[11]BOP holds all inmates in single-bunked cells alone at ADX. Inmates in Phase 4 of the ADX Step Down program may be double-bunked and are physically located at USP Florence. As of February 2013, ADX held 435 inmates in single-bunked cells alone. In addition, as of November 2012, BOP had 360 single-bunked SHU cells and 17 single-bunked SMU cells across its facilities in which inmates are confined to their cells alone for about 23 hours per day.

confining inmates in a safe, secure, and cost-efficient environment. Of all federal inmates in BOP facilities, about 7 percent are held in segregation and, as of February 2013, BOP held the majority of segregated inmates—81 percent, or 10,050 inmates—in SHUs. The second largest population held in segregation is SMU inmates, who comprise about 16 percent of all segregated inmates, or about 1,960 inmates. ADX holds 450 inmates, including 15 inmates in the ADX Step Down Units at the high security United States Penitentiary (USP) Florence. See figure 4 for inmate population by segregated unit type as a percentage of the total inmate population in BOP facilities as of February 2013.

**Figure 4: Proportion of BOP Inmates in General Population and in Segregated Housing Types, as of February 2013**




Source: GAO analysis of BOP data.

## Segregated Housing Unit Population and Number of Cells Have Increased since Fiscal Year 2008

From fiscal year 2008 through February 2013, the total inmate population in segregated housing units increased approximately 17 percent—from 10,659 to 12,460 inmates.[12] The total inmate population in segregated housing units increased since fiscal year 2008, but the trends in inmate population vary by type of segregated housing unit. By comparison, the total inmate population in BOP facilities increased by about 6 percent since fiscal year 2008. In addition, the total number of segregated housing cells in BOP facilities increased by nearly 16 percent.[13] The main reason for the increase in segregated inmates was the creation of the SMU program in fiscal year 2008.

**SHUs.** From fiscal year 2008 through February 2013, the total SHU population remained about the same at 10,070 and 10,050, respectively.[14] BOP generally double-bunks inmates in SHUs; however, BOP has the capability to hold some SHU inmates in single cells. For example, as of November 2012, BOP had 6,731 double-bunked SHU cells and 360 single-bunked SHU cells. BOP officials also stated they

[12]The percentage of the total inmate population in segregated housing increased from 6 percent in fiscal year 2008 to 7 percent as of February 2013. The total inmate population in segregated housing units includes the total inmate population in ADX, all SHUs, and all SMUs in BOP facilities.

[13] BOP uses different units of measurement to calculate capacity for its segregated housing units. BOP calculates the number of inmates SMUs and ADX can hold in terms of each unit's rated capacity. Rated capacity reflects the number of prisoners a facility or unit was designed to house safely and securely and in which BOP can provide inmates adequate access to services, necessities for daily living, and programs designed to support their crime-free return to the community. A facility's rated capacity excludes medical and SHU bed space, and BOP does not maintain rated capacity data for SHUs. Instead, BOP provided SHU capacity in terms of number of cells. For the purposes of analyzing trends in segregated housing unit capacity over time, we used the number of cells in SHUs, SMUs, and ADX to have the same unit of measurement for all segregated housing units. BOP provided number of cells data for fiscal years 2008 through 2012 for SHUs and ADX and number of cells data for fiscal year 2008 through November 2012 for SMUs.

[14]Based on data that BOP provided, these data do not include the inmate population in SHUs within ADX or SMUs. The SHU inmate population in these units is included under the total ADX and SMU populations, respectively. Also, based on our analysis, although the SHU population increased since fiscal year 2008, there has been a decline recently. According to BOP officials, the SHU population trend might be following the trend in total population in BOP facilities, which increased from fiscal years 2008 through 2011, then declined slightly in fiscal year 2012.

may add beds to some SHU cells to accommodate the population at a given facility.[15]

**SMUs.** As shown in figure 5, from fiscal year 2008 through February 2013, the SMU population increased at a faster rate than SHUs and ADX—from 144 inmates in fiscal year 2008 to 1,960 inmates as of February 2013.[16] BOP developed SMU capacity by converting existing housing units in five BOP facilities to 1,270 total SMU cells, as of November 2012. By March 2013, BOP closed SMUs in two facilities and moved those SMU inmates into other SMUs or released them from prison after serving their sentence.

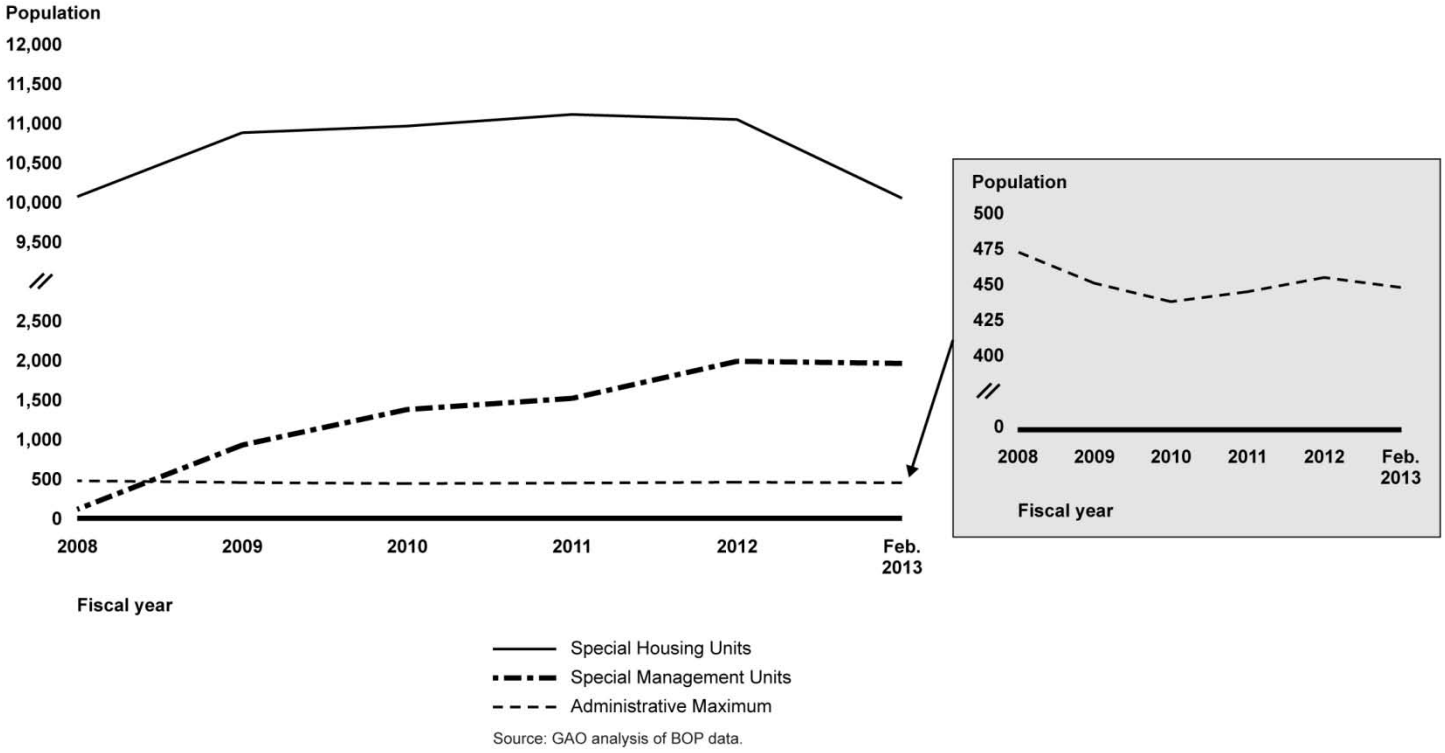
**ADX.** From fiscal year 2008 through February 2013, the total ADX inmate population declined by approximately 5 percent from 475 inmates to 450 inmates. During this period, ADX cells remained stable at 623 cells.[17] According to BOP officials, the ADX population has declined overall since 2008 because of the transfer of inmates out of ADX Step Down to the general population of another high security prison or because inmates are being placed in SMUs instead of being placed in ADX. (See fig. 5 for the trends in population growth for SHUs, SMUs, and ADX from fiscal year 2008 through February 2013).

[15]According to BOP officials, many SHUs contain at least one single-bunked cell to hold inmates on a temporary basis who require being placed alone to maintain institutional safety. In addition, although the SHU at USP Marion has 50 single-bunked cells, the warden at USP Marion double-bunked and in some cases triple-bunked the SHU when several inmates needed to be placed in SHU following a large inmate fight in November 2011.

[16]These data include inmates in the SHUs within each SMU.

[17]These ADX inmate population and cell data include ADX SHU inmates and cells.

Figure 5: Trends in Inmate Population by Type of Segregated Housing Unit, Fiscal Year 2008 through February 2013




Source: GAO analysis of BOP data.

# BOP's Monitoring of Segregated Housing Policies Varies by Type of Unit, and Some Facilities' Documentation Is Incomplete

## BOP Monitors Compliance Differently across the Three Types of Segregated Housing

BOP Headquarters (HQ) has a mechanism in place to centrally monitor how prisons implement most segregated housing unit policies, but the degree of BOP monitoring varies depending on the type of segregated housing unit. In addition, we identified concerns related to facilities' documentation of monitoring conditions of confinement and procedural protections.

BOP monitors the extent to which individual prisons implement BOP policies. BOP's monitoring includes specific steps to check compliance with requirements for SHUs and SMUs, but not for ADX. BOP's Program Review Division is to perform reviews at least once every 3 years to ensure compliance with BOP policies. However, BOP can review prisons more frequently if it identifies performance deficiencies. These follow-ups can occur at 6-month, 18-month, 2-year or 3-year intervals.[18] These PRD reviews assess compliance with a variety of BOP policies for inmates in the general population prison and segregated housing. For example, PRD assesses compliance with BOP policies on conditions of confinement, such as whether inmates are given three meals a day, provided exercise time 5 days a week, and are allowed telephone and other privileges. Following a review at a facility, PRD issues a program review report, noting deficiencies and findings at the BOP facility. These PRD monitoring reviews are done on a prison complex basis, which may include a variety of housing types, including low, minimum, medium, high security prisons, and the three types of segregated housing units (e.g., SHUs, SMUs, and ADX).

To help HQ ensure that PRD monitoring teams are consistently assessing the extent that individual prisons are complying with general BOP correctional program and correctional services policies, BOP provides training for all program review staff. Additionally, new PRD staff are provided training and accompany experienced staff before being allowed to conduct a review independently.[19] This training also covers examiner independence and how to conduct program reviews. BOP also has a system designed to address problems identified at the individual prisons, including PRD follow-up with each prison to assess whether PRD recommendations were implemented. For example, PRD requires individual prisons to issue reports within 30 days to explain how they implemented the PRD recommendations to address problems identified in

[18]Generally, PRD conducts 15 program reviews covering 15 different areas of BOP operations at a minimum of every 3 years but may conduct reviews more frequently if prior reviews identify overall performance deficiencies.

[19]According to BOP officials, BOP provides training for PRD program review staff to conduct on-site monitoring. For example, on-site monitoring generally includes a team of an average of about five examiners, depending on the size and security level of the facility. Before a staff member leads an on-site monitoring visit, he or she is required to shadow an experienced staff member for about 1 year. BOP also trains all employees in basic correctional duties and inmate supervision. For example, BOP requires all new examiners to participate in annual refresher training.

program reviews. If PRD determines that the prison response is insufficient, PRD can request that the prison take corrective actions in a subsequent follow-up report.

We reviewed 43 PRD follow-up reports and found that PRD concluded that the facilities generally addressed deficiencies identified in all of the 43 reports. For example, one follow-up report was completed within 30 days and identified steps taken by the prison to address each of the four problem areas—administrative operations, operational security, inmate management, and intelligence operations—identified in the PRD report. To address one of the deficiencies related to improper documentation of exercise, meals, and supervisor assignments in SHUs, PRD required additional training for the SHU staff. Following training, the prison determined that it was in compliance with the relevant requirement, deficiencies were addressed and PRD closed the recommendation. As part of PRD's monitoring process, once the facilities document steps taken to address deficiencies in their follow-up reports, PRD determines whether to close the recommendations.

As part of the monitoring process discussed above, PRD also checks compliance with selected SHU- and SMU-specific policies, but has no requirement to monitor ADX-specific policies. According to documentation that BOP provided, we determined that BOP's monitoring system is designed to assess whether individual BOP prisons are in compliance with SHU and SMU procedural policies, such as why an inmate is placed in segregation, and with the specific conditions of confinement. For example, BOP's SHU policy requires that prison staff review the inmate's status within 3 days of being placed in administrative detention. To assess compliance with this SHU policy, BOP monitoring guidance requires PRD staff to review whether the inmate's status was reviewed within 3 days of being placed in administrative detention as required. In addition, PRD also is to verify that prisons completed their quarterly audits and operational reviews to ensure that procedural protections for inmates have been followed and that inmates are housed according to BOP policies.[20] However, as discussed below, BOP does not have

[20]Operational reviews conducted by individual facilities provide a status update on all areas identified by PRD in the previous program review, including operational issues, such as human resources, financial management, as well as BOP programs in the facility, such as SHUs. Individual facilities perform operational reviews about 10 to 22 months between BOP program reviews, depending on the rating the facility received.

requirements in place to monitor similar compliance for ADX-specific policies. BOP's monitoring policies for each type of segregated housing unit are described below.

**SHU**. BOP policies require that PRD monitor SHU policies and review documentation of 10 percent of inmates held in SHUs in each facility. BOP policies also require PRD to select 10 inmate files from those held in SHU disciplinary segregation for a review of procedural protections and disciplinary procedures. Further, BOP requires PRD to monitor SHU specific policies that cover additional requirements to monitor conditions of confinement and procedural protections.[21] BOP incorporates ACA monitoring standards as part of its SHU policy. See figure 6 for a photographic example of a SHU cell, which PRD is required to monitor to ensure the prison provides conditions of confinement for inmates held in SHUs.

[21]BOP's Correctional Services Program Review Guidelines requires that PRD review 23 SHU specific policies.

**Figure 6: Special Housing Unit Cell, U.S. Penitentiary, Leavenworth, Kansas**

Source: BOP.

**SMU.** According to BOP policy, PRD is required to monitor a prison's compliance with SMU-specific policies, including those SMU-specific policies that require prisons to provide specific conditions of confinement and procedural protections. PRD reviews are required to check compliance with nine SMU-specific policies such as providing inmates with 5 hours of recreation per week; an opportunity to shower a minimum of three times per week; and access to visits, correspondence, and medical and mental health care. According to BOP officials, BOP incorporates ACA monitoring standards as part of its SMU policy. BOP also requires PRD to review 25 SMU inmate case files that cover conditions of confinement for SMU inmates. See figure 7 for a photographic example of a SMU recreation area, which PRD is required to monitor to ensure the prison provides conditions of confinement for inmates held in SMUs.

**Figure 7 : Outdoor Recreation Area, Special Management Unit, U.S. Penitentiary, Lewisburg, Pennsylvania**

Source: BOP.

**ADX.** ADX inmates are included in any PRD program review that covers the entire Florence prison complex. While PRD has some oversight over ADX, PRD does not monitor ADX to the same degree that it monitors SHUs and SMUs. According to BOP officials, except for inmates held in ADX-SHUs, PRD is not required to monitor ADX-specific conditions of confinement–such as exercise, telephone, and visitation–as they do for SHUs or SMUs. For example, PRD reviews do not check for compliance with ADX-specific policies, such as whether inmates are afforded a minimum of 7 hours of recreation per week or the minimum of one 15-minute phone call per month in the Control Unit.

The ADX-specific policies for recreation, telephone calls, and visits allowed vary in each of the three ADX housing units: the Control Unit, the Special Security Unit, and the Step Down Units. (See fig. 2). According to BOP officials, PRD does not have monitoring requirements for ADX-specific policies because BOP management has not identified ADX as a high-risk area that needed specific monitoring requirements due to other oversight mechanisms. For example, BOP HQ reviews the referral and placement of all inmates in ADX, including a review of each inmate placed in the Control Unit every 60 to 90 days to determine the inmate's readiness for release from the unit. BOP officials also told us that ADX-specific policies are monitored locally by ADX officials.

However, conditions of confinement in ADX housing units are generally more restrictive than those in SHUs and SMUs. For example, unlike SHUs and SMUs, nearly all inmates in ADX are confined to single cells alone for about 23 hours per day.[22] Also, although BOP HQ has mechanisms to monitor some procedural protections, and ADX officials locally monitor ADX-specific policies, BOP HQ lacks oversight over the extent to which ADX staff are in compliance with many ADX-specific requirements related to conditions of confinement and procedural protections to the same degree that it has for SHUs and SMUs. According to PRD officials, PRD does not assess the extent to which ADX provides conditions of confinement or procedural protections as required under ADX policy and program statements because it is not required to do so. As a result, PRD cannot report to BOP management on the extent of

[22]Inmates in Phase 3 of the Special Security Unit and Phases 3 and 4 of the ADX Step Down Unit may be allowed additional recreation time and interaction with others, and inmates in Phase 4 of the ADX Step Down Unit may be double-bunked. See figure 2 for a comparison of conditions of confinement by ADX program unit.

compliance with these ADX-specific requirements. With such oversight, BOP headquarters would have additional assurance that inmates held in BOP's most restrictive facility are afforded their minimum conditions of confinement and procedural protections. See figures 8 and 9 for examples of a cell in the ADX housing unit and recreation areas, which PRD is required to monitor to some extent to ensure the prison provides conditions of confinement for inmates held in ADX.

**Figure 8: Interior of Single-Bunked Cell, U.S. Administrative Maximum Facility, Florence, Colorado**

Source: BOP.

**Figure 9: Outdoor Recreation Areas, U.S. Administrative Maximum Facility, Florence, Colorado**

Source: BOP.

*Standards for Internal Controls in the Federal Government* states that an effective internal control environment is a key method to help agency managers achieve program objectives. The standards state, among other things, that monitoring activities are an integral part of an entity's planning, implementing, reviewing, and accountability for stewardship of government resources and achieving effective results. Specific requirements for PRD to monitor ADX-specific policies to the same degree that these requirements exist for SHUs and SMUs could help provide BOP HQ additional assurance that ADX officials are following BOP policies to hold inmates in a humane manner, in its highest security, most restrictive facility. The Acting Assistant Director of PRD agreed that developing such requirements would be useful to help ensure these policies are followed.

## Selected Facilities' Documentation Problems Related to Conditions of Confinement and Inmate Placement Raise Concerns about the Monitoring of Inmates Placed in Segregation

BOP has a mechanism in place to centrally monitor how prisons implement most segregated housing unit policies. However, given a selection of PRD monitoring reports from 20 prisons and our independent analysis of inmate case files at two federal prisons, we identified concerns related to how facilities are documenting that inmates received their conditions of confinement and procedural protections, which are described below.

**PRD monitoring reports.** We reviewed 45 PRD monitoring reports from 20 prisons that assessed compliance at general population units and SHUs and SMUs. PRD identified deficiencies in 38 of these reports, including documentation concerns in 30 reports.[23] As part of our review, we found PRD monitoring reports identified deficiencies, such as missing SHU forms, or incomplete documentation that inmates held in segregation for at least 22 hours per day received all their meals and exercise as required.[24] For example, segregated inmates in SHUs and SMUs are entitled the opportunity to have 1 hour of exercise per day but the documentation at these prisons did not clearly indicate that these standards were always observed.

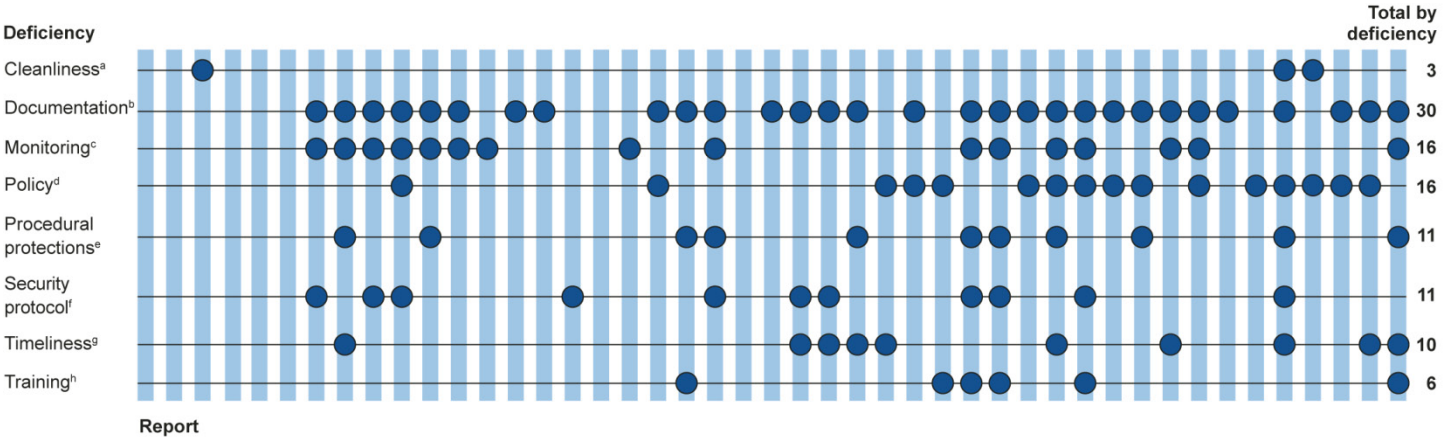
According to our review of 45 PRD reports from 20 prisons, we found that BOP rated 15 prisons as generally compliant with both BOP policies and policies specific to SHUs and SMUs.[25] However, while BOP found that these prisons were generally in compliance with segregated housing unit policies, most of these prisons had some deficiencies. For example, our analysis of the PRD reports found that, in 38 of the 45 reviews, PRD identified deficiencies such as missing documentation, monitoring rounds not being consistently conducted, or inmate review policies not fully implemented. (See fig. 10 for common deficiencies.)

[23]From fiscal years 2007 through 2011, PRD conducted 187 correctional services program reviews at 98 BOP prisons.

[24]For example, some monitoring reports state SHU-specific deficiencies related to missing BP-A292 forms, which document meals, recreation, and other conditions of confinement.

[25]BOP rated these 15 prisons as generally compliant, with ratings such as acceptable, good or superior. For the remaining 6 prisons, BOP did not provide similar ratings because they were based on SHU program review observation reports, or part of quarterly, summary program reports covering several facilities and programs. According to BOP policy, program review reports for individual facilities are often assigned an overall rating ranging from superior, good, acceptable, or deficient to at risk. None of the selected reports rated individual facilities as deficient or at risk.

**Figure 10: Common Findings from Our Analysis of 45 Monitoring Reports**




Source: GAO analysis of BOP information.

Notes: Seven reports contained no deficiencies.

[a]Cleanliness refers to the living, sanitary conditions of cells where inmates are held.

[b]Documentation covers several issues, such as whether medical staff were signing Special Housing Unit forms daily as required, inmate files adequately processed and documented inmates' conditions of confinement, and information was appropriately keyed into the BOP inmate management data system, SENTRY, and other databases.

[c]Monitoring refers to monitoring of inmate status and segregated housing unit policies, such as SHU monitoring rounds conducted on every shift, or every 30-minute period, and 10 percent of inmate calls monitored in the past 12 months.

[d]Policy refers to monitoring review policies, investigation, inmate classification and program policies.

[e]Procedural protections covers compliance with procedural policies, including whether disciplinary sanctions were appropriately implemented, informal resolutions in place, and incident reports expunged for appropriate reasons.

[f]Security protocol refers to investigative operational policies, ensuring that key equipment is regularly checked and hot lists are available to alert staff of inmates who pose a security threat.

[g]Timeliness refers to conducting monitoring and operational reviews in a timely fashion, and ensuring that staff investigations are forwarded to BOP HQ within 120 days as required.

[h]Training refers to staff training requirements.

To assess how PRD staff conducted monitoring at prisons, we observed PRD conducting reviews at one prison complex that included two medium and high security BOP facilities with SHUs. For example, we found that PRD staff (1) performed monitoring rounds at SHUs, (2) reviewed log books, and (3) reviewed inmate files, to determine if the facilities followed the required procedural protections steps. Given our observations, we concluded that PRD staff monitored these facilities' compliance with BOP policies, as called for in PRD's monitoring guidelines.

**Independent analysis of inmate case files**. We also conducted an independent analysis of BOP compliance with SHU-specific policies at

three facilities. Specifically, we reviewed a total of 51 segregated housing files for inmates held in administrative detention and disciplinary-SHU for fiscal years 2011 and 2012 at three facilities.[26] We found that these three facilities were generally complying with BOP policies related to inmate placement and ensuring procedural protections for inmates placed in SHU-disciplinary segregation, in light of our review of these selected files.[27] For example, 42 out of 51 inmate case files we analyzed provided reasons for inmate placement in SHUs, as required by BOP policies. However, of the 35 case files we reviewed for inmates held in administrative-SHU – in which we reviewed conditions of confinement, monitoring, and procedural protections –only 4 files consistently documented that the inmates were afforded their rights to recreation and procedural protections. For example, these 4 files consistently documented that these inmates in SHUs received 1 hour of exercise a day, 5 days per week, and that the inmates' status in segregation was consistently reviewed within 7 days of being placed in the SHU, as well as meals and recreation, as required by BOP policy. The remaining 31 of the 35 files did not consistently document that the inmates were afforded these rights. (See table 1.)

**Table 1: Results of Our Independent Analysis of 51 Selected Inmate Case Files: Inmate Review and Procedural Protections Issues, Fiscal Years 2011-2012**

| Type of segregated housing policy | Description | Number of inmate case files in compliance |
|---|---|---|
| Documentation provided to inmate about placement | Inmate was provided a copy of administration detention order when placed into special housing units (SHU); or inmate received discipline hearing officer (DHO) report that explained reasons for placement in disciplinary segregation in SHU. | 42 out of 51[a] |
| BOP regularly monitors inmate status, conditions of confinement, and procedural protections | Inmate in SHU received recreation 5 hours per week; inmate status in SHUs reviewed on a regular basis (e.g., every 3 days and 7 days). | 4 out of 35[b] (subset) |
| Procedural protections provided in disciplinary segregation | Inmate provided a hearing process and advised of right to appeal the decision | 16 out of 17 [c] (subset) |

Source: GAO analysis of BOP (2011-2012) inmate files.

[26] In addition to 51 inmate SHU case files, we reviewed 10 CMU case files, which are described in appendices I and II.

[27] Out of a total of 51 inmate case files, we reviewed 35 inmate files related to monitoring of inmate status, conditions of confinement, and procedural protections in administrative segregation; and 17 inmate files related to procedural protections in disciplinary segregation. In fiscal year 2012, the total segregated housing inmate population at these three facilities was 405.

[a]One inmate in the sample file was randomly selected in both administrative-SHU and disciplinary-SHU.

[b]According to a selected sample of 35 SHU inmates, which we selected from the sample size of 10 percent of SHU inmates that PRD inspectors use when conducting monitoring reviews. For details, please see appendix I.

[c]Given a selected sample of 17 disciplinary –SHU inmates and their hearing packets, which we selected largely based on the sample size that PRD inspectors use when conducting monitoring reviews. For details, please see appendix I.

Given (1) our review of 45 BOP monitoring reports and (2) our independent analysis of 51 selected inmate case files at three facilities, we found that that the facilities did not consistently document conditions of confinement and procedural protections as required under BOP policy guidelines. For example, 38 out of the 45 reports identified deficiencies such as missing documentation, monitoring rounds not being consistently conducted, or inmate review policies not fully implemented. In our independent analysis of 51 segregated housing unit case files, we reviewed 35 files focused on determining if BOP regularly monitors inmates' status, conditions of confinement, and procedural protections, and found documentation-related concerns in 31 out of 35 files.

While our selection of reports and site visits cannot be generalized to all BOP facilities, the extent of documentation concerns indicates a potential weakness with facilities' compliance with BOP policies. Without proper documentation of inmates' rights and conditions of confinement, neither we nor BOP HQ can determine whether facility staff have evidence that facilities complied with policies to grant inmates exercise, meals, and other rights, as required. In January 2013, BOP officials agreed with our finding that BOP monitoring reports regularly identified problems with documentation. BOP officials said that they believed these were documentation problems caused by correctional officers forgetting to document the logs, and not instances where inmates were not getting their food, exercise, and procedural protections granted under BOP guidelines. They noted that inmates can use the formal grievance process, called the Administrative Remedy process, if they believe they have not been granted these rights.

According to BOP officials, in December 2012, BOP began using a new software program, called the SHU application in all SHUs and SMUs. BOP officials told us that this new software program could improve the documentation of the conditions of confinement in SHUs and SMUs, but acknowledged it may not address all the deficiencies that we identified. Because this new software was recently implemented, and BOP did not provide evidence to the extent that it addressed the documentation

deficiencies, we cannot determine if it will mitigate the documentation concerns. In addition, BOP does not have a plan that provides the specific objectives of the software program, how it will address the documentation deficiencies, or specific steps BOP will use to verify that the software will resolve the documentation problems we identified. According to best practices in project management, the establishment of clear, achievable objectives can help ensure successful project completion.[28] A plan that clarifies the objectives and goals of the new software program and the extent to which they will address documentation issues we identified, along with time frames and milestones, could help provide BOP additional assurance that inmates in these facilities are being treated in accordance with BOP guidance.

## BOP Estimates that Segregated Housing Costs More than Housing Inmates in General Population

BOP does not regularly track or calculate the cost of housing inmates in segregated housing units. BOP computes costs by facility or complex, and does not separate or differentiate the costs for segregated housing units, such as SHUs, SMUs, and ADX that may be within the complex. For example, Federal Correctional Complex (FCC) Florence in Florence, Colorado, contains four different facilities, including ADX, one high security, one medium security, and one minimum security facility, as well as different types of housing units within most facilities.[29] Specifically, within the high security facility, there is a SHU and a SMU. According to BOP officials, segregated housing unit costs are not separated because most of the costs to operate a facility or complex apply to inmates housed in all housing units within the facility or complex.[30] BOP officials further reported that inmates in a segregated housing unit within a facility share the same costs under the facility's total obligations, such as utilities, food services, health services, and facility maintenance, among other things. BOP officials also stated that BOP aggregates the cost data for an entire

[28]Project Management Institute, *The Standard for Program Management* © (2006).

