U.S. Department of Justice
Federal Bureau of Prisons

Central Office
320 First St., NW
Washington, DC 20534

June 17, 2021

Mehreen Rasheed
American Oversight
1030 15th Street, NW
Suite B255
Washington, DC 20005

Sent via e-mail to: mehreen.rasheed@americanoversight.org

RE: FOIA Request No. 2019-05253

Dear Ms. Rasheed:

This is the tenth rolling release in response to the above-referenced Freedom of Information Act (FOIA) request submitted by Bianca Tylek, Worth Rises Executive Director and Austin Evers, American Oversight Executive Director. Additional determinations and releases will be forthcoming.

Enclosed with this determination letter are 225 pages of records processed in response to Request No. 2019-05253. After careful review, our office determined 67 pages are appropriate for release in full, 84 pages are appropriate for release in part, 13 pages are appropriate to withhold in full, and 61 pages are duplicates. Records were redacted pursuant to the following FOIA exemptions:

(b)(5) - allows the withholding of certain inter-agency and intra-agency communications protected by the deliberative process privilege, the attorney work-product privilege, and/or the attorney-client privilege; and

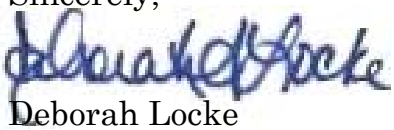
(b)(6) - allows the withholding of records or information when release thereof would constitute a clearly unwarranted invasion of the personal privacy of third parties.

See 5 U.S.C. §§ 552 (b)(5), (b)(6). Copies of releasable records are enclosed.

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If you have questions about this response please feel free to contact the undersigned: 202-616-7750; 320 First Street NW, Room 924, Washington, DC 20534; or ogc_efoia@bop.gov.

Sincerely,



Deborah Locke
for Eugene Baime, Supervisory Attorney

Enclosure: 225 pages

AMERICAN OVERSIGHT

RE: Behavioral Health Greeting

From Deborah Schult
To (b)(6)
Date 2017/07/26 16:14
Subject: RE: Behavioral Health Greeting
Attachments: TEXT.htm

(b)(6)

Sorry to hear that. I suspect that others may have the same experience. Will look forward to when we can connect. Thanks for letting me know.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

>>> (b)(6) /26/2017 3:29 PM >>>

Aloha Deborah:

I will not be able to serve my appointment on the MH committee as due to budgetary constraints, I will not be able to attend any future ACA conferences.

Hopefully I will see you all again during the educational function in Sept.

From: Deborah Schult [mailto (b)(6) @bop.gov]
Sent: Wednesday, July 26, 2017 6:52 AM
To: (b)(6)
(b)(6)
(b)(6) @bop.gov>; (b)(6) @bop.gov>; (b)(6)
(b)(6) John Baxter
(b)(6) @corecivic.com>; (b)(6)
(b)(6)
Cc: Deborah Schult (b)(6) @bop.gov> (b)(6)
(b)(6)
Subject: Behavioral Health Greeting

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Greetings All:

(b)(6) and I are looking forward to seeing you at the upcoming ACA in St. Louis next month. In preparation for the week, I am attaching three documents.

1. Minutes from our last Behavioral Health Committee Meeting
2. Listing of *all* the Committee meetings

You'll note that the Behavioral Health Committee will meet on

Monday, 8/21 from 8 - 9:30 in Room 127.

3. (b)(6) Charges to the Behavioral Health Committee as a refresher about the deliverables with which we are tasked

Thanks in advance for your engagement. We will see you soon.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

AMERICAN OVERSIGHT

2018 American Correctional Association's Conference & Expo

From	Legacy
To	Deborah Schult, Legacy
Date	2018/07/31 10:01
Subject:	2018 American Correctional Association's Conference & Expo
Attachments:	TEXT.htm, Mime.822

2018 ACA Conference & Expo

http://legacyinmate.com
2018 ACA Conference & Expo August 3rd-7th
View this email in your browser (https://mailchi.mp/b7c08ea018c2/2018-american-correctional-associations-conference-expo?e=c6fd4d28bc)
http://register.aca.org/

** We Look Forward to Meeting You at the ACA Conference & Expo
---
Just a friendly reminder that the 2018 American Correctional Association's (ACA) Conference & Expo is only a few days away in Minneapolis, MN.

Legacy's Business Services team will be at the conference in Booth 230 discussing some of our upcoming innovations and be demonstrating technologies like our new Bridge Communication Device (BCD), Tablets, and our mobile app.

While you're exploring, come and visit our booth to be automatically entered to win one of two new Amazon Echo Alexa-Enabled Portable Bluetooth Speakers!

Also, feel free to reach out to us prior to the show to schedule a demonstration appointment with our team.

We hope to see you soon!

** ACA Exhibitor Schedule: Booth 230

Sunday, August 5th 4:00 pm - 6:00 pm

Monday, August 6th 10:00 am - 2:00 pm

Tuesday, August 7th 9:00 am - 12:00 pm
http://www.legacyinmate.com/blog/post/legacy-s-ios-and-android-mobile-communications-app#continue

https://www.amazon.com/Amazon-Tap-Portable-Wireless-Bluetooth-Speaker-with-WiFi-Alexa/dp/B01BH83OOM/ref=sr_1_1?s=electronics&ie=UTF8&qid=1497460843&sr=1-1&keywords=Amazon+Tap

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http://register.aca.org/

https://www.edovo.com/

** Meet Our Expert Inmate Communications Consultants at the Conference
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If you would like to learn more about the Bridge Communication Device, Tablets, our services, and our industry expertise, please feel free to contact:

Sales@LegacyInmate.com (mailto:Sales@LegacyInmate.com)

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** Facebook (https://www.facebook.com/legacy.inmate.7)
** Legacy Website (http://www.legacyinmate.com/)
** LinkedIn (https://www.linkedin.com/company/legacy-inmate-communications)
** Google Plus (https://plus.google.com/+Legacyinmate/posts)
** YouTube (https://www.youtube.com/c/legacyinmate)
** Email (mailto:sales@legacyinmate.com)
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Our mailing address is:
Legacy Inmate Communications
10833 Valley View St.
Suite 150
Cypress, CA 90630

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or ** unsubscribe from this list (https://legacyinmate.us10.list-manage.com/unsubscribe?u=bab92b5fa78bb9d882f938e34&id=b3197c584d&e=c6fd4d28bc&c=7615ba2e48)

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Subject: 2018 American Correctional Association's Conference & Expo
From: Legacy <sales@legacyinmate.com>
To: (b)(6) @bop.gov>
Sent: Tue, 31 Jul 2018 14:00:37 +0000

2018 ACA Conference & Expo

2018 ACA Conference & Expo August 3rd-7th

View this email in your browser

We Look Forward to Meeting You at the ACA Conference & Expo

Just a friendly reminder that the 2018 American Correctional Association's (ACA) Conference & Expo is only a few days away in Minneapolis, MN.

Legacy's Business Services team will be at the conference in **Booth 230** discussing some of our upcoming innovations and be demonstrating technologies like our new Bridge Communication Device (BCD), **Tablets**, and our **mobile app**.

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Monday, August 6th 10:00 am - 2:00 pm

Tuesday, August 7th 9:00 am - 12:00 pm

Meet Our Expert Inmate Communications Consultants at the Conference

If you would like to learn more about the Bridge Communication Device, Tablets, our services, and our industry expertise, please feel free to contact:

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Sales@LegacyInmate.com

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You are receiving this email because you opted in to the American Correctional Association's (ACA) 2018 exhibitors mailing list.

Our mailing address is:
Legacy Inmate Communications
10833 Valley View St.
Suite 150
Cypress, CA 90630

Want to change how you receive these emails?
You can update your preferences or unsubscribe from this list

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Re: Behavioral Health - Agenda 8-2018

From [redacted] (DOC)"

To Deborah Schult

Date 2018/08/04 16:25

Subject: Re: Behavioral Health - Agenda 8-2018

Attachments: Mime.822

Ok great. Thx

Sent from my iPhone

> On Aug 4, 2018, at 3:08 PM, Deborah Schult wrote:
>
> [redacted] I don't have any typed notes. But basically I took the info from Orlando meeting minutes, and added the things from our upcoming agenda. See attached. Hope this helps.
>
>
>
> Sent from my Verizon, Samsung Galaxy smartphone
>
>
> -------- Original message --------
> From: Deborah Schult
> Date: 7/9/18 3:08 PM (GMT-06:00)
> To: [redacted]@cca.com, [redacted]@corizonhealth.com, [redacted]@correctcaresolutions.com, [redacted]@geogroup.com, [redacted]

> Subject: Behavioral Health - Agenda 8-2018
>
>

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From: [redacted]
To: Deborah Schult[redacted]@bop.gov>
Subject: Re: Behavioral Health - Agenda 8-2018
Sent: Sat, 4 Aug 2018 20:25:24 +0000

Ok great. Thx

Sent from my iPhone

> On Aug 4, 2018, at 3:08 PM, Deborah Schult[redacted]@bop.gov> wrote:
>
> [redacted] I don't have any typed notes. But basically I took the info from Orlando meeting minutes, and added the things from our upcoming agenda. See attached. Hope this helps.
>
>
>
> Sent from my Verizon, Samsung Galaxy smartphone
>
>
> -------- Original message --------
> From: Deborah Schult[redacted]@bop.gov>
> Date: 7/9/18 3:08 PM (GMT-06:00)

DUPLICATE

> Subject: Behavioral Health - Agenda 8-2018
> > <Behavioral Health - Agenda 8-2018.eml>

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Fwd: Behavioral Health - Agenda 8-2018
From Deborah Schult

DUPLICATE

AMERICAN OVERSIGHT

Behavioral Health - Agenda 8-2018

From Deborah Schult

To (b)(6) @correctcaresolutions.com, (b)(6) @corizonhealth.com, (b)(6) (b)(6) @geogroup.com, (b)(6) (b)(6) @cca.com, (b)(6)

Date 2018/07/09 16:08

Subject: Behavioral Health - Agenda 8-2018

Attachments: TEXT.htm, Behavioral Health - Agenda 8-2018.docx, Behavioral Health - Final Mtg Minutes 1-8-18.docx, Committee Meeting Schedule.doc

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All:

Hard to believe - but we are about a month out from the start of the **148th Congress** in Minneapolis. In prep for our Behavioral Health Committee Meeting, [redacted] and I would like to share the following documents. Please find:

1. BH Meeting Agenda
2. BH Meeting Minutes from Orlando
3. List of Committee Meetings scheduled for Minneapolis.

Hope to see you at the **Behavioral Health Meeting** scheduled for: **Monday, August 6, 10:30 am to 12 noon**

Room 205 A & B; CC-Level 2

Enjoy your summer.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
[redacted]

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ACA BEHAVIORAL HEALTH COMMITTEE

Monday, August 6, 2018
10:30 AM – 12:00 PM

Room: 205 A & B CC-Level 2

Chair – Dr. Deborah Schult

Vice Chair – (b)(6)

Meeting Agenda

1. **CALL TO ORDER** – Dr. Deborah Schult, Chair
   (b)(6) Co-Chair
2. **INTRODUCTIONS**
3. (b)(6) **Address**
4. **APPROVAL OF MINUTES FROM ORLANDO, FLA – January 2018**
5. **TREATMENT COMMITTEE REPORTS:**

   Healthcare Committee: (Chair, (b)(6)
   Tues., 8/7, 7:00a-8:00a, Room 200D&E-CC- **Level 2**

   Substance Disorders Committee: (Chair, (b)(6)
   Sun., 8/5, 10:00a-11:30a, Room 102F-CC- **Level 1**

   Coalition of Correctional Health Authorities (Chairs: (b)(6)
   Friday, 8/3, 1p–5p.