[29]BOP Federal Correctional Complexes include several institutions with different missions and security levels located in proximity to one another.

[30] BOP applies support costs to an institution's daily inmate per capita costs based on the percentage of overall support cost to total BOP obligations. Support costs are institution-related expenses that are paid by BOP HQ due to centralized billing procedures, such as phone charges, workers compensation, payroll processing, information technology support, and costs of Regional and Central Office and Training Center staff. The inmate daily per capita rate does not include any one time non-routine costs or construction and renovation costs.

facility or complex to reduce paperwork and streamline operations. BOP also computes an overall average daily inmate per capita cost by security level for each fiscal year. See table 2 for BOP's computation of average daily inmate per capita costs by security level for fiscal year 2012.

**Table 2: BOP Average Daily Inmate Costs per Capita by Security Level, BOP-wide, for Fiscal Year 2012**

| BOP security level | Actual average daily inmate costs per capita by security level, BOP-wide |
|---|---|
| Minimum security | $59.27 |
| Low security | $74.22 |
| Medium security | $72.91 |
| High security | $93.02 |

Source: BOP (2011-2012).

Note: Using two databases, an accounting system known as the Financial Management Information System and the population management system known as SENTRY, BOP calculates the inmate daily per capita costs by dividing the total obligations under the Salaries and Expenses account by total inmate days for the entire institution, including general population and segregated housing units. Total inmate days equal the average inmate daily population multiplied by the number of calendar days for the fiscal year. Inmate days are obtained via the SENTRY Population Management System. BOP prepares a report reflecting the overall average and annual daily inmate per capita costs and the average annual and daily inmate per capita costs by security level for each fiscal year. BOP obtains the average annual and daily per capita costs by security level by consolidating the information for each institution within that security level to arrive at an "average" inmate per capita cost for that security level.

BOP officials stated that segregated housing units are more costly than general prison population housing units because segregated housing units require more resources—specifically staff— to operate and maintain. According to BOP officials, the staff-to-inmate ratio in segregated housing is significantly higher than in the general prison population, which makes segregated housing units more expensive to operate. For example, at one high security facility we visited, we estimated there was an average of 41 inmates to one correctional officer in the SHU during a 24-hour period. This contrasts to an inmate-to-correctional-officer ratio of about 124:1 in general population housing units in the same facility during a 24-hour period.[31] BOP officials at

[31]Based on staffing ratios that BOP officials provided, we estimated the average number of correctional officers assigned to a segregated housing unit. For example, the number of correctional officers assigned to a SHU varies by shift (e.g., morning, daytime, and evening shifts), and we estimated the average number of correctional officers assigned to the SHU in a 24-hour period, based on the different staffing ratios in each shift.

facilities we visited stated that ADX, SMUs, and SHUs require more staff than general population housing because most of the inmates are confined to their cells for approximately 22 to 24 hours per day. As a result, they are dependent on the correctional officers for many of the activities that those in the general inmate population do for themselves.

For example, at least two correctional officers are needed to escort SHU and SMU inmates to showers and to recreation cells. Some high security inmates at SMUs require a three-officer escort each time they leave the cell. Staff are required to bring meals to inmates in their cells in SHUs, SMUs and ADX three times each day. In addition, staff are also required to provide laundry services, daily medical visits, and weekly psychological, educational, and religious visits to inmates in their cells in SHUs, SMUs and ADX. In contrast, inmates in general population units can generally access services in other areas of the facility freely, and therefore can perform these activities without assistance from correctional officers.

On January 31, 2013, BOP budget officials provided a snapshot estimate that compares the daily inmate per capita costs in fiscal year 2012 at ADX, a sample SMU, a SHU at a sample medium security facility, and a SHU at a sample high security facility. For example, BOP estimates the daily inmate per capita costs at ADX are $216.12 compared with $85.74 at the rest of the Florence complex. According to BOP estimates, the inmate per capita costs at the sample SMU facility are $119.71, which are higher than per capita costs in general population in BOP's sample high security facility, which are $69.41.(see table 3). For its estimates of the costs to operate SHUs, BOP selected Federal Correctional Institution (FCI) Beckley for a sample medium security facility and U.S. Penitentiary (USP) Lee for a sample high security facility. According to a senior BOP official, BOP did not select these facilities because of costs but because these facilities are a "typical" medium security and high security facility. The estimated daily costs per inmate at these two sample facilities in table 3 are lower and not directly comparable to the system-wide average daily costs per inmate for medium and high security facilities, as shown in table 2. Please see appendix I for a description of how BOP calculated its estimated costs.

**Table 3: BOP Estimated Daily Inmate Costs per Capita in Selection of Institutions and Different Types of Segregated Housing Units, by Security Level for Fiscal Year 2012**

| | Estimated daily costs per inmate at sample BOP facilities | | |
|---|---|---|---|
| **BOP sample institution and security level** | **General population units[a]** | **Segregated housing units** | **Total facility, including general population and segregated housing units** |
| Sample Medium Security, Federal Correctional Institution (FCI) Beckley | $57.41 | $78.21 (SHU) | $58.74 |
| Sample High Security facility, U.S. Penitentiary (USP) Lee | $69.41 | $93.04 (SHU) | $72.39 |
| Sample Special Management Unit (SMU) facility, (USP) Lewisburg | n/a | $119.71 (SMU) | $97.51[b] |
| Federal Correctional Complex (FCC), Florence, including the Administrative Maximum facility (ADX) | $85.74[c] | $216.12 (ADX) | $105.25 |

Source: BOP estimates.

Notes: BOP provided estimates of costs, which are defined as salary and non salary obligations.

[a]These costs exclude the staffing costs for segregated housing units within each facility. BOP selected FCI Beckley for the sample medium security facility and USP Lee for the sample high security facility. According to a senior BOP official, BOP did not select these facilities based on costs but because they considered them to be a "typical" medium security facility and a high security facility.

[b]These costs include the costs of USP Lewisburg, which is an entirely SMU facility, and a minimum security prison camp.

[c]BOP's estimate of the daily costs per inmate for the Florence FCC excludes the staffing costs for ADX and includes the staffing costs for the rest of the complex—the general population in the medium security, high security and camp facilities, the USP Florence SMU, and the SHUs within the medium and high security facilities.

According to these cost estimates that BOP provided, we estimated that the total cost of housing 1,987 inmates in SMUs in fiscal year 2012 was $87 million. If these inmates were housed in a sample BOP medium or high security facility, the total cost would have been about $42 million and $50 million, respectively. Also, given BOP estimates, we calculated that the total cost to house 435 inmates in ADX in fiscal year 2012 was about $34 million. If these inmates were housed in a medium security or high security facility, the total costs would have been about $9 million and $11 million, respectively. Moreover, the estimated costs of housing 5,318 SHU inmates at the cost estimated by BOP for the sample medium security facility, FCI Beckley, would be $152 million, which is more expensive than housing inmates in medium security general population housing units which would cost an estimated $112 million. Similarly, the estimated cost of housing 2,701 SHU inmates at the cost estimated by BOP for the sample high security facility, USP Lee, would be $92 million, compared with housing inmates in high security general population housing units, which costs an estimated $69 million.

According to BOP officials, the use of SMUs can reduce BOP costs. The officials said that SMUs resulted in reduced assault rates and a reduction in the number of facility lockdowns.[32] Senior BOP budget officials noted that there are significant financial costs associated with keeping disruptive inmates in the general prison population who can cause a serious incident and lead to costly lockdowns. For example, according to BOP data, from fiscal years 2007 through 2011, lockdowns and disturbances led to losses totaling about $23 million. These officials explained that, during a lockdown, a facility has to use its entire staff to perform security and custodial duties at the expense of other duties.

## BOP Has Not Evaluated the Impact of Segregated Housing Units on Institutional Safety or the Impacts of Long-Term Segregation on Inmates

### BOP Has Not Assessed the Extent to Which Segregated Housing Impacts Institutional Safety

BOP has not assessed the extent to which all three types of segregated housing units—SHUs, SMUs, and ADX— impact institutional safety for inmates and staff.[33] Although BOP has not completed an evaluation of the impact of segregation, BOP senior management and prison officials told us that they believed segregated housing units were effective in helping to maintain institutional safety. According to BOP officials, SMUs helped

[32]According to BOP, a lockdown is an emergency security practice in which inmates are locked in their cells and movement is restricted (e.g., dining, showering, recreating, and programming outside of cells is halted) for immediate or long-term control of a crisis or to prevent a crisis situation. In addition, BOP officials noted the number of lockdowns declined during a time frame when the total BOP inmate population rose.

[33]BOP's Office of Research and Evaluation (ORE), which conducts research and evaluations of BOP programs, reported in March 2012 that a SMU study was underway. However, as of February 2013, BOP officials could not confirm when the SMU study would be completed.

reduce assault rates BOP-wide and reduced the number of lockdowns due to conflict and violence from 149 in fiscal year 2008 to 118 in fiscal year 2010, during a period when the overall inmate population increased. BOP, however, could not provide documentation to support that these reductions resulted from the use of SMUs.

Although state prison systems may not be directly comparable to BOP, there may be relevant information from efforts states have taken to reduce the number of inmates held in segregation.[34] Five states we reviewed have reduced their reliance on segregation—Colorado, Kansas, Maine, Mississippi, and Ohio—prompted, according to state officials, by litigation and state budget cuts, among other reasons. These states worked with external stakeholders, such as classification experts and correctional practitioners, to evaluate reasons why inmates were placed in segregation and implemented reforms that reduced the number of inmates placed in segregated housing units.[35] After implementing segregated housing unit reforms that reduced the numbers of inmates held in segregation, officials from all five states we spoke with reported little or no adverse impact on institutional safety. While these states have not completed formal assessments of the impact of their segregated housing reforms, officials from all five states told us there had been no increase in violence after they moved inmates from segregated housing to less restrictive housing. In addition, Mississippi and Colorado reported cost savings from closing segregated housing units and reducing the administrative segregation population. For example, Colorado closed a high security facility in 2012, which state officials reported led to cost savings of nearly $5 million in fiscal year 2012 and $2.2 million in fiscal year 2013. According to Colorado officials, segregation reform efforts helped lead to the closure of this high security facility. In Mississippi, reforms in segregation also led to the closure of a supermax facility in

[34]For example, both state departments of corrections and BOP are required to house, clothe, and feed inmates in a safe and secure setting, but BOP noted the federal correctional system and states are subject to different sentencing laws, which affect the types of inmates and types of segregation each system manages.

[35]State administrative segregation units, some of which are referred to as supermax facilities, are designed to hold the most dangerous inmates. Supermax facilities are designed to separate violent or disruptive inmates from general prison population and generally require confining inmates in a single cell up to 23 hours per day, with minimal contact with staff or other inmates. Some states have implemented segregated housing reforms earlier than others. For example, Ohio initiated segregated housing reforms about a decade ago.

early 2010, which Mississippi Department of Corrections officials reported saved the state nearly $6 million annually.

All five states changed their criteria for placing inmates in segregated housing, which helped them reduce their segregated inmate populations. Of the five states, three—Colorado, Mississippi, and Ohio—reviewed and changed the classification for placing inmates in administrative SHUs and two—Kansas and Maine—established new or modified the criteria for placement of inmates in SMUs. For example, in 2007, Mississippi found that approximately 800 inmates (or 80 percent) did not meet its revised criteria for placement in administrative segregation. Before reforms, inmates would generally be transferred directly from admittance to administrative segregation without consideration of the inmate's offense and would generally remain in segregation without regular review of the inmate's status irrespective of whether the inmate had committed any serious misconduct. After implementing reforms, Mississippi adopted new criteria that stated inmates could be held in administrative segregation only if they committed serious infractions, were active high-level members of a gang, or had prior escapes or escape attempts from a secure facility. According to Mississippi officials, this reform did not lead to an increase in violence, assault rates, or serious incidents.

In 2011, after a study with external stakeholders that reviewed and recommended changes to Colorado's administrative segregation operations, Colorado revised its policies for placement of inmates in segregated housing. Subsequent to the external study's completion, Colorado began reviewing all offenders that had been in administrative segregation for longer than 12 months and found that nearly 37 percent or about 321 inmates in administrative segregation could be moved to close custody general population.[36] After Colorado revised its classification criteria and increased oversight of the inmate review process, the number of inmates held in segregation decreased from 60 per month in 2011 to approximately 20 to 30 per month in 2012. According to Colorado state officials, these reforms did not lead to an increase in violence.

[36] Custody levels in Colorado refer to level of supervision and are identified as minimum, minimum restricted, medium, and close.

In addition, in 2011, Maine's Department of Corrections reformed its inmate placement policies for SMUs. After changing the criteria and classification for holding inmates in SMUs, Maine significantly reduced the number of inmates in its 132-cell SMU, by closing a 50-cell section of its supermax SMU. Inmates removed from the SMU were reintegrated into a less restrictive, general population setting, and according to officials, there was no increase in incidents of violence.

While the policies and procedures for segregated housing vary between states and BOP, and their experiences may not be directly comparable, there may be lessons for BOP in the states' experiences reducing their reliance on segregated housing. According to BOP officials, BOP generally uses larger states, such as California, Texas, or New York, for comparison, and that the five states included in our report may not be comparable with BOP. BOP officials also told us, in response to the findings from these states, that BOP has more comprehensive classification criteria, reviews, and procedural protections than the states. As a result, they indicated that BOP might not have the same reductions in costs and inmates in SHUs found at the state level. However, without an assessment of the impact of segregated housing, BOP cannot determine the extent to which placement of inmates in segregation contributes to institutional safety and security. Such an assessment is also important to inform DOJ and congressional decision making about the extent to which segregation meets BOP's key programmatic goals for institutional safety. Our past work and the experience of leading organizations have demonstrated that measuring and evaluating performance allows organizations to track progress they are making toward intended results—including goals, objectives, and targets they expect to achieve—and gives managers critical information on which to base decisions for improving their programs.[37]

[37]For example, see GAO, *Information Sharing, DHS Could Better Define How it Plans to Meet Its State and Local Mission and Improve Performance Accountability*, GAO-11-223 (Washington, D.C.: Dec. 16, 2010), *Managing for Results: Enhancing Agency Use of Performance Information for Management Decision Making*, GAO-05-927 (Washington, D.C.: Sept. 9, 2005); *Program Evaluation: Studies Helped Agencies Measure or Explain Program Performance*, GAO/GGD-00-204 (Washington, D.C.: Sept. 29, 2000); *Agency Performance Plans: Examples of Practices That Can Improve Usefulness to Decisionmakers*, GAO/GGD/AIMD-99-69 (Washington, D.C.: Feb. 26, 1999); and *Managing for Results: Strengthening Regulatory Agencies' Performance Management Practices*, GAO/GGD-00-10 (Washington, D.C.: Oct. 28, 1999).

Given that BOP maintains data on assault, violence, and lockdown rates across all prison facilities, BOP senior officials reported that evaluating the relationship between assault rates and segregation might help them evaluate the impact of segregated housing. An assessment of the effectiveness of segregation, including consideration of practices across local and state correctional systems, could better position BOP to understand the extent to which different types of segregated housing units meet BOP mission goals to ensure institutional safety for inmates and staff.

On January 31, 2013, BOP officials told us that the BOP Director had authorized the solicitation of an independent review of segregated housing and, once a contract is awarded, they expect the study to be completed during fiscal year 2014. BOP officials explained that the study—with the objective of identifying improvement in BOP's practice and policy—is to review segregated housing, including identifying best practices across the correctional spectrum, such as inmate management, and mental health, among other areas. According to BOP, the statement of work for this solicitation requires the recipient to provide an assessment of the use and practices of segregated housing units in BOP. However, it is unclear to what extent the review will assess the extent that segregated housing units contribute to the safety and security of inmates and staff and ensures that BOP meets its mission goals.

## BOP Conducts Regular Assessments of the Mental Health of Inmates in Segregated Housing, but Has Not Conducted an Evaluation of Impacts of Long-Term Segregation on Inmates

BOP psychologists are required to provide an initial intake screening of each inmate within 30 days of the inmate's arrival in a BOP facility. Moreover, BOP requires that psychological staff visit inmates in segregated housing on a weekly basis and provide psychological assessments after 30 consecutive days in the SHUs, SMUs, and ADX Control and Special Security Units.[38] According to BOP's Psychology Services Branch Administrator, these weekly visits and psychological assessments provide staff an opportunity to intervene when and if they find that an inmate is having difficulty in segregation. BOP also has a suicide prevention program, which includes training for all staff and additional supplemental training for staff working in segregation. In addition, inmates receive information on suicide prevention upon their arrival at an institution and the availability of mental health services while in segregated housing. BOP also develops "hot list" memos that are posted in SHUs to help inform staff of inmates who may have specific mental health concerns or suicidal tendencies.

While BOP conducts regular assessments of mental health of inmates, BOP has not evaluated the impact of long-term segregation on inmates. BOP's Office of Research and Evaluation (ORE) officials said they have not studied the impact of long-term segregation on inmates because of competing priorities related to studying impacts of prisoner reentry, drug treatment, and recidivism.[39] In addition, BOP officials explained that there are methodological concerns related to finding an appropriate control group of inmates to compare with inmates held in segregation. We recognize the methodological limitations; however, a 2010 Colorado study that was funded by DOJ identified a comparison group of inmates in order to evaluate the psychological impact of segregation.

[38]For example, the 30-day psychological assessment is to include an interview with the inmate, assessment of each inmate's adjustment to his or her surroundings, and any threat the inmate poses to self, staff, and other inmates. We currently have work under way for the House Committee on Oversight and Government Reform and the House Judiciary Committee, which is reviewing the extent to which BOP monitors and assesses the cost and quality of inmate mental health.

[39] BOP's Office of Research and Evaluation (ORE), which reported that BOP is in the early stages of a study dedicated to evaluating the impact of SMUs on offenders. BOP does not yet have an estimated completion date for the study.

BOP officials, including psychologists, at four of the six facilities we visited reported little or no adverse impact of segregation on inmates.[40] Some of these psychologists and BOP HQ officials cited the 2010 DOJ-funded study of the psychological impacts of solitary confinement in the Colorado state prison system.[41] This study showed that segregated housing of up to 1 year may not have greater negative psychological impacts than non segregated housing on inmates. While the DOJ-funded study did not assess inmates in BOP facilities, BOP management officials told us this study shows that segregation has little or no adverse long-term impact on inmates. BOP's Psychology Services Branch Administrator explained that the impact is dependent on each individual inmate. For example, she told us that a small number of inmates with mental disorders, such as schizophrenia, actively seek placement in segregation, and some appear to function reasonably well in this environment.

We reviewed several studies on the impact of segregated housing on inmate mental health, and several suggest that long-term segregation or solitary confinement can cause significant adverse impacts. See appendix I for information about criteria used to select studies in our review. These reports describe possible adverse impacts of segregation, including exacerbation or recurrence of preexisting illnesses, illusions, oversensitivity to stimuli, and irrational anger, among other symptoms, although it is unclear how applicable the conditions studied are to BOP segregated housing. Other reports addressed the possible effect of segregation on other outcomes, such as recidivism or new convictions after release from prison.[42] Few reports, however, incorporate a comparison between inmates in segregation versus inmates not in

[40]The psychologist at one facility reported that segregation could adversely impact an inmate's mental health.

[41]Maureen L. O'Keefe et al, *Colorado: One Year Longitudinal Study of the Psychological Effects of Administrative Segregation*, National Institute of Justice Report, U.S. Department of Justice, Washington, D.C. (2010).

[42]For an example of some studies we reviewed, see S. Grassian, "Psychiatric Effects of Solitary Confinement, " *Journal of Law & Policy*, vol. 22, no. 325 (2006); D. Lovell, L. C. Johnson and K. C. Cain, "Recidivism of Supermax Prisoners in Washington State," *Crime & Delinquency*, vol. 53, no. 4 (2007); D. P. Mears and W. D. Bales, "Supermax Incarceration and Recidivism," *Criminology,* vol. 47, no. 4 (2009); H. A. Miller and G. R. Young, " Prison Segregation: Administrative Detention Remedy or Mental Health Problem," *Criminal Behaviour and Mental Health*, vol. 7:85-94 (1997); and P. Smith, "The Effects of Solitary Confinement on Prison Inmates: A Brief History and Review of the Literature," *Crime and Justice*, vol. 34:441-568 (2006).

segregation, limiting the ability to draw conclusions about the impact of segregation. A comparison of inmates held in segregation with those in general population would be important for understanding the extent to which any adverse psychological impacts are unique to long-term segregation.

While most BOP officials told us there was little or no clear evidence of mental health impacts from long-term segregation, BOP's *Psychology Services Manual* explicitly acknowledges the potential mental health risks of inmates placed in long-term segregation. Specifically, it states that BOP "recognizes that extended periods of confinement in Administrative Detention or Disciplinary Segregation Status may have an adverse effect on the overall mental status of some individuals." In addition, according to BOP's mission statement, BOP protects society by confining offenders in prisons that are, among other things, safe and humane. In our prior work, we reported that DOJ stresses the importance of evidence-based knowledge in achieving its mission. Specifically, DOJ's Office of Justice Programs (OJP) supports DOJ's mission by sponsoring research to provide objective, independent, evidence-based knowledge to meet the challenges of crime and justice, such as the 2010 Colorado state prison system study. In addition, BOP's ORE is responsible for conducting research and evaluation of BOP programs, but ORE has not conducted studies on the impact of long-term segregation on inmates. Further, according to generally accepted government auditing standards, managers should evaluate programs to provide external accountability for the use of public resources to understand the extent to which the program is fulfilling its objectives.[43]

To help BOP HQ assess inmates placed in segregation, BOP maintains a psychology data system (PDS) that is used to document all mental health screenings and staff visits by psychologists and treatment specialists, and a Bureau Electronic Medical Record (BEMR) that documents all staff visits by physicians and medication provided. Given that BOP's PDS and BEMR systems maintain data on the mental health of inmates and BOP's *Psychological Services Manual* states there may be potential adverse effects from long-term segregation, a study that uses existing information to assess the impact of segregation on inmates would better position

[43]See GAO, *Designing Evaluations: 2012 Revision,* GAO-12-208G (Washington, D.C.: January 2012).

BOP to understand the effects of segregation, including any related to inmates' mental health. BOP's Psychology Services Branch Administrator agreed that such a study would be useful. As of January 2013, BOP announced that the bureau is considering the development of procedures for conducting individualized mental health case reviews of inmates held in long-term segregation, i.e., inmates housed in SHUs or the ADX Control Unit for more than 12 continuous months and inmates who fail to progress through the SMU or ADX General Population Step Down phases in a timely manner. These reviews would be conducted at BOP HQ, and if the review found any concerns, the reviewers would contact prison staff to discuss strategies to reduce or eliminate the identified mental health concerns. However, the proposal is still under consideration, has not yet been implemented across all prison facilities, and we cannot determine the extent to which this proposal will systematically assess the long-term impact of segregated housing on inmates.

## Conclusions

Over the past 5 years, the number of BOP inmates in segregated housing has grown at a faster rate than the general inmate population. With more inmates held under more restrictive conditions, often for months or years at a time, segregated housing represents an important part of BOP's effort to achieve its primary goal of confining inmates in a safe, secure, and cost-efficient environment. While BOP has a mechanism to centrally monitor many of its segregated housing unit policies, BOP does not centrally monitor the policies specific to its most restrictive segregated prison, the ADX facility. As a result, BOP has less assurance that ADX staff consistently follows ADX-specific policies to the same degree that these requirements are followed for SHUs and SMUs. We also found that prison officials were not consistently documenting that inmates' conditions of confinement, such as food and exercise privileges, were being met. BOP has taken initial steps toward addressing these documentation issues by implementing new software that may help track the monitoring of SHUs and SMUs. However, BOP has not developed a plan to clarify the objectives and goals of the new software program, with time frames and milestones that explain the extent to which it will address documentation issues we identified.

BOP officials believe that segregated housing helps maintain institutional safety. Given BOP's increased reliance on segregated housing and the higher costs associated with its use, it is notable that BOP has not studied the impact of segregated housing on inmates, staff, and institutional safety. As BOP considers options for conducting a study of segregated

housing, BOP may want to consider lessons learned from some state initiatives that reduced the number of inmates held in segregation without significant, adverse impacts on violence or assault rates. In addition, BOP's own policies recognize that long-term segregation may have a detrimental effect on inmates. While BOP does regularly check the mental health of inmates in segregated housing, BOP has not conducted an assessment of the long-term impact of segregation on inmates.

## Recommendations for Executive Action

To improve BOP's ability to centrally oversee the implementation of segregated housing policies, we recommend that the Director of the Bureau of Prisons take the following two actions:

(1) develop ADX-specific monitoring requirements and

(2) develop a plan that clarifies the objectives and goals of the new software program, with time frames and milestones, and other means, that explains the extent to which the software program will address documentation concerns we identified.

To ensure that BOP's use of segregated housing furthers BOP's goal to confine inmates in a humane manner and contributes to institutional safety without having a detrimental impact on inmates held there for long periods of time, we recommend that the Director of the Bureau of Prisons take the following two actions:

(1) ensure that any current study to assess segregated housing units also includes an assessment of the extent that segregated housing contributes to institutional safety, and consider key practices that include local and state efforts to reduce reliance on and the number of inmates held in segregated housing and

(2) assess the impact of long-term segregation on inmates in SHUs, SMUs, and ADX.

## Agency Comments and Our Evaluation

We provided a draft of this report to DOJ for its review and comment. BOP provided written comments on this draft, which are reproduced in full in appendix IV. BOP concurred with all of our recommendations. BOP also provided technical comments on the report on April 19, 2012, which we incorporated as appropriate.

BOP concurred with the first recommendation that BOP develop ADX-specific monitoring requirements. BOP stated that it will conduct a Management Assessment to identify aspects of the Control Unit at ADX that are vulnerable to violations of policy. BOP further noted that it would develop guidelines, as appropriate, to be incorporated into the program review guidelines. If fully implemented across all ADX housing units, BOP's planned actions will address the intent of this recommendation.

BOP concurred with the second recommendation that BOP develop a plan with timeframes and milestones, to explain the extent the software program will address documentation concerns. BOP stated that the goal of the new software program is to help ensure compliance with requirements to maintain accurate and complete records on conditions and events in segregated housing units. BOP indicated that they will conduct a program review by September 30, 2013 to determine if the SHU documentation deficiencies have been reduced. If fully implemented, BOP's planned actions will address the intent of this recommendation.

BOP concurred with the third recommendation that BOP ensure any current study to assess segregated housing units also includes an assessment of the extent that segregated housing contributes to institutional safety. BOP stated that the current scope of work for the Special Housing Review and Assessment will include an assessment of how segregated housing units contribute to institutional safety. BOP further noted that the scope of work will include consideration of key practices of local and state correctional systems. If fully implemented, BOP's planned actions will address the intent of this recommendation.

BOP concurred with the fourth recommendation that BOP assess the impact of long-term segregation on inmates in SHUs, SMUs, and ADX. BOP stated that the assessment of mental health of inmates is consistent with its public safety mission. BOP stated that BOP will develop and distribute an expanded mental health screening tool for psychology staff, which will help conduct a longitudinal assessment of: (1) inmates housed in SHUs or the ADX Control Unit for more than 12 continuous months; and (2) those inmates who fail to progress through the SMU or ADX General Population Step Down phases in a timely manner. In addition, BOP stated that its review of segregated housing units will include an evaluation of inmate mental health history and a review of BOP's mental health assessment process. If fully implemented, BOP's planned actions will address the intent of this recommendation.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the Attorney General, Director of the Bureau of Prisons, selected congressional committees, and other interested parties. In addition, the report will be available at no charge on the GAO website at http://www.gao.gov.

Should you or your staff have any questions concerning this report, please contact David Maurer at (202) 512-9627 or by email at maurerd@gao.gov. Contact points from our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Key contributors to this report are listed in appendix V.

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# Appendix I: Objectives, Scope, and Methodology

Our objectives for this report were to address the following questions:

1.What were the trends in the Bureau of Prison's (BOP) segregated housing unit population and number of cells from fiscal year 2008 through February 2013?

2.To what extent does BOP centrally monitor how individual facilities document and apply policies guiding segregated housing units?

3.To what extent has BOP assessed the costs to operate segregated housing units and how do the costs to confine an inmate in a segregated housing unit compare with the costs of confining an inmate in a general inmate population housing unit?

4.To what extent does BOP assess the impact of segregated housing on institutional safety and the impacts of long-term segregation on inmates?

Overall, to address our questions, we analyzed BOP's statutory authority and policies and procedures (e.g., BOP's inmate placement, procedural protections, and general conditions of confinement for segregated housing units—Special Housing Units (SHU), Special Management Units (SMU), and the Florence Administrative Maximum facility (ADX)—and Communications Management Units (CMU)). BOP considers CMUs as self-contained general population housing units. However, since CMU inmates are separated from general inmate population and have restrictive conditions, such as 100 percent of their communications monitored and noncontact visits, we include CMUs within the scope of our review, as described in appendix II.

To address the first question, we obtained and analyzed BOP's number of cells and inmate population data for each type of segregated housing unit and the CMUs. We focused our data analysis on the period of fiscal year 2008 through February 2013 or the past five fiscal years to the most recent data available.[1] We assessed the reliability of the inmate population and number of cells data by (1) participating in an electronic demonstration of the SENTRY database that BOP uses to generate

[1]BOP provided population data at the end of each fiscal year for fiscal years 2008, 2009, 2010, 2011, 2012, and as of February 2013. BOP also provided number of cells data from fiscal years 2008 through 2012 for SHUs, ADX and CMUs, and from fiscal year 2008 through November 2012 for SMUs.

required inmate population, (2) reviewing existing information about the data and the system that produced them, (3) examining the data for obvious errors and inconsistencies, and (4) interviewing BOP officials knowledgeable about the data. We determined that the required data elements were sufficiently reliable for the purposes of this report.