   Correctional Nurses Committee: (Chair, (b)(6)
   Sun., 8/5 8:30a – 10a, Room 200 G-CC-**Level 2**

   Correctional Dentists Committee: (Chairs: (b)(6)
   Sun., 8/5, 8:00a- 9:00a,Room 200F-CC- **Level 2**

   Ad-Hoc Committee on Opioid Use Disorders: (Chair, (b)(6)
   NIC Update
6. **ACA – Office of Correctional Health Update:** (b)(6)

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7. Old Business:

A. Accomplished: Plans underway to submit workshops on K2 for 2018 Congress
   i. Coordinate with Substance Use Disorder Committee
   ii. Accomplished: Consider multidiscipline Town Hall – we talked about the possibility of a Plenary or Town Hall, which would be a bigger forum.

B. Accomplished: Workshop Planning: 2018 Congress of Corrections (Minneapolis, MN Aug 3 - 8): (1) Juvenile BH issues – with (b)(6) as chairperson; (2) Traumatic Brain Injury/Neurocognitive/Neurodevelopmental Disorders – with (b)(6) as chairperson.

8. New Business

A. Juvenile Webinar in September

B. Transgender Webinar in September

C. Sign-up sheets for additional workshop topics and articles

D. Other

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ACA BEHAVIORAL HEALTH COMMITTEE

Monday, January 8, 2018
10:30 AM – 12:00 PM

Room: Tampa

Chair – Dr. Deborah Schult

Vice Chair – (b)(6)

Meeting Minutes

1. **CALL TO ORDER** – Dr. Deborah Schult, Chair

   (b)(6) Co-Chair
2. **INTRODUCTIONS**
3. (b)(6) **Address**

   (b)(6) noted that prisons have become the biggest and de facto mental health hospitals in our states. Texas has one of the largest prison populations – and therefore one of the largest mental health populations so (b)(6) nderstands the challenges in managing and treating. Like other jurisdictions, TX is finding ways to manage these folks outside of RH units. She urged the ongoing good work needed from this Committee to advance the care of those with behavioral health concerns.
4. **APPROVAL OF MINUTES FROM ST LOUIS, MO – AUGUST 2017 (deferred)**
5. **TREATMENT COMMITTEE REPORTS:**

   Healthcare Committee: (b)(6) noted that the Health Care Committee will meet at 7 am on Tuesday. He reviewed his Committee's charges, and noted that they would be looking at Expected Practices, particularly with juveniles. They are working on Professional Development to enhance and promote the workforce. Other items on their agenda include medical autonomy, female offenders, continuity of care, and co-occurring diagnoses.

   Substance Disorders Committee (b)(6) Noted that the SD Committee met yesterday. The Committee is actively collaborating with the BH and HC Committees on the

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topic of Co-occurring disorders. One specific initiative on which they collaborating is that of K2 – with both the treatment and security side of the house. The Committee is also working on Withdrawal Management definition for jails.

Coalition of Correctional Health Authorities (CCHA): [redacted] noted that they had their business meeting on Friday from 1 – 5 pm. Earlier in the day, the CCHA committees worked in their respective groups to discuss current projects and deliverables during the rest of the year. [redacted] also noted that CCHA is working on New HCA training. Finally, CCHA will be sponsoring a webinar on January 24 from 2 – 4 EST on the uses of Clozaril in the Treatment of Self Injurious Behaviors. It is noted that North Carolina is leading this initiative and has evidenced good results to date.

Correctional Nurses Committee: [redacted] noted that this is their second ACA meeting and she thanked the President and ACA for giving correctional nurses a "voice". She noted that the Committee is sponsoring five workshops at the Winter Conference and is creating tools for nurses to use that are specific to corrections. She finds great value in the networking and certification among nurses and corrections at large.

Correctional Dentists Committee: [redacted] welcomed this new group to the ACA and noted the significant rol ethat dentistry plays in our population's health. [redacted] thanked ACA for allowing Dentists to have a seat at the table and noted they will be looking to share best practices and inform/improve services. They have hit the ground running with a speaker at this Winter Conference.

Ad-Hoc Committee on Opioid Use Disorders: [redacted] discussed the ASAM Booth and recommended folks stop by to see the information they offer. ASAM and ACA are working jointly on a MAT Policy and [redacted] noted that ASAM Criteria are used for the payment for Opioid Treatment and so suggested we become familiar with them. Finally, [redacted] noted that ASAM and [redacted] from The Change Companies are here at the Winter Conference and will present on using the ASAM Criteria to implement a Multidimensional Assessment, Track Treatment Progress and Ensure Treatment Adherence.

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DOJ-19-0929-L-000015
BOP FOIA #2019-05253: RR#10 - Page 2418

NIC: [redacted] noted that there is a BH Network Meeting the week of June 5 – 7 to be conducted in a facility in the Northeast. She spoke about the MH First Aid Training that NIC supports at no cost to the requesting agency and which can accommodate up to 60 participants.

6. **ACA – Office of Correctional Health Update:** [redacted]

Updates on ACA's Restrictive Housing Expected Practices – 8 EP finalized and approved.

Updated definition of Mental Health Authority and presented to Standards Committee.

Reminded group that all the old "standards" have morphed into performance based Expected Practices

The office will be rolling out free training to Golden Eagle States

Noted that CIT training had been tweaked

2018 Congress of Corrections (**Minneapolis, MN Aug 3 – 8**). The CCHA Meeting will be held on August 2.

Workshops for upcoming ACA: **Topic Submission Deadline is March 1.**

Article Submissions: Corrections Today

Webinar on Clozaril for Use in Treatment Self Injurious Behaviors: Jan 24th

Introduced new staff member [redacted] with undergrad in Psychology

New Psychologist will be joining the office.

7. **Old Business:**
   A. New Behavioral Health Expected Practices
   B. ACA Approved to be APA CE Provider – 2nd meeting with offerings: $30 for 18 credits is a fantastic deal!

8. **New Business**
   A. Dr. Schult commented that BH issues are increasingly recognized as a concern for all of corrections – not just mental health providers. Case in point – Dr. Schult and [redacted] did a presentation on Ethical Dilemmas in Mental Health – and despite assuming they would attract primarily those wanting APA credits - they got a wide and varied audience from all walks of corrections – and everyone appeared interested and engaged. Suggested that this level of interest and participation shows that we are making significant and critical connections and alignment.

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DOJ-19-0929-L-000016
BOP FOIA #2019-05253: RR#10 - Page 2419

B. Plans underway to submit workshops on K2 for 2018 Congress

i. Coordinate with Substance Use Disorder Committee

ii. Consider multidiscipline Town Hall – we talked about the possibility of a Plenary or Town Hall, which would be a bigger forum.

iii. Webinar on topic

C. Expected Practices for Juvenile Corrections population: We will take our lead from the Office of Correctional Health.

D. # Of Presentations by Committee Members: early count was six - but several more available.

E. Workshop Planning: 2018 Congress of Corrections (Minneapolis, MN Aug 3 - 8)

We decided that we would focus on three primary areas on the remainder of our tenure. They are: (1) Juvenile BH issues – with (b)(6) as chairperson; (2) Traumatic Brain Injury/Neurocognitive/Neurodevelopmental Disorders – with (b)(6) as chairperson; and (3) Co-Occurring Disorders – with (b)(6) as chairperson. An e-mail will go out later this month asking for everyone's participation on one of these committees.

The expectation will be that each group will produce one workshop for the 148th Congress, and perhaps a webinar spin-off and/or Corrections Today article.

9. **Sign up sheets** for additional workshop topics and article submissions was circulated.
10. **Solicitation of Candidates**: We advised members of the Solicitation of Candidates for the 2018 Election for of Board of Governors and Delegate Assembly and seats on the Commission on Accreditation for Corrections. Hard copy forms were distributed as well as information about how to access via ACA website.
11. **Meeting Adjourned**: 11:32 a.m.

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2017-2019 COMMITTEES

NOTE: All committee meetings take place at the Minneapolis Convention Center unless noted otherwise

ADULT CORRECTIONS COMMITTEE (Chair, [redacted]	Sun., 8/5, 2:30p-4:00p, Room 200J-CC **Level 2**
ADULT LOCAL DETENTION COMMITTEE (Chair, [redacted]	Sun., 8/5, 9:00a-10:30a, Room 102E-CC **Level 1**
BEHAVIORAL HEALTH COMMITTEE (Chair, Deb Schult)	Mon., 8/6, 10:30a-12:00p, Room 205A&B-CC-**Level 2**
COMMUNITY CORRECTIONS COMMITTEE (Chair, [redacted]	Sun., 8/5, 2:00p-4:00p, Room 200I-CC- **Level 2**
CONGRESS PROGRAM PLANNING COUNCIL (Chair [redacted]	Tues., 8/7, 9:00a-10:00a, Room 204A-CC- **Level 2**
CONSTITUTION AND BYLAWS COMMITTEE (Vice Chair, [redacted]	Sat., 8/4, 2:00p- 4:00p, Room 203B-CC- **Level 2**
CORRECTIONAL AWARDS COMMITTEE (Chair, [redacted]	Unpublished meeting
CORRECTIONAL DENTAL COMMITTEE (Chair, [redacted]	Sun., 8/5, 8:00a-9:00a, Room 200F-CC- **Level 2**
CORRECTIONAL INDUSTRIES COMMITTEE (Chair, [redacted]	Mon., 8/6, 2:00p-3:00p, Room M100A-CC- **Mezzanine Level**
CORRECTIONAL NURSES COMMITTEE (Chair, [redacted]	Sun., 8/5, 8:30a-10:00a, Room 200G-CC- **Level 2**
CORRECTIONS SECURITY OPERATIONS COMMITTEE (Chair, [redacted]	Sun., 8/5, 3:00p-4:00p, Room 203A-CC- **Level 2**
CORRECTIONAL TRAINING COMMITTEE (Chair, [redacted]	Mon., 8/6, 2:00p-4:00p, Room 205A-CC **Level 2**
CREDENTIALS COMMITTEE (Chair, [redacted]	Not Meeting
DATABASE STEERING COMMITTEE (Chair, [redacted]	Sat., 8/4, 2:00p 4:00p, Room 206A&B-CC- **Level 2**
DUAL MEMBERSHIP/MEMBERSHIP & STUDENT AFFAIRS COMMITTEE (Chair, [redacted]	Sat., 8/4, 10:00a-12:00p, Rochester Room- **Hilton-3rd Fl.**
EQUAL RIGHTS COMMITTEE (Chair, [redacted]	Sun., 8/5, 1:00p- 2:00p, Room 206A-CC **Level 2**
ETHICS COMMITTEE (Chair [redacted]	Sun., 8/5, 12:00p-1:30p, Room 200C-CC **Level 2**
FACILITY PLANNING & DESIGN COMMITTEE (Chair, [redacted]	Sun., 8/5, 1:00p-3:00p, Room102D-CC- **Level 1**
HEALTH CARE COMMITTEE (Chair [redacted]	Tues., 8/7, 7:00a-8:00a, Room 200D&E-CC- **Level 2**
INFORMATION TECHNOLOGY COMMITTEE (Chair, [redacted]	Sun., 8/5, 2:00p-3:00p, Marquette 2- Hilton- **2nd Floor**
INTERNATIONAL CORRECTIONS COMMITTEE (Chair [redacted]	Sun., 8/5, 1:00p-2:30p, Room 205B-CC- **Level 2**

DOJ-19-0929-L-000018
BOP FOIA #2019-05253; RR#10 - Page 2421
AMERICAN OVERSIGHT

JUVENILE CORRECTIONS COMMITTEE (Chair, (b)(6)	Sun., 8/5, 1:00p-3:00p, Room 102E-CC- **Level 1**
JUVENILE DETENTION COMMITTEE (No Chair)	Not Meeting
LEGAL ISSUES COMMITTEE (Chair, (b)(6)	Mon., 8/6, 12:30p-2:00p, Boardroom 3- **Hilton- 3rd Fl.**
LEGISLATIVE AFFAIRS COMMITTEE (Chair (b)(6)	Mon., 8/6, 2:00p 4:00p, Room 205B CC **Level 2**
MEMBERSHIP COMMITTEE (Chair, (b)(6)	**Meeting with Dual Chapter (see 1st page for date/time/location)**
MILITARY CORRECTIONS COMMITTEE (Chair, (b)(6)	Unpublished Meeting
PAST PRESIDENTS COUNCIL (Vice Chair (b)(6)	Unpublished meeting
PROBATION AND PAROLE COMMITTEE (Chair, (b)(6)	Sun., 8/5, 11:30a–1:00p, Room 200H-CC- **Level 2**
PROFESSIONAL AFFILIATES COUNCIL (No Chair)	Not Meeting
PROFESSIONAL EDUCATION COUNCIL (No Chair)	Not Meeting
RELIGION AND FAITH-BASED COMMITTEE (Chair, (b)(6)	Sun., 8/5, 8:00a-9:30a, Room 102D-CC- **Level 1**
RESEARCH COUNCIL (Chair, (b)(6)	Sun., 8/5, 12:30p-2:00p, Room 203B-CC- **Level 2**
RESOLUTIONS AND POLICY DEVELOPMENT ADVISORY COMMITTEE (Chair, (b)(6)	Sat., 8/4 8:00a-12:00p, Room 205B-CC- **Level 2**
RESTORATIVE JUSTICE/VICTIMS COMMITTEE (Chair, (b)(6)	Sun., 8/5, 10:00a-12:00p, Room 200I-CC **Level 2**
STAFF WELLNESS COMMITTEE (Chair, (b)(6)	Mon., 8/6, 11:00a-12:00p, Room M100A-CC- **Mezzanine Level**
STANDARDS COMMITTEE (Chair, (b)(6)	Thurs., 8/2, 1:00p-6:00p, Marquette Rooms 4&5- **Hilton-2nd Fl.**
STUDENT AFFAIRS (Chair, (b)(6)	**Meeting with Dual Chapter/Membership (see 1st page for date/time/location)**
SUBSTANCE USE DISORDERS COMMITTEE (Chair, (b)(6)	Sun., 8/5, 10:00a 11:30a, Room 102F CC **Level 1**
SUSTAINABILITY COMMITTEE (Chair, (b)(6)	Sat., 8/4, 1:00p-3:30p, Room M100J-CC- **Mezzanine Level**
WOMEN WORKING IN CORRECTIONS COMMITTEE (Chair, (b)(6)	Mon., 8/6, 4:00p-6:00p, Room 102D&E-CC- **Level 1**

DOJ-19-0229-L-000019
BOP FOIA #2019-05253; RR#10 - Page 2422

AMERICAN OVERSIGHT

RE: Please let us know....
From (b)(6)
To Deborah Schult; (b)(6)
Date 2017/12/27 12:34
Subject: RE: Please let us know....
Attachments: TEXT.htm, Mime.822

Per your request

1. **Conducting The Multidisciplinary Treatment Team Meeting: How To Do It Right – Saturday 2:00 pm – 3:30 pm**

2. **Suicide and Self-Injury Prevention: Getting It Done By Doing It Right – Sunday 12:30 pm – 2:00 pm (filmed session)**

3. **Breaking Bad: Why Good Correctional Staff Do Bad Things – Monday 2:00 pm – 3:30 pm**

4. **It Takes a Village to Raise a Psychologist; Establishing an APA Accredited Clinical Psychology Internship and Developing a Residency Program – Moderator Monday 4:00 pm – 5:30 pm**

From: Deborah Schult [mailto:(b)(6)@bop.gov]
Sent: Thursday, December 14, 2017 10:20 AM
To: (b)(6)
(b)(6)
(b)(6)@bop.gov>; (b)(6); (b)(6)@bop.gov>; (b)(6)
(b)(6)
(b)(6)@corecivic.com>; (b)(6)
(b)(6)
(b)(6)
Cc: Deborah Schult (b)(6)@bop.gov>; (b)(6)@state.de.us>
Subject: Please let us know....

AMERICAN OVERSIGHT

All:

Happy Holidays. (b)(6) and I are preparing the Agenda for the upcoming ACA in Orlando. I'd like for all of you (and the Behavioral Health Committee) to get recognition and credit for the Workshops we are presenting. To that end...would you let me know the following by Monday, Dec 18th:

1. The name of the workshop
2. The Behavioral Health Committee Speaker/Moderator

I know there's a lot going on this time of year - but I appreciate your help.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

(b)(6)

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AMERICAN OVERSIGHT

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RE: Please let us know....

From Deborah Schult

To (b)(6)

Date 2018/01/04 09:38

Subject: RE: Please let us know....

Attachments: TEXT.htm

Thank you (b)(6)

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

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RE: Information re. ACA Presentations
From (b)(6)
To Deborah Schult
Date 2017/12/29 10:39
Subject: RE: Information re. ACA Presentations
Attachments: TEXT.htm, Mime.822

Good morning and Happy New Year!

I know I'm late, but if you can still use the information, I will be presenting at ACA as follows:

1. "A Code of Ethics in the 21st Century: The Impact of Social Media and Technology," Speaker
2. "What would you do?" Ethical Dilemmas in Correctional Mental Health Care," Moderator
3. "Developing Healthier Work Environments in Corrections: Addressing Compassion Fatigue," Moderator

See you soon, (b)(6)

(b)(6) Mental Health Services Manager, Miami-Dade Corrections & Rehabilitation

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Re: Information re. ACA Presentations

From Deborah Schult

To (b)(6) (MDCR)

Date 2017/12/29 14:33

Subject: Re: Information re. ACA Presentations

Attachments: TEXT.htm

Excellent. Thanks so much. I can use It! Happy New Year.

Sent from my Verizon, Samsung Galaxy smartphone

-------- Original message --------

From: (b)(6)

Date: 12/29/17 10:39 AM (GMT-05:00)

To: Deborah Schul(b)(6)@bop.gov>

Subject: RE: Information re. ACA Presentations

>>> '(b)(6) 12/29/2017 10:39 >>>

Good morning and Happy New Year!

I know I'm late, but if you can still use the information, I will be presenting at ACA as follows:

1. "A Code of Ethics in the 21st Century: The Impact of Social Media and Technology," Speaker
2. "What would you do?" Ethical Dilemmas in Correctional Mental Health Care," Moderator
3. "Developing Healthier Work Environments in Corrections: Addressing Compassion Fatigue," Moderator

See you soon, (b)(6)

(b)(6) Psy.D., Mental Health Services Manager, Miami-Dade Corrections & Rehabilitation

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Exclusive invitation for Winter ACA show attendees to the GTL Hospitality Event!

From	GTL
To	Deborah Schult (b)(6) @gtl.net
Date	2018/01/02 07:00
Subject:	Exclusive invitation for Winter ACA show attendees to the GTL Hospitality Event!
Attachments:	TEXT.htm, Mime.822

Power up for the ACA with GTL

GTL is ready for our biggest and best **American Correctional Association (ACA)** Winter Conference in Orlando, FL. With the recent addition of Telmate, we are offering customers one powerful upgrade and reinventing what is possible in corrections!

We're gearing up to offer our combined technology to a broader set of customers, and we're excited to give you a behind-the-scenes overview. Here's how you can learn more at ACA:

Join us for a Night of Fun

Register for our hospitality event on Sunday, January 7th with our cosponsors NaphCare, Metrasens, and Mid-Atlantic Consultants. Enjoy a fun filled evening of live music, street tacos, a made to-order specialty margarita bar, and amazing entertainment! Please present your confirmation email at the door.

Register_here.jpg

Visit us in Booth #413

Learn more about our combined innovative technology solutions.

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Learn More.jpg

PowerUpButton.jpg

POWER UP!
Stop by booth #413 for a chance to win a power bank every hour during exhibit hall hours!