To address the second question, we analyzed BOP's policies and procedures pertinent to the monitoring of individual prisons' compliance with segregated housing unit policies. To observe the conditions of confinement, procedural protections, and inmate placement in segregated housing, we conducted visits to 6 of 119 BOP federal institutions. We chose these institutions because of different types of segregated housing units and varying security levels they contain. As shown in table 4, the six prisons we visited cover the three main types of segregated housing units—SHUs, SMUs, and ADX—as well as CMUs.

**Table 4: Site Visits to BOP Institutions**

| Institution name | Types of segregated housing units Included | Security level of the individual facilities we visited |
|---|---|---|
| Federal Correctional Complex (FCC) Allenwood Complex | SHUs, SMUs | High security, medium security |
| U.S. Penitentiary (USP) Lewisburg | SHUs, SMUs | High security |
| FCC Florence | SHUs, SMUs, ADX | Administrative maximum, high security, medium security |
| U.S. Penitentiary (USP) Leavenworth | SHUs | Medium security |
| USP Marion | SHUs, CMUs | Medium security |
| FCC Terre Haute | SHUs, CMUs | High security, medium security |

Source: GAO analysis of BOP information.

During the site visits, we interviewed institutional management officials and toured the prison to observe inmate housing, recreational areas, food service, and educational and vocational programming. We also interviewed officials from BOP's Program Review Division (PRD), which leads monitoring reviews, and officials from BOP's Correctional Programs Division (CPD), which has primary responsibility for inmate placement and procedural policies at segregated housing units. Because we did not visit all BOP facilities and did not randomly select the facilities we visited, our results are not generalizable to all BOP facilities. However, we

selected the sites to provide perspectives on different types of segregated housing units and varying security levels, which were useful in understanding population trends, BOP monitoring of conditions of confinement and procedural policies, cost, and the impact of segregated housing.

Further, for our second question, we assessed BOP's monitoring for each type of segregated housing unit by reviewing monitoring policies, guidelines, and reports. We analyzed BOP's segregated housing unit policies and monitoring guidance and compared them against criteria in *Standards for Internal Control in the Federal Government*. We also assessed the methodology and system BOP employs to monitor, identify, and address deficiencies at prisons; we reviewed 45 of 187 PRD monitoring reports from 20 of 98 facilities that PRD monitored during the period from fiscal years 2007 to 2011. We requested a selection of PRD correctional services monitoring reports, which BOP provided for a variety of facilities during this time period. In addition, we requested monitoring reports for the facilities we visited for our site visits. We also reviewed 43 follow-up monitoring reports related to the 45 monitoring reports to determine the extent that prisons resolved deficiencies identified in the monitoring reports.

We reviewed these PRD monitoring reports to summarize common findings and deficiencies relevant to our engagement related to cleanliness, conditions of confinement, documentation, procedural protection, monitoring, policy, security protocols, timeliness, and training. We developed a methodology for selecting these areas to assess the extent that BOP monitored conditions of confinement, procedural policies, and other key issues identified in the monitoring reports. One analyst reviewed each report and highlighted any common findings and deficiencies noted in the report. A second analyst independently verified the findings and deficiencies identified. We also interviewed PRD officials responsible for doing on-site monitoring, and interviewed senior BOP officials who are responsible for developing monitoring policy guidance to understand the degree and methodology of monitoring used.

To provide an independent analysis of BOP compliance with segregated housing unit policies at selected prisons, we developed a data collection instrument (DCI) according to BOP's monitoring policies, and guidance and questions. Our DCI is similar to questions used during PRD periodic on-site monitoring reviews of segregated housing unit policies at SHUs, SMUs, and general prison policies at CMUs. We selected two of the six institutions we visited—FCC Terre Haute and USP Marion. At each

institution, we selected a random sample of case files from fiscal years 2011 to 2012, of inmates currently housed in segregated housing units—including SHU-administrative detention, SHU-disciplinary segregation, and CMUs—totaling 61 files. These 61 inmate case files include 51 SHU inmate case files, and 10 CMU inmate case files. We selected the inmate case files from SHUs using the same sample size BOP PRD inspectors use when conducting correctional services monitoring reviews of SHUs. For example, according to BOP PRD monitoring guidance for correctional services reviews of SHUs, PRD inspectors are to review documentation of 10 percent of inmates currently in SHU to determine whether the inmates are afforded specific conditions of confinement, inmates' placement and status in SHU are regularly reviewed, and other SHU policies are followed. Accordingly, we selected the case files of 10 percent of inmates in SHUs in the two institutions for our analysis. According to PRD monitoring guidance for the review of disciplinary-SHU, PRD inspectors are to review 10 disciplinary hearing packets. For our review, we selected 17 disciplinary inmate case files and hearing packets because we were interested in understanding the extent to which BOP provided procedural protections for inmates held in disciplinary-SHU. We randomly selected the inmate case files from both SHUs and CMUs from a roster of inmates in each SHU or CMU at the time of our visit. Although our selection of files was not generalizable to all inmates in all types of segregated housing units, it provided insights into whether these institutions were following BOP policy. We used the DCIs to extract information relevant to BOP's monitoring policies, inmate placement, conditions of confinement and procedural protections for inmates held in SHU-administrative detention, SHU-disciplinary segregation, and CMUs. One analyst summarize information from the inmate case file, and a second analyst verified the DCI information collected. A third analyst reviewed and summarized information collected from the DCIs. In addition, we observed PRD staff conduct on-site monitoring of SHUs and CMU at two facilities.

We also reviewed information and documentation received related to BOP's new software program, that includes the SHU application, compared against best practices for project management and criteria in BOP's monitoring documentation policies. For example, we reviewed implementation dates and plans, training materials used across BOP facilities, and analyzed BOP monitoring policies, and interviewed PRD officials to understand to what extent the new SHU application addresses any documentation concerns we identified during our engagement.

To address the third question, we reviewed BOP fiscal year 2012 average inmate per capita costs for prisons at each major security level: high security, medium security, low security, and minimum security levels. These inmate per capita costs cover all costs associated with the day-to-day operation of the entire institution, including health services, uniform, food, programming, and contractual services and equipment costs related to each prison. According to BOP, the inmate daily per capita costs are calculated as total obligations as reported in BOP's Salaries and Expenses appropriations account divided by total inmate days. Further, in January 2013, BOP provided a snapshot estimate of fiscal year 2012 inmate per capita costs broken out by segregated housing versus general population housing at four institutions: (1) USP Lewisburg, a SMU facility; (2) FCC Florence, which includes ADX Florence; (3) a sample medium security facility (FCI Beckley); and (4) a sample high security facility (USP Lee), which both include SHUs. We interviewed BOP officials from the Administration Division, who have responsibility over financial and facility management, about their processes for developing the estimates. According to senior BOP officials, BOP selected these facilities because they considered them "typical" medium security and high security facilities. We found BOP's segregated housing versus general population housing inmate per capita cost data to be sufficiently reliable for the purposes of presenting an overview of possible costs. For illustration purposes, we also used BOP's estimated segregated housing versus general population housing inmate per capita cost data, combined with BOP inmate population data, to estimate the costs of housing the number of inmates in ADX, all SMUs, and all SHUs, BOP-wide, as of fiscal year 2012 compared with the costs to house these same amount of inmates in general population housing units for fiscal year 2012. For example, to estimate the total costs of housing the total SMU inmate population in SMUs, BOP-wide, for fiscal year 2012, we multiplied BOP's estimated daily inmate per capita costs for USP Lewisburg SMU by the total SMU population times 366 days, or the number of calendar days in 2012. To estimate the costs of housing this same number of SMU inmates in general population housing in a medium security or high security facility, we multiplied the total SMU population, BOP-wide, by BOP's estimated daily inmate per capita costs for the sample medium facility, FCI Beckley, times 366 days, and estimated daily inmate per capita costs for the sample high security facility, USP Lee, times 366 days, respectively.

To address the fourth question, we reviewed BOP's policies, including program objectives, for each segregated housing unit and policies governing the provision of mental health services to inmates in segregated housing units. We also reviewed BOP lockdown data from

fiscal year 2008 through fiscal year 2012. We also interviewed officials from BOP's Correctional Programs Division (CPD), which also includes the Psychology Services Branch that is responsible for mental health services. We also interviewed officials from BOP's Office of Research and Evaluation (ORE), who produce reports and research corrections-related topics. During these interviews, we discussed the lack of BOP studies that assess the impact of segregated housing units on institutional safety and inmates and staff, and their views on the impact of long-term segregation, including their views on the impact of segregation on inmates, including those with mental illness. We also discussed the impacts of segregation with officials from the Council of Prison Locals, the union that represents all nonmanagement staff working in BOP facilities.

To identify actions states have taken regarding segregated housing that may be relevant to BOP, we reviewed actions taken by five states—Colorado, Kansas, Maine, Mississippi, and Ohio. We selected these five states because they (1) were involved in addressing segregated housing reform and (2) had taken actions to reduce the number of inmates held in segregation. For each of the five selected states, we reviewed relevant documents on segregated housing, and in four states we reviewed placement policies. For four of the five selected states, we reviewed relevant reports on their segregated housing unit conditions for context. While conducting site visits to BOP prisons in Kansas and Colorado, we also visited state correctional facilities in those two states. We interviewed corrections officials at these facilities and the other states regarding reasons for reducing the segregated housing unit population and any reported impact of the segregated housing unit reforms on institutional safety. While the reports and results from our interviews are not representative, they provided us with perspectives on state actions to reduce segregated housing

There are dissimilarities between federal and state prison systems—legally and structurally, to name a few—that limit the comparability between federal and state correctional systems. We are unable to generalize about the types of actions other states have taken to reform segregated housing policies and reduce the number of inmates held in segregation and any effects. Nevertheless, the information we obtained through these visits provided examples of state responses to reforming segregation and reducing inmates housed in segregated housing units. We also discussed with BOP officials the state actions we identified.

Further, to identify the universe of reports and studies that describe, evaluate, or analyze the impact of segregated housing, including any

long-term impacts associated with mental illness, we used a multistaged process. First, we (1) conducted key word searches of criminal justice, legal, and social science research databases; (2) searched academic, nongovernment and stakeholder interest group-related Web sites, such as those of Vera, American Civil Liberties Union (ACLU), and Urban Institute, (3) reviewed bibliographies, published summaries, meta-analyses, and prior GAO reports on segregated housing; and (4) asked academic corrections experts to identify evaluations. Our literature search identified over 150 documents, which included articles, opinion pieces, published reports, and studies related to segregated housing. We further identified studies that compared inmates in segregated housing with inmates in the general population. We reviewed these reports and studies to gain a broader understanding of the potential impacts of segregated housing and of the extent and quality of research available on the subject. We compared BOP's mechanisms for evaluating the impact of segregated housing units on institutional safety, or the impacts of long-term segregation on inmates, with BOP's policies and mission statements.

We conducted this performance audit from January 2012 to April 2013 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions given our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions for our audit objectives.

# Appendix II: Communications Management Units

BOP established CMUs in 2006 and 2008, in two institutions to house inmates who require increased monitoring of their communications with the public to protect the safety, security, and orderly operation of BOP facilities and the public.[1] Inmates in CMUs have 100 percent of their communications monitored by BOP officials and are allowed only noncontact visits with family and friends. According to each prison's institution supplement guidelines, CMUs are self-contained general population housing units in which inmates reside; eat; and participate in all educational, religious, visiting, unit management, and work programming in the unit, similar to general population inmates.[2] From fiscal year 2008 to February 2013, the total CMU population increased from 64 inmates to 81 inmates.[3] See figure 11 for an overview of CMUs.

[1]BOP operates CMUs in two medium security BOP facilities. BOP established a CMU at FCI Terre Haute in 2006 and a second CMU in USP Marion in 2008. As part of this review, we visited both CMUs.

[2]According to BOP officials, BOP does not have a national policy governing CMUs. Rather, the prisons containing the CMUs have developed institution supplements, or local guidelines and procedures that govern the CMU inmate review process and conditions of confinement. The CMU institution supplements for FCI Terre Haute and USP Marion are generally the same.

[3] BOP has had 113 CMU inmate cells since fiscal year 2008. The CMU population and cell totals include the CMU SHUs.

**Figure 11: Overview of Communications Management Units**

**Communications Management Units (CMU)**

**Referral**
Inmates may be referred to CMUs who, because of their current offense of conviction, offense conduct, or other verified information, require enhanced monitoring of all communications with persons in the community.
- Referrals for transfer to a CMU are to be coordinated by the BOP Counter Terrorism Unit (CTU). Referrals may come from any source within BOP or from other law enforcement agencies or courts. Once the CTU receives the referral, the CTU is to review information relevant to the referral, such as information contained in the inmate's case file and any other information or intelligence related to the referral. In addition, CTU staff may draw upon sensitive information and the expertise of other law enforcement and intelligence agencies during the CMU review process.
- Once the referral information is reviewed, a recommendation is to be made to the North Central Regional Director for CMU placement with appropriate referral documentation.
- The North Central Regional Director is to then make a decision as to whether the inmate should be placed in a CMU based on a review of the evidence presented, and a conclusion that the inmate's designation to a CMU is necessary to ensure the safety, security, and orderly operation of correctional facilities, or to protect the public.[a]

**Procedural policies**
Inmates placed in CMUs do not receive a hearing. Inmates placed in CMUs are to receive written notice of their reason for placement, conditions of confinement, and their procedural protection rights. The unit team is also required to review the inmate's placement in a CMU every 6 months, and inmates are expected to attend these regular reviews.

**General conditions of confinement**
- Ordinarily allowed outside cell 15 to 16 hours per day.
- All nonlegal correspondence is monitored, and all social phone calls and visits are live-monitored and recorded.
- Two 15-minute calls per week (eight calls per month).
- Up to 8 hours of noncontact visits per month.
- Legal communication exempted from monitoring.
- All inmate meals served in communal area of CMU.

**Number of cells and population[b]**
Number of cells: 113
Population: 81

Source: GAO analysis of BOP information; Art Explosion (clip art).

[a]BOP promulgated a proposed rule in April 2010 to establish specific parameters for CMU operations and put inmates and the public on notice of CMUs; the comment period closed in June 2010, and a final rule has not been published. Under the proposed rule, BOP's Assistant Director of the Correctional Programs Division would become the authorizing official for CMU designations. Communications Management Units. 75 Fed. Reg. 17,324 (proposed Apr. 6, 2010) (to be codified at 28 C.F.R. pt. 540, subpt. J).

[b]The total CMU inmate population and number of cells includes SHUs within the CMUs.

## Placement Criteria and Procedural Policies

According to a BOP memorandum, BOP places inmates in CMUs for several reasons, including conviction, conduct or involvement related to

international or domestic terrorism, and commission of prohibited activity related to misuse or abuse of approved communication methods while incarcerated, or for other reasons.[4]

Inmates referred to CMUs do not receive a hearing prior to placement in CMUs.[5] According to the prison's institution supplement guidelines, an inmate assigned to a CMU is to receive a notice of transfer to the CMU within 5 days of arrival in the unit, including reasons for placement and notice of the right to appeal the transfer through the administrative remedy process. At the institution, prison officials are to review the CMU inmate's status every 6 months, according to BOP's national policy that applies to all inmates in BOP custody. The guidelines also call for prison officials to regularly review an inmate's readiness to be transferred out of a CMU by examining a number of factors, including programming needs and if the original reasons for CMU placement still exist. After conducting the review, prison officials may recommend to the warden that an inmate be transferred out of the CMU.

## General Conditions of Confinement

All CMU inmates are segregated from the general population in self-contained housing units to regulate and monitor their communications with persons in the community. However, they are allowed to congregate outside their cells, but within these self-contained housing units, for 15 to 16 hours per day like inmates in the general population.[6] Inmates in CMUs require 100 percent live monitoring of their telephone calls and social visits, and a review of their incoming and outgoing social mail.[7] All

[4]According to BOP's Memorandum for Continued CMU Designation, dated October 14, 2009, BOP also refers inmates to CMUs for the following reasons: attempt or propensity to contact victims of the inmate's current offense of conviction, and/or conviction or conduct indicating a propensity to coordinate illegal activity through communication with persons in the community, or evidence of a potential threat to the safety and security of prison facilities or the public, as a result of the inmate's unmonitored communication with persons in the community.

[5]As of February 2013, there is litigation pending in federal court addressing the issue of whether the lack of a hearing prior to placement in a CMU adequately protects inmates' constitutional rights. See Aref v. Holder, No. 10-0539 (D.D.C. filed Apr. 1, 2010).

[6]According to the CMU institution supplements, inmates in the USP Marion CMU will generally be housed in single-bunked cells, and inmates in the FCI Terre Haute CMU will generally be housed in double-bunked cells.

[7]Legal and special mail (e.g., attorney, federal courts) can be sealed and delivered to unit management.

telephone calls and social visits are also recorded, and they must occur in English only, unless the call is previously scheduled and conducted through simultaneous translation monitoring. Other than increased communications monitoring, BOP officials stated that conditions of confinement in these units are the same as conditions of confinement for inmates in other medium security general population housing units. This includes (1) access to medical and mental health services; (2) meals that meet inmate dietary requirements served in common dining areas; (3) access to recreation and leisure in a common area daily up to 16 hours per day, including table games, television in the common areas, and some aerobic exercise equipment; (4) religious service opportunities; and (5) access to law library services.

Also, like general population housing, each CMU contains a SHU dedicated to housing inmates in need of being placed in SHU-administrative detention or SHU-disciplinary segregation status. See figures 12 and 13 for photographs of a CMU.

**Figure 12: Communications Management Unit Cell, Terre Haute, Indiana**

Source: BOP.

Figure 13: Communications Management Unit Common Area, Marion, Illinois

Source: BOP.

## BOP Monitoring of CMUs

As previously discussed, BOP headquarters has a mechanism in place to centrally monitor how prisons implement most housing unit policies, but the degree of monitoring varies depending upon the type of housing. In addition, we reviewed PRD monitoring reports, assessed how PRD conducted monitoring at one of the two prisons with CMUs, and conducted an independent analysis of BOP compliance at these two prisons.

At one of the two prisons with CMUs we visited, we observed that PRD checked compliance with general prison policies, as well as SHU-specific policies, but PRD does not have requirements to monitor CMU-specific policies. CMU inmate files may be included in any PRD program review that covers the entire prison complex. According to BOP officials, although not required, BOP may randomly select some CMU inmate files

as part of the prison complex during periodic PRD reviews.[8] However, PRD does not have requirements to monitor CMU-specific policies found in the institution supplement guidelines. According to BOP officials, additional monitoring for CMUs is not required because they do not have the same kinds of restrictive conditions of confinement that are the subject of SHU- and SMU-specific monitoring steps.

As part of our review of PRD monitoring reports, we found that 8 of the 45 monitoring reports covered these two prisons with CMUs. PRD found that these prisons were in general compliance with BOP policies, and none of these PRD monitoring reports identified any findings or deficiencies specific to the CMUs. To assess how PRD staff conducted monitoring at one of these prisons, we observed PRD conduct reviews at the CMUs in accordance with PRD guidelines. In light of our observations, we found that PRD staff (1) performed monitoring rounds at CMUs, (2) reviewed log books, and (3) reviewed inmate files, to determine if the prisons followed the required procedural protections steps. In addition, we also conducted an independent analysis of BOP compliance with CMU-specific policies at the two prisons with CMUs. Specifically, we reviewed a total of 10 files for inmates held in CMUs for fiscal years 2011 and 2012 at these two facilities. We found that all 10 inmate case files we analyzed provided reasons for inmate placement in CMUs, as required by BOP institution supplements. However, similar to the documentation problems we noted in the body of the report, we found documentation deficiencies during our review of the CMU files. For example, 2 out of the 10 inmate case files we reviewed did not include documentation that unit team staff regularly monitored the inmate's CMU status every 6 months and ensured that inmates were afforded their rights to programming activities. Without complete documentation, BOP headquarters cannot be assured that inmates in CMUs are receiving the procedural protections and conditions of confinement to which they are entitled, as stated in BOP policy and institution supplements.

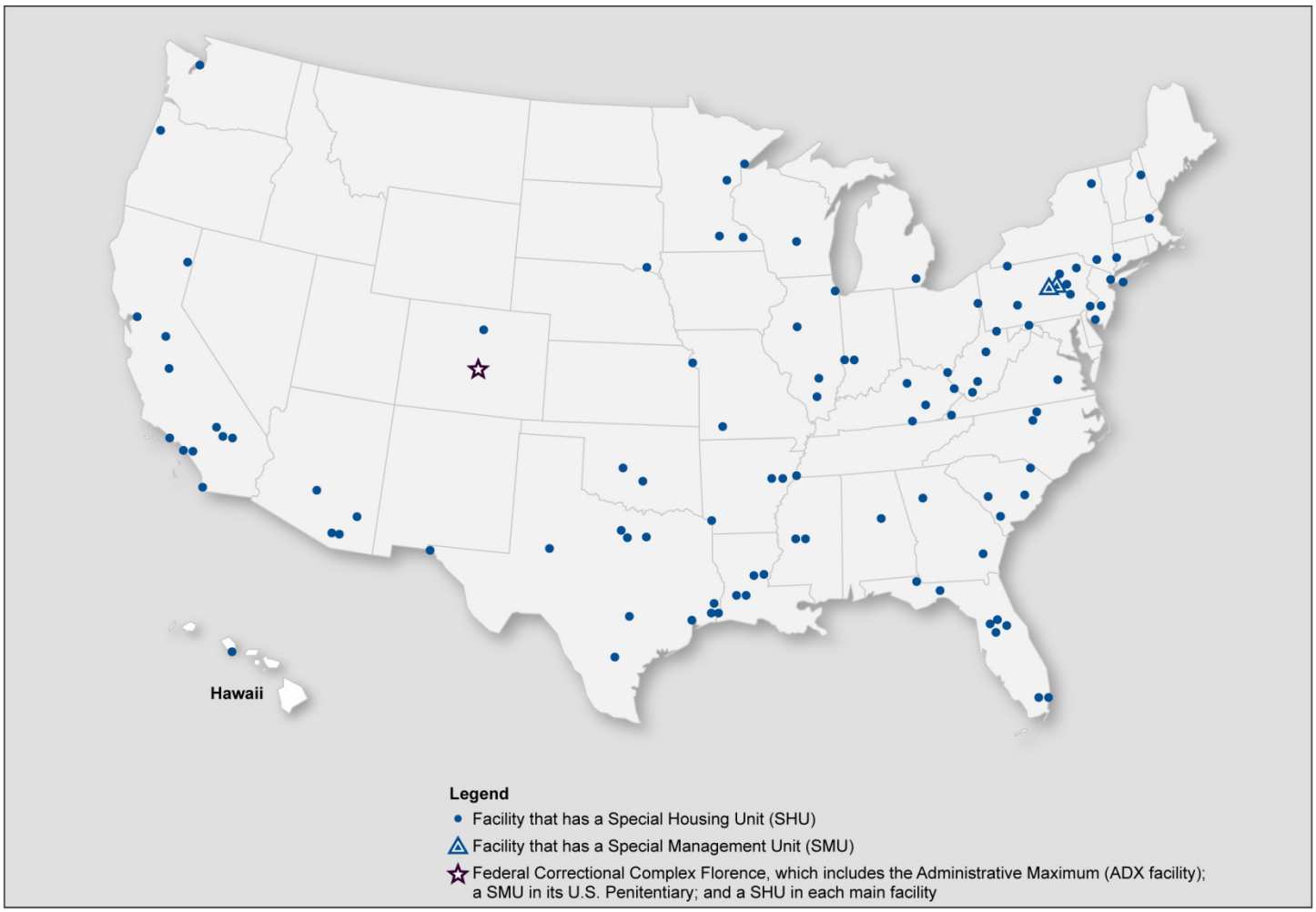
[8]According to BOP officials, BOP considers CMUs as general population housing, and thus does not require separate oversight like SHUs or SMUs.

# Appendix III: Location and Length of Stay in BOP Segregated Housing Units

## Location of Segregated Housing Units

BOP has segregated housing units in prisons located throughout the country. For example, BOP has SHUs in 109 out of its 119 facilities. Three facilities have SMUs. See figure 14 for a map of the locations of each type of segregated housing unit.

**Figure 14: Locations of Segregated Housing Units within BOP Facilities**




Source: GAO analysis of BOP information; Map Resources (map).

## Length of Stay

According to BOP, the length of stay inmates serve in segregated housing units varies, and BOP does not track an inmate's total length of stay or establish a maximum length of stay for inmates in any type of segregated housing unit. An inmate's length of stay in segregated housing varies depending on the inmate's program needs and status,

reason for placement, and behavior while in the unit. BOP policy provides the expected length of stay for some segregated housing units. For example, according to BOP officials, placement of inmates in SHUs is intended to be temporary. Inmates may be sanctioned to 1 to 18 months in a SHU for disciplinary reasons, given the severity of infraction. Also, BOP policy states inmates placed in SMUs, the ADX Step Down Units, and ADX Special Security Unit may participate in structured, phased programs where they can progress or “step down” to general population after approximately 18 to 36 months if they maintain good behavior. However, according to BOP officials, an inmate may remain in any of the segregated housing units if the inmate continues to be disruptive or BOP officials determine through the review process that the inmate’s original reason for placement still exists.

# Appendix IV: Comments from the Bureau of Prisons

**U.S. Department of Justice**

Federal Bureau of Prisons

*Office of the Director*

*Washington, DC 20534*

April 19, 2013

David C. Maurer, Director
Homeland Security & Justice
Government Accountability Office
441 G Street, NW
Rm. 6B44
Washington, DC 20548

Dear Mr. Maurer:

The Bureau of Prisons (BOP) appreciates the opportunity to formally respond to the Government Accountability Office's draft report entitled Improvements Needed in Bureau of Prisons' Monitoring and Evaluation of Impact of Segregated Housing, GAO-13-429. We have completed our review of the information reflected in the report and offer the following comments.

To improve BOP's ability to centrally oversee the implementation of segregated housing policies, we recommend that the Director of the Bureau of Prisons take the following two actions:

**Recommendation 1:** Develop ADX-specific monitoring requirements.

**Response:** The BOP concurs with this recommendation and will conduct a Management Assessment to identify aspects of the Control Unit at the Administrative Maximum Security Prison, Florence Colorado (ADX) that are most vulnerable to violations of policy. Appropriate guidelines will be established and incorporated into the respective discipline's program review guidelines. We request this recommendation be closed.

**Recommendation 2:** Develop a plan that clarifies the objectives and goals of the new software program, with timeframes and milestones, and other means, that explains the extent the software program will address documentation concerns we identified.

**Response:** The BOP concurs with Recommendation 2. The BOP's policy (PS5270.10), Special Housing Units, defines the program objectives for SHU management. Those objectives or expected results of the program are:

1. A safe and orderly environment will be provided for inmates and staff,
2. Living conditions for inmates in disciplinary segregation and administrative detention will meet or exceed applicable standards, and
3. Accurate and complete records will be maintained on conditions and events in special housing units.

BOP developed the software program, or "SHU application", that is the subject of this recommendation to facilitate its compliance with the third objective listed above. The objectives and goals of this software program are to enable staff to document the management of SHU operations in an automated fashion, and to provide for automated and accurate maintenance of records kept in accordance with PS5270.10. Thus, the SHU application will track and maintain records on conditions and events in special housing units that include inmate meals, inmate recreation, inmate showers, psychology or medical staff rounds, and cell rotations.

As of December 6, 2012, the SHU application was fully deployed to all institutions. As part of the deployment, all users have been trained. In order to assess whether the SHU application addresses the documentation concerns GAO identified, the BOP will implement the following plan:

| Milestone | Expected Completion Date |
|---|---|
| Deploy SHU application nationwide and train users | Completed - December 6, 2012 |
| Review Program Review findings after six-months of institution review assessments and determine if SHU documentation deficiencies in specified areas (inmate meals, inmate recreation, inmate showers, psychology or medical staff rounds, and cell rotations) have been reduced when compared to institution findings for a similar time frame before the application had been deployed. | Approximately September 30, 2013 |

We request this recommendation be closed.

To ensure that BOP's use of segregated housing furthers BOP's goal to confine inmates in a humane manner and contributes to institutional safety without having a detrimental impact on inmates held there for long periods of time, we recommend that the Director of the Bureau of Prisons take the following two actions:

**Recommendation 3**: Ensure that any current study to assess segregated housing units also includes an assessment of the extent that segregated housing contributes to institutional safety, and consider key practices that include local and state efforts to reduce reliance on and the number of inmates held in segregated housing.

**Response**: The BOP concurs with Recommendation 3. The current Scope of Work for a Special Housing Review and Assessment to be performed by experts in the field (external to BOP and the Department of Justice), calls for an assessment of how special housing units contribute to institutional safety and consideration of key practices of local and state correctional systems, as well as any other correctional system. Below are key passages from the Scope of Work that address the recommendation:

- Conduct a comprehensive review of restricted housing operations for the current population of at least one site housing a SHU and a SMU, and the Florence Administrative Maximum Security Facility (ADX), excluding H Unit. This comprehensive review will include, at a minimum, a thorough evaluation of designation and referral processes; inmate notification and due process; inmate movement; inmate mental health history, evaluation, and treatment; inmate discipline; inmate administrative remedies; inmate health care; inmate programming and recreation; inmate housing; and inmate property.
- Conduct a comprehensive evaluation of the management of highly disruptive inmates within a correctional environment. This evaluation will include a review of existing applicable Bureau policies including institutional supplements and guidance memoranda, a review of corrections best practices across the correctional spectrum, and a review of empirical literature on the topic.
- Conduct a comprehensive evaluation of the management of and use of housing units and other behavioral management tools currently used within the Bureau, best practices within that area across the correctional spectrum, and a review of empirical literature on the topic.

The Bureau of Prisons will ensure these areas are addressed with the selected contractor. We request this recommendation be closed.