Footer.jpg

We look forward to seeing you in Orlando!
Learn more at www.gtl.net/powerful-upgrade

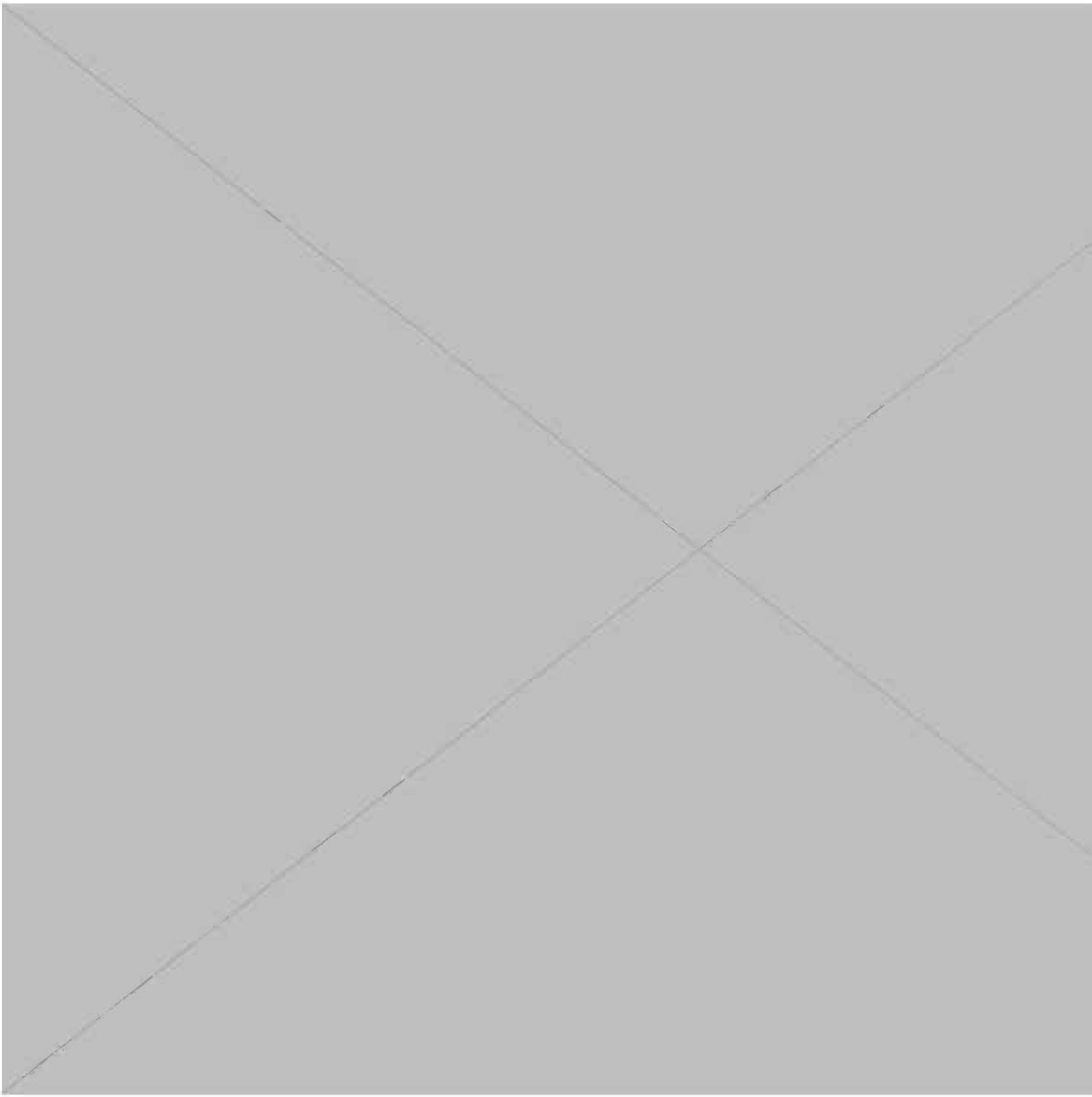
GTL. - 12021 Sunset Hills Road, Suite 100, Reston, VA 20190 United States
Contact Us
Unsubscribe

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AMERICAN OVERSIGHT

Sent: Tue, 2 Jan 2018 06:00:18 -0600 (CST)
From: GTL <noreply@gtl.net>
To: (b)(6) @bop.gov
Subject: Exclusive invitation for Winter ACA show attendees to the GTL Hospitality Event!

Forward to Friend



GTL is ready for our biggest and best **American Correctional Association (ACA)** Winter Cor
FL. With the recent addition of Telmate, we are offering custo[illegible] and r
possible in corrections!

AMERICAN OVERSIGHT
DOJ-19-0929-L-000034
BOP FOIA #2019-05258 BR+LD - Page 2487

We're gearing up to offer our combined technology to a broader set of customers, and we're excited to give scenes overview. Here's how you can learn more at ACA:

Join us for a Night of Fun

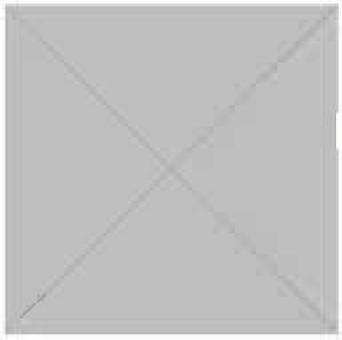
Register for our hospitality event on Sunday, January 7th with our co-sponsors NaphCare, Metrasens, and Consultants. Enjoy a fun-filled evening of live music, street tacos, a made-to-order specialty margarita bar, entertainment! Please present your confirmation email at the door.



Visit us in Booth #413

Learn more about our combined innovative technology solutions.





POWER UP!

Stop by booth #413 for a chance to win a power bank every hour during exhibit hall hours!

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GTL. - 12021 Sunset Hills Road, Suite 100, Reston, VA 20190 United States
Contact Us

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FW: Co-occurring Disorder Draft Policy Position

From (b)(6)

To (b)(6) Deborah Schult (b)(6) (b)(6) (b)(6)

Date 2018/01/02 11:46

Subject: FW: Co-occurring Disorder Draft Policy Position

Attachments: TEXT.htm, image001.jpg, Position Paper on Co-Occurring Disorders.docx, Mime.822

AMERICAN OVERSIGHT

Thanks Dr for your leadership. One are of discussion may be the addition of MAT , for those patients in both prisons and jails with opioid addictions. [redacted]

From: [redacted]
Sent: Tuesday, January 2, 2018 10:29 AM
To: [redacted]@bop.gov; [redacted]
[redacted]
[redacted]@correctcaresolutions.com>; [redacted]
Cc: [redacted]
Subject: Co-occurring Disorder Draft Policy Position

Good morning. Attached is a rough DRAFT position paper for Co-Occurring Mental Health and Substance Use Disorders for your review and consideration. It's succinct. If you could review it, bring your comments to the Substance Use Committee, we would be able to complete the first step in this initiative. By copy, [redacted] is it your plan to have a final position paper ready for review by next conference in Minnesota? Thanks to all.

[redacted] P.S. bring your mittens to Orlando



[redacted] **Director of Mental Health Services / Florida Department of Corrections /** [redacted]
[redacted]

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Our Vision: "Inspiring success by transforming one life at a time."

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Page 038 of 225

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(b)(5)

of the Freedom of Information and Privacy Act

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Page 039 of 225

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Page 041 of 225

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of the Freedom of Information and Privacy Act

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RE: Co-occurring Disorder Draft Policy Position

From (b)(6)

(b)(6) Debora h

To Schul (b)(6)

(b)(6)

Date 2018/01/02 14:05

Subject: RE: Co-occurring Disorder Draft Policy Position

Attachments: TEXT.htm, image001.jpg, Mime.822

Good point as we put flesh on the skeleton of this position paper. (b)(6) is preparing for Board certification with the American Society of Addiction Medicine and can help with that.

(b)(6) / **Director of Mental Health Services / Florida Department of Corrections /** (b)(6)

(b)(6)

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FW: ACA Webinar

From [redacted]@geogroup.com, [redacted] Deborah Schult, [redacted]

To [redacted]

Date 2018/09/13 12:58

Subject: FW: ACA Webinar

Attachments: TEXT.htm, ATT00002.png, ATT00003.jpg, ATT00001, Mime.822

I like #3. A quick informal survey of nursing staff is in favor of #3 over #2 by a 2 to one ratio. #1 got no votes.

[redacted]

[redacted]

Staff Physician
Medical Department
ND Department of Corrections and Rehabilitation

[redacted]

From: [redacted]@bop.gov>
Sent: Friday, September 07, 2018 11:11 AM
To: [redacted] Deborah Schult [redacted]@bop.gov>;

[redacted]

[redacted]

Subject: RE: ACA Webinar

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I like #3 as well.

Thanks,

(b)(6)

(b)(6) MS, BSN, WHNP-BC
Rear Admiral, US Public Health Service
Assistant Surgeon General
Chief Nurse
Health Services Division
Federal Bureau of Prisons
320 1st St. NW, Rm 400
Washington, DC 20534
Office: (b)(6)

***Treat employees like they make a difference and they will!*
***If you aren't at the table, you're on the menu...*

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>>> (b)(6) 9/7/2018 11:35 AM >>>
>
I don't see a voting button either, and I like # 3 also.

(b)(6) RN, BA
TDOC Statewide Director of Nursing
Rachel Jackson Bldg.
320 6th Ave North
Nashville, TN. 37243
Email (b)(6)
Cell (b)(6)
www.facebook.com/TNDepartmentofCorrection
https://twitter.com/TNTDOC1
https://www.youtube.com/TNTDOC1

AMERICAN OVERSIGHT

From: (b)(6)
Sent: Friday, September 7, 2018 9:11 AM
To: (b)(6)
(b)(6)
(b)(6) @geogroup.com; (b)(6) @bop.gov; (b)(6)
(b)(6) @bop.gov; (b)(6)
(b)(6)
Subject: RE: ACA Webinar

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Good Afternoon,
During our ACA nursing committee meeting we discussed a nursing webinar sponsored by the nursing committee. Thanks to (b)(6) we have 3 possible topics for the Webinar. Can you please utilize the voting buttons to suggest a topic? After that we will work with ACA to implement. Our projected timeline for the webinar will be in October.

The topics are:
1. PREA: Medical and Mental Health Care - How to detect and assess signs and symptoms of sexual abuse and sexual harassment

2. Simple Triage and Rapid Treatment (START) the Correctional Nurse Approach to Mass Casualty Emergency Preparedness

3. Correctional Safety: What Correctional Nurses Need to Know

(b)(6) RN, PhD, MHA, CCRN, NE BC
Director of Patient Care Services
Assistant Chief Nursing Officer for TDCJ Hospital
University of Texas Medical Branch &
Texas Department of Criminal Justice- Hospital Galveston
Phone
Office (b)(6)
pager:
Fax
Em (b)(6)

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**If you aren't at the table, you're on the menu...*



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>>> [redacted] 9/7/2018 11:35 AM >>>
>
I don't see a voting button either, and I like # 3 also.

TN Correction

[redacted] RN,
TDOC Statewide Director of Nursing
Rachel Jackson Bldg.
320 6th Ave North
Nashville TN. 37243
Email [redacted]
Cell [redacted]
www.facebook.com/TNDepartmentofCorrection
https://twitter.com/TNTDOC1
https://www.youtube.com/TNTDOC1

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RE: ACA Webinar

From (b)(6)

To (b)(6) @geogroup.com, (b)(6), (b)(6), Deborah Schult, (b)(6), (b)(6)

Date 2018/09/13 14:20

Subject: RE: ACA Webinar

Attachments: TEXT.htm, image001.jpg, image002.png, image003.jpg, Mime.822

Thank all of you for your votes. The majority of us picked topic 3: Correctional Safety: What Correctional Nurses Need to Know . Based on feedback from (b)(6) we will start advertising after the January conference and have the webinar in spring to avoid conflicts.

Thank you

(b)(6)

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From:
To: [redacted] Deborah Schult [redacted]@bop.gov>, [redacted]@geogroup.com" [redacted]@geogroup.com>

Subject: RE: ACA Webinar
Sent: Thu, 13 Sep 2018 18:19:29 +0000

Thank all of you for your votes. The ma'orit of us picked topic 3: Correctional Safety: What Correctional Nurses Need to Know . Based on feedback fro we will start advertising after the January conference and have the webinar in spring to avoid conflicts.
Thank you
[redacted]

From: Hagan, John J. <jjhagan@nd.gov>
Sent: Thursday, September 13, 2018 11:57 AM
To: [redacted] Deborah Schul [redacted]@bop.gov>; [redacted]@geogroup.com; [redacted]

Subject: FW: ACA Webinar

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I like #3. A quick informal survey of nursing staff is in favor of #3 over #2 by a 2 to one ratio. #1 got no votes.

[redacted]

[redacted] MD
Staff Physician
Medical Department
ND Department of Corrections and Rehabilitation
[redacted]

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Fwd: Will be in Washington - arrange for possible visit

From	(b)(6)
To	Deborah Schult
Date	2018/05/29 08:19
Subject:	Fwd: Will be in Washington - arrange for possible visit
Attachments:	TEXT.htm

Sent from my Verizon Samsung Galaxy smartphone

-------- Original message --------
From: (b)(6) @geogroup.com>
Date: 5/25/18 4:17 PM (GMT-05:00)
To: (b)(6) @bop.gov>, Deborah Schult (b)(6) @bop.gov>
Subject: Will be in Washington - arrange for possible visit

>>> (b)(6) 5/25/2018 16:17 >>>
Dear Dr. (b)(6) and Dr. Schult,

My name is (b)(6) and presently the Chief Medical Officer for the GEO Group. I will be visiting Washington next week to participate in sev

I can be reached by this email or my personal cell @ (b)(6)

Have a restful Memorial Day weekend.

With Respect,

J (b)(6)

AMERICAN OVERSIGHT

RE: Ethics Workshop at ACA

From Deborah Schult
To (b)(6)
Date 2018/08/22 16:43
Subject: RE: Ethics Workshop at ACA
Attachments: TEXT.htm

Understood (b)(6) We'll keep it on the back burner for a possible later engagement. Good luck with the Nashville NCCHC.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

>>> (b)(6) @corecivic.com> 8/22/2018 1:29 PM >>>
Deborah,

Thanks for your thoughtful reply. This month is running out on me real fast, and I still have a few other priorities. I'd originally sought (b)(6) advice about a presentation for NCCHC (which will be here in Nashville in April 2019), and he suggested I check in with you about ACA (January in New Orleans). I won't be able to conjure up anything by the ACA submission deadline, so I'm just going to focus on the Nashville event. I wish you the best with your ACA plans. Always let me know if I can assist with anything.

(b)(6)
(b)(6) Senior Director of Mental Health
(b)(6) @corecivic.com

From: Deborah Schult [mailto(b)(6) @bop.gov]
Sent: Monday, August 13, 2018 10:29 AM
To: (b)(6) corecivic.com>
Subject: Re: Ethics Workshop at ACA

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(b)(6)

A blast from the past! How lovely to hear from you. Yes - I would certainly be willing to collaborate with you on an ethics presentation. I have already committed to doing one - but it never hurts to have more than one offering. Also – if you have someone else in mind with whom to present - that works too. Either way, we need to get an outline: Title, brief summary, objectives and bio of presenters - to ACA by September 1. They will review to make sure it meets the APA CEU muster - and if it does - then we are given the green light to proceed. Let me know if that works for you. Great to hear from you (b)(6)

AMERICAN OVERSIGHT

Assistant Director
Health Services Division
(b)(6)

>>> "(b)(6)@corecivic.com> 8/8/2018 5:20 PM >>>
Deborah,

I hope this email finds you feeling well. I was talking to (b)(6) this morning about the need for some ethics training at a conference, and he said you were thinking about doing something for the ACA conference in New Orleans this coming January. I'm happy to help in any way if you need anything. I don't usually attend the ACA conferences (although (b)(6) consistently asks me to, he allows me to beg off), but I'd go if I could be of some use in such a project. I'm thinking about vignettes or scenarios in correctional situations (medically and administratively) for discussion among participants about the ethical issues at hand.

For example, I was recently in a facility where a medical provider wanted to detain a diabetes patient on medical observation so they could control his diet to see whether he needed a medication adjustment or simply better diet management. The inmate threatened to kill himself if placed on medical observation with this food restriction, so the provider ordered suicide precautions in addition to the medical observation and dietary regimen. The patient's blood sugar level dropped considerably with the controlled diet, and when it rose again after releasing him from observation and suicide watch, the provider decided to lock him up again with another restrictive diet. Again, the patient threatened to kill himself. I was involved in a discussion with the warden, the HSA, and provider about the ethical issues in this situation.

Feel free to let me know you've got this and don't need anything, but I'm willing to help out if you do. If I don't go to ACA, I'll try to prepare it for NCCHC or something else. Meanwhile, take care—looking forward to hearing from you sometime.

(b)(6)

(b)(6) Senior Director of Mental Health
(b)(6)@corecivic.com

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Fwd: FW: Co-occurring Disorder Draft Policy Position

From Deborah Schult

To (b)(6)

Date 2018/07/26 13:56

Subject: Fwd: FW: Co-occurring Disorder Draft Policy Position

Attachments: TEXT.htm, Position Paper on Co-Occurring Disorders.docx

All:

Please see "ask" below (in red) from (b)(6) Any final comments please forward to (b)(6) for inclusion/consideration, or bring to our meeting at ACA to discuss and finalize. Thanks. Hope to see all (or many) of you soon.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

>>> (b)(6) /20/2018 10:31 AM >>>
Good morning. I am re-sending the DRAFT Position paper on Co-Occurring Disorders that was discussed at the last conference. I want to thank those that provided commentary. I believe the next step is to have it ratified by both the Substance Use and Mental Health Committees so that it can forwarded jointly to the ACA Office of Correctional Health Care for final review and preparation for consideration as a resolution. I would suggest the Chairs send this out to their committee members for final commentary. If there are additional comments, revisions can be considered at the Congress and finalized in the committee meetings.

(b)(6) **Director of Mental Health Services / Florida Department of Corrections /** (b)(6)
(b)(6)

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From (b)(6)
Sent: Monday, February 19, 2018 8:29 AM
To: (b)(6) @bop.gov; (b)(6)
(b)(6)
(b)(6) @correctcaresolutions.com>

AMERICAN OVERSIGHT

Cc: (b)(6)

(b)(6) (b)(6) @bop.gov>;

(b)(6) @bop.gov>; (b)(6) @bop.gov>; (b)(6)

(b)(6) @cecintl.com>; (b)(6)

(b)(6) @corecivic.com; (b)(6)

(b)(6)

Subject: FW: Co-occurring Disorder Draft Policy Position

To members of the work group: Attached is the DRAFT position paper for Co-Occurring Mental Health and Substance Use Disorders. Please review and provide comments, revisions, suggestions etc. Please review and respond NLT COB March 2nd.

I am copying members of the Behavioral Health and Substance Use Committees to provide the workgroup with any input they may have. For example, should we use "qualified mental health clinician(s)" in the text?

By copy (b)(6) to whom would you like in the Office of Correctional Health for collation of the comments, track changes, and ACA's document preparation protocol?

(b)(6)

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Page 071 of 225

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Re: Restrictive Housing Training 4 - 5 Dec

From (b)(6)

(b)(6) Deborah Schul (b)(6)
(b)(6) @geogroup.con (b)(6)

To (b)(6)

Date 2018/12/11 14:43

Subject: Re: Restrictive Housing Training 4 - 5 Dec

Attachments: TEXT.htm, Mime.822

AMERICAN OVERSIGHT

All is good here except your closing. From Nashville-brrrrr!!!!

Thanks for all you have done to help us get ready for the changes.

Sent from my iPhone

On Dec 11, 2018, at 1:04 PM (b)(6) wrote:

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. *****

Ladies and Gentlemen,
Hope everyone is doing well. Here are the answers to the pre-test. More documents to follow.

Aloha
(b)(6)

(b)(6)
Director, Standards and Accreditation Department
American Correctional Association
206 N. Washington Street, Suite 200
Alexandria, VA 22314
(b)(6)

<ACI 5th Edition and Restrictive Housing Expected Practices Pre Test (4 Dec).docx>

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AMERICAN OVERSIGHT

From: [redacted]@corecivic.com>
To: [redacted]
Cc: "Graziano, Michael L. (DOCCS)" <Michael.Graziano@doccs.ny.gov>, "richard.finnegan@doccs.ny.gov" [redacted]@bop.gov>, [redacted]@bop.gov", [redacted]@bop.gov>, [redacted]@bop.gov", [redacted]@bop.gov> [redacted] [redacted]@geogroup.com>, [redacted]@geogroup.com", [redacted]@geogroup.com>, [redacted]@corecivic.com>, [redacted]@mtctrains.com>, [redacted] Deborah Schult [redacted]@bop.gov>,
Subject: Re: Restrictive Housing Training 4 5 Dec
Sent: Tue, 11 Dec 2018 19:42:48 +0000

All is good here except your closing. From Nashville-brrrrr!!!!
Thanks for all you have done to help us get ready for the changes.

Sent from my iPhone

On Dec 11, 2018, at 1:04 PM, [redacted] wrote:

*** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ***

Ladies and Gentlemen,
Hope everyone is doing well. Here are the answers to the pre-test. More documents to follow.

Aloha
[redacted]

[redacted]
Director, Standards and Accreditation Department
American Correctional Association
206 N. Washington Street, Suite 200
Alexandria, VA 22314

[redacted]

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AMERICAN OVERSIGHT

FW: Need Your Expertise

From [redacted]

To Deborah Schult [redacted]

Date 2018/04/17 17:14

Subject: FW: Need Your Expertise

Attachments: TEXT.htm, image001.jpg, Proposal for ACA Presentation - Minneapolis 2018 .docx, Mime.822

Good afternoon Deborah,

I want to update you on the Juvenile Issues subcommittee. [redacted] and I will be presenting a workshop titled **The 4th Wave Of Juvenile Justice Reform: How Brain Science is Reshaping Systems of Care for Justice-Involved Youth** (proposal attached). It is our hope that this will qualify as a presentation sponsored by the Behavioral Health Committee. Please let us know if there is another step we need to take for this to happen.