**Recommendation 4:** Assess the impact of long-term segregation on inmates in SHUs, SMUs, and ADX.

**Response:** The BOP concurs with Recommendation 4. Consistent with its public safety mission, the BOP assesses the mental health of all inmates in segregated housing units on an ongoing basis. These reviews address each inmate's adjustment to the restricted housing setting. In addition, BOP will develop and distribute to the field an expanded mental health screening tool for use by psychology staff with inmates held in long-term segregation. This tool will be used to aid psychology staff in conducting a longitudinal assessment of inmates housed in SHUs or the ADX Control Unit for more than 12 continuous months and those inmates who fail to progress through the SMU or ADX General Population Step Down phases in a timely manner. In addition, to assess the impact of the long term effects of segregation on inmates, BOP's regular assessments of those inmates in BOP custody will be informed by the comprehensive review of BOP's segregated housing units, as described above. The Scope of Work for such review (the contract was recently awarded), requires the contractor to "Conduct a comprehensive review of restricted housing operations for the current population of at least one site housing a SHU and a SMU, and the Florence Administrative Maximum Security Facility (ADX), excluding H Unit. This comprehensive review will include, at a minimum, a thorough evaluation of … inmate mental health history." The scope of work also requires the contractor to "Conduct a comprehensive review of the Bureau's mental health assessment process." The BOP will ensure mental health records are available to the auditors in accordance with their needs to facilitate a thorough and complete evaluation and in accordance with all privacy laws and regulations. We request this recommendation be closed.

If you have any questions regarding this response, please contact Sara M. Revell, Assistant Director, Program Review Division, at (202) 353-2302.

Sincerely,

Charles E. Samuels, Jr.
Director

# Appendix V: GAO Contact and Staff Acknowledgments

## GAO Contact

David C. Maurer, (202) 512-9627 or maurerd@gao.gov

## Staff Acknowledgments

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## GAO's Mission

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*A Directory of Bureau of Prisons' National Programs*

May 22, 2015

# FOREWARD

The Federal Bureau of Prisons (BOP) mission is to protect society and reduce crime. In addition to incarcerating offenders in prisons that are safe, secure, humane and cost-efficient, the BOP encourages inmates to participate in programs that reduce recidivism and improve reentry outcomes.

This practical guide was prepared to highlight the agency's national standardized programs available to inmates ranging from cognitive-behavioral treatment to General Equivalency Diploma (GED) to intensive (residential) substance abuse treatment. Each program summary this directory contains a Program Description, Time Frame, Admission Criteria, Program Content, Empirical Support, Applicable Policies, and Institution Locations.

The directory describes the agency's national programs in the areas of inmate treatment and education. All federal prisons also offer vocational training programs that are compiled annually in the Inmate Occupational Training Directory. These programs help inmates acquire marketable skills in a wide variety of trades. Programs vary across the country and many institutions provide registered apprenticeships. The directory can be found at:

http://www.bop.gov/inmates/custody_and_care/docs/inmate_occupational_training_diretory.pdf

Finally, every federal prison offers numerous locally developed programs for inmates, especially in the areas of religious services, recreation, education, and reintegration.

*Disclaimer: The BOP provides this list to you as a means of describing programs offered throughout the nation to federal inmates. This list contains information which is accurate as of May 2015, but programming offered at various institutions is subject to change over time. The BOP attempts to follow all judicial recommendations regarding place of incarceration, however, many factors are considered when making a designation decision and sometimes the BOP is not able to accommodate the judicial recommendation.*

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| | Adult Continuing Education (ACE) Classes |
|---|---|
| **Program Description** | ACE includes formal instructional classes of special interest. ACE classes may enhance an inmate's general knowledge of various subjects, and promote the acquisition of positive leisure time skills and a healthy lifestyle.<br><br>ACE classes are designed and offered based on the needs and/or interests of the inmate population. Classes vary from institution to institution. An inmate completes an ACE class when he/she meets the participation and achievement standards established for the class. |
| **Time Frame** | ACE classes are offered for a varied length of time based on the program requirements established at the local institution. ACE classes are usually offered during the evening and weekend hours. |
| **Admission Criteria** | All inmates are afforded the opportunity to participate in ACE classes. Since class offerings vary from institution-to-institution, prerequisites (e.g., completing a basic class before enrolling in an intermediate class) may exist. |
| **Program Content** | Similar to non-credit personal enrichment classes (e.g., Microsoft Word, Personal Finance, Nutrition) offered at local community colleges, ACE classes enhance inmates' general knowledge of various subjects such as consumer education, typing, keyboarding, business skills, conversational Spanish, weight management, painting, drawing, and refresher basic skills classes. The ACE program also includes reentry type classes to assist in preparing inmates for release. Popular reentry classes include job interview, job search, and resume writing classes.<br><br>Upon completion, inmates often receive a Certification of Completion from the local institution's Education Department. ACE classes may be taught by a staff member or an inmate tutor. |
| **Empirical Support** | Information gathered in a recidivism study of three states (Maryland, Minnesota, and Ohio) indicated, inmates who participated in education programs while incarcerated exhibited lower rates of recidivism after three years. In each state the three measures of recidivism, re-arrest, re-conviction and re-incarceration were significantly lower. The employment data shows that in every year, for the three years that the study participants were followed, the wages reported to the state labor departments were higher for the education participants compared to the non-participants (Steurer, Smith, and Tracy; 2001).<br><br>A February 2014 study conducted by the RAND Corporation (Evaluating the Effectiveness of Correctional Education) indicated correctional education improves inmates' outcomes after release. The study supports the premise that receiving correctional education reduces the risk of recidivism and increases the odds of obtaining employment after release. |
| **Applicable Policies** | 5270.11 Recreation Programs, Inmate<br>5300.21 Education Training and Leisure Time Program Standards. |
| **Institution Locations** | All Bureau facilities offer Adult Continuing Education Classes. |

| | Bureau Literacy Program |
|---|---|
| **Program Description** | The Literacy Program is designed to help inmates develop foundational knowledge and skill in reading, math, and written expression, and to prepare inmates to get a General Educational Development (GED) credential. The completion of the Literacy Program is often only the first step towards adequate preparation for successful post-release reintegration into society. |
| **Time Frame** | Depending on student needs, students participate in literacy classes for a varied length of time. Literacy classes are scheduled Monday through Friday. Each literacy class session meets a minimum of 1 1/2 hours per day. With few exceptions, inmates without a confirmed GED or high school diploma are required to enroll and participate in the Literacy Program for a minimum of 240 instructional hours or until they achieve a GED credential. |
| **Admission Criteria** | All inmates without a GED credential or a high school diploma are enrolled in literacy classes in Bureau correctional facilities.<br><br>The following inmates are not required to attend the Literacy Program:<br>(1) pretrial inmates; (2) inmates committed for purpose of study and observation under the provisions of 18 U.S.C. 4205(c), 4241(d), or, effective November 1, 1987, 18 U.S.C. 3552(b); (3) sentenced deportable aliens; and (4) inmates determined by staff to be temporarily unable to participate in the Literacy Program due to special circumstances beyond their control (e.g., due to a medical condition, transfer on writ, on a waiting list for initial placement). However, these inmates are required to participate when the special circumstances are no longer applicable. |
| **Program Content** | Program content focuses on developing foundational knowledge and skill in reading, math, and written expression, and to prepare inmates to get a GED credential.<br><br>Inmates withdrawing from literacy programs prior to obtaining a GED will be restricted to the lowest pay and have an inability to vest or earn the maximum amount of Good Conduct Time. Occupational training programs generally require a GED/High School Diploma or concurrent enrollment in a Literacy Program. |
| **Empirical Support** | Research has shown that passing the GED Test increases earnings for some dropouts, but that labor market payoffs take time (Murnane, Willett, & Tyler, 2000; Tyler, 2004; Tyler & Berk, 2008; Tyler, Murnane, & Willett, 2000, 2003). GED credentials provide a pathway into postsecondary education, and finishing even a short term program offers important economic benefits to GED credential recipients (Patterson, Zhang, Song & Guison-Dowdy, 2010). |
| **Applicable Policies** | 5350.28 Literacy Program (GED Standard).<br>5300.21 Education Training and Leisure Time Program Standards.<br>5353.01 Occupational Education Programs. |
| **Institution Locations** | All Bureau facilities offer the Literacy Program. |

| | English-as-a-Second Language Program |
|---|---|
| **Program Description** | The English-as-a-Second Language (ESL) Program is designed to help limited English proficient inmates improve their English until they function at the equivalency of the eighth grade level in listening and reading comprehension. |
| **Time Frame** | Depending on English skills and motivation, inmates participate in the ESL program for a varied length of time. ESL classes are scheduled Monday through Friday. Each class session meets a minimum of 1 ½ hours per day. With few exceptions, limited English proficient inmates are required to participate in the ESL program until they function at the eighth grade level as measured by standardized reading and listening assessment tests. |
| **Admission Criteria** | All limited English proficient inmates in the Bureau's correctional facilities are required to participate in the ESL program.<br><br>The following inmates are exempt from the mandatory ESL participation requirement:<br>(1) pretrial inmates; (2) inmates committed for the purpose of study and observation under the provisions of 18 U.S.C. 4205(c) or, effective November 1, 1987, 18 U.S.C. 3552 (b); (3) sentenced aliens with a deportation detainer; and (4)other inmates whom, for documented good cause, the Warden may excuse from attending the ESL program. Such inmates, however, shall be required to participate when the special circumstances are no longer applicable.<br><br>Although exempted from mandatory ESL participation requirement, all limited proficient English speaking inmates are strongly encouraged to participate in the ESL program. |
| **Program Content** | Program content primarily focuses on developing functional English listening and reading comprehension skills such as locating and utilizing resources (e.g., libraries, public transportation, drug stores, grocery stores, employment opportunities, etc.). |
| **Empirical Support** | Research has shown that individuals who are literate only in a language other than English are more likely to have non-continuous employment and earn less than those literate in English (Greenberg, Mac'as, Rhodes, & Chan, 2001). Data from the 2000 U.S. Census on immigrant earnings revealed a positive relation between earnings and English skill ability (Chiswick & Miller, 2002).<br><br>An analysis of higher quality research studies has shown that on average, inmates who participated in correctional education programs (to include ESL instruction) had a 43 percent lower recidivism rate than those inmates who did not (Davis et al., 2014). Lower quality research studies revealed a 13 percent lower recidivism rate for those inmates who participated in correctional education programs than those inmates who did not participate (Davis et al., 2014). The same research study also has shown that correctional education is cost effective (a savings of $5.00 on re-incarceration costs for every dollar spent on correctional education). |
| **Applicable Policies** | 5300.21 Education, Training, and Leisure Time Program Standards.<br>5350.24 English-as-a-Second Language Program (ESL). |
| **Institution Locations** | All Bureau facilities offer the ESL Program. |

| | Federal Prison Industries Program |
|---|---|
| **Program Description** | The mission of Federal Prison Industries, (FPI) Inc. is to protect society and reduce crime by preparing inmates for successful reentry through job training.<br><br>FPI (also known by its trade name UNICOR) is a critical component of the Bureau of Prisons' comprehensive efforts to improve offender reentry. By providing inmates the skills needed to join the workforce upon release, FPI reduces recidivism and helps curb the rising costs of corrections.<br><br>FPI was established in 1934 by statute and executive order to provide opportunities for training and work experience to federal inmates. (18 U.S.C. § 4121, et seq.) FPI does not rely on tax dollars for support; its operations are completely self-sustaining. FPI is overseen by a Presidentially-appointed Board of Directors. It is one of the Bureau of Prisons' most critical programs in support of reentry and recidivism reduction. |
| **Time Frame** | Employment opportunities are dependent upon institutional needs, FPI requirements, and the inmate employment waiting list. |
| **Admission Criteria** | Inmate workers are ordinarily hired through waiting lists. A renewed emphasis has been placed on the use of job share and half- time inmate workers. This will allow for an increase in the number of inmates who benefit from participating in the FPI program. FPI has placed emphasis on prioritizing inmates on the waiting list within two years of release for available FPI positions, with the aim that these inmates should be hired at least six months prior to release. FPI has also placed an emphasis on prioritizing inmates on the waiting list who are military veterans, as well as those with financial responsibilities. |
| **Program Content** | FPI is, first and foremost, a correctional program. Its impetus is inmate release preparation and helping offenders acquire the skills necessary to successfully make the transition from prison to law-abiding, tax paying, productive members of society. The production of items and provision of services are necessary by-products of those efforts, as FPI does not receive any appropriated funds for operation. |
| **Empirical Support** | Rigorous research, as outlined in the Post-Release Employment Project (PREP Study), demonstrates that participation in prison industries and vocational training programs has a positive effect on post-release employment and recidivism. The research revealed that inmates who worked in prison industries were 24 percent less likely to recidivate than non-program participants and 14 percent more likely to be gainfully employed. These programs had an even greater positive impact on minority offenders who are at the greatest risk of recidivism. |
| **Applicable Policies** | 8120.02 Work Programs for Inmates – FPI.<br>1600.10 Environmental Management Health.<br>5180.05 Central Inmate Monitoring System.<br>5251.06 Work and Performance Pay Program, Inmate.<br>5290.14 Admission and Orientation Program.<br>5353.01 Occupational Education Programs.<br>5350.28 Literacy Program (GED Standard).<br>5380.08 Financial Responsibility Program, Inmate.<br>8000.01 UNICOR Corporate Policy and Procedures. |

**Institution Locations**

The Federal Prison Industries Program is available at the following facilities:

| Mid-Atlantic Region | North Central Region | Northeast Region |
|---|---|---|
| FCI Ashland, KY-Low | FCI Englewood, CO-Low | FCC Allenwood, PA-Complex |
| FCI Beckley, WV-Medium | FCC Florence, CO-Complex | FCI Danbury, CT-Low |
| USP Big Sandy, KY-High | FCI Greenville, IL-Medium | FCI Elkton, OH-Low |
| FCC Butner, NC-Complex | USP Leavenworth, KS-Medium | FCI Fairton, NJ-Medium |
| FCI Cumberland, MD-Medium | USP Marion, IL-Medium | FCI Fort Dix, NJ-Low |
| FCI Gilmer, WV-Medium | FCI Milan, MI-Low | USP Lewisburg, PA-High |
| USP Lee, VA-High | FCI Pekin, IL-Medium | FCI Loretto, PA-Low |
| FMC Lexington, KY-Med. Ctr. | FCI Sandstone, MN-Low | FCI Otisville, NY-Medium |
| FCI Manchester, KY-Medium | FCC Terre Haute, IN-Complex | FCI Ray Brook, NY-Medium |
| FCI Memphis,TN-Medium | FCI Waseca, MN-Low | FCI Schuylkill, PA-Medium |
| FCC Petersburg, VA-Complex | | |

| South Central Region | Southeast Region | Western Region |
|---|---|---|
| FCI Bastrop, TX-Medium | USP Atlanta, GA-Medium | USP Atwater, CA-High |
| FCC Beaumont, TX-Complex | FCC Coleman, FL-Complex | FCI Dublin, CA-Medium |
| FPC Bryan, TX-Minimum | FCI Edgefield, SC-Medium | FCC Lompoc, CA-Complex |
| FCI El Reno, OK-Medium | FCI Jesup, GA-Minimum | FCI Phoenix, AZ-Medium |
| FCC Forrest City, AR-Complex | FCI Marianna, FL-Medium | FCI Safford, AZ-Low |
| FCI La Tuna, TX-Low | FCI Miami, FL-Low | FCI Sheridan, OR-Medium |
| FCC Oakdale, LA- Complex | FPC Montgomery, AL-Minimum | FCI Terminal Island, CA - Low |
| FCC Pollock, LA- Complex | FPC Pensacola, FL-Minimum | FCC Tucson, AZ-Complex |
| FCI Seagoville, TX-Low | FCI Talladega, AL- Medium | FCC Victorville, CA-Complex |
| FCI Texarkana, TX-Low | FCI Tallahassee, FL-Low | |
| | FCC Yazoo City, MS -Complex | |

| | Occupational Education Programs |
|---|---|
| **Program Description** | The Occupational Education Program is designed to help inmates acquire marketable skills in a wide variety of trades. Programs which vary from institution to institution are provided by either career civil-service vocational training instructors or through contracts with colleges and technical schools. Many institutions also provide registered apprenticeships through the United States Department of Labor's Office of Apprenticeship.<br>An Inmate Occupational Training Directory, outlining the specifics for programs offered at each institution was published in September 2013. The Directory is accessible via:<br>http://www.bop.gov/inmates/custody_and_care/docs/inmate_occupational_training_directory.pdf |
| **Time Frame** | Program length varies with the provider and the complexity of the program. Upon completion of a marketable occupational education program, inmates may earn an AA, AS, AAS degree and/or an industry recognized certification. Apprenticeship programs are usually 2,000+ hours and may take three to four years to complete. |
| **Admission Criteria** | All inmates are eligible to participate in an institution's occupational education program. The inmate's unit team, in consultation with the Education Department, determines if a particular course of study is suited to the inmate's needs. Inmates with a demonstrated need for occupational training may have their enrollments deferred until the latter part of their sentence, to ensure their training is current upon release. Occupational education programs typically require an inmate to have a GED or high school diploma or concurrent enrollment in the Literacy Program.<br><br>Inmates under orders of deportation, exclusion, or removal may participate in an institution's occupational education program if institution resources permit after meeting the needs of other eligible inmates. |
| **Program Content** | Program content focuses on developing the skills necessary for entry-level employment in a given trade. |
| **Empirical Support** | Evidence shows a relationship between correctional education program participation before release and lower odds of recidivating after release (Davis et al., 2014; Saylor and Gaes, 1996; Aos, Phipps, Barnoski and Lieb, 2001). In a study conducted in Maryland, Minnesota and Ohio, correctional education participants had lower recidivism rates in the categories of re-arrest, re-conviction, and re-incarceration (Steurer, Smith and Tracy, 2001). There is some evidence that in-prison vocational education is effective in improving individuals' likelihood of post-release employment (Davis et al., 2014). |
| **Applicable Policies** | 5353.01 Occupational Education Programs.<br>5300.21 Education, Training and Leisure Time Program Standards. |
| **Institution Locations** | All Bureau facilities are mandated to offer Occupational Training with the following exceptions: metropolitan correctional centers, metropolitan/federal detention centers, the Federal Transportation Center, satellite camps, and the administrative maximum facility. |

| | Parenting Program |
|---|---|
| **Program Description** | The Parenting Program provides inmates information and counseling through directed classes on how to enhance their relationship with their children even while incarcerated. All parenting programs include a classroom component and relationship building visitation activities. In addition, social services outreach contacts are often established to facilitate the provision of services to the inmate parent, visiting custodial parent, and children. |
| **Time Frame** | Inmates may participate in the Parenting Program at any point during their sentence. The duration of the program varies by institution-to-institution. |
| **Admission Criteria** | All inmates are afforded the opportunity to participate in the Parenting Program. |
| **Program Content** | The Parenting Program varies in length, depth, and content from institution-to-institution. Providers of Parenting Program components may include educational staff, as well as volunteers from a community group and/or a social service organization. However, the program's curriculum is recommended to address parenting skills, skills for family support, family literacy education, substance abuse education, and prenatal care information for expectant mothers. |
| **Empirical Support** | Research has shown parenting programs for incarcerated parents can improve their self-esteem, parenting attitudes, and institutional adjustment. |
| **Applicable Policies** | 5355.03 Parenting Program Standards.<br>5267.08 Visiting Regulations.<br>5300.20 Volunteers and Citizen Participation Programs.<br>5300.21 Education Training and Leisure Time Program Standards. |
| **Institution Locations** | All Bureau facilities offer the Parenting Program. |

| | Bureau Rehabilitation and Values Enhancement (BRAVE) Program |
|---|---|
| **Program Description** | The BRAVE Program is a cognitive-behavioral, residential treatment program for young male offenders, serving their first federal sentence. Programming is delivered within a modified therapeutic community environment; inmates participate in interactive groups and attend community meetings. The BRAVE Program is designed to facilitate favorable institutional adjustment and reduce incidents of misconduct. In addition, the program encourages inmates to interact positively with staff members and take advantage of opportunities to engage in self-improvement activities throughout their incarceration. |
| **Time Frame** | The BRAVE Program is a six-month program. Inmates participate in treatment groups for four hours per day, Monday through Friday. As the BRAVE Program is designed to facilitate a favorable *initial* adjustment to incarceration, inmates are assigned to the program at the beginning of their sentence. |
| **Admission Criteria** | Program admission criteria are as follows: medium security male offender, 32 years of age or younger, a sentence of 60 months or more, and new to the federal system. |
| **Program Content** | Program content focuses on developing interpersonal skills; behaving pro-socially in a prison environment; challenging antisocial attitudes and criminality; developing problem solving skills; and planning for release. |
| **Empirical Support** | Research found BRAVE Program participants had a misconduct rate that was lower than the comparison group and BRAVE Program graduates had a misconduct rate that was also lower. The BRAVE Program utilizes cognitive behavioral treatment within a modified therapeutic community; these interventions have been found to be effective with an incarcerated population in the reduction of recidivism. |
| **Applicable Policies** | 5330.11 Psychology Treatment Programs. |
| **Institution Locations** | The BRAVE Program is available at the following facilities: |

| Mid-Atlantic Region | Western Region |
|---|---|
| FCI Beckley, WV-Medium | FCI Victorville, CA-Medium |

| | Challenge Program |
|---|---|
| **Program Description** | The Challenge Program is a cognitive-behavioral, residential treatment program developed for male inmates in penitentiary settings. The Challenge Program provides treatment to high security inmates with substance abuse problems and/or mental illnesses. Programming is delivered within a modified therapeutic community environment; inmates participate in interactive groups and attend community meetings. In addition to treating substance use disorders and mental illnesses, the program addresses criminality, via cognitive-behavioral challenges to criminal thinking errors. The Challenge Program is available in most high security institutions. |
| **Time Frame** | Inmates may participate in the program at any point during their sentence; however, they must have at least 18 months remaining on their sentence. The duration of the program varies based on inmate need, with a minimum duration of nine months. |
| **Admission Criteria** | A high security inmate must meet one of the following criteria to be eligible to participate in Challenge Program: a history of substance abuse/dependence or a major mental illness as evidenced by a current diagnosis of a psychotic disorder, mood disorder, anxiety disorder, or personality disorder. |
| **Program Content** | The Challenge Program focuses on the reduction of antisocial peer associations; promotion of positive relationships; increased self-control and problem solving skills; and development of pro-social behaviors. The program places a special emphasis on violence prevention. In addition, there are separate supplemental protocols for inmates with substance use disorders and inmates with serious mental illnesses. |
| **Empirical Support** | Interventions utilized in the Challenge Program (i.e., cognitive-behavioral protocols and a modified therapeutic community model) have been demonstrated to be effective in other treatment programs, such as the Bureau's Residential Drug Abuse Program and BRAVE Program. Specifically, they have been noted to reduce misconduct, substance abuse/dependence, and recidivism. The mental health interventions selected for the Challenge Program also have strong empirical support and appear in multiple evidence-based programs (EBPs) registries. |
| **Applicable Policies** | 5330.11 Psychology Treatment Programs. |
| **Institution Locations** | The Challenge Program is available at the following facilities: |

| Mid-Atlantic Region | North Central Region | Northeast Region |
|---|---|---|
| USP Big Sandy, KY-High<br>USP Hazelton, WV-High<br>USP Lee, VA-High<br>USP McCreary, KY-High | USP Terre Haute, IN-High | USP Allenwood, PA-High<br>USP Canaan, PA-High |
| **South Central Region** | | **Western Region** |
| USP Beaumont, TX-High<br>USP Coleman I, FL- High<br>USP Coleman II, FL - High<br>USP Pollock, LA-High | | USP Tucson, AZ-High<br>USP Atwater, CA-High |

| | Drug Abuse Education |
|---|---|
| **Program Description** | Drug Abuse Education is designed to encourage offenders with a history of drug use to review the consequences of their choice to use drugs and the physical, social, and psychological impacts of this choice. Drug Abuse Education is designed to motivate appropriate offenders to participate in nonresidential or residential drug abuse treatment, as needed; Drug Abuse Education is not drug treatment. Drug Abuse Education is available in all Bureau institutions. |
| **Time Frame** | Drug Abuse Education is a 12-15 hour educational course. Class lengths and times are varied to meet the scheduling needs of each institution. Since the goal of Drug Abuse Education is to motivate offenders to participate in treatment, inmates are given the opportunity to participate in the course at the beginning of their sentence, ordinarily within the first 12 months. |
| **Admission Criteria** | Inmates are required to participate in Drug Abuse Education if any of the following criteria are met: their substance use contributed to the instant offense; their substance use resulted in a supervised release violation; a significant substance use history is noted; or a judicial recommendation for substance abuse treatment is noted. Additionally, any inmate may volunteer to take the course. |
| **Program Content** | Participants in Drug Abuse Education receive information on what distinguishes drug use, abuse, and addiction. Participants in the course also review their individual drug use histories, explore evidence of the nexus between drug use and crime, and identify negative consequences of continued drug abuse. |
| **Empirical Support** | Research has demonstrated psycho-educational techniques are effective motivational strategies, particularly in moving individuals toward seriously considering a significant life change. |
| **Applicable Policies** | 5330.11 Psychology Treatment Programs. |
| **Institution Locations** | All Bureau facilities offer the Drug Abuse Education Program. |

| | Mental Health Step Down Program |
|---|---|
| **Program Description** | The Mental Health Step Down Program is a residential treatment program offering an intermediate level of care for male and female inmates with serious mental illnesses. The program is specifically designed to serve inmates who do not require inpatient treatment, but lack the skills to function in a general population prison setting. The program uses an integrative model that includes an emphasis on a modified therapeutic community cognitive-behavioral therapies, and skills training. The goal of the Step Down Program is to provide evidence based treatment to chronically mentally ill inmates in order to maximize their ability to function and minimize relapse and the need for inpatient hospitalization. |
| **Time Frame** | The Mental Health Step Down Program is conducted over 12-18 months. Inmates may participate in the program at any point in their sentence. Formal programming is facilitated half-days, five days a week with the remaining half-day dedicated to an institution work assignment or other programming, as participants are able. |
| **Admission Criteria** | Inmates with serious mental illnesses, who would benefit from intensive residential treatment, are considered for the program. Male inmates with a primary diagnosis of Borderline Personality Disorder are referred to the STAGES Program, as opposed to the Mental Health Step Down Unit Program. Program participants must volunteer for the program and must not be acutely mentally ill (i.e., they must not meet criteria for inpatient mental health treatment). |
| **Program Content** | Mental Health Step Down Programs operate as modified therapeutic communities and utilize cognitive-behavioral treatments, cognitive rehabilitation, and skills training. Criminal thinking is addressed through the identification of criminal thinking errors and engagement in pro-social interactions with staff and peers. The programs work closely with Psychiatry Services to ensure participants receive appropriate medication and have the opportunity to build a positive relationship with the treating psychiatrist. Program content is designed to promote successful reentry into society at the conclusion of their term of incarceration, and program staff collaborate with community partners to facilitate reentry. |
| **Empirical Support** | The mental health interventions selected for this program have strong empirical support and appear in multiple evidence-based programs (EBPs) registries. |
| **Applicable Policies** | 5330.11 Psychology Treatment Programs. |
| **Institution Locations** | Mental Health Step Down Programs are available at the following facilities: |

| Mid-Atlantic Region | Southeast Region | Northeast Region |
|---|---|---|
| MH Step Down Unit<br>FCI Butner, NC-Medium | Secure MH Step Down Unit<br>USP Atlanta, GA-High | Secure MH Step Down Unit<br>USP Allenwood, PA-High |

| | Nonresidential Drug Abuse Program |
|---|---|
| **Program Description** | The Nonresidential Drug Abuse Program is a flexible, moderate intensity cognitive-behavioral treatment program. The program is designed to meet the needs of a variety of inmates including: inmates with relatively minor or low-level substance abuse impairment; inmates with a drug use disorder who do not have sufficient time remaining on their sentence to complete the intensive Residential Drug Abuse Program (RDAP); and inmates with longer sentences who are in need of treatment and are awaiting future placement in the RDAP. The Nonresidential Drug Abuse Program is available in all Bureau institutions. |
| **Time Frame** | The Nonresidential Drug Abuse Program is comprised of 90-120 minute weekly group treatment sessions, for a minimum of 12 weeks and a maximum of 24 weeks. Treatment staff may offer treatment beyond the 12 week minimum based upon the treatment needs of the inmate and supplemental treatment services available at the facility. |
| **Admission Criteria** | An inmate must have a history of drug abuse as evidenced by self-report, Presentence Investigation Report (PSR) documentation, or incident reports for use of alcohol or drugs to be eligible to participate in the program. |
| **Program Content** | The Bureau's treatment of substance abuse includes a variety of clinical activities organized to treat complex psychological and behavioral problems. The activities are unified through the use of Cognitive Behavioral Therapy (CBT), which was selected as the theoretical model because of its proven effectiveness with the inmate population. |
| **Empirical Support** | The Nonresidential Drug Abuse Program utilizes cognitive-behavioral interventions, which have been proven to be effective in the treatment of substance use disorders. The group treatment format used in this program also offers empirically supported benefits from pro-social peer interaction among participants. |
| **Applicable Policies** | 5330.11 Psychology Treatment Programs. |
| **Institution Locations** | All Bureau facilities offer the Nonresidential Drug Abuse Program. |

| | Residential Drug Abuse Program (RDAP) |
|---|---|
| **Program Description** | The RDAP provides intensive cognitive-behavioral, residential drug abuse treatment. Programming is delivered within a modified therapeutic community environment; inmates participate in interactive groups and attend community meetings. The RDAP is currently available to Spanish speaking inmates at two facilities. In addition, Dual Diagnosis RDAPs provide specialized treatment services for the inmate with co-occurring substance abuse and mental illness and/or medical problems.<br><br>Inmates who successfully complete the RDAP and meet other criteria (e.g., sufficient time remaining on their sentence, no precluding offense convictions) may be eligible for up to a 12 month sentence reduction. |
| **Time Frame** | The RDAP consists of a minimum of 500 hours of treatment programming delivered over the course of 9 to 12 months. In order to facilitate a successful transition to the community, most inmates participating in the RDAP have between 22 and 42 months remaining on their sentence when they begin the program. |
| **Admission Criteria** | In order to gain admission to the RDAP an inmate must meet all of the following admission criteria: US citizen; the presence of a verifiable substance use disorder within the 12 months prior to their arrest for the instant offense(s); able to participate in all three phases of the program, including transitional treatment in the Residential Reentry Center/home confinement; and a signed agreement acknowledging program responsibility. |
| **Program Content** | Program content focuses on reducing the likelihood of substance abuse through cognitive-behavioral interventions and relapse prevention strategies. The program also focuses on challenging antisocial attitudes and criminality. In addition, the program facilitates the development of interpersonal skills and pro-social behavior. |
| **Empirical Support** | In coordination with the National Institute on Drug Abuse (NIDA), the Bureau conducted a rigorous three-year outcome study of the RDAP, which was published in 2000. The study revealed that male participants were 16 percent less likely to recidivate and 15 percent less likely to relapse than similarly situated inmates who do not participate in residential drug abuse treatment for up to 3 years after release. The analysis also found that female inmates who participate in RDAP are 18 percent less likely to recidivate than similarly situated female inmates who do not participate in treatment. |
| **Applicable Policies** | 5330.11 Psychology Treatment Programs.<br>5331.02 Early Release Procedures Under U.S.C. 3621(e). |