Regards,

[redacted]

Chief of Psychology
Office of Behavioral Health Services

[redacted]



From: Deborah Schult [mailto:[redacted]@bop.gov]
Sent: Thursday, January 18, 2018 7:55 AM
To: [redacted]@bop.gov>; [redacted]@bop.gov>; [redacted]@bop.gov>; [redacted]@corecivic.com>; [redacted]@correctcaresolutions.com>; [redacted]

nor

[redacted]

AMERICAN OVERSIGHT

(b)(6)

Cc: (b)(6) Deborah Schult <(b)(6)@bop.gov>; (b)(6)

(b)(6)

Subject: Need Your Expertise

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Happy New Year:

Many of us have just returned from the ACA Winter Conference - and though the weather was not particularly hospitable, the workshops, committee meetings and networking were well worth the trip. The **Behavioral Health Committee** met and decided that - with one year left under (b)(6) leadership, we would focus on the following topics. I'd ask EACH of you to choose one of the 3 options - reach out to the identified Subcommittee Chairs and commit to one (or more). Our plan is to provide a workshop in each area. It would be excellent to also do an article for Corrections Today.

1. **Juvenile Issues**: (b)(6) Chief of Psychology/GA Dept of Juvenile Justice

   (b)(6)

2. **Traumatic Brain Injury/Neuropsych**: (b)(6) Mental Health Admin, Kan DOC & JJA

   (b)(6) or after March 1st: (b)(6)

3. **Co-Occurring Disorders**: (b)(6) Medical Director, AZ DoJC

   (b)(6)

Thanks in advance for your participation. Our deadline for topic submission for the 148th Congress in Minneapolis is **March 1st.** We don't need to have the topic completely finalized, but we do need to have the presenters identified and topic summary ready for insertion in the program. (b)(6) and I will schedule a meeting soon with the principals so we can keep on target.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

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PROPOSAL FOR ACA PRESENTATION

Title: **THE 4TH WAVE OF JUVENILE JUSTICE REFORM: How brain science is reshaping systems of care for justice-involved youth**

Presenters: (b)(6)
Chief of Psychological Services
Office of Behavioral Health Services
Georgia Department of Juvenile Justice

(b)(6)
Director, Office of Behavioral Health Services
Georgia Department of Juvenile Justice

Abstract: Over the past two decades the juvenile justice system has undergone a transformation shaped by a still growing body of research and knowledge on adolescent development and psychological processes that influence an adolescent's decision-making and behavior. Current juvenile justice reform efforts – often referred to as "the 4th wave" – are based on recognition that justice involved adolescents are different than adult offenders in important ways. Moreover, those differences have clear implications for development of policies, programs and practices designed to address the needs of justice-involved youth.

Objectives: Participants will be able to:

1. Discuss the historical context of juvenile justice reform
2. Describe recent advances in research and knowledge on adolescent development
3. Discuss key features of a developmentally-informed approach to policy and practice in juvenile justice

Outline:

I. Introduction
   a. Presentation overview and review of objectives

II. Juvenile Justice Reform - Historical Context
   a. First Wave – a separate system
   b. Second Wave due process
   c. Third Wave – punishment
   d. Fourth Wave – developmental approach

III. Translating science to practice – current forces shaping juvenile justice policy and practices
   a. Advances in the science of adolescent development
      i. The adolescent brain
      ii. Critical differences between adolescents and adults
         1. Risk-taking

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2. Decision-making and judgement
3. Time perspective
4. Response to adverse consequences and rewards

iii. Implications for juvenile justice reform

b. The relevance of trauma in the lives of youth with behavior problems

i. PTSD versus complex trauma

ii. Prevalence of trauma in the lives of JJ youth

iii. Impact of trauma on youth

1. World view
2. Relationships
3. Physical, emotional and cognitive development

iv. Implications for juvenile justice and systems of care

c. Wrap-up discussion and take-home points

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References

(b)(6) 2017). Complex trauma in children and adolescents. Psychiatric annals, 35(5), 390 398.

(b)(6) 2011, October). Trauma exposure and PTSD in justice involved youth. In Child & Youth Care Forum (Vol. 40, No. 5, p. 337). Springer US.

(b)(6) (2016). Adolescent Decision Making and Risk Taking. Child Psychology: A Handbook of Contemporary Issues,, 263-284.

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(b)(6) (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. Child Abuse & Neglect, 46, 163-173.

(b)(6) (2016). Developmental patterns of adverse childhood experiences and current symptoms and impairment in youth referred for trauma-specific services. Journal of abnormal child psychology, 44(5), 871-886.

Models for Change. (2015). Sustaining Momentum Assessing and Mitigating Threats to the Fourth Wave of Juvenile Justice Reform, Town Hall Forum,. Chicago: John D. and Catherine T. MacArthur Foundation.

(b)(6) 2015). Juvenile justice policy and practice: A developmental perspective. Crime and justice, 44(1), 577-619.

National Research Council. (2012). Report Brief, Reforming Juvenile Justice: A Developmental Approach. Washington, DC: The National Academies Press.

(b)(6) (2014). Age of opportunity: Lessons from the new science of adolescence. (b)(6)

(b)(6)

(b)(6) (2015). Psychosocial maturity and desistance from crime in a sample of serious juvenile offenders. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

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(b)(6) (2016). Commentary on Special Issue on the Adolescent Brain: Redefining Adolescence. Neuroscience and biobehavioral reviews, 70, 343.

(b)(6) (2017). Adolescent brain science and juvenile justice policymaking. Psychology, Public Policy, and Law, 23(4), 410.

(b)(6) 2017). Translating the Science of Adolescent Development to Sustainable Best Practice.

(b)(6) 2015). The body keeps the score: Brain, mind, and body in the healing of trauma. Penguin Books.

(b)(6) 2017). Developmental Trauma Disorder: Toward a rational diagnosis for children with complex trauma histories. Psychiatric annals, 35(5), 401-408.

AMERICAN OVERSIGHT

From: (b)(6)
To: Deborah Schult (b)(6) @bop.gov>
Cc: (b)(6)
(b)(6)
Subject: FW: Need Your Expertise
Sent: Tue, 17 Apr 2018 21:10:44 +0000
Proposal for ACA Presentation - Minneapolis 2018 .docx

Good afternoon Deborah,

I want to update you on the Juvenile Issues subcommittee. (b)(6) and I will be presenting a workshop titled **The 4th Wave Of Juvenile Justice Reform: How Brain Science is Reshaping Systems of Care for Justice-Involved Youth** (proposal attached). It is our hope that this will qualify as a presentation sponsored by the Behavioral Health Committee. Please let us know if there is another step we need to take for this to happen.

Regards,

(b)(6)
Chief of Psychology
Office of Behavioral Health Services
(b)(6)

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Re: Need Your Expertise

From	Deborah Schult
To	(b)(6)
Date	2018/04/18 06:50
Subject:	Re: Need Your Expertise
Attachments:	TEXT.htm

(b)(6) yes, I saw this workshop listed and The BH Committee will proudly capture it as one of our group's submissions. There's nothing you need to do in that regard. Thank you. We will also look forward to doing a WEBINAR around September on juvenile issues and hope that you will be involved. Good to hear from you Doc. (b)(6) and I thank you!

Sent from my Verizon, Samsung Galaxy smartphone

-------- Original message --------

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RE: Need Your Expertise

From [redacted] Deborah

To Schult [redacted]

Date 2018/04/18 08:48

Subject: RE: Need Your Expertise

Attachments: TEXT.htm, Mime.822

Thank you Deborah. We would definitely like to be involved in a Webinar on juvenile issues. Look forward to seeing everyone in Minneapolis.

[redacted]

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Re: Need Your Expertise

From [redacted] Deborah Schult [redacted]

To

Date 2018/04/18 07:36

Subject: Re: Need Your Expertise

Attachments: TEXT.htm, Mime.822

Absolutely!! Fantastic

Sent from my iPhone

On Apr 18, 2018, at 6:50 AM, Deborah Schult [redacted]@bop.gov> wrote:

[redacted] yes, I saw this workshop listed and The BH Committee will proudly capture it as one of our group's submissions. There's nothing you need to do in that regard. Thank you. We will also look forward to doing a WEBINAR around September on juvenile issues and hope that you will be involved. Good to hear from you Doc. [redacted] and I thank you!

Sent from my Verizon, Samsung Galaxy smartphone

-------- Original message --------

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RE: Behavioral Health - Agenda 8-2018

From (b)(6)
To Deborah Schult
Date 2018/07/10 09:48
Subject: RE: Behavioral Health - Agenda 8-2018
Attachments: TEXT.htm, Mime.822

Thanks Deb! See you there!

(b)(6)
President of Clinical Affairs
VitalCore Health Strategies

From: Deborah Schult (b)(6)@bop.gov>
Sent: Monday, July 9, 2018 3:09 PM
To: (c)(6)
(b)(6) @bop.gov>; (b)(6) @bop.gov>;
(b)(6) @bop.gov (b)(6) @cca.com; (c)(6) @cecintl.com;
(b)(6) @corizonhealth.com (b)(6) @correctcaresolutions.com;
(b)(6)
(b)(6) @geogroup.com; (b)(6)
(c)(6)

Subject: Behavioral Health - Agenda 8-2018

All:

Hard to believe - but we are about a month out from the start of the **148th Congress** in Minneapolis. In prep for our Behavioral Health Committee Meeting, (b)(6) and I would like to share the following documents. Please find:

1. BH Meeting Agenda
2. BH Meeting Minutes from Orlando
3. List of Committee Meetings scheduled for Minneapolis.

Hope to see you at the **Behavioral Health Meeting** scheduled for: **Monday, August 6, 10:30 am to 12 noon**

Room 205 A & B;

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Enjoy your summer.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

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From: (b)(6)
To: Deborah Schult (b)(6)@bop.gov>
Subject: RE: Behavioral Health - Agenda 8-2018
Sent: Tue, 10 Jul 2018 13:48:25 +0000

Thanks Deb! See you there!

(b)(6)
President of Clinical Affairs
VitalCore Health Strategies

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AMERICAN OVERSIGHT

Automatic reply: Behavioral Health - Agenda 8-2018

From (b)(6)

To Deborah Schult

Date 2018/07/09 16:12

Subject: Automatic reply: Behavioral Health - Agenda 8-2018

Attachments: TEXT.htm, Mime.822

I am in the field thru 7/10/18. Please call me at (b)(6) **needed at anytime.**

Thx (b)(6)

AMERICAN OVERSIGHT

From: [redacted]@correctcaresolutions.com>
To: Deborah Schult <[redacted]@bop.gov>
Subject: Automatic reply: Behavioral Health - Agenda 8-2018
Sent: Mon, 9 Jul 2018 20:12:45 +0000

I am in the field thru 7/10/18. Please call me at [redacted] if needed at anytime.

Thx, [redacted]

AMERICAN OVERSIGHT

RE: Behavioral Health - Agenda 8-2018

From (b)(6)

To Deborah Schult

Date 2018/07/09 17:11

Subject: RE: Behavioral Health - Agenda 8-2018

Attachments: TEXT.htm, Mime.822

Confirmed receipt of the agenda

(b)(6)

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From: [redacted]
To: Deborah Schult [redacted]@bop.gov>
Subject: RE: Behavioral Health - Agenda 8-2018
Sent: Mon, 9 Jul 2018 21:10:02 +0000

Confirmed receipt of the agenda

[redacted]

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RE: Behavioral Health - Agenda 8-2018
From (b)(6)
To Deborah Schult
Date 2018/07/09 17:01
Subject: RE: Behavioral Health - Agenda 8-2018
Attachments: TEXT.htm, Mime.822

Look forward to seeing you.

(b)(6)

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From: (b)(6)
To: Deborah Schult (b)(6) @bop.gov>
Cc: " (b)(6)
Subject: RE: Behavioral Health - Agenda 8-2018
Sent: Mon, 9 Jul 2018 21:00:51 +0000

Look forward to seeing you.

(b)(6)

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RE: FW: Co-occurring Disorder Draft Policy Position

From Deborah Schult

To (b)(6)

Date 2018/07/26 14:02

Subject: RE: FW: Co-occurring Disorder Draft Policy Position

Attachments: TEXT.htm

Agreed.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

>>> (b)(6) 7/26/2018 2:00 PM >>
We will also be reviewing in our committee meeting so let's both our chairs and co-chairs come together and compare notes to present to (b)(6) and (b)(6) one list.

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Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

>>> (b)(6) 20/2018 10:31 AM >>>
Good morning. I am re-sending the DRAFT Position paper on Co-Occurring Disorders that was discussed at the last conference. I want to thank those that provided commentary. I believe the next step is to have it ratified by both the Substance Use and Mental Health Committees so that it can forwarded jointly to the ACA Office of Correctional Health Care for final review and preparation for consideration as a resolution. I would suggest the Chairs send this out to their committee members for final commentary. If there are additional comments, revisions can be considered at the Congress and finalized in the committee meetings.

(b)(6) / **Director of Mental Health Services** / **Florida Department of Corrections** / (b)(6)
(b)(6)

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and Substance Use Disorders. Please review and provide comments, revisions, suggestions etc. Please review and respond NLT COB March 2nd.

I am copying members of the Behavioral Health and Substance Use Committees to provide the workgroup with any input they may have. For example, should we use "qualified mental health clinician(s)" in the text?

By copy (b)(6) to whom would you like in the Office of Correctional Health for collation of the comments, track changes, and ACA's document preparation protocol?

(b)(6)

AMERICAN OVERSIGHT

Fwd: FW: Co-occurring Disorder Draft Policy Position

From Deborah Schult

To (b)(6)

Date 2018/07/26 13:56

Subject: Fwd: FW: Co-occurring Disorder Draft Policy Position

Attachments: TEXT.htm, Position Paper on Co-Occurring Disorders.docx

All:

Please see "ask" below (in red) from (b)(6) any final comments please forward to (b)(6) for inclusion/consideration, or bring to our meeting at ACA to discuss and finalize. Thanks. Hope to see all (or many) of you soon.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

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Page 115 of 225

Withheld pursuant to exemption

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Page 116 of 225

Withheld pursuant to exemption

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of the Freedom of Information and Privacy Act

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Page 118 of 225

Withheld pursuant to exemption

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of the Freedom of Information and Privacy Act

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Page 119 of 225

Withheld pursuant to exemption

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of the Freedom of Information and Privacy Act

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Ethics Workshop at ACA

From (b)(6)

To Deborah Schult

Date 2018/08/08 17:21

Subject: Ethics Workshop at ACA

Attachments: TEXT.htm, Mime.822

Deborah,

I hope this email finds you feeling well. I was talking to (b)(6) his morning about the need for some ethics training at a conference, and he said you were thinking about doing something for the ACA conference in New Orleans this coming January. I'm happy to help in any way if you need anything. I don't usually attend the ACA conferences (although (b)(6) consistently asks me to, he allows me to beg off), but I'd go if I could be of some use in such a project. I'm thinking about vignettes or scenarios in correctional situations (medically and administratively) for discussion among participants about the ethical issues at hand.

For example, I was recently in a facility where a medical provider wanted to detain a diabetes patient on medical observation so they could control his diet to see whether he needed a medication adjustment or simply better diet management. The inmate threatened to kill himself if placed on medical observation with this food restriction, so the provider ordered suicide precautions in addition to the medical observation and dietary regimen. The patient's blood sugar level dropped considerably with the controlled diet, and when it rose again after releasing him from observation and suicide watch, the provider decided to lock him up again with another restrictive diet. Again, the patient threatened to kill himself. I was involved in a discussion with the warden, the HSA, and provider about the ethical issues in this situation.

Feel free to let me know you've got this and don't need anything, but I'm willing to help out if you do. If I don't go to ACA, I'll try to prepare it for NCCHC or something else. Meanwhile, take care—looking forward to hearing from you sometime.

(b)(6)

(b)(6) Senior Director of Mental Health

(b)(6) @corecivic.com

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From: (b)(6)@corecivic.com>
To: (b)(6)@bop.gov" (b)(6)@bop.gov>
Subject: Ethics Workshop at ACA
Sent: Wed, 8 Aug 2018 21:20:17 +0000

Deborah,

I hope this email finds you feeling well. I was talking to (b)(6) this morning about the need for some ethics training at a conference, and he said you were thinking about doing something for the ACA conference in New Orleans this coming January. I'm happy to help in any way if you need anything. I don't usually attend the ACA conferences (although (b)(6) consistently asks me to, he allows me to beg off), but I'd go if I could be of some use in such a project. I'm thinking about vignettes or scenarios in correctional situations (medically and administratively) for discussion among participants about the ethical issues at hand.

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Feel free to let me know you've got this and don't need anything, but I'm willing to help out if you do. If I don't go to ACA, I'll try to prepare it for NCCHC or something else. Meanwhile, take care—looking forward to hearing from you sometime.

(b)(6)
(b)(6) Senior Director of Mental Health
(b)(6)@corecivic.com

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Re: Ethics Workshop at ACA

From Deborah Schult
To (b)(6)
Date 2018/08/13 11:29
Subject: Re: Ethics Workshop at ACA
Attachments: TEXT.htm

(b)(6)

A blast from the past! How lovely to hear from you. Yes - I would certainly be willing to collaborate with you on an ethics presentation. I have already committed to doing one - but it never hurts to have more than one offering. Also – if you have someone else in mind with whom to present - that works too. Either way, we need to get an outline: Title, brief summary, objectives and bio of presenters - to ACA by September 1. They will review to make sure it meets the APA CEU muster - and if it does - then we are given the green light to proceed. Let me know if that works for you. Great to hear from you (b)(6)

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

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AMERICAN OVERSIGHT

Re: Revise Expected Practice
From (b)(6)
To Deborah Schult
Date 2017/11/29 13:25
Subject: Re: Revise Expected Practice
Attachments: TEXT.htm

Whew!! Thought I had missed something. Glad I didn't. Thanks Deb!

Sent from my Verizon, Samsung Galaxy smartphone

-------- Original message --------
From: Deborah Schult <(b)(6)@bop.gov>
Date: 11/29/17 12:50 PM (GMT-05:00)
To (b)(6)@bop.gov>, (b)(6)@bop.gov>, (b)(6)
(b)(6)
<(b)(6)@corecivic.com>, (b)(6)
(b)(6)
Cc: Deborah Schult (b)(6)@bop.gov>, (b)(6)
Subject: Fwd: Revise Expected Practice

>>> "Deborah Schult" 11/29/2017 12:50 >>>
Greetings All:

My bad.....I mistakenly sent this email to the ENTIRE BH Committee - instead of the smaller group that had been working on the Expected Practices. So....if you have not already received an invite - please "stand down" and enjoy your "free hour" on December 12th. Sorry for the confusion - but please know that I have been much encouraged by all of you who responded and were willing to participate. Your comments will certainly be considered. Apologies....

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

AMERICAN OVERSIGHT

>>> Deborah Schult 11/29/2017 7:41 AM >>>
All:

Happy November (almost December!!). Please note that our Committee has ONE Expected Practice (EP) to "tweak". It was returned to us from the Standard's Committee at the August meeting. We need to revise and resubmit in January. I have attached the EP below (in red). The Standard's Committee was confused as to exactly what the requirement was. Given that it is proposed as a mandatory standard - the feeling was it needed to be more clearly defined as to intent and structure. For a comparison, I've included an EP (in green) that was accepted. Please review the red item and we will gather for a Webinar to edit on:

December 12 at 1:00 EST (you should have received invite already)

If you can not be present, please send your recommended edits to me and (b)(6) Thanks much

---

Mental Health Crisis Intervention Training

New Expected Practice

5HC-(mandatory)

Designated correctional and all mental health care staff are trained to respond to mental health related crises. This training is conducted on an annual basis and is established by the Mental Health Authority in cooperation with the facility or program administrator and includes instruction on:

- Recognition of signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal.
- Methods for accessing health/mental health staff during a mental health crisis
- Implementation of suicide/self-injurious prevention interventions
- Procedures for placement of patient in a level of care in accordance with his/her mental health needs

Comment: None

Protocols: Written policy and procedures. Lesson plans and curriculum

Process Indicators: Verification of training. Records and certificates. Interviews.

(Below is one of the EPs that passed the Standards Committee concerning training.

Mental Health Staff Training

New Expected Practice

(non mandatory)

All mental health staff receives 12 hours of continuing profi[illegible] staff

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All mental health staff receive 32 hours of continuing professional education or staff development in clinical skills annually in such areas as, for example:

- Mental health needs of inmate population (special needs)
- Behavior management techniques
- Mental health issues with female population
- Aging/Palliative Care
- Trauma-Informed Care
- Confidentiality of mental health record
- Suicide/self-injury prevention
- Signs and symptoms of mental illness, substance abuse/relapse and developmental disabilities
- Assessment and diagnosis of mental disorders
- Crisis Intervention

Comment: These may be obtained on site such as inservice trainings, case reviews or other organized programs, online or self-study programs.

Deborah G. Schult, Ph.D.
Assistant Director
Health Services Division
(b)(6)

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Subcommittee List?

From (b)(6)

To Deborah Schult, (b)(6)

Date 2018/01/08 11:15

Subject: Subcommittee List?

Attachments: Mime.822

Thanks for today's meeting. Very useful. Can you share a list of our current subcommittees when possible?

(b)(6)
Vice President of Health Services
CoreCivic

(b)(6)@corecivic.com
(b)(6)

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From: (b)(6) @corecivic.com>
To: (b)(6) @bop.gov"
(b)(6) @bop.gov>
Subject: Subcommittee List?
Sent: Mon, 8 Jan 2018 16:15:30 +0000

Thanks for today's meeting. Very useful. Can you share a list of our current subcommittees when possible?