## Institution Locations

The Residential Drug Abuse Program (RDAP) is available at the following facilities:

### Mid-Atlantic Region

**Males**
FCI Beckley, WV-Medium
FPC Beckley, WV-Minimum
USP Big Sandy, KY-High
FCI Butner, NC-Medium (2)
FCI Cumberland, MD-Medium
FPC Cumberland, MD-Minimum
FCI Lexington, KY-Low
FCI Memphis, TN-Medium
FPC Morgantown, WV-Minimum
FCI Petersburg, VA-Medium
FCI Petersburg, VA-Low

**Females**
FPC Alderson, WV-Minimum (2)
FCI Hazelton, WV-Low

**Dual Diagnosis**
FMC Lexington, KY-Low

### North Central Region

**Males**
FCI Duluth, MN-Minimum
FCI Englewood, CO-Low
FCI Florence, CO-Medium
FPC Florence, CO-Minimum
FCI Leavenworth, KS-Medium
FPC Leavenworth, KS-Minimum
FCI Marion, IL-Medium
FCI Milan, MI-Low
FCI Oxford, WI-Medium
FPC Pekin, IL-Minimum
MCFP Springfield, MO-Admin.
FCI Sandstone, MN-Low
FCI Terre Haute, IN-Medium
FPC Yankton, SD-Minimum (2)

**Females**
FPC Greenville, IL-Minimum
FCI Waseca, MN-Low

### Northeast Region

**Males**
FCI Allenwood, PA-Low
FCI Allenwood, PA-Medium
USP Canaan, PA-High
FCI Danbury, CT-Low (Activating)
FCI Elkton, OH-Low
FCI Fairton, NJ-Medium
FCI Fort Dix, NJ-Medium (2)
FPC Lewisburg, PA- Minimum
FPI McKean, PA- Minimum
FCI Schuylkill, PA-Medium

### South Central Region

**Males**
FCI Bastrop, TX-Low
FCI Beaumont, TX-Low
FCI Beaumont, TX-Medium
FPC Beaumont, TX-Minimum
USP Beaumont, TX-High
FCI El Reno, OK-Medium
FCI Forrest City, AR-Medium
FCI Forrest City, AR-Low
FCI Fort Worth, TX- Low (2)
FCI La Tuna, TX-Low
FCI Seagoville, TX-Low (2)
FPC Texarkana, TX-Minimum

**Females**
FPC Bryan, TX-Minimum

**Dual Diagnosis**
FMC Carswell, TX-Med. Ctr.

**Spanish**
FMC Carswell, TX-Low

### Southeast Region

**Males**
FCI Coleman, FL-Low
USP Coleman, FL-High
FPC Edgefield, SC-Minimum
FCI Jesup, GA-Medium
FPC Miami, FL-Minimum
FCI Marianna, FL-Medium
FPC Montgomery, AL- Minimum (2)
FPC Pensacola, FL-inimum
FPC Talladega, AL-Minimum
FCI Yazoo City, MS-Low

**Females**
FCI Tallahassee, FL-Low

**Spanish**
FCI Miami, FL-Low (2)

### Western Region

**Males**
FCI Herlong, CA-Medium
FPC Lompoc, CA-Minimum
FCI Phoenix, AZ-Medium
FCI Safford, AZ-Low
FCI Sheridan, OR-Medium
FPC Sheridan, OR-Minimum (2)
FCI Terminal Island, CA-Low

**Females**
FCI Dublin, CA-Low
FPC Dublin, CA-Minimum
FPC Phoenix, AZ-Minimum

**Dual Diagnosis**
FCI Terminal Island, CA-Low

| | Resolve Program |
|---|---|
| **Program Description** | The Resolve Program is a cognitive-behavioral program designed to address the trauma related mental health needs of female offenders. Specifically, the program seeks to decrease the incidence of trauma related psychological disorders and improve inmates' level of functioning. In addition, the program aims to increase the effectiveness of other treatments, such as drug treatment and healthcare. The program utilizes a standardized treatment protocol consisting of three components: an initial psycho-educational workshop (Trauma in Life); a brief, skills based treatment group (Seeking Safety); and either Dialectical Behavioral Therapy (DBT), Cognitive Processing Therapy (CPT), and/or Skill Maintenance Group which are intensive, cognitive-behavioral treatment groups to address persistent psychological and interpersonal difficulties. The Resolve Program is available in many female institutions. |
| **Time Frame** | In most instances, inmates are expected to participate in the Resolve Program during their first 12 months of incarceration. The full Resolve Program protocol takes approximately 40 weeks to complete; however, scheduling conflicts may extend the length of the program. Inmates also have the option of continuing to participate in the Skills Maintenance Group indefinitely to continue practicing healthy coping skills. |
| **Admission Criteria** | The Resolve Program is for female inmates with an Axis I or II diagnosis due to trauma. While the Trauma in Life workshop is the first stage of the Resolve Program, other female inmates without a history of trauma may participate in this workshop if institution resources permit. |
| **Program Content** | The program content focuses on the development of personal resilience, effective coping skills, emotional self-regulation, and healthy interpersonal relationships. These skills are attained through the use of educational, cognitive, behavioral, and problem-solving focused interventions. |
| **Empirical Support** | Empirical support for the interventions utilized in the Resolve Program is well-established. Seeking Safety, CPT, and DBT appear in multiple evidence-based programs (EBP) registries. These protocols are also used in the Veterans Administration, the country's largest provider of trauma-related treatment. |
| **Applicable Policies** | 5330.11 Psychology Treatment Programs. |
| **Institution Locations** | The Resolve Program is available at the following facilities: |

| Mid-Atlantic Region | North Central Region | Northeast Region |
|---|---|---|
| FPC Alderson, WV-Minimum<br>SFF Hazelton, WV -Low<br>FPC Lexington, KY-Minimum | FCI Greenville, IL-Medium<br>FCI Waseca, MN-Low | FCI Danbury, CT-Low (Males)<br>FPC Danbury, CT-Minimum<br>ADX Florence, CO-Max (Males) |

| South Central Region | Southeast Region | Western Region |
| --- | --- | --- |
| FPC Bryan, TX-Minimum<br>FMC Carswell, TX-Med. Ctr. | FCI Aliceville, AL-Low<br>FPC Coleman, FL-Minimum<br>FPC Marianna, FL-Minimum<br>FCI Tallahassee, FL-Low | FCI Dublin, CA-Low<br>FPC Victorville, CA-Minimum |

| | Sex Offender Treatment Program – Nonresidential |
|---|---|
| **Program Description** | The Sex Offender Treatment Program – Nonresidential (SOTP-NR) is a moderate intensity program designed for low to moderate risk sexual offenders. The program consists of cognitive-behaviorally based psychotherapy groups, totaling 4-6 hours per week. |
| **Time Frame** | Inmates are ordinarily placed in the SOTP-NR during the last 36 months of their sentence and, prioritized by release date. The typical duration of the SOTP-NR is 9-12 months. |
| **Admission Criteria** | Most participants in the SOTP-NR have a history of a single sex crime; many are first time offenders serving a sentence for an Internet Sex Offense. The program is voluntary. Prior to placement in the SOTP-NR, prospective participants are screened with a risk assessment instrument to ensure their offense history is commensurate with moderate intensity treatment. |
| **Program Content** | The SOTP-NR was designed to target dynamic risk factors associated with re-offense in sex offenders, as demonstrated by empirical research. These factors include: sexual self-regulation deficits and sexual deviancy; criminal thinking and behavior patterns; intimacy skills deficits; and, emotional self-regulation deficits. The program employs cognitive-behavioral techniques, with a primary emphasis on skills acquisition and practice. |
| **Empirical Support** | The SOTP-NR was designed to conform to the characteristics of sex offender treatment programs with proven effectiveness in reducing re-offense as demonstrated by outcome research. These characteristics include: 1) stratification of treatment into separate tracks for high and low/moderate risk offenders; 2) targeting empirically demonstrated dynamic risk factors; and 3) training and oversight to ensure fidelity with the program model. |
| **Applicable Policies** | PS 5324.10 Sex Offender Programs. |
| **Institution Locations** | Nonresidential Sex Offender Treatment Programs are available at the following facilities: |

| Mid-Atlantic Region | North Central Region | Northeast Region |
|---|---|---|
| FCI Petersburg- Medium | FCI Englewood, CO-Low<br>USP Marion, IL-Medium | FCI Elkton, OH-Low |
| **South Central Region** | **Southeast Region** | **Western Region** |
| FMC Carswell, TX-Med. Ctr. (Females)<br>FCI Seagoville, TX-Low | FCI Marianna, FL-Medium | USP Tucson, AZ-High |

| | Sex Offender Treatment Program – Residential |
|---|---|
| **Program Description** | The Sex Offender Treatment Program - Residential (SOTP-R) is a high intensity program designed for high risk sexual offenders. The program consists of cognitive-behaviorally based psychotherapy groups, totaling 10-12 hours per week, on a residential treatment unit employing a modified therapeutic community model. |
| **Time Frame** | Inmates are ordinarily placed in the SOTP-R during the last 36 months of their sentence, prioritized by release date. The typical duration of the SOTP-R is 12-18 months. |
| **Admission Criteria** | Participants in the SOTP-R have a history of multiple sex crimes, extensive non-sexual criminal histories, and/or a high level of sexual deviancy or hypersexuality. The program is voluntary. Prior to placement in the SOTP-R, prospective participants are screened with a risk assessment instrument to ensure their offense history is commensurate with high intensity treatment. |
| **Program Content** | The SOTP-R was designed to target dynamic risk factors associated with re-offense in sex offenders, as demonstrated by empirical research. These factors include: sexual self-regulation deficits and sexual deviancy; criminal thinking and behavior patterns; intimacy skills deficits; and emotional self-regulation deficits. The program employs cognitive-behavioral techniques, with a primary emphasis on skills acquisition and practice. The modified therapeutic community model is employed to address pro-offending attitudes and values. |
| **Empirical Support** | The SOTP-R was designed to conform to the characteristics of sex offender treatment programs with a proven effectiveness in reducing re-offense as demonstrated by outcome research. These characteristics include: 1) stratification of treatment into separate tracks for high and low/moderate risk offenders; 2) targeting empirically demonstrated dynamic risk factors; and 3) training and oversight to ensure fidelity with the program model. In addition, the Office of Research and Evaluation is conducting an evaluation project on the SOTP-R. |
| **Applicable Policies** | PS 5324.10 Sex Offender Programs. |
| **Institution Locations** | Residential Sex Offender Treatment Programs are available at the following facilities: |

| North Central Region | Northeast Region |
|---|---|
| USP Marion, IL – Medium/High | FMC Devens, MA-Med. Ctr. |

| | Skills Program |
|---|---|
| **Program Description** | The Skills Program is a residential treatment program designed to improve the institutional adjustment of male inmates with intellectual disabilities and social deficiencies. The program uses an integrative model which includes a modified therapeutic community, cognitive-behavioral therapies, and skills training. The goal of the program is to increase the academic achievement and adaptive behavior of cognitively impaired inmates, thereby improving their institutional adjustment and likelihood for successful community reentry. |
| **Time Frame** | The Skills Program is conducted over 12-18 months. Participation in the program during the initial phase of an inmate's incarceration is recommended; however, inmates may participate in the program at a later time. Formal programming is facilitated half-days, five days a week with the remaining half-day dedicated to an institution work assignment or receiving tutorial assistance. |
| **Admission Criteria** | Male inmates with significant functional impairment due to intellectual disabilities, neurological deficits, and/or remarkable social skills deficits are considered for the program. Participants must be appropriate for housing in a low or medium security institution. Inmates must volunteer for the program, have no history of sexual predatory violence, and be no less than 24 months from release when beginning the program. |
| **Program Content** | The Skills Program operates as modified therapeutic communities and utilizes cognitive-behavioral treatments, cognitive rehabilitation, and skills training. The program employs a multi-disciplinary treatment approach aimed at teaching participants basic educational and social skills. Criminal thinking is addressed through the identification of criminal thinking errors and engagement in pro-social interactions with staff and peers. Program content is designed to promote successful reentry into society at the conclusion of their term of incarceration. Program staff collaborate with community partners to facilitate reentry. |
| **Empirical Support** | The cognitive-behavioral, cognitive rehabilitation, skills training, and modified therapeutic community interventions selected for this program have sound empirical support and consistently appear in evidence-based programs (EBPs) registries. |
| **Applicable Policies** | 5330.11 Psychology Treatment Programs. |
| **Institution Locations** | The Skills Program is available at the following facilities: |

| Northeast Region | Southeast Region |
|---|---|
| FCI Danbury, CT-Low | FCI Coleman, FL-Medium |

| | Steps Toward Emotional Growth and Awareness (STAGES) Program |
|---|---|
| **Program Description** | The STAGES Program is a residential treatment program for male inmates with serious mental illnesses and a primary diagnosis of Borderline Personality Disorder. The program uses an integrative model which includes a modified therapeutic community, cognitive behavioral therapies, and skills training. The program is designed to increase the time between disruptive behaviors, foster living within the general population or community setting, and increase pro-social skills. |
| **Time Frame** | The STAGES Program is conducted over 12-18 months. Inmates may participate in the program at any time during their sentence. Formal programming is facilitated half-days, five days a week with the remaining half-day dedicated to an institution work assignment or other programming. |
| **Admission Criteria** | Inmates referred to the STAGES Program have a primary diagnosis of Borderline Personality Disorder and a history of unfavorable institutional adjustment linked to this disorder. Examples of unfavorable institutional adjustment include multiple incident reports, suicide watches, and/or extended placement in restrictive housing. Inmates designated to the STAGES Program must volunteer for treatment and be willing to actively engage in the treatment process. Willingness to engage in the treatment is assessed through a brief course of pre-treatment in which the inmate learns basic skills at the referring institution. |
| **Program Content** | The program curriculum is derived from Dialectical Behavior Therapy (DBT) and takes place in a modified therapeutic community. There is also an emphasis on basic cognitive-behavioral skills consistent with other Bureau treatment programs; for example, criminal thinking is addressed through the identification of criminal thinking errors and engagement in pro-social interactions with staff and peers. Program content is designed to prepare inmates for transition to less secure prison settings and promote successful reentry into society at the conclusion of their term of incarceration. Program staff collaborate with community partners to facilitate reentry. |
| **Empirical Support** | DBT is an evidence-based practice for the treatment of Borderline Personality Disorder, with strong empirical support. In addition, the cognitive-behavioral interventions and modified therapeutic community model employed in the program are well supported in the professional literature. These interventions appear in a number of evidence-based programs (EBPs) registries. |
| **Applicable Policies** | 5330.11 Psychology Treatment Programs. |
| **Institution Locations** | The Stages Program is available at the following facilities.<br><br>**North Central Region**<br><br>STAGES Program<br>FCI Terre Haute, IN-Medium<br><br>Secure STAGES Program<br>USP Florence, CO-High |

| | Life Connections Program (LCP) |
|---|---|
| **Program Description** | The LCP is a residential faith-based program offered to inmates of all faith traditions, including for those who do not hold to a religious preference. This program is available to offenders at low, medium, and high security facilities. The goal of LCP is to provide opportunities for the development and maturation of the participants' commitment to normative values and responsibilities, resulting in overall changed behavior and better institutional adjustments. In addition, the participants receive life skills and practical tools and strategies to assist them in transitioning back to society once released from federal custody. |
| **Time Frame** | LCP is an 18 month program in which participants attend classes and meetings, Monday through Friday afternoons for approximately four hours per day, as well as evening mentoring sessions and seminars. In addition, the participants participate in their respective faith services and chapel programs during the evening and weekend hours. |
| **Admission Criteria** | Program admission criteria are as follows:<br>- Low and medium security male offenders within 24 to 36 months of their projected release date.<br>- High security male offenders with 30 months or more prior to their projected release date.<br>- Low security female offenders with 30 months or more prior to their projected release date.<br>- Must not have a written deportation order.<br>- Must not be on Financial Responsibility Program (FRP) Refuse status.<br>- Must have met English as a Second Langue (ESL) and GED obligations.<br>- Must receive recommendation from relevant staff (Chaplain, Unit Team, and Associate Warden) and approval from the Warden. |
| **Program Content** | The objectives of the program are to foster personal growth and responsibility, and to right the relationships among their victim(s), community, and inmate, using secular outcome-based objectives. The program facilitates the practice of one's personal belief system, whether secular or religious, to bring reconciliation and restoration, and to take responsibility for their criminal behavior. In addition, community organizations and volunteers at the inmates' release destinations serve as mentors to assist and support the participants upon their release. |
| **Empirical Support** | The LCP materials and workbooks are based on interactive journaling which was listed on SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP). |
| **Applicable Policies** | Operations Memorandum 003-2013 (5325). |
| **Institution Locations** | The Life Connections Program is available at the following facilities: |

| Mid-Atlantic Region | North Central Region | South Central Region |
|---|---|---|
| FCI Petersburg, VA-Low | USP Leavenworth, KS-Medium<br>FCI Milan, MI-Low<br>USP Terre Haute, IN-High | FMC Carswell, TX-Med. Ctr. (Female) |

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT**

**11065.1: Review of the Use of Segregation for ICE Detainees**

**Issue Date:** September 4, 2013
**Effective Date:** September 4, 2013
**Superseded:** N/A

**Federal Enterprise Architecture Number:** 306-112-002b

1. **Purpose/Background.** This directive establishes policy and procedures for U.S. Immigration and Customs Enforcement (ICE) review of ICE detainees placed into segregated housing.

   This directive is intended to complement the requirements of the 2011 Performance-Based National Detention Standards (PBNDS 2011), the 2008 Performance-Based National Detention Standards (PBNDS 2008), the 2000 National Detention Standards (NDS), and other applicable ICE policies.

   The most recent articulation of ICE policy governing segregation is the PBNDS 2011 standard "Special Management Units" (Standard 2.12), which establishes the responsibilities of detention facility staff with respect to segregation placement, review, and notification to ICE, and which also articulates ICE policy regarding appropriate management of segregated detainees. Also relevant is the PBNDS 2011 standard "Disciplinary System" (Standard 3.1), which prescribes appropriate levels of disciplinary segregation for various offenses.

2. **Policy.** Placement of detainees in segregated housing is a serious step that requires careful consideration of alternatives. Placement in segregation should occur only when necessary and in compliance with applicable detention standards. In particular, placement in administrative segregation due to a special vulnerability should be used only as a last resort and when no other viable housing options exist.

   ICE shall ensure the safety, health, and welfare of detainees in segregated housing in its immigration detention facilities. Consistent with the agency's detention standards and relevant special housing policies, ICE shall take additional steps to ensure appropriate review and oversight of decisions to retain detainees in segregated housing for over 14 days, or placements in segregation for any length of time in the case of detainees for whom heightened concerns exist based on known special vulnerabilities and other factors related to the detainee's health or the risk of victimization. The security and safety of ICE employees, facility staff members, detainees, and the public remains the first consideration in the exercise of the procedures and requirements of this Directive.

3. **Definitions.** The following definitions apply for the purposes of this Directive:

3.1. **Administrative Segregation.** Administrative segregation is a non-punitive form of separation from the general population for administrative reasons. Administrative segregation is authorized only as necessary to ensure the safety of the detainee, facility staff, and other detainees; the protection of property; or the security or good order of the facility, and therefore should be for the briefest term and under the least restrictive conditions practicable, consistent with the rationale for placement. Generally, detainees in administrative segregation shall receive the same privileges as detainees housed in the general population, consistent with safety and security concerns. Administrative segregation may be necessary for, among other reasons, detainees requiring or requesting protective custody from others who may be likely to harm them; detainees awaiting an investigation or hearing for a violation of facility rules; detainees scheduled for release, removal, or transfer within 24 hours; or detainees presenting a clear threat to the security of the facility.

3.2. **Disciplinary Segregation.** Disciplinary segregation is a punitive form of separation from the general population for disciplinary reasons. Disciplinary segregation is authorized only pursuant to the order of a facility disciplinary panel, following a hearing in which the detainee is determined to have committed serious misconduct in violation of a facility rule, and only consistent with the Disciplinary Severity Scale from the applicable ICE detention standards, and only when alternative dispositions would inadequately regulate detainee behavior.

3.3. **Special Vulnerabilities**. Detainees with special vulnerabilities include those who are known to be suffering from mental illness or serious medical illness; who have a disability or are elderly, pregnant, or nursing; who would be susceptible to harm in general population due in part to their sexual orientation or gender identity; or who have been victims – in or out of ICE custody – of sexual assault, torture, trafficking, or abuse.

4. **Responsibilities.**

4.1. **The ERO Custody Management Division (CMD)** has responsibilities under:

1) Section 5.2 (Segregation Placements Related to Disability, Medical or Mental Illness, Suicide Risk, Hunger Strike, Status as a Victim of Sexual Assault, or other Special Vulnerability);

2) Section 7.2 (Custody Management Division);

3) Section 7.5 (Detention Monitoring Council); and

4) Section 8 (Training).

4.2. **The ERO Field Operations Division** has responsibilities under:

1) Section 7.1 (ERO Field Operations);

2) Section 7.5 (Detention Monitoring Council); and

3) Section 8 (Training).

**4.3. ERO Field Office Directors (FODs)** have responsibilities under:

1) Section 5.1 (Extended Segregation Placements);

2) Section 5.2 (Segregation Placements Related to Disability, Medical or Mental Illness, Suicide Risk, Hunger Strike, Status as a Victim of Sexual Assault, or other Special Vulnerability);

3) Section 5.3 (Field Office Reports to ICE Headquarters);

4) Section 5.4 (Notification of a Detainee's Release from Segregation); and

5) Section 6 (Facility Compliance).

**4.4. The ICE Health Service Corps (IHSC)** has responsibilities under:

1) Section 5.1 (Extended Segregation Placements);

2) Section 5.2 (Segregation Placements Related to Disability, Medical or Mental Illness, Suicide Risk, Hunger Strike, Status as a Victim of Sexual Assault, or other Special Vulnerability);

3) Section 7.3 (IHSC Coordination and Review);

4) Section 7.5 (Detention Monitoring Council); and

5) Section 8 (Training).

**4.5. The Office of Detention Policy and Planning (ODPP)** has responsibilities under:

1) Section 7.4 (Office of Detention Policy and Planning); and

2) Section 7.5 (Detention Monitoring Council).

**4.6. The Detention Monitoring Council (DMC)** has responsibilities under:

1) Section 7.5 (Detention Monitoring Council).

**4.7. The Segregation Review Coordinator** has responsibilities under:

1) Section 7.5 (Detention Monitoring Council).

**5. Field Review of Detainee Segregation Status.**

**5.1. Extended Segregation Placements.**

1) The FOD shall take steps to ensure that he or she is notified in writing by the facility administrator whenever a detainee has been held continuously in segregation for 14 days, 30 days, and at every 30-day interval thereafter, or has been held in segregation for 14 days out of any 21 day period.

2) ICE personnel, including IHSC personnel and Detention Service Managers (DSMs), should also notify FODs whenever they become aware of a detainee who meets these criteria and has not yet been the subject of a notification to the FOD.

3) Upon receipt of such notification, the FOD shall immediately commence a review of the detainee's segregation case, including, where relevant, the full detention file and EARM records.

4) In cases of administrative segregation, the review shall include an assessment of whether the current placement is appropriate based on the applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews) and ICE policies, including:

   a) Whether the placement is based on a specified threat to the safety of the detainee or others, or to the secure and orderly operation of the facility. The facility must have articulated the facts behind the placement decision;

   b) Whether a supervisory officer completed the administrative segregation order prior to placement, with a copy immediately provided to the detainee;

   c) Whether documented reviews by a supervisor, including an interview with the detainee, have occurred within the first 72 hours of placement into segregation and every week thereafter; and

   d) Whether, as part of the documented reviews, the facility administrator or assistant administrator has provided written approval of any decision to continue involuntary segregation of a detainee for protective reasons (at facilities governed by the NDS, written approval by a supervisory officer is sufficient).

5) In cases of disciplinary segregation, the review shall include an assessment of whether the current placement is appropriate based on the applicable detention standards and ICE policies, including:

   a) Authorization by an order of the facility disciplinary panel following a disciplinary hearing;

   b) Consistency of the disciplinary panel order with the Disciplinary Severity Scale from the applicable ICE detention standards; and

c) Documented reviews by a supervisor every week after initial placement, including an interview with the detainee, to determine whether the detainee has received all services to which he or she is entitled.

6) If review of the segregation case indicates that the detainee is Limited English Proficient (LEP), the FOD shall also consider whether the initial placement or ongoing retention in segregation were the result of insufficient interpretation, including during interactions with facility staff, or due to other LEP related communication difficulties.

7) In his or her evaluation of the placement, the FOD must consider the initially identified reason(s) for placement, any new relevant information from subsequent facility reviews, and answers to the FOD's inquiries, and shall determine whether the continued placement in segregation is necessary, excessive, or in violation of applicable detention standards. As extended segregation should be used only when necessary, after engaging in an individualized assessment of the case, the FOD must consider as part of his or her evaluation whether a less restrictive housing or custodial option is appropriate, and, in coordination with ICE headquarters when necessary, arrange for utilization of such less restrictive options that are appropriate and available, including:

   a) In consultation with the detention facility administrator, the return of the detainee to the general population;

   b) In consultation with the detention facility administrator, options to limit isolation, including additional out of cell time and the ability to participate in group activities;

   c) Transfer to another facility where the detainee can be housed in the general population or in an environment better suited to the needs of the detainee, such as a facility that has dedicated medical beds in its clinic, a medical observation unit, or better medical or mental health staffing, a facility that has a dedicated protective custody unit, or a facility that has a Special Management Unit with enhanced privileges; or

   d) Consistent with requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.

8) If, at any time during the review, the FOD learns that the segregation placement meets any of the criteria described in subsection 5.2.2, the FOD shall immediately follow the procedures outlined in subsection 5.2.

**5.2. Segregation Placements Related to Disability, Medical or Mental Illness, Suicide Risk, Hunger Strike, Status as a Victim of Sexual Assault, or other Special Vulnerability.**

1) A detainee's age, physical disability, sexual orientation, gender identity, race, or religion may not provide the sole basis for a decision to place the detainee in involuntary segregation. An individualized assessment must be made in each case. Unaccompanied alien children must be treated in accordance with applicable statutes, regulations, and policies.

2) The FOD shall take steps to ensure that he or she is notified in writing as soon as possible by the facility administrator, but no later than 72 hours after the initial placement into segregation, whenever any of the following criteria have been met:

   a) A detainee has been placed in administrative segregation on the basis of a disability, medical or mental illness, or other special vulnerability, or because the detainee is an alleged victim of a sexual assault, is an identified suicide risk, or is on a hunger strike; or

   b) A detainee placed in segregation for any reason has a mental illness or a serious medical illness or serious physical disability.

3) ICE personnel, including IHSC personnel and DSMs, should also notify FODs whenever they become aware of a detainee who meets the above criteria and has not yet been the subject of a notification to the FOD.

4) Upon receipt of such notification, the FOD shall immediately notify CMD, in writing, of the segregation case, for dissemination to IHSC and the other members of the DMC subcommittee and the Segregation Review Coordinator, to permit expedited review. In addition, the FOD shall arrange for notification of the detainee's attorney, if the detainee's record indicates that he or she has an attorney.

5) Upon receipt of such notification, IHSC shall:

   a) For detainees with a medical or mental illness, or identified as being a suicide risk or on a hunger strike, evaluate the appropriateness of the placement and ensure appropriate health care is provided. Such detainees shall be removed from segregation if the IHSC determines that the segregation placement has resulted in deterioration of the detainee's medical or mental health, and an appropriate alternative is available.

   b) For detainees with a disability, evaluate the appropriateness of the placement and, in coordination with the FOD, consult with facility staff about any necessary accommodations; and

   c) For all such detainees, review the detainee's treatment plan, monitor the detainee's care on an ongoing basis, and review segregation placement at least every 14 days, in coordination with the FOD and the members of the DMC subcommittee.

6) The FOD, in consultation with IHSC where appropriate, shall:

   a) Ensure that any setting used to house detainees who are at risk for suicide or other self-harm permits close supervision and minimizes opportunities for self-harm.

   b) For a detainee placed in administrative segregation due to a special vulnerability, as defined above in section 3.3, ensure that the placement is only used as a last resort and when no other viable housing options exist.

c) For a detainee placed in administrative segregation because he or she was alleged to have been a victim of sexual assault, ensure the detainee is not held in administrative segregation on that basis for more than five days, except in highly unusual circumstances or at the detainee's request.

d) For any detainee meeting the criteria in 5.2.2, including detainees in segregation at their own request, conduct a review to assess whether any less restrictive housing or custodial options are appropriate and available based on an individualized assessment of medical and security concerns involved in each case, and, in coordination with ICE headquarters when necessary, arrange for utilization of such less restrictive options that are appropriate and available, including:

i) In consultation with the detention facility administrator, return to the general population;

ii) In consultation with the detention facility administrator, options to limit isolation, including additional out of cell time and the ability to participate in group activities;

iii) Transfer to another facility where the detainee can be housed in the general population or in an environment better suited to the needs of the detainee, such as a facility that has dedicated medical beds in its clinic or better medical or mental health staffing, a facility that has a dedicated protective custody unit, or a facility that has a Special Management Unit with enhanced privileges;

iv) Transfer to a hospital; or

v) Consistent with requirements of mandatory detention, public safety, and other immigration enforcement considerations, release from custody.

7) The FOD shall complete the same reviews as are required by Section 5.1 whenever a detainee has been held continuously in segregation for 14 days, 30 days, and at every 30 day interval thereafter.

**5.3. Field Office Reports to ICE Headquarters.**

1) The FOD shall develop a written report of his/her findings and any actions taken, and transmit it to CMD, with respect to detainees who meet the following criteria:

a) All detainees held continuously in segregated housing for more than 14 days or for 14 days out of any 21 day period who:

i) The FOD determines should have their segregation placements reviewed by headquarters;

ii) Meet one of the criteria listed in Section 5.2.2; or

iii) Are detained at facilities that have been designated by the DMC subcommittee for heightened review.

b) All detainees held continuously in segregated housing for more than 30 days, and at 30-day intervals thereafter in the unusual circumstance where a detainee is held in segregated housing for 60 days or longer.

2) At a minimum, the FOD's written report will include:

a) A clear articulation of the reason(s) for the segregation placement, whether those reasons were valid, and whether they remain valid;

b) Whether the placement is in compliance with applicable detention standards (including the substantive grounds for placement and the procedural requirements for status reviews);

c) For detainees meeting one of the criteria listed in Section 5.2.2, a description of the disability, illness, special vulnerability or other relevant factor;

d) For detainees placed in administrative segregation due to a special vulnerability, as defined above in section 3.3, whether the placement is used only as a last resort and when no other viable housing options exist;

e) For detainees placed in administrative segregation because he or she was alleged to have been a victim of a sexual assault, whether the placement is justified by extraordinary circumstances or at the detainee's request;

f) Options for alternate housing or custodial arrangements that were considered; and

g) An assessment of the best course of action.

3) With respect to detainees held continuously in segregation for more than 14 days or for 14 days out of any 21 day period but not meeting the criteria in subsection 5.3.1, the FOD shall report to CMD the date of the placement, the reason for the placement, the date the FOD completed his or her review, and any additional information the FOD believes is noteworthy.

4) Upon request, the FOD will provide CMD with all documentation from the facility used to support the segregation decision and reasons for continued placement.

5) Reports required by this subsection shall be transmitted as soon as possible but no later than three work days after the end of the 14 day, 30 day or subsequent intervals.

**5.4. Notification of a Detainee's Release from Segregation.**

1) The FOD shall take steps to ensure that he or she is notified in writing by the facility administrator whenever a detainee who has been the subject of a prior notification pursuant to Section 5.1 or 5.2 is subsequently released from segregation.

2) The FOD shall notify CMD of any such developments, so that the DMC subcommittee can consider whether to cease its review of the segregation placement. After a detainee has been released from segregation, the FOD will not be expected to provide further information to CMD unless so requested.

**6. Facility Compliance.** It is the responsibility of the FOD to ensure all detention facilities in his or her area of responsibility (AOR) are aware of the notification requirements under this policy, as well as their obligations under relevant detention standards and ICE policies on the appropriate use of segregation.

**7. ICE Headquarters Oversight and Reporting Regarding Use of Segregation.**

**7.1. ERO Field Operations.** ERO Field Operations shall assist FODs in carrying out their duties under this policy, including by providing guidance on available transfer and/or release options and other ICE resources.

**7.2. Custody Management Division.**

1) CMD shall assist the DMC subcommittee and Segregation Review Coordinator by collecting and disseminating segregation reports and notifications received from the FODs, and by developing a system for use by the DMC subcommittee and Segregation Review Coordinator that will maintain information about the segregation placements.

2) CMD, with assistance from IHSC, shall compile and maintain a list of relevant facility resources and capabilities. This list shall include facilities that have dedicated protective custody housing units; segregation housing units with substantial out-of-cell time, commingling, or other enhanced privileges; and information about facility medical resources and capabilities, including the extent of medical and mental health staffing, and the number of dedicated medical beds, medical housing units, and appropriate cells for monitoring high-risk or suicidal detainees.

3) Using available resources and considering any applicable statutory requirements, CMD, in coordination with IHSC, other ICE components, and FODs, shall on an ongoing basis seek to enhance the availability of facility resources and capabilities described in 7.2.2 above.

**7.3. IHSC Coordination and Review.**

1) IHSC shall assist CMD in compiling information about facility medical resources and capabilities, including the extent of medical and mental health staffing, and the number of dedicated medical beds, medical housing units, and appropriate cells for monitoring high-risk or suicidal detainees.

2) IHSC shall review cases identified by FODs or other ICE personnel as raising disability, medical or mental health concerns in the context of segregation. Based on its review, IHSC shall provide feedback to FODs and the DMC subcommittee on appropriate placement for detainees in light of their disability or medical or mental health conditions.

3) IHSC shall work with facilities and ERO Field Operations to determine suitable accommodations for detainees with disabilities and to ensure appropriate treatment for detainees with medical or mental health conditions.

**7.4. Office of Detention Policy and Planning.** In the context of serving as co-chair of the DMC subcommittee, ODPP shall participate in the review of segregation placements, the analysis of data, the preparation of reports, and the development of remedial plans and new policies as necessary. In addition, ODPP shall consult with a variety of stakeholders with respect to policy, planning, and implementation.

**7.5. Detention Monitoring Council.**

1) CMD and ODPP shall co-chair a subcommittee of the DMC that will ensure an effective, timely and comprehensive review of the segregation reports sent to Headquarters from the FODs. The subcommittee shall include representatives from ERO Field Operations, IHSC, the ICE Office of the Principal Legal Advisor, the Office of Professional Responsibility, and the ICE Office of Acquisition Management. A representative from the DHS Office for Civil Rights and Civil Liberties (CRCL) may participate in subcommittee meetings as CRCL deems appropriate, but CRCL shall not use information ICE shares with CRCL pursuant to such participation in any CRCL investigation or inquiry.

2) The DMC shall designate a Segregation Review Coordinator who will manage and track the segregation reports sent by the FODs and related information, for presentation to the DMC subcommittee.

3) On an on-going basis, members of the DMC subcommittee shall review the FOD segregation reports and other available information regarding detainees who meet the following criteria:

    a) All detainees held continuously in segregated housing for over 14 days or for 14 days out of any 21 day period who:

        i) Are noted by the FOD as requiring headquarters review;

ii) Meet one of the criteria listed in Section 5.2.2;

iii) Are detained at facilities that have been designated by the DMC subcommittee for heightened review;

iv) Are nominated for review by any DMC member; or

v) Are nominated for review by the DHS Officer for Civil Rights and Civil Liberties through a formal referral.

b) All detainees held continuously in segregated housing for over 30 days, and at 30 day intervals thereafter.

4) On an ongoing basis, members of the DMC subcommittee shall collaborate in evaluating whether a particular detainee's placement in segregation is appropriate or warrants reconsideration, obtaining additional information as needed, and effectuating less restrictive housing or custodial options when appropriate. The DMC subcommittee shall meet as needed to assess progress in reviewing segregation placements, to consider particular cases, and to ensure timely and effective intervention when necessary.

5) The DMC subcommittee shall designate facilities for heightened review based on an assessment of such factors as whether they have a disproportionate number (compared to current ICE averages) of detainees in segregation, make disproportionate use of long-term segregation, or have a record of using segregation inappropriately or of not being in compliance with standards with respect to segregation.

6) The DMC subcommittee shall review significant findings from oversight inspections regarding the use of segregation at detention facilities, including monitoring by DSMs, CMD inspections, Office of Detention Oversight inspections, and CRCL investigations.

7) On a quarterly basis, the DMC subcommittee shall prepare a report to the full DMC and the Director, compiling data about the numbers of detainees held in segregation who met the criteria listed in 5.1 and 5.2.2, the reasons for their segregation, the results of the reviews of particular cases, areas of concern regarding particular cases or facilities that warrant further examination, and other relevant information.

8) On at least a quarterly basis, the full DMC shall convene to discuss national trends and information received about the use of segregation in ICE detention facilities and lessons learned from reports and data presented to the DMC, and to develop and recommend immediate and long-term remedial plans as necessary.

**8. Training.**

1) ERO Field Operations shall provide training to FODs about their responsibilities under this policy.

2) IHSC shall provide training to Field Medical Coordinators about their responsibilities under this policy.

3) CMD shall provide training to DSMs about their responsibilities under this policy.

**9. Authorities/References.**

**9.1.** 2011 Performance-Based National Detention Standards, including the following provisions:

1) Standard 2.12 "Special Management Units."

2) Standard 3.1 "Disciplinary System."

3) Standard 4.6 "Significant Self-Harm and Suicide Prevention and Intervention."

**9.2.** 2008 Performance-Based National Detention Standards, including the following provisions:

1) Standard 2.15 "Special Management Units."

2) Standard 3.19 "Disciplinary System."

3) Standard 4.24 "Suicide Prevention and Intervention."

**9.3.** 2000 National Detention Standards, including the following provisions:

1) Standard 2.13 "Special Management Unit (Administrative Segregation)."

2) Standard 2.14 "Special Management Unit (Disciplinary Segregation)."

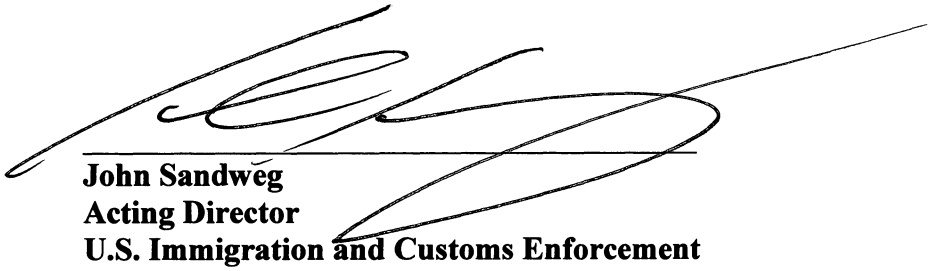
3) Standard 2.5 "Disciplinary Policy."

4) Standard 3.3 "Suicide Prevention and Intervention."

**9.4.** ICE Policy 11062.1, "Sexual Abuse and Assault Prevention and Intervention" (May 11, 2012).

**9.5.** ICE Policy 11022.1, "Detainee Transfers" (January 4, 2012).

10. **No Private Right Statement.** This document is an internal policy statement of ICE. It is not intended to, does not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter.



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SPECIAL REPORT

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# Use of Restrictive Housing in U.S. Prisons and Jails, 2011–12

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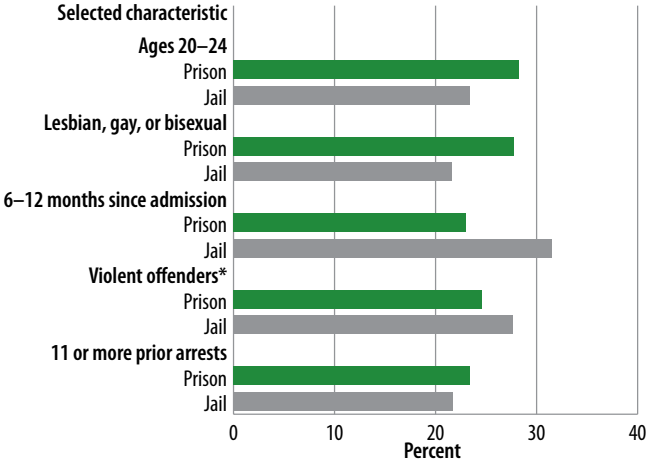
On an average day in 2011–12, up to 4.4% of state and federal inmates and 2.7% of jail inmates were held in administrative segregation or solitary confinement. Nearly 20% of prison inmates and 18% of jail inmates had spent time in restrictive housing, including disciplinary or administrative segregation or solitary confinement, in the past 12 months or since coming to their current facility, if shorter. Approximately 10% of all prison inmates and 5% of jail inmates had spent 30 days or longer in restrictive housing.

This report is based on data from the National Inmate Survey (NIS), 2011–12, conducted in 233 state and federal prisons and 357 local jails, with a sample of 91,177 adult inmates nationwide. The NIS is part of the National Prison Rape Statistics Program, which collects reports of sexual victimization from administrative records and from allegations of sexual victimization directly from victims through surveys of inmates in prisons and jails. The inmate surveys contain a wide range of data beyond

**FIGURE 1**
**Inmates who reported any time in restrictive housing in the past 12 months, 2011–12**




*Excludes sex offenders.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## HIGHLIGHTS

- Younger inmates, inmates without a high school diploma, and lesbian, gay, and bisexual inmates were more likely to have spent time in restrictive housing than older inmates, inmates with a high school diploma or more, and heterosexual inmates (figure 1).
- Inmates held for a violent offense other than a sex offense and inmates with extensive arrest histories or prior incarcerations were more likely to have spent time in restrictive housing than inmates held for other offenses and inmates with no prior arrests or incarcerations.
- Use of restrictive housing was linked to inmate mental health problems: 29% of prison inmates and 22% of jail inmates with current symptoms of serious psychological distress had spent time in restrictive housing units in the past 12 months.
- More than three-quarters of inmates in prisons and jails who had been written up for assaulting other inmates or staff spent time in restrictive housing in the past 12 months.
- Among inmates who had spent 30 or more days in restrictive housing in the past 12 months or since coming to the facility, 54% of those in prison and 68% of those in jail had been in a fight or had been written up for assaulting other inmates or staff.
- Prison and jail facilities varied widely in their rates of use of restrictive housing. In 17% of prisons and 9% of jails, fewer than 5% of inmates spent time in restrictive housing. In comparison, in 38% of prisons and 24% of jails at least 25% of the inmates had spent such time.
- Prisons with higher rates of restrictive housing had higher levels of facility disorder; lower levels of inmate trust and confidence in staff; higher concentrations of violent inmates (other than sex offenders) and inmates with longer criminal histories; higher percentages of inmates with mental health problems; and higher percentages of lesbian, gay, and bisexual inmates.

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## Measuring the use of restrictive housing

The National Inmate Survey (NIS) is part of the National Prison Rape Statistics Program, which collects reports of sexual victimization from administrative records and from allegations of sexual victimization directly from victims through surveys of inmates in prisons and jails. The Bureau of Justice Statistics (BJS) has implemented this program to meet the requirements of the Prison Rape Elimination Act of 2003 (P.L. 108-79). However, the inmate surveys contain a wide range of data beyond measures of sexual victimization, including items useful for describing inmates held in state and federal prisons and local jails and their confinement experiences. This report examines data reported by inmates held in adult facilities on their current housing and any time spent in disciplinary or administrative segregation or solitary confinement in the past 12 months or since coming to the facility, if shorter.

The use of restrictive housing is difficult to measure. Absent uniform definitions and information systems that classify inmates in comparable categories, estimates based on data reported by correctional officials are subject to variation and uncertainty, depending on the data collection. Nevertheless, almost every correctional system, at the federal, state, or local level, places inmates in some form of restrictive housing to separate some inmates from the general institutional population.

Inmates may be held in restrictive housing for their protection or for the safety of other inmates. They may be held while awaiting classification or reclassification, while awaiting transfer to another facility or unit within a facility, or while awaiting a hearing or as a sanction for violating a facility rule. Inmates may also be separated from the general population to provide for their special needs (e.g., medical or mental health) or to ensure the safety, security, and orderly operation of the facility. Whether it is disciplinary segregation, administrative segregation (largely nonpunitive in nature), or solitary confinement (involving isolation and relatively little out-of-cell time), restrictive housing typically involves limited interaction with other inmates, limited programming opportunities, and reduced privileges. However, the use of restrictive housing varies widely in terms of duration and conditions of confinement.

The NIS surveys, which involve separate samples of prisons and jails, collect information on the use of restrictive housing from the perspective of the inmates. Data from the most recent National Inmate Survey (NIS-3), conducted between February 2011 and May 2012, provide measures of prevalence beyond the housing status of inmates on a single day, including whether the inmates had spent any time in restrictive housing in the past 12 months or since coming to the facility, if shorter, and the total amount of time they had spent. The surveys of prison and jail inmates provide estimates of time in restrictive housing by inmate demographic characteristics, criminal justice status and history, current and past mental health status, and facility misconduct in the past 12 months. When aggregated at the facility level, the NIS-3 data also provide information on a representative sample of prison and jail facilities, including detail on variation among facilities in the use of restrictive housing by selected facility characteristics.

The NIS-3 survey, conducted by RTI International (Research Triangle Park, NC), was administered to 91,177 inmates age 18 or older, including 38,251 inmates in 233 state and federal prisons and 52,926 inmates in 357 jails. The results are nationally representative of prison and jail inmates at the time of the survey and representative at the facility level for each sampled facility. (See *Methodology* for detailed description of the sampling and estimation.)

measures of sexual victimization, including items useful for describing inmates held in state and federal prisons or local jails and their confinement experiences. The Bureau of Justice Statistics (BJS) completed the third NIS between February 2011 and May 2012.

## Individual-level rates

### On an average day in 2011–12, up to 4.4% of state and federal prisoners and 2.7% of jail inmates were held in administrative segregation or solitary confinement

Based on inmate self-reports, an estimated 1.9% of state and federal prisoners and 2.2% of local jail inmates said they were housed in administrative segregation or solitary confinement at the time of the survey (table 1). However, the actual percentages held in restrictive housing may be higher.

An estimated 2.5% of prison inmates and 0.5% of jail inmates completed a paper survey that did not inquire about their housing status. Many, but not all, of these inmates may have been in administrative or disciplinary segregation. Some were inmates whom staff were reluctant to bring to the interview room because they were considered too violent, and some were inmates whom staff determined should not have access to a computer.

In addition, some inmates were unavailable for any contact by survey staff. Among the inmates selected for the survey, approximately 0.19% of prison inmates and 0.23% of jail inmates were unavailable because they were in segregation; 0.29% of prison inmates and 0.77% of jail inmates were considered too violent even for survey staff to contact for a paper interview; and 0.49% of prison inmates and 0.73% of jail inmates were considered to be mentally incompetent by facility or survey staff (not shown). Combined, these excluded inmates totaled approximately 1.0% of all selected prisoners and 1.7% of all jail inmates. While the survey results were adjusted for nonresponse through a series of weighting adjustments within each selected facility and nationwide, the adjustments were not linked specifically to the reasons for nonresponse. However, the impact on the national estimates was likely to be small because the excluded inmates represented about the same percentages among all selected inmates as found in the final survey estimates. The weighting adjustments were sufficient to provide an overall estimate without including these inmates who were not contacted by survey staff.

The national estimates of percentage held in restrictive housing could be as high as 4.4% of prison inmates and 2.7% of jail inmates if most of the inmates completing a paper form were assumed to have been in some form of restrictive housing and a further adjustment for nonresponse was made to account for inmates who were held in segregation and unavailable to the survey staff.

**TABLE 1**
**Inmates who reported spending time in restrictive housing in the past 12 months, 2011–12**

| | Prison inmates | Jail inmates |
|---|---|---|
| **Where you spent last night…in administrative segregation or solitary confinement[a]** | 100% | 100% |
| Yes | 1.9 | 2.2 |
| No | 95.6 | 97.3 |
| Don't know[b] | 2.5 | 0.5 |
| **In past 12 months…any time in disciplinary or administrative segregation or solitary confinement[c]** | 100% | 100% |
| Yes | 18.1 | 17.4 |
| No | 79.3 | 82.1 |
| Don't know[b] | 2.6 | 0.6 |
| **In past 12 months…total time spent in disciplinary or administrative segregation or solitary confinement[c]** | 100% | 100% |
| None | 79.3 | 82.2 |
| 1 day or less | 0.6 | 1.6 |
| 2–6 | 2.2 | 4.0 |
| 7–13 | 2.4 | 3.1 |
| 14–29 | 3.4 | 3.1 |
| 30 or more | 9.5 | 5.4 |
| Don't know[b] | 2.6 | 0.5 |

Note: Detail may not sum to total due to rounding. Restrictive housing includes disciplinary or administrative segregation or solitary confinement. See appendix table 1 for standard errors.

[a]Last night refers to the night before the survey was conducted in the facility. The survey was conducted between February 2011 and May 2012.

[b]Applies to inmates who completed a paper form that excluded questions on restrictive housing. Facility staff determined that these inmates were too difficult to escort to the designated survey site, and so a paper form was provided to these inmates in their cells. See *Methodology*.

[c]The reference period is the past 12 months or since admission to the facility, if shorter.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## Nearly 20% of prison inmates and 18% of jail inmates had spent time in restrictive housing in the past 12 months or since coming to the facility, if shorter

An estimated 18% of prison inmates and 17% of jail inmates said they had spent time in disciplinary or administrative segregation or solitary confinement in the past 12 months or since coming to the facility, if shorter. If combined with respondents for whom time in restrictive housing was unknown, the actual percentages may be as high as 20% among prison inmates and 18% of jail inmates.

This experience was limited to the inmates' current facility but increased steadily with time served. Overall, 49% of prison inmates and 92% of jail inmates had been in the facility for less than a year (not shown). During the 12 months prior to the survey, state and federal prisoners had been in the facility for an average of 8.6 months and jail inmates for an average of 3.5 months (table 2).

Among inmates who had been admitted to the facility in the past month, 8% of both prison and jail inmates had spent some time in restrictive housing. Among inmates who had been in the facility for 2 to 3 months, 12% of prisoners and 14% of jail inmates had spent time in restrictive housing. Among those in the facility for 6 to 8 months, 20% of prisoners and 27% of jail inmates had spent time in restrictive housing. Among inmates who had served 12 months or more, 20% of prisoners and 35% of jail inmates had been in restrictive housing at some point.

The total time inmates had spent in restrictive housing varied among prison and jail inmates. Approximately 10% of all prison inmates and 5% of jail inmates said they had spent 30 days or longer in restrictive housing. In comparison, about 3% of prisoners and 6% of jail inmates had spent less than a week.

## Time in restrictive housing varied among inmate demographic groups

Younger inmates were significantly more likely than older inmates to report having spent time in restrictive housing. Among inmates ages 18 to 19, 31% of those in prison and 25% of those in jail had spent some time in restrictive housing (table 3). Among inmates ages 20 to 24, 28% of those in prison and 23% of those in jail had been in restrictive housing at some time during the past year. The percentages who reported time in restrictive housing were lower among persons age 30 or older in prison (20% or below) and among persons age 25 or older in jails (19% or below).

**TABLE 2**

**Inmates who reported spending any time in restrictive housing in the past 12 months, by time since admission to the current facility, 2011–12**

| Time since admission | Prison inmates | Jail inmates |
|---|---|---|
| Total | 18.1% | 17.4% |
| 1 month or less | 8.4 | 8.0 |
| 2–3 | 11.6 | 14.3 |
| 4–5 | 13.5 | 19.6 |
| 6–8 | 19.8 | 27.3 |
| 9–11 | 22.0 | 32.2 |
| 12 or more | 20.4 | 35.4 |
| Mean exposure time* | 8.6 mos. | 3.5 mos. |

Note: Restrictive housing includes disciplinary or administrative segregation or solitary confinement. See appendix table 2 for standard errors.

*Exposure time was limited to 12 months. Inmates who had been in the facility for more than 12 months were asked about their experience in the past 12 months.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

**TABLE 3**

**Inmates who reported spending any time in restrictive housing, by selected inmate characteristics, 2011–12**

| Inmate characteristic | Prison inmates | Jail inmates |
|---|---|---|
| **Sex** | | |
| Male* | 17.9% | 17.4% |
| Female | 20.4 | 17.4 |
| **Race/Hispanic origin** | | |
| White[a]* | 16.0% | 17.3% |
| Black/African American[a] | 20.8** | 17.4 |
| Hispanic/Latino | 16.0 | 15.5 |
| Other[a,b] | 20.3** | 21.5** |
| **Age** | | |
| 18–19 | 30.9% | 24.8% |
| 20–24* | 28.3 | 23.4 |
| 25–29 | 23.7 | 19.4** |
| 30–34 | 19.6** | 17.1** |
| 35–39 | 17.9** | 14.9** |
| 40–44 | 13.8** | 12.1** |
| 45–54 | 13.1** | 11.4** |
| 55 or older | 8.9** | 10.3** |
| **Education** | | |
| Less than high school diploma or equivalent | 20.5%** | 19.2%** |
| High school diploma or more* | 15.1 | 15.4 |
| **Sexual orientation** | | |
| Heterosexual* | 17.5% | 17.2% |
| Lesbian, gay, or bisexual[c] | 27.8** | 21.6** |

Note: The reference period is the past 12 months or since admission to the facility, if shorter. Restrictive housing includes disciplinary or administrative segregation or solitary confinement. See appendix table 3 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

[a]Excludes persons of Hispanic or Latino origin.

[b]Includes American Indians and Alaska Natives; Asians, Native Hawaiians, and other Pacific Islanders; and persons of two or more races.

[c]Includes persons with other sexual orientation (other than heterosexual).

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Inmates without a high school diploma were more likely than high school graduates to have spent time in restrictive housing. Among prison inmates, 20% of those with less than a high school education had spent time in restrictive housing, compared to 15% of those who completed high school. Similarly, among jail inmates, 19% of those with less than high school education had spent time in restrictive housing, compared to 15% of those who had a high school diploma or more.

In prisons, black inmates (21%) were somewhat more likely than white inmates (16%) to have spent time in restrictive housing; however, in jail they were equally likely to have spent such time (17% each). Inmates of other races (including American Indians and Alaska Natives; Asians, Native Hawaiians, and other Pacific Islanders; and those reporting two or more races) were more likely than white inmates to have spent time in restrictive housing (20% in prison and 22% in jail). Hispanic inmates (16% in prison and jail) were as likely as white inmates in prison and white and black inmates in jail to report having spent time in restrictive housing.

Lesbian, gay, and bisexual inmates (28% in prison and 22% in jail) were more likely than heterosexual inmates (18% in prison and 17% in jail) to have spent some time in restrictive housing.

### Time in restrictive housing units linked to current offense and past criminal justice contacts

- Inmates held for a violent offense other than a sex offense (25% in prison and 28% in jail) were significantly more likely than inmates held for other offenses to have spent time in restrictive housing (table 4).
- Inmates with extensive criminal histories were also more likely than inmates with shorter criminal histories to have spent time in restrictive housing. Among inmates with 11 or more prior arrests, 24% of those in prison and 22% of those in jail had been in restrictive housing. In comparison, about 13% of inmates in prisons and jails who had been arrested once had been in restrictive housing.
- Inmates who had a prior incarceration (20% of prison inmates and 19% of jail inmates) were more likely than other inmates (about 13% for both) to have been in restrictive housing in the past 12 months.
- Among inmates who had been in prison or jail before, the percentage reporting time in restrictive housing increased with amount of time they had served in the past. Among those who had served 5 or more years on a prior incarceration, 21% of prisoners and 22% of jail inmates had been in restrictive housing at some time in the past 12 months.

**TABLE 4**

**Inmates who reported spending any time in restrictive housing, by criminal justice status and history, 2011–12**

| Criminal justice characteristic | Prison inmates | Jail inmates |
|---|---|---|
| **Current offense** | | |
| Violent sex offense | 15.5%** | 20.5%** |
| Other violent* | 24.6 | 27.7 |
| Property | 19.1** | 18.0** |
| Drug | 14.4** | 15.6** |
| Other | 15.2** | 13.5** |
| **Prison sentence length** | | |
| Less than 1 year* | 8.8% | ~ |
| 1–5 | 15.9** | ~ |
| 5–10 | 18.7** | ~ |
| 10–20 | 21.7** | ~ |
| 20 or more | 19.5** | ~ |
| Life | 20.8** | ~ |
| **Jail sentence length** | | |
| Unsentenced** | ~ | 17.5% |
| Less than 30 days | ~ | 6.2** |
| 1–6 months | ~ | 10.2** |
| 6–12 months | ~ | 16.9 |
| 1 year or more | ~ | 22.9** |
| **Number of times arrested** | | |
| 1 time* | 12.8% | 12.6% |
| 2–3 | 17.3** | 14.8** |
| 4–10 | 19.6** | 18.4** |
| 11 or more | 23.9** | 21.7** |
| **Prior incarceration as adult or juvenile** | | |
| Yes | 20.0%* | 19.0%** |
| No* | 13.4 | 13.4 |
| **Prior time incarcerated** | | |
| None* | 13.5% | 13.5% |
| 30 days or less | 17.3** | 15.0 |
| 1–6 months | 17.4** | 16.0** |
| 6–12 months | 18.6** | 18.3** |
| 1–5 years | 20.6** | 20.5** |
| 5 years or more | 20.9** | 21.5** |
| **Time in current facility since admission** | | |
| 30 days or less | 8.5%** | 8.0%** |
| 1–6 months* | 13.5 | 16.8 |
| 6–12 months | 23.0** | 31.5** |
| 1–5 years | 21.5** | 35.2** |
| 5–10 years | 19.3** | ~ |
| 10 years or more | 15.6 | ~ |

Note: The reference period is the past 12 months or since admission to the facility, if shorter. Restrictive housing includes disciplinary or administrative segregation or solitary confinement. See appendix table 4 for standard errors.

~Not applicable.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## Use of restrictive housing linked to inmate mental health problems

The inmate surveys collected data on the past mental health problems of inmates. Inmates were asked whether they had ever been told by a mental health professional that they had a mental health disorder, or if because of a mental health problem they had stayed overnight in a hospital or other facility, used prescription medicine, or received counseling or treatment from a trained professional. (See *Methodology* for more detail.)

On every measure of past mental health problems, inmates who reported a problem were also more likely than other inmates to report that they had spent time in restrictive housing in the past 12 months or since coming to the facility, if shorter (table 5). Time in restrictive housing was reported by—

- 26% of prison inmates and 23% of jail inmates who had been told they had a mental health disorder
- 31% of prison inmates and 25% of jail inmates who had stayed overnight in a hospital or other facility during the 12 months prior to their admission for mental health problems
- 26% of prison inmates and 23% of jail inmates who at the time of the current offense were taking prescription medicine for mental health problems
- 26% of prison inmates and 23% of jail inmates who had ever received counseling or therapy from a trained professional—such as a psychiatrist, psychologist, social worker, or nurse—for mental health problems.

Lower percentages of inmates without a mental health problem had spent time in restrictive housing. Overall, about 14% of prison inmates and 12% of jail inmates who reported no past mental health problems had spent time in restrictive housing.

**TABLE 5**

**Inmates who reported spending any time in restrictive housing, by mental health status, 2011–12**

| | Percent of inmates | | Percent who spent time in restrictive housing | |
|---|---|---|---|---|
| | Prison inmates | Jail inmates | Prison inmates | Jail inmates |
| **Current mental health status[a]** | | | | |
| No mental illness* | 67.2% | 51.5% | 15.1% | 14.5% |
| Anxiety or mood disorder | 18.2 | 22.2 | 23.3** | 19.5** |
| Serious psychological distress | 14.6 | 26.2 | 28.9** | 22.2** |
| **History of mental health problems[b]** | | | | |
| Ever told by mental health professional had a disorder | | | | |
| Yes | 36.6% | 43.7% | 25.7%** | 23.0%** |
| No* | 63.4 | 56.3 | 14.4 | 13.2 |
| Had overnight stay in a hospital in year before current admission | | | | |
| Yes | 8.9% | 12.8% | 30.6%** | 24.9%** |
| No* | 91.1 | 87.2 | 17.4 | 16.4 |
| Used prescription medication at time of current offense | | | | |
| Yes | 15.4% | 19.7% | 26.5%** | 23.3%** |
| No* | 84.6 | 80.3 | 17.1 | 16.1 |
| Ever received professional mental health therapy | | | | |
| Yes | 35.7% | 39.2% | 25.5%** | 22.9%** |
| No* | 64.3 | 60.8 | 14.7 | 14.0 |
| Any indicator of past mental health problems | | | | |
| Yes | 45.9% | 51.6% | 24.4%** | 22.4%** |
| No* | 54.1 | 48.4 | 13.7 | 12.0 |

Note: Detail may not sum to total due to rounding. The reference period is the past 12 months or since admission to the facility, if shorter. Restrictive housing includes disciplinary or administrative segregation or solitary confinement. See appendix table 5 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

[a]Based on the K6 scale in which a score of 1-7 indicates no mental illness, a score of 8-12 indicates anxiety or mood disorder, and a score of 13 or more indicates serious psychological distress. See *Methodology*.

[b]See *Methodology* for survey items.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

### A high percentage of inmates with current symptoms of serious psychological distress had spent time in restrictive housing units

The surveys included the K6 screening scale to determine whether inmates had a current mental health problem. The K6 was previously developed by Kessler and others for estimating the prevalence of mental illness in non-institutional settings as a tool to identify cases of psychiatric disorder.[1] It has been used widely in epidemiological surveys in the United States and internationally, including with prison populations.[2]

Since 2008, the K6 scale has been used in federal epidemiological studies to measure symptoms of serious psychological distress (SPD). Although the K6 has been demonstrated to be a good predictor of serious mental illness in prior studies, a technical advisory group, convened by the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration (SAMHSA), recommended that it should be supplemented with questions on functional impairment to improve statistical prediction and validity. (See *Methodology* for detail on specific items and scoring.)

Consistent with other measures of mental health or emotional problems, the K6 revealed that prison and jail inmates identified with SPD were more likely than inmates with no mental health symptoms to have spent time in restrictive housing. Among inmates with symptoms of psychological distress, 29% of those in prison and 22% of those in jail had spent time in restrictive housing in the past 12 months or since coming to the facility. In comparison, among inmates with no symptoms of mental health problems, approximately 15% of those in both prisons and jails had been in restrictive housing.

While these differences may reflect a variety of factors related to the use of segregation by correctional authorities, including sanctions imposed for violations of facility rules, they may also reflect the need to provide protective custody (for nonpunitive reasons) and placement in administrative segregation (while assessing treatment needs and appropriate classification). Moreover, time in restrictive housing—especially longer periods of time—may trigger symptoms of SPD.

Data also showed that inmates who had not spent any time in restrictive housing had lower levels of SPD than other inmates. Among prison inmates who had not spent any time in restrictive housing, 13% were identified with SPD. Among jail inmates without any time in restrictive housing, 25% were identified with SPD **(table 6)**.

Among both prison and jail inmates, rates of SPD were significantly higher among those who had spent time in restrictive housing; however, the rates did not increase with the length of time they had been in such housing. An estimated 24% of prison inmates and 35% of jail inmates who had spent 30 days or longer in restrictive housing had SPD. Nearly identical rates of SPD were reported among inmates who had been in restrictive housing for only a day (22% of prison inmates and 35% of jail inmates). Overall, the data revealed no relationship between the length of time in restrictive housing and rates of SPD.

[1] Kessler, R.C., Green, J.G., Gruber, M.J., Sampson, N.A., Bromet, E., Cuitan, M., Furukawa, ... Zaslavsky, A.M. (2010). Screening for serious mental illness in the general population with the K6 screening scale: results from WHO World Mental Health (WHM) survey initiative. *International Journal of Methods in Psychiatric Research, 19*(1), 4–22.

[2] Schneider, K., Richters, J., Butler, T., Yap, L., Richards, A., Grant, L., et al. (2011). Psychological distress and experience of sexual and physical assault among Australian prisoners. *Criminal Behaviour and Mental Health*, 21(5), 333-349.

**TABLE 6**

**Prevalence of serious psychological distress in inmates, by time in restrictive housing, 2011–12**

| | Percent of prison inmates | | | | Percent of jail inmates | | | |
|---|---|---|---|---|---|---|---|---|
| Time in restrictive housing[a] | Total | No mental illness | Anxiety or mood disorder | Serious psychological distress | Total | No mental illness | Anxiety or mood disorder | Serious psychological distress |
| Total | 100% | 67.2% | 18.2% | 14.6% | 100% | 51.5% | 22.2% | 26.2% |
| None* | 100% | 70.1 | 17.2 | 12.8 | 100% | 53.4 | 21.7 | 24.8 |
| 1 day or less | 100% | 60.3** | 17.2 | 22.5** | 100% | 37.8** | 27.2** | 35.0** |
| 2–6 | 100% | 60.5** | 22.2** | 17.3** | 100% | 43.0** | 23.5 | 33.5** |
| 7–13 | 100% | 55.5** | 19.9 | 24.6** | 100% | 45.1** | 23.2 | 31.8** |
| 14–29 | 100% | 53.3** | 24.4** | 22.3** | 100% | 43.5** | 27.4** | 29.1** |
| 30 or more | 100% | 53.2** | 23.1** | 23.7** | 100% | 41.0** | 24.0 | 35.1** |

Note: Detail may not sum to total due to rounding. Based on the K6 scale in which a score of 1–7 indicates no mental illness, a score of 8–12 indicates anxiety or mood disorder, and a score of 13 or more indicates serious psychological distress. See *Methodology*. Restrictive housing includes disciplinary or administrative segregation or solitary confinement. See appendix table 6 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

[a]Total time spent in disciplinary or administrative segregation or solitary confinement in the past 12 months or since coming to the facility, if shorter.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

### More than three-quarters of inmates written up for assaulting other inmates or staff had spent time in restrictive housing

The prison and jail surveys included five items that measure the prevalence of inmate misconduct during the past 12 months or since coming to the facility, if shorter. Inmates were asked whether (1) they had been in a fight with another inmate, (2) they had been written up for assaulting the inmate, (3) they had been in a fight with staff, (4) they had been written up for physically assaulting a staff member, and (5) they had been written up for verbally assaulting a staff member. (See *Methodology* for detail.)

Time in restrictive housing was reported by—

- 49% of prison inmates and 43% of jail inmates who had been in a fight with another inmate
- 56% of prison inmates and 52% of jail inmates who had been in a fight with staff
- at least three-quarters of those who had been written up for fighting with other inmates (77% in prison and 79% in jail) or verbally assaulting staff (74% in prison and 80% in jail)
- more than 80% of both prison and jail inmates who had been written up for physically assaulting a correctional officer or other facility staff (table 7).

Approximately 10% to 11% of inmates who had no mention of fighting or being written up for assaulting other inmates or staff had spent some time in restrictive housing.

Among inmates serving the longest amount of time in restrictive housing (i.e., 30 or more days in the past 12 months or since coming to the facility, if shorter), 54% of those in prison and 68% of those in jail had been in a fight or had been written up for assaulting other inmates or staff (not shown).

**TABLE 7**

**Inmates who reported spending any time in restrictive housing, by indicators of misconduct in past 12 months, 2011–12**

| | Percent of inmates | | Percent who spent time in restrictive housing | |
|---|---|---|---|---|
| Indicator of misconduct[a] | Prison inmates | Jail inmates | Prison inmates | Jail inmates |
| **Been in fight with another inmate** | 100% | 100% | 100% | 100% |
| Yes | 12.8 | 16.7 | 48.6** | 43.4** |
| No* | 87.2 | 83.3 | 14.2 | 12.3 |
| **Written up for physically assaulting another inmate** | 100% | 100% | 100% | 100% |
| Yes | 4.6% | 4.7 | 77.0** | 78.6** |
| No* | 95.4 | 95.3 | 15.8 | 14.5 |
| **Been in fight with a staff member** | 100% | 100% | 100% | 100% |
| Yes | 3.6 | 5.2 | 56.5** | 51.8** |
| No* | 96.4 | 94.8 | 17.1 | 15.6 |
| **Written up for physically assaulting a staff member** | 100% | 100% | 100% | 100% |
| Yes | 1.1 | 0.8 | 82.6** | 82.7** |
| No* | 98.9 | 99.2 | 17.9 | 17.0 |
| **Written up for verbally assaulting a staff member** | 100% | 100% | 100% | 100% |
| Yes | 3.3 | 3.0 | 74.5** | 79.9** |
| No* | 96.7 | 97.0 | 16.7 | 15.5 |
| **Any mention of fight or being written up for assault** | 100% | 100% | 100% | 100% |
| Yes | 17.4 | 21.0 | 51.7** | 45.9** |
| No* | 82.6 | 79.0 | 11.0 | 9.8 |

Note: Detail may not sum to total due to rounding. The reference period is the past 12 months or since admission to the facility, if shorter. Restrictive housing includes disciplinary or administrative segregation or solitary confinement. See appendix table 7 for standard errors.

*Comparison group.

**Difference with comparison group is significant at the 95%-confidence level.

[a]See *Methodology* for survey items.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## Facility-level rates

When aggregated at the facility level, the inmate self-reports provide reliable facility-level estimates of the use of restrictive housing. Unlike most BJS surveys, the NIS-3 was designed to provide facility-level estimates with sufficient precision to accurately describe facilities. Within each facility, the number of inmates sampled was based on criteria related to the expected prevalence rate of sexual victimization (4% in prisons and 3% in jails), with a desired level of precision (a standard error of 1.75% in prisons and 1.40% in jails) and an expected response rate (70% in prisons and 65% in jails). Due to the size of the samples within each facility, the NIS can provide estimates for other facility-level characteristics. See *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12* (NCJ 241399, BJS web, May 2013.)

The data reveal significant variation in the use of restrictive housing across prison and jail facilities. On average, prisons and jails used restrictive housing at similar levels: 17% of inmates in the average prison and 17% in the average jail had spent time in restrictive housing in the past 12 months or since coming to the facility (table 8). However, the distributions of facility-level rates were quite different:

- Fewer than 1% of their inmates had spent time in restrictive housing in 7% of the jails and less than 1% of prisons.
- 25% or more of the inmates had been in restrictive housing in 38% of the nation's prisons, compared 24% of jails.

Prisons had higher rates than jails of inmates held in restrictive housing for 30 days or more. Approximately 27% of jails had held less than 1% of their inmates for 30 days or more, compared to 13% of prisons. At least 30% of prisons had held 10% or more of their inmates in restrictive housing for 30 days or more, compared to 17% of jails.

**TABLE 8**
**Variation in the use of restrictive housing among prisons and jails, 2011–12**

| | Prisons | Jails |
|---|---|---|
| **Percent of inmates with any time in restrictive housing*** | 100% | 100% |
| Less than 1% | 0.8 | 7.3 |
| 1–4.9% | 16.1 | 1.8 |
| 5–9.9% | 21.7 | 15.7 |
| 10–14.9% | 12.5 | 21.0 |
| 15–24.9% | 20.7 | 30.0 |
| 25–34.9% | 16.6 | 18.2 |
| 35% or more | 11.5 | 6.0 |
| Mean | 17.3% | 17.4% |
| **Percent of inmates in restrictive housing for 30 days or more*** | | |
| Less than 1% | 13.3% | 26.7% |
| 1–2.9% | 13.2 | 19.6 |
| 3–4.9% | 20.7 | 17.0 |
| 5–9.9% | 22.7 | 19.8 |
| 10–14.9% | 13.6 | 12.1 |
| 15% or more | 16.6 | 4.9 |
| Mean | 8.6% | 4.8% |
| **Number of facilities participating** | 233 | 357 |

Note: Detail may not sum to total due to rounding. Based on the weighted number of facilities. First stage weights, representing the inverse of the probability of selection proportionate to size, were applied to each sampled facility. See *Methodology*. See appendix table 8 for standard errors.

*Based on the weighted number of inmates within each facility adjusted for nonresponse. Inmates weights, representing the inverse of the probability of selection and adjusted for nonresponse, were applied to each inmate and then summed in each facility to provide facility-level estimates of the percentage of inmates held in restrictive housing in the past 12 months.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## Use of restrictive housing associated with indicators of facility disorder

In the absence of administrative data on assaults, gang activity, seizures of weapons, or other security incidents, the inmate self-report data may also be used to provide independent measures for each facility. The prison and jail surveys asked inmates to report on—

- fighting within their facility and whether they had been in a fight with other inmates or staff
- whether they worried about being assaulted by other inmates
- whether they had seen other inmates with weapons
- if there was lots of gang activity in the facility
- if some of their possessions had been taken by other inmates.

When aggregated at the facility level, the inmate responses provided a series of indicators of facility disorder. (See *Methodology* for more detail.)

The data revealed a clear relationship between the use of restrictive housing in facilities and these indicators of facility disorder. On every measure, prison facilities with higher percentages of inmates reporting disorder had higher rates of inmates held in restrictive housing in the past 12 months (table 9). In prisons, the correlation with the use of restrictive housing was the highest for the percentage of inmates reporting having been in fights with other inmates (r=0.65) and in fights with staff (r=0.59).

In prisons, the same pattern was found for the percentage of inmates held in restrictive housing for 30 days or more. Facilities in which a high percentage of inmates reported having been in fights with staff (r=0.61) or other inmates (r=0.53) also had high rates of using long-term segregation.

Among jails, five of the seven measures of facility disorder were associated with greater use of restrictive housing. Although the correlations in jails were generally lower than those observed in prisons, the percentage of inmates who had been in restrictive housing at some time in the past 12 months or since coming to the facility remained strongly related to the percentage who had been in fights with other inmates (r=0.37) and staff (r=0.37). The same relationships were found for the percentage of inmates who had spent 30 days or more in restrictive housing.

**TABLE 9**

**Facility-level use of restrictive housing, by selected measures of facility disorder, 2011–12**

| | | Correlation between facility condition and percent of inmates reporting time in restrictive housing[a] | |
|---|---|---|---|
| Measure of facility disorder[b] | Facility average | Any time | 30 days or more |
| **Percent of inmates in prison—** | | | |
| who were frequently in fights | 18.8% | 0.52** | 0.41** |
| who have been in fights with other inmates | 10.7 | 0.65** | 0.53** |
| who feared being assaulted by other inmates | 7.3 | 0.55** | 0.47** |
| who have seen inmates with weapons | 18.6 | 0.44** | 0.40** |
| who reported a lot of gang activity in facility | 17.4 | 0.40** | 0.36** |
| who have been in fights with staff | 2.9 | 0.59** | 0.61** |
| who had possessions taken by other inmates | 16.1 | 0.30** | 0.18** |
| **Percent of inmates in jail—** | | | |
| who were frequently in fights | 11.3% | 0.21** | 0.28** |
| who have been in fights with other inmates | 15.5 | 0.37** | 0.23** |
| who feared being assaulted by other inmates | 7.2 | 0.24** | 0.27** |
| who have seen inmates with weapons | 11.4 | 0.08 | 0.15 |
| who reported a lot of gang activity in facility | 9.0 | 0.04 | 0.16** |
| who have been in fights with staff | 3.3 | 0.37** | 0.38** |
| who had possessions taken by other inmates | 15.3 | 0.37** | 0.30** |

Note: The reference period is the past 12 months or since admission to the facility, if shorter. Restrictive housing includes disciplinary or administrative segregation or solitary confinement. See appendix table 9 for standard errors.

**Statistically significant at the 95%-confidence level.

[a]Based on the Pearson product-moment coefficient, which is a measure of linear association between the percentage of inmates experiencing time in restrictive housing and the percentage of inmates reporting disorder within each facility. Facility estimates were weighted by the inverse of their probability of selection. See *Methodology*.

[b]See *Methodology* for survey items.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011-12.

## Facility-level rates of restrictive housing associated with characteristics of inmates housed

Selected facility-level measures were calculated based on inmate-level characteristics associated with reports of time in restrictive housing. Facilities' use of restrictive housing varied in the types of inmates that they held. These measures of facility composition included the percentage of inmates—

- with serious psychological distress
- with a past mental health problem
- held for violent crimes other than sex offenses
- with 11 or more prior arrests
- with a prior incarceration
- with less than a high school diploma
- who were lesbian, gay, or bisexual
- who were ages 18 to 24. (See *Methodology* for more detail.)

Among prisons, five of the eight measures of facility composition were associated with greater use of restrictive housing (table 10). The correlation with use of restrictive housing was the highest for the percentage of inmates with current symptoms of SPD (r=0.65) or past mental health problems (r=0.48) and the percentage held for violent offenses other than sex offenses (r=0.50). While facilities with an increasing percentage of inmates with 11 or more prior arrests also had higher rates of restrictive housing, the association was not as strong (r=0.20). The data also revealed a clear link between the percentage of inmates who were lesbian, gay, or bisexual and the greater use of restrictive housing (r=0.33).

The same patterns were found for the percentage of inmates held in restrictive housing for 30 days or more, although the correlations were somewhat weaker. The percentage of inmates held with symptoms of SPD (r=0.51) and the percentage held for violent crimes (excluding sex offenders) (r=0.46) were the most strongly correlated with the percentage of inmates who spent 30 days or more in restrictive housing.

The composition of inmates held in local jail facilities was largely unrelated to the use of restrictive housing. Among jails, only two of the eight measures of facility composition were positively associated with the greater use of restrictive housing.

**TABLE 10**

**Facility-level use of restrictive housing, by selected measures of facility composition, 2011–12**

| | | Correlation between facility composition and percent of inmates reporting time in restrictive housing[a] | |
|---|---|---|---|
| Measure of facility composition[b] | Facility average | Any time | 30 days or more |
| **Percent of inmates in prison—** | | | |
| with serious psychological distress[c] | 13.8% | 0.65** | 0.51** |
| with a past mental health problem[d] | 44.9 | 0.48** | 0.36** |
| who were held for a violent offense[e] | 25.6 | 0.50** | 0.46** |
| with 11 or more prior arrests | 18.1 | 0.20** | 0.16** |
| with a prior incarceration | 78.0 | 0.12 | 0.17** |
| with less than a high school diploma or equivalent | 57.2 | 0.16 | 0.18 |
| who were lesbian, gay, or bisexual | 7.6 | 0.33** | 0.21** |
| who were ages 18 to 24 | 13.8 | 0.15 | 0.13 |
| **Percent of inmates in jail—** | | | |
| with serious psychological distress[c] | 28.1% | 0.12 | 0.14 |
| with a past mental health problem[d] | 52.1 | 0.42** | 0.09 |
| who were held for a violent offense[e] | 13.6 | -0.05 | 0.16 |
| with 11 or more prior arrests | 23.1 | -0.04 | -0.05 |
| with a prior incarceration | 72.5 | -0.02 | -0.19** |
| with less than a high school diploma or equivalent | 51.7 | 0.06 | 0.03 |
| who were lesbian, gay, or bisexual | 5.7 | 0.22** | 0.10 |
| who were ages 18 to 24 | 27.2 | 0.15 | 0.13 |

Note: Restrictive housing includes disciplinary or administrative segregation or solitary confinement. See appendix table 10 for standard errors.

**Statistically significant at the 95%-confidence level.

[a]Based on the Pearson product-moment coefficient, which is a measure of linear association between the percentage of inmates experiencing time in restrictive housing and population composition of each facility. Facility estimates were weighted by the inverse of their probability of selection. See *Methodology*.

[b]See *Methodology* for survey items.

[c]Based on a score of 13 or more on the K6-scale developed by Kessler and others for estimating the prevalence of serious psychological distress.

[d]Based on four items related to problems with emotions, nerves, or mental health: (1) ever told by mental health professional had a disorder; (2) had overnight stay in hospital in year before current admission; (3) used prescription medication at time of current offense; and (4) ever received professional mental health therapy.

[e]Excludes violent sex offenders.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

The percentage of inmates with past mental health problems had the strongest correlation (r=0.42) with the percentage of inmates who had spent any time in restrictive housing. One of the composition measures for jail facilities was associated with the percentage of inmates who had spent 30 days or more in restrictive housing. In contrast, the percentage of inmates with 11 or more prior arrests was negatively correlated with the rate of long-term restrictive housing (r=-0.19).

### Lack of inmate trust and confidence in staff linked to greater use of restrictive housing

The prison and jail surveys also included items that asked inmates to characterize staff, including whether the staff at the facility—

- are generally fair
- do their best to make this facility safe and secure
- try to meet the needs of the inmates
- break up fights quickly
- use physical force only when necessary
- let inmates know what is expected of them
- generally treat inmates with respect
- follow facility rules when handling inmate complaints and grievances
- often write up inmates who don't deserve it.

As with the measure of facility disorder and inmate composition, the inmate self-report data may be used to provide an independent measure of the overall level of trust and confidence that inmates have with the staff in each facility. (See *Methodology* for more detail.)

The responses to these nine items were combined at the inmate level and then weighted to provide a summary score for each facility. To account for item nonresponse, inmate-level scores were calculated only if an inmate had responded to two or more items. Their score reflected the percentage of items for which the inmate had provided a negative response ("disagree" for all items except the last, and "agree" that staff "often write up inmates who don't deserve it"). In each facility, the inmate responses were then averaged (weighted by the inmate weight adjusted for nonresponse) to provide an overall facility-level score. The facility-level scores in prisons ranged from 5% to 72% (with a weighted mean of 46%), and in jails from 8% to 73% (with a weighted mean of 37%). The higher the percentage, the more negative the inmates' assessments of the facility staff.

There was a clear relationship between the use of restrictive housing and this summary indicator of facility climate. Prison facilities with higher percentages of inmates reporting negative assessments of staff had higher percentages of inmates held in restrictive housing (r=0.38) and higher percentages of inmates being held for 30 days or more (r=0.33) (table 11). Among jail facilities, the association with negative perceptions of staff fairness and trust was limited to the percentage of inmates who had spent 30 days or more in restrictive housing (r=0.25).

**TABLE 11**
**Facility-level use of restrictive housing, by selected measures of facility climate, 2011–12**

| Measure of facility climate[b] | Facility average | Correlation between negative facility climate and percent of inmates reporting time in restrictive housing[a] | |
|---|---|---|---|
| | | Any time | 30 days or more |
| **Prison facility percent of inmates who reported—** | | | |
| the housing unit was very crowded | 28.9% | -0.02 | -0.09 |
| areas outside of the housing unit were very crowded | 28.9 | 0.09 | -0.01 |
| the facility did not have enough staff to provide for safety and security of inmates | 38.8 | 0.31** | 0.20** |
| negative perception of staff fairness and trust[c] | 45.7 | 0.38** | 0.33** |
| **Jail facility percent of inmates who reported—** | | | |
| the housing unit was very crowded | 18.8% | 0.11 | 0.17 |
| areas outside of the housing unit were very crowded | 19.1 | 0.50** | 0.17 |
| the facility did not have enough staff to provide for safety and security of inmates | 36.4 | 0.00 | -0.03 |
| negative perception of staff fairness and trust[c] | 36.8 | 0.23 | 0.25** |

Note: Restrictive housing includes disciplinary or administrative segregation or solitary confinement. See appendix table 11 for standard errors.

**Statistically significant at the 95% confidence level.

[a]Based on the Pearson product-moment coefficient, which is a measure of linear association between the percentage of inmates experiencing time in restrictive housing and population composition of each facility. Facility estimates were weighted by the inverse of their probability of selection. See *Methodology*.

[b]See *Methodology* for survey items.

[c]The percentage of items for which each inmate in the facility provided a negative response to statements about the conduct of facility staff.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

Other indicators of a facility's climate included measures related to crowding and sufficient staff at the facility. Inmates were asked about crowding in their housing unit and in areas outside of their housing unit (such as in the dining hall, classrooms, gym, or work areas). Inmates who reported "very crowded" were weighted and summed to provide a measure of crowding. In addition, inmates were asked if the facility had enough staff to provide for the safety and security of inmates. Again, when their responses were aggregated at the facility level, they provided an indicator of facility climate. (See *Methodology* for more detail.)

The use of restrictive housing was unrelated to prison crowding. Neither measure was associated with the percentage of inmates held in restrictive housing. In jail facilities, crowding of areas outside of the housing units was correlated with greater use of restrictive housing (r=0.50) but not with the length of time in such housing (r=0.17, which was not statistically significant).

As with measures of facility disorder, lack of sufficient staff was associated with a facility's use of restrictive housing. Among prison facilities, the higher the percentage of inmates reporting that the facility did not have enough staff to provide for the safety and security of inmates, the higher the percentage of inmates who reported time in restrictive housing (r=0.31) and the percentage who spent 30 days or more in such housing (r=0.20). In jail facilities, only the percentage of inmates reporting a lack of staff to provide for safety and security was associated with the percentage who spent 30 days or more in restrictive housing (r=.25).

A consistent pattern was observed at the facility-level. Facilities with higher rates of restrictive housing had higher levels of facility disorder; lower levels of inmate trust and confidence; higher concentrations of violent inmates and inmates with longer criminal histories; higher percentages of inmates with mental health problems; and higher percentages of vulnerable populations (i.e., lesbian, gay, and bisexual inmates, and younger inmates).

## Methodology

### National Inmate Survey-3 (NIS-3)

The National Inmate Survey is part of the National Prison Rape Statistics Program, which collects reports of sexual victimization from administrative records and from allegations of sexual victimization directly from victims through surveys of inmates in prisons and jails. BJS has implemented this program to meet the requirements of the Prison Rape Elimination Act of 2003 (P.L. 108-79). The inmate surveys contain a wide range of data beyond measures of sexual victimization, including items useful for describing inmates held in the state and federal prisons and local jails and their confinement experiences. This report examines data reported by inmates held in adult facilities on their current and past time spent in disciplinary or administrative segregation or solitary confinement.

BJS completed the third National Inmate Survey (NIS-3) between February 2011 and May 2012. The survey, conducted by RTI International (Research Triangle Park, NC), was administered to 91,177 inmates age 18 or older, including 38,251 inmates in 233 state and federal prisons and 52,926 inmates in 357 jails. The results are nationally representative of prison and jail inmates at the time of the survey.

The NIS-3 consisted of an audio computer-assisted self-interview (ACASI) in which inmates used a touch-screen to interact with a computer-assisted questionnaire and followed audio instructions delivered via headphones. Some inmates (733 prison inmates and 255 jail inmates) completed a short paper form instead of using the ACASI. Many of these inmates were housed in administrative or disciplinary segregation or were considered too violent to be interviewed, some were inmates who refused to come to the interview room, and some were inmates who staff were reluctant to bring to the interview room for other reasons.

For approximately the first two minutes, survey interviewers conducted a brief personal interview to obtain background information and the date of admission to the facility. For the remainder of the interview, respondents interacted with a computer-administered questionnaire using a touch-screen and synchronized audio instructions delivered via headphones. Respondents completed the ACASI portion of the interview in private, with the interviewer either leaving the room or moving away from the computer.

### Selection of prisons and inmates within prisons

A sample of 241 state and federal prisons was drawn to produce a sample representing the 1,158 state and 194 federal adult confinement facilities identified in the 2005 Census of State and Federal Adult Correctional Facilities, which was supplemented with updated information from websites maintained by each state department of corrections (DOC) and the federal Bureau of Prisons (BOP). Of the 241 selected prison facilities, seven had closed prior to the start of data collection, and one had transitioned from holding males to females during the data collection period and was considered a closed facility, based on the original sampling criteria. All of the other selected prison facilities participated fully in the NIS-3.

The NIS-3 was restricted to confinement facilities—institutions in which fewer than 50% of inmates were regularly permitted to leave, unaccompanied by staff, for work, study, or treatment. Such facilities included prisons, penitentiaries, prison hospitals, prison farms, boot camps, and centers for reception, classification, or alcohol and drug treatment. The NIS-3 excluded community-based facilities, such as halfway houses, group homes, and work release centers.

A roster of inmates was obtained just prior to the start of data collection at each facility. Inmates who were age 15 or younger and inmates who were released prior to data collection were deleted from the roster. Inmates who were ages 16 to 17 were sampled separately and have been excluded from this report.

Each eligible adult inmate was assigned a random number and sorted in ascending order. Inmates were selected from the list up to the expected number of inmates determined by the sampling criteria that reflected the projected response rate (70%), a desired level of precision, and size of the facility. A total of 74,655 adult prison inmates were selected. After selection, 2,233 ineligible inmates were excluded. Overall, 60% of the selected eligible prison inmates participated in the survey. Approximately 90% of the participating prison inmates (38,251 adults) completed the sexual assault survey from which the data on restrictive housing were drawn.

### Selection of jail facilities and jail inmates

A sample of 393 jails was drawn to represent the 2,957 jail facilities identified in the 2005 Census of Jail Inmates, which was supplemented with information obtained from inmate surveys (NIS-1 and NIS-2) conducted in 2007 and 2008–09. The 2005 census was a complete enumeration of all jail jurisdictions, including all publicly operated and privately operated facilities under contract to jail authorities. The NIS-3 was limited to jails that held six or more inmates on June 30, 2005. These jails held an estimated 720,171 inmates age 18 or older on June 30, 2011.

Jail facilities were sequentially sampled with probabilities of selection proportionate to size (as measured by the number of inmates held on June 30, 2005). Of the 393 selected jails in the NIS-3, 20 facilities refused to participate, 2 were excused due to construction or lack of space at the facility, and 14 were determined to be ineligible. All of the other selected jail facilities participated fully in the NIS-3.

A roster of inmates was obtained just prior to the start of data collection at each facility. Inmates who were age 15 or younger and inmates who had not been arraigned were removed from the roster. Inmates who were ages 16 to 17 (juveniles) were sampled separately and have been excluded from this report.

Each eligible adult inmate was assigned a random number and sorted in ascending order. Inmates were selected from the list up to the expected number of inmates determined by the sampling criteria.

Due to the dynamic nature of jail populations, a second roster of inmates was obtained on the first day of data collection. Eligible adult inmates who appeared on the second roster but who had not appeared on the initial roster were identified. These inmates had been arraigned since the initial roster was created or were newly admitted to the facility and arraigned. A random sample of these new inmates was chosen using the same probability of selection used to sample from the first roster.

A total of 112,594 jail inmates were selected. After selection, 11,342 ineligible inmates were excluded: 9,479 were released or transferred to another facility before interviewing began, 1,036 were mentally or physically unable to be interviewed, 25 were age 15 or younger or their age could not be obtained during the interview process, 296 were selected in error (i.e., an inmate was incorrectly listed on the facility roster), and 484 were on unsupervised work release or only served time on weekends.

Of all selected inmates, 22% refused to participate in the survey, 1.1% were not available to be interviewed (e.g., in court, in medical segregation, determined by the facility to be too violent to be interviewed, or restricted from participation by another legal jurisdiction), and 8% were not interviewed due to survey logistics (e.g., language barriers, releases, and transfers to another facility after interviewing began). Overall, 61% of the selected eligible jail inmates participated in the survey. Approximately 90% of the participating jail inmates (52,926 adults) completed the sexual assault survey from which the data on restrictive housing were drawn.

For a more detailed description of the NIS-3 sample, see *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12* (NCJ 241399, BJS web, May 2013).

### Weighting and nonresponse adjustments

Responses from interviewed inmates were weighted to provide facility- and national-level estimates. Each interviewed inmate was assigned an initial weight corresponding to the inverse of the probability of selection within each sampled facility. A series of adjustment factors was applied to the initial weight to minimize potential bias due to nonresponse and to provide national estimates.

A final ratio adjustment to each inmate weight was made to provide national-level estimates for the total number of inmates age 18 or older who were held in prisons at yearend 2011 or in jails at midyear 2011. These estimates for state prisons were 1,154,600 adult males and 83,400 adult females; for federal prisons, 190,600 adult males and 13,200 adult females; and for jails (with an average daily populations of six or more inmates), 628,620 adult males and 91,551 adult females.

### Standard errors and tests of significance

As with any survey, the NIS estimates are subject to error because they are based on a sample rather than a complete enumeration. A common way to express this sampling variability is to construct a 95%-confidence interval around each survey estimate. Typically, multiplying the standard error by 1.96 and then adding or subtracting the result from the estimate produces the confidence interval. This interval expresses the range of values that could result among 95% of the different samples that could be drawn.

The standard errors in appendix tables 1 through 8 have been used to compare estimates of the prevalence of restrictive housing among selected groups of inmates that have been defined by demographic subgroup, criminal justice status and history, mental health status, and indicators of inmate misconduct. To facilitate the analysis, differences in the estimates of percentage of inmates reporting any time in restrictive housing have been tested and notated for significance at the 95%-confidence level.

For example, the difference in the percentage who reported time in restrictive housing among white prison inmates (16.0%), compared to black prison inmates (20.8%), was statistically significant at the 95% level of confidence (table 3 and appendix table 3). In all tables providing detailed comparisons, statistically significant differences at the 95% level of confidence or greater have been designated with two asterisks (**).

The standard errors in appendix tables 9 through 11 have been provided to test the significance of the linear association (based on the Pearson product-moment coefficient) between selected facility characteristics and the percentage of inmates who experienced time in restrictive housing. By weighting by the inverse of the probability of selection of each facility, the facility-level estimates and standard errors take into account the sampling variability at the first stage in the NIS-3 sampling design. To construct a 95%-confidence interval around each correlation coefficient, the standard error may be multiplied by 1.96 and then added or subtracted from the estimated coefficient. The coefficient is considered statistically significant when the confidence interval excludes zero.

For example, the estimated correlation between the percentage of inmates in prisons who were frequently in fights and the percentage of inmates who reported having spent some time in restrictive housing was 0.52. Based on a standard error of 0.08, the 95%-confidence interval was 0.36 to 0.68, which was statistically significant (table 9 and appendix table 9). In all tables providing estimated correlations, statistically significant coefficients at the 95% level of confidence or greater have been designated with two asterisks (**).

### Measures of time in restrictive housing

Prior to the start of the ACASI portion of the survey, interviewers conducted a brief personal interview using CAPI to obtain background information and the date of admission to the facility. The CAPI interview included an item on current housing:

A9. Which of the following best describes the housing unit where you spent last night?

1. An open dorm
2. A dorm with cubicles
3. A unit with cells
4. A unit with rooms
5. An area not originally intended as housing, such as a gym, classroom, or day room
6. Administrative segregation or solitary confinement
7. None of these

This item was not administered to inmates who received the paper form. Because many, but not all, of these inmates may have been held in restrictive housing, they were designated as "don't know" and included in the estimates. Based on the final national weights, 2.5% of prison inmates and 0.5% of jail inmates were in this category.

The ACASI portion of the interview included two additional items on restrictive housing:

X9a. [FILL ITEM], have you spent any time in disciplinary or administrative segregation or solitary confinement?

1. Yes
2. No

X9b. [IF X9a=1] [FILL ITEM], how much total time have you spent in disciplinary or administrative segregation or solitary confinement?

1. 1 day or less
2. More than 1 day but less than 7 days
3. At least 7 days but less than 14 days
4. At least 14 days but less than 30 days
5. 30 days or more

As with item A9, these items were also not administered to inmates who received the paper form. Because many, but not all, of these inmates may have been held in restrictive housing while in the facility, they were designated as "don't know" and included in the estimates.

The FILL ITEM specified a reference period provided automatically by the computer based on how long the inmate had been held at the facility. For inmates who had been held in the prison or jail for less than 12 months, the reference period was "Since you arrived at this facility." For inmates who had been in the facility for 12 months or more, the reference period was "During the past 12 months."

### Screening for serious psychological distress

The K6 consists of six questions that ask inmates to report how often during the past 30 days they had felt—

- nervous
- hopeless
- restless or fidgety
- so depressed that nothing could cheer them up
- everything was an effort
- worthless.

The response options were (1) all of the time, (2) most of the time, (3) some of the time, (4) a little of the time, and (5) none of the time. Following Kessler, the responses were coded from 4 to 0, with 4 assigned to "all of the time" and 0 assigned to "none of the time."[3] A summary scale combining the responses from all six items was then produced with a range of 0 to 24. The summary score was then reduced to three categories: 0 to 7 indicates no mental illness, 8 to 12 indicates an anxiety or mood disorder, and 13 or higher indicates serious psychological distress (SPD). See *Sexual Victimization in Prisons and Jails Reported by Inmates, 2011–12* (NCJ 241399, BJS web, May 2013) for a discussion of K6 scaling rules and past applications.

[3] Kessler, R.C., Green, J.G., Gruber, M.J., Sampson, N.A., Bromet, E., Cuitan, M., Furukawa, ... Zaslavsky, A.M. (2010). Screening for serious mental illness in the general population with the K6 screening scale: results from WHO World Mental Health (WHM) survey initiative. *International Journal of Methods in Psychiatric Research, 19*(1), 4–22.

### Measures of past mental health problems

The NIS-3 included four items to measure the prevalence of any problems with emotions, nerves, or mental health an inmate may have had in the past:

R24. Have you ever been told by a mental health professional, such as a psychiatrist or psychologist, that you had…

a. Manic depression, a bipolar disorder, or mania?

b. A depressive disorder?

c. Schizophrenia or another psychotic disorder?

d. Post-traumatic stress disorder or PTSD?

e. Another anxiety disorder, such as panic disorder or OCD?

f. A personality disorder, such as antisocial or borderline personality?

g. A mental or emotional condition other than those listed above?

R27. During the 12 months before you were admitted to [this facility/any facility to serve time on your current sentence], did you stay overnight or longer in any type of hospital or other facility to receive treatment or counseling for problems you were having with your emotions, nerves, or mental health?

R30. At the time of the offense for which you are currently [being held/serving time], were you taking prescription medicine for any problem you were having with your emotions, nerves, or mental health?

R33. Have you ever received counseling or therapy from a trained professional—such as a psychiatrist, psychologist, social worker, or nurse—for any problem you were having with your emotions, nerves, or mental health?

### Measures of inmate misconduct

The NIS-3 included five items that measure the prevalence of inmate misconduct during the past 12 months or since coming to the facility, if shorter:

S17. In the past 12 months, have you been in a fight, assault, or incident in which another inmate tried to harm you?

S21. In the past 12 months, have you been in a fight, assault, or incident in which a correctional officer or other facility staff person tried to harm you?

X6a. In the past 12 months, have you been written up or charged with assaulting another inmate?

X7a. In the past 12 months, have you been written up or charged with physically assaulting a correctional officer or other facility staff?

X8a. In the past 12 months, have you been written up or charged with verbally assaulting a correctional officer or other facility staff?

### Facility-level measures

In the absence of administrative data on characteristics of each facility, the inmate self-report data have been used to provide independent measures of facility disorder, composition, and climate of each facility. Because the NIS sample was designed to produce prevalence estimates of sexual victimization for each sampled facility, it also has the capacity to provide reliable estimates for other facility characteristics. Each facility sampled in the NIS is self-representing, and consequently the inmate responses, when weighted and summed at the facility-level, provide an overall indicator for each sampled facility.

*Facility disorder*—The NIS included seven items that provide a facility-level estimate of the percentage of inmates reporting some indication of facility disorder:

S13. In the past 12 months, how often are inmates at this facility hit, punched, or assaulted by other inmates? (Percentage reporting "frequently.")

S14. In the past 12 months, how often do you worry about being hit, punched, or assaulted by other inmates in this facility? (Percentage reporting "frequently.")

S15. In the past 12 months, how often have you seen other inmates with some type of weapon? (Percentage reporting "frequently" or "sometimes.")

S16. In the past 12 months, how much gang activity has there been at this facility? (Percentage reporting "a lot.")

S17. In the past 12 months, have you been in a fight, assault, or incident in which another inmate tried to harm you? (Percentage reporting "yes.")

S21. In the past 12 months, have you been in a fight, assault, or incident in which a correctional officer or other facility staff person tried to harm you? (Percentage reporting "yes.")

S25. In the past 12 months, have any of your personal possessions or belongings been taken by another inmate without your permission? (Percentage reporting "yes.")

*Facility composition*—Facility composition measures are based on inmate subgroups that have a high percentage who reported time in restrictive housing. When weighted, summed, and converted to percentages at the facility-level, the characteristics provide an overall indicator of the percentage of inmates in the facility with the characteristics. These measures include the percentage of inmates—

- with serious psychological distress
- with a past mental health problem
- held for a violent offense (excluding sex offenders)
- with 11 or more prior arrests
- with less than a high school diploma or equivalent
- who were lesbian, gay, bisexual, or other sexual orientation (other than heterosexual)
- who were ages 18 to 24.

*Facility climate*—Facility climate measures are based on three items related to crowding and sufficient staff and nine items related inmate perceptions of staff:

S6. How crowded is it in your housing unit? (Percentage reporting "very crowded.")

S7. How crowded is it outside of the housing unit—for example, in the dining hall, classrooms, gym, or work areas? (Percentage reporting "very crowded.")

S29. In the past 12 months, do you think there has been enough staff at this facility to provide for the safety and security of inmates? (Percentage reporting "no.")

S9. Please indicate whether you agree or disagree with each of the following statements.

Staff at this facility…

- S9a. Are generally fair
- S9b. Do their best to make this facility safe and secure
- S9c. Try to meet the needs of the inmates
- S9d. Break up fights quickly
- S9e. Use physical force only when necessary
- S9f. Let inmates know what is expected of them
- S9g. Generally treat inmates with respect
- S9h. Follow facility rules when handling inmate complaints and grievances
- S9i. Often write up inmates who don't deserve it.

The entire ACASI questionnaire (listed as the National Inmate Survey-3) and the shorter paper and pencil survey form (PAPI) are available on the BJS website.

## APPENDIX TABLE 1

**Standard errors for table 1: Inmates who reported spending time in restrictive housing in the past 12 months, 2011–12**

| | Prison inmates | Jail inmates |
|---|---|---|
| **Where you spent last night…in administrative segregation or solitary confinement** | | |
| Yes | 0.27% | 0.16% |
| No | 0.71 | 0.24 |
| Don't know | 0.72 | 0.22 |
| **In past 12 months…any time in discplinary or administrative segregation or solitary confinement** | | |
| Yes | 0.94% | 0.52% |
| No | 1.17 | 0.48 |
| Don't know | 0.73 | 0.23 |
| **In past 12 months…total time spent in disciplinary or administrative segregation or solitary confinement** | | |
| None | 1.17% | 0.48% |
| 1 day or less | 0.07 | 0.13 |
| 2–6 | 0.17 | 0.21 |
| 7–13 | 0.15 | 0.17 |
| 14–29 | 0.21 | 0.15 |
| 30 or more | 0.71 | 0.28 |
| Don't know | 0.72 | 0.23 |

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## APPENDIX TABLE 2

**Standard errors for table 2: Inmates who reported spending any time in restrictive housing in the past 12 months, by time since admission to the current facility, 2011–12**

| Time since admission | Prison inmates | Jail inmates |
|---|---|---|
| Total | 0.94% | 0.52% |
| 1 month or less | 1.07 | 0.44 |
| 2–3 | 0.84 | 0.61 |
| 4–5 | 1.16 | 0.81 |
| 6–8 | 1.25 | 0.97 |
| 9–11 | 1.67 | 1.38 |
| 12 or more | 1.14 | 1.56 |
| Mean exposure time* | 0.14 mos. | 0.07 mos. |

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## APPENDIX TABLE 3

**Standard errors for table 3: Inmates who reported spending any time in restrictive housing, by selected inmate characteristics, 2011–12**

| Inmate characteristic | Prison inmates | Jail inmates |
|---|---|---|
| **Sex** | | |
| Male | 0.99% | 0.52% |
| Female | 1.72 | 1.00 |
| **Race/Hispanic origin** | | |
| White | 0.93% | 0.62% |
| Black/African American | 1.38 | 0.71 |
| Hispanic/Latino | 0.97 | 0.74 |
| Other | 1.42 | 0.94 |
| **Age** | | |
| 18–19 | 2.99% | 1.24% |
| 20–24 | 1.81 | 0.71 |
| 25–29 | 1.51 | 0.81 |
| 30–34 | 1.24 | 0.71 |
| 35–39 | 0.98 | 0.86 |
| 40–44 | 1.08 | 0.74 |
| 45–54 | 0.88 | 0.64 |
| 55 or older | 0.91 | 0.96 |
| **Education** | | |
| Less than a high school diploma or equivalent | 1.12% | 0.58% |
| High school diploma or more | 0.75 | 0.57 |
| **Sexual orientation** | | |
| Heterosexual | 0.94% | 0.53% |
| Lesbian, gay, or bisexual | 1.61 | 0.85 |

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## APPENDIX TABLE 4

**Standard errors for table 4: Inmates who reported spending any time in restrictive housing, by criminal justice status and history, 2011–12**

| Criminal justice characteristic | Prison inmates | Jail inmates |
|---|---|---|
| **Current offense** | | |
| Violent sex offense | 1.09% | 1.25% |
| Other violent | 1.33 | 1.06 |
| Property | 1.24 | 0.75 |
| Drug | 1.07 | 0.73 |
| Other | 1.12 | 0.60 |
| **Prison sentence length** | | |
| Less than 1 year | 0.95% | ~ |
| 1–5 | 1.00 | ~ |
| 5–10 | 1.18 | ~ |
| 10–20 | 1.33 | ~ |
| 20 or more | 1.72 | ~ |
| Life | 1.50 | ~ |
| **Jail sentence length** | | |
| Unsentenced | ~ | 0.58% |
| Less than 30 days | ~ | 0.87 |
| 1–6 months | ~ | 0.74 |
| 6–12 months | ~ | 0.95 |
| 1 year or more | ~ | 0.80 |
| **Number of times arrested** | | |
| 1 time | 0.83% | 0.68% |
| 2–3 | 1.00 | 0.57 |
| 4–10 | 1.21 | 0.65 |
| 11 or more | 1.25 | 0.74 |
| **Prior incarceration as adult or juvenile** | | |
| Yes | 1.04% | 0.58% |
| No | 0.86 | 0.52 |
| **Prior time incarcerated** | | |
| None | 0.85% | 0.51% |
| 30 days or less | 1.36 | 1.05 |
| 1–6 months | 1.22 | 0.81 |
| 6–12 months | 1.20 | 0.97 |
| 1–5 years | 1.41 | 0.68 |
| 5 years or more | 1.23 | 0.90 |
| **Time in current facility since admission** | | |
| 30 days or less | 1.10% | 0.44% |
| 1–6 months | 0.87 | 0.56 |
| 6–12 months | 1.41 | 1.08 |
| 1–5 years | 1.45 | 1.67 |
| 5–10 years | 1.00 | ~ |
| 10 years or more | 2.40 | ~ |

~Not applicable.

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## APPENDIX TABLE 5

**Standard errors for table 5: Inmates who reported spending any time in restrictive housing, by mental health status, 2011–12**

| | Prison inmates | Jail inmates |
|---|---|---|
| **Current mental health status** | | |
| No mental illness | 0.90% | 0.53% |
| Anxiety or mood disorder | 1.05 | 0.67 |
| Serious psychological distress | 1.48 | 0.82 |
| **History of mental health problems** | | |
| Ever told by mental health professional had a disorder | | |
| Yes | 1.11% | 0.69% |
| No | 0.88 | 0.48 |
| Had overnight stay in a hospital in year before current admission | | |
| Yes | 1.49% | 1.04% |
| No | 0.94 | 0.51 |
| Used prescription medication at time of current offense | | |
| Yes | 1.26% | 0.98% |
| No | 0.95 | 0.48 |
| Ever received professional mental health therapy | | |
| Yes | 1.23% | 0.66% |
| No | 0.83 | 0.47 |
| Any indicator of past mental health problems | | |
| Yes | 1.15% | 0.63% |
| No | 0.81 | 0.49 |

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## APPENDIX TABLE 6

**Standard errors for table 6: Prevalence of serious psychological distress in inmates, by time in restrictive housing, 2011–12**

| | Prison inmates | | | Jail inmates | | |
|---|---|---|---|---|---|---|
| Time in restrictive housing | No mental illness | Anxiety or mood disorder | Serious psychological distress | No mental illness | Anxiety or mood disorder | Serious psychological distress |
| Total | 0.81% | 0.43% | 0.48% | 0.58% | 0.27% | 0.54% |
| None | 0.80 | 0.45 | 0.44 | 0.62 | 0.30 | 0.57 |
| 1 day or less | 4.72 | 5.79 | 4.25 | 2.87 | 2.15 | 2.41 |
| 2–6 | 2.24 | 1.73 | 1.66 | 1.45 | 1.29 | 1.37 |
| 7–13 | 2.31 | 1.92 | 1.95 | 1.63 | 1.39 | 1.85 |
| 14–29 | 2.26 | 1.42 | 1.93 | 1.81 | 1.55 | 1.63 |
| 30 or more | 1.27 | 0.82 | 1.10 | 1.66 | 1.12 | 1.52 |

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## APPENDIX TABLE 7

**Standard errors for table 7: Inmates who reported spending any time in restrictive housing, by indicators of misconduct in past 12 months, 2011–12**

| | Prison inmates | Jail inmates |
|---|---|---|
| **Been in fight with another inmate** | | |
| Yes | 2.25% | 1.18% |
| No | 0.77 | 0.44 |
| **Written up for physically assaulting another inmate** | | |
| Yes | 2.02% | 2.44% |
| No | 0.88 | 0.46 |
| **Been in fight with a staff member** | | |
| Yes | 2.34% | 1.59% |
| No | 0.90 | 0.50 |
| **Written up for physicallyassaulting a staff member** | | |
| Yes | 3.36% | 3.08% |
| No | 0.93 | 0.51 |
| **Written up for verbally assaulting a staff member** | | |
| Yes | 2.31% | 1.69% |
| No | 0.87 | 0.48 |
| **Any mention of fight or being written up for assault** | | |
| Yes | 1.92% | 1.25% |
| No | 0.63 | 0.39 |

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## APPENDIX TABLE 8

**Standard errors for table 8: Variation in the use of restrictive housing among prisons and jails, 2011–12**

| | Prison facilities | Jail facilities |
|---|---|---|
| **Percent of inmates with any time in restrictive housing** | | |
| Less than 1% | 0.68% | 3.51% |
| 1–4.9% | 4.61 | 0.76 |
| 5–9.9% | 6.14 | 3.91 |
| 10–14.9% | 2.51 | 4.21 |
| 15–24.9% | 4.60 | 3.87 |
| 25–34.9% | 3.05 | 2.94 |
| 35% or more | 2.42 | 2.10 |
| Mean | 1.28% | 1.08% |
| **Percent of inmates in restrictive housing for 30 days or more** | | |
| Less than 1% | 3.73% | 4.80% |
| 1–2.9% | 3.83 | 3.40 |
| 3–4.9% | 6.83 | 2.93 |
| 5–9.9% | 3.63 | 3.71 |
| 10–14.9% | 2.67 | 3.09 |
| 15% or more | 2.89 | 1.40 |
| Mean | 0.77% | 0.44% |

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## APPENDIX TABLE 9

**Standard errors for table 9: Facility-level use of restrictive housing, by selected measures of facility disorder, 2011–12**

| Measure of facility disorder | Facility average | Correlation between facility condition and percent of inmates reporting time in restrictive housing | |
|---|---|---|---|
| | | Any time | 30 days or more |
| **Percent of inmates in prison—** | | | |
| who were frequently in fights | 1.97% | 0.08% | 0.08% |
| who have been in fights with other inmates | 0.85 | 0.04 | 0.04 |
| who feared being assaulted by other inmates | 0.60 | 0.06 | 0.04 |
| who have seen inmates with weapons | 1.56 | 0.08 | 0.08 |
| who reported a lot of gang activity in facility | 1.61 | 0.08 | 0.07 |
| who have been in fight with staff | 0.32 | 0.06 | 0.04 |
| who had possessions taken by other inmates | 1.14 | 0.11 | 0.08 |
| **Percent of inmates in jail—** | | | |
| who were frequently in fights | 0.76% | 0.08% | 0.06% |
| who have been in fights with other inmates | 0.78 | 0.08 | 0.09 |
| who feared being assaulted by other inmates | 0.49 | 0.12 | 0.08 |
| who have seen inmates with weapons | 0.89 | 0.11 | 0.08 |
| who reported a lot of gang activity in facility | 0.76 | 0.08 | 0.07 |
| who have been in fight with staff | 0.35 | 0.10 | 0.09 |
| who had possessions taken by other inmates | 0.90 | 0.08 | 0.08 |

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## APPENDIX TABLE 10

**Standard errors for table 10: Facility-level use of restrictive housing, by selected measures of facility composition, 2011–12**

| Measure of facility composition | Facility average | Correlation between facility composition and percent of inmates reporting time in restrictive housing | |
|---|---|---|---|
| | | Any time | 30 days or more |
| **Percent of inmates in prison—** | | | |
| with serious psychological distress | 0.72% | 0.04% | 0.04% |
| with a past mental health problem | 1.77 | 0.06 | 0.06 |
| who were held for a violent offense | 2.51 | 0.08 | 0.06 |
| with 11 or more prior arrests | 1.07 | 0.08 | 0.07 |
| with a prior incarceration | 1.45 | 0.09 | 0.07 |
| with less than a high school diploma or equivalent | 1.69 | 0.14 | 0.10 |
| who were lesbian, gay, or bisexual | 0.77 | 0.07 | 0.06 |
| who were ages 18 to 24 | 1.32 | 0.11 | 0.09 |
| **Percent of inmates in jail—** | | | |
| with serious psychological distress | 1.38% | 0.12% | 0.10% |
| with a past mental health problem | 1.49 | 0.06 | 0.10 |
| who were held for a violent offense | 1.06 | 0.11 | 0.11 |
| with 11 or more prior arrests | 1.16 | 0.14 | 0.09 |
| with a prior incarceration | 1.11 | 0.14 | 0.08 |
| with less than a high school diploma or equivalent | 1.32 | 0.10 | 0.13 |
| who were lesbian, gay, or bisexual | 0.48 | 0.10 | 0.09 |
| who were ages 18 to 24 | 1.28 | 0.11 | 0.09 |

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

## APPENDIX TABLE 11

**Standard errors for table 11: Facility-level use of restrictive housing, by selected measures of facility climate, 2011–12**

| Measure of facility climate | Facility average | Correlation between negative facility climate and percent of inmates reporting time in restrictive housing | |
|---|---|---|---|
| | | Any time | 30 days or more |
| **Percent of inmates in prison who reported—** | | | |
| the housing unit was very crowded | 3.09% | 0.10% | 0.09% |
| areas outside of the housing unit were very crowded | 2.47 | 0.11 | 0.11 |
| the facility did not have enough staff to provide for safety and security of inmates | 2.14 | 0.09 | 0.08 |
| negative perception of staff fairness and trust | 1.51 | 0.10 | 0.10 |
| **Percent of inmates in jail who reported—** | | | |
| the housing unit was very crowded | 1.56% | 0.11% | 0.10% |
| areas outside of the housing unit were very crowded | 2.39 | 0.11 | 0.13 |
| the facility did not have enough staff to provide for safety and security of inmates | 1.93 | 0.12 | 0.09 |
| negative perception of staff fairness and trust | 1.25 | 0.13 | 0.08 |

Source: Bureau of Justice Statistics, National Inmate Survey, 2011–12.

The Bureau of Justice Statistics of the U.S. Department of Justice is the principal federal agency responsible for measuring crime, criminal victimization, criminal offenders, victims of crime, correlates of crime, and the operation of criminal and civil justice systems at the federal, state, tribal, and local levels. BJS collects, analyzes, and disseminates reliable and valid statistics on crime and justice systems in the United States, supports improvements to state and local criminal justice information systems, and participates with national and international organizations to develop and recommend national standards for justice statistics. William J. Sabol is director.

This report was written by Allen J. Beck. Jessica Stroop and Tracey Snell verified the report.

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# ASSOCIATION OF STATE CORRECTIONAL ADMINISTRATORS


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## Restrictive Status Housing Policy Guidelines

### Purpose

The Association of State Correctional Administrators [ASCA] recognizes the importance and challenges associated with managing inmates who pose a serious threat to staff, other inmates or to the safe and orderly operation of correctional facilities. The use of restrictive housing is a necessary tool for correctional systems to utilize to ensure a safe environment for staff and inmates. ASCA is committed to the universal classification principle of managing inmates in the least restrictive way necessary to carry out its mission.

As a result, ASCA established a sub-committee for the purpose of creating guiding principles that might be used by member agencies for the purpose of developing policies related to restrictive status housing. ASCA recognizes that individual jurisdictions have specific issues, unique legislation, judicial orders, and varying physical plant configurations that must be considered locally and addressed by policies specific to those individual jurisdictions. Based on the complexity of managing this population, some universal principles provide this general framework for agencies in the development of their policies. We hope this document is helpful to jurisdictions in designing policies to safely manage this population in a manner that promotes their positive transition to less restrictive settings while supporting an environment where other inmates may safely and actively participate in pro-social programs and activities.

### Defining Restrictive Housing

Restrictive status housing is a term used by correctional professionals to encompass a larger number of agency specific nomenclatures. In general terms, restrictive status housing is a form of housing for inmates whose continued presence in the general population would pose a serious threat to life, property, self, staff or other inmates, or to the security or orderly operation of a correctional facility. This definition does not include protective custody. Restrictive status housing is designed to support a safe and productive environment for facility staff and inmates assigned to general population as well as to create a path for those inmates in this status to successfully transition to a less restrictive setting.

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**Guiding Principles for Restrictive Status Housing**

The following guiding principles for the operation of restrictive status housing are recommended for consideration by correctional agencies for inclusion in agency policy. They are to:

1. Provide a process, a separate review for decisions to place an offender in restrictive status housing;
2. Provide periodic classification reviews of offenders in restrictive status housing every 180 days or less;
3. Provide in-person mental health assessments, by trained personnel within 72 hours of an offender being placed in restrictive status housing and periodic mental health assessments thereafter including an appropriate mental health treatment plan;
4. Provide structured and progressive levels that include increased privileges as an incentive for positive behavior and/or program participation;
5. Determine an offender's length of stay in restrictive status housing on the nature and level of threat to the safe and orderly operation of general population as well as program participation, rule compliance and the recommendation of the person[s] assigned to conduct the classification review as opposed to strictly held time periods;
6. Provide appropriate access to medical and mental health staff and services;
7. Provide access to visiting opportunities;
8. Provide appropriate exercise opportunities;
9. Provide the ability to maintain proper hygiene;
10. Provide program opportunities appropriate to support transition back to a general population setting or to the community;
11. Collect sufficient data to assess the effectiveness of implementation of these guiding principles;
12. Conduct an objective review of all offenders in restrictive status housing by persons independent of the placement authority to determine the offenders' need for continued placement in restrictive status housing; and
13. Require all staff assigned to work in restrictive status housing units receive appropriate training in managing offenders on restrictive status housing status.

**Appendix to DOJ Report and Recommendations Concerning the Use of Restrictive Housing**

**Sources on Psychological Effects of Restrictive Housing**


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