(b)(6)
Vice President of Health Services
CoreCivic

(b)(6) @corecivic.com
(b)(6)

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Re: Subcommittee List?
From Deborah Schult
To (b)(6)
Date 2018/01/08 19:53
Subject: Re: Subcommittee List?
Attachments: TEXT.htm

Yes. Will do Doc.

Sent from my Verizon. Samsung Galaxy smartphone

------- Original message -
From: (b)(6) @corecivic.com>
Date: 1/8/18 11:15 AM (GMT-05:00)
To: Deborah Schult (b)(6) @bop.gov>, (b)(6)
Subject: Subcommittee List?

>>> (b)(6) 01/08/2018 11:15 >>>
Thanks for today's meeting. Very useful. Can you share a list of our current subcommittees when possible?

(b)(6)
Vice President of Health Services
CoreCivic

(b)(6) @corecivic.com
(b)(6)

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RE: Need Your Expertise

From (b)(6)

(b)(6)

Deborah Schult, (b)(6)

To

(b)(6)

Date 2018/01/18 12:01

Subject: RE: Need Your Expertise

Attachments: TEXT.htm, Mime.822

For the TBI/Neuropsych workgroup, we may want to re title to "**Neuropsychology: Neurocognitive and Neurodevelopmental Disorders**". I think our intent was to look at the screening, identification, assessment and treatment/interventions/assistance for inmates that encompass a broader spectrum of cognitive impairment and deficits the dementias, traumatic brain injury, organic brain disorders, intellectual disabilities and autism spectrum disorder. Also, substance use induced brain dysfunctions, especially with the endemic synthetic drug use in jail and prison systems. These are the inmates that tend to fly under the radar, but are having a growing impact on medical and mental health resources.

(b)(6)

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RE: Need Your Expertise

From (b)(6)

(b)(6) Deborah Schult, (b)(6)

To (b)(6)

Date 2018/01/18 16:51

Subject: RE: Need Your Expertise

Attachments: TEXT.htm, Mime.822

Well summarized (b)(6)

I concur

Best to all

Thank you

(b)(6)

Director, Mental Health Services
UTMB Correctional Managed Care
Clinical Professor
UTMB Department of Psychiatry

UTMB Correctional Managed Care
200 River Pointe Drive, Suite 200
Conroe, Texas 77304

(b)(6)

Email: (b)(6)@utmb.edu

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From: (b)(6) [mailto (b)(6)

Sent: Thursday, January 18, 2018 11:01 AM

To: Deborah Schult; (b)(6)

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From: (b)(6)
To: (b)(6) Deborah Schult (b)(6) @bop.gov>, (b)(6)
(b)(6)
(b)(6) @correctcaresolutions.com>, (b)(6)
(b)(6)
Subject: RE: Need Your Expertise
Sent: Thu, 18 Jan 2018 21:51:19 +0000

Well summarized (b)(6)

I concur

Best to all

Thank you

(b)(6)

(b)(6)
Director, Mental Health Services
UTMB Correctional Managed Care
Clinical Professor
UTMB Department of Psychiatry

UTMB Correctional Managed Care
200 River Pointe Drive, Suite 200
Conroe, Texas 77304

(b)(6)
Email: (b)(6)

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RE: Need Your Expertise

From (b)(6)

To (b)(6) Deborah Schult (b)(6)

(b)(6)

Date 2018/01/18 09:31

Subject: RE: Need Your Expertise

Attachments: TEXT.htm, Mime.822

As would I ,

(b)(6)

From: (b)(6)

Sent: Thursday, January 18, 2018 9:24 AM

To: (b)(6)

Cc: Deborah Schult (b)(6) @bop.gov>; (b)(6)

(b)(6)

(b)(6) @bop.gov>; (b)(6)

(b)(6) @bop.gov>; (b)(6) @bop.gov>; (b)(6)

(b)(6)

(b)(6) @corecivic com>; (b)(6)

(b)(6) @correctcaresolutions com>; (b)(6)

(b)(6)

Subject: Re: Need Your Expertise

I would love to work on co-occurrence disorders.

(b)(6)

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Sent from my iPhone

On Jan 18, 2018, at 9:15 AM, (b)(6) wrote:

> I'll work on Juvenile Issues.
>
> Sent from my iPhone

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DUPLICATE

AMERICAN OVERSIGHT

DUPLICATE

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RE: Trauma Informed Care Workshop

From	(b)(6)
To	Deborah Schult, (b)(6)
Date	2019/01/21 10:10
Subject:	RE: Trauma Informed Care Workshop
Attachments:	TEXT.htm, image001.jpg, BOP Trauma Informed Care.pdf, Mime.822

Hello (b)(6)

I strongly encourage your outreach to Deborah, and seeking a BOP resource. Historically they have had a program coordinator at their central office, or it may be that Deborah can point you to a coordinator of one of their facility based Resolve programs for female offenders. I have attached the DOJ OIG report on BOP's efforts, which both describes some of their program efforts, and also indicates, as they often conclude, more resources are needed and more can be done. That conclusion isn't surprising, but in my view, considering the broader context of correctional care throughout the U.S., the BOP is a long way ahead of any other correctional systems approach to this important issue.

(b)(6)

From: (b)(6)
Sent: Sunday, January 20, 2019 10:13 AM
To: Deborah Schult (b)(6)@bop.gov>; (b)(6)@corecivic.com>
Subject: Trauma Informed Care Workshop

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. *****

Do either of you know a person who might want to co-present with me in Boston on Trauma Informed Care?

(b)(6)
Director of Research and Clinical Development
(b)(6)

We help turn lives around.

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Office of the Inspector General
U.S. Department of Justice

OVERSIGHT ★ INTEGRITY ★ GUIDANCE



Review of the Federal Bureau of Prisons' Management of Its Female Inmate Population

Evaluation and Inspections Division 18-05

September 2018

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DOJ-19-0929-L-000150

BOP FOIA #2019-05253: RR#10 - Page 2553

Executive Summary

Review of the Federal Bureau of Prisons' Management of Its Female Inmate Population

Introduction

As of September 2016, the Federal Bureau of Prisons (BOP) incarcerated 10,567 sentenced female inmates, representing 7 percent of the total BOP sentenced inmate population of 146,084. Though female inmates compose a small percentage of the nationwide incarcerated population, correctional officials have recognized that in some areas female and male inmates have different needs and BOP has adopted gender-responsive programs and policies that account for these needs. As a continuation of prior U.S. Department of Justice Office of the Inspector General (OIG) reviews examining BOP's management of certain subpopulations of inmates, including aging inmates and inmates with mental illness in restrictive housing, OIG initiated this review of BOP's management of female inmates, specifically BOP's efforts and capacity to ensure that BOP-wide policies, programs, and decisions adequately address the distinctive needs of women. Our decision to initiate this review was also informed by members of Congress and public interest groups recently raising concerns about what they consider to be deficiencies in BOP's current management of female inmates.

Results in Brief

We concluded that BOP has not been strategic in its management of female inmates. We determined that BOP needs to take additional steps at the Central Office level to ensure that female inmate needs are met at the institution level. Our review identified instances in which BOP's programming and policy has not fully considered the needs of female inmates, which has made it difficult for inmates to access certain key programs and supplies. Further, while BOP is adhering to federal regulations and BOP policies requiring that only female Correctional Officers conduct strip searches of female inmates, BOP's method for ensuring compliance with these requirements assigns staff inefficiently. Finally, we found that BOP's conversion of Federal Correctional Institution (FCI) Danbury to house male inmates negatively affected certain female inmates who had been housed there.

BOP's Approach to Managing Female Inmates Has Not Been Strategic, Resulting in Weaknesses in Its Ability to Meet Their Specific Needs

We found that during the period of our review BOP could not ensure that its institutions adhered to policies pertaining to female inmates because BOP had only recently taken steps to formalize a process for verifying compliance. As of April 2018, BOP was drafting planning documents that it believes will enhance its ability to perform internal oversight of these policies and better ensure compliance with female inmate-focused policies and protocols.

Further, while BOP established a Central Office branch that serves as BOP's source of expertise on the management of female inmates in BOP custody, this branch may not have adequate staffing to fully fulfill its mission. Female inmates are just one of six special populations about which the Women and Special Populations Branch is responsible for providing national direction and subject matter expertise and for ensuring that the needs of each of these populations are met at BOP institutions. For example, this branch designs and delivers training to institution staff and ensures that programming run by other BOP divisions is responsive to the needs of each subpopulation. Given the branch's wide range of responsibilities, its four staff members may not be sufficient to accomplish its mission and to ensure that BOP adequately addresses the distinctive needs of women in its custody.

Additionally, BOP requires all staff in its female institutions to take training on the management of female inmates, as well as training in trauma-informed correctional care for the management of inmates who have experienced trauma. However, BOP does not require the same training for its Executive Staff and, as a result, National Executive Staff officials may develop policy and make decisions that affect female inmates without awareness of their needs.

BOP's Programming and Policy May Not Fully Consider the Needs of Female Inmates

We identified three areas in which BOP's programming and policy decisions did not fully consider the needs of female inmates: trauma treatment programming, pregnancy programming, and feminine hygiene.

BOP relies on research that shows that physical and emotional trauma affects as many as 90 percent of the female inmate population. Research also recommends that female inmates undergo trauma treatment early during incarceration to enhance their ability to benefit from all institutional programming. However, we found that BOP may not be able to provide its trauma treatment program to all eligible female inmates until late in their incarceration, or ever, because it has assigned only one staff member at each institution to offer this program. The lack of sufficient staff is most noticeable at larger female institutions, where inmates face delays in completing each of the program's two prerequisites, as well as the program's treatment phases.

In addition to female inmates being unable to use BOP trauma treatment programs, we estimate that only 37 percent of sentenced pregnant inmates participated

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DOJ-19-0929-L-000151
BOP FOIA #2019-05253: RR#10 - Page 2554

in BOP's pregnancy programs between fiscal year (FY) 2012 and FY 2016. Further, we confirmed that these programs had additional capacity to include more pregnant inmates during this period. We believe that participation is low because BOP inmates and staff lack awareness of these programs. We also determined that BOP staff may apply eligibility criteria more restrictively than intended by BOP headquarters officials and that BOP lacks data to assess inmate interest and participation in its pregnancy programs.

In visits to several BOP institutions housing female inmates, we found that the distribution methods for feminine hygiene products provided to inmates varied by institution and did not always ensure that inmates had access to a sufficient quantity of products to meet their needs. BOP issued new guidance in August 2017 to standardize the range of products available free of charge. However, BOP still lacks a method to ensure sufficient access because the guidance did not address how products should be distributed to inmates.

BOP's Lack of Gender specific Posts Results in Inefficiencies at Female Institutions

We found that BOP's practice of assigning Correctional Officers to posts solely by seniority has resulted in male Correctional Officers being assigned to posts at which staff must regularly conduct searches of female inmates. Because the *Prison Rape Elimination Act of 2003* and BOP policy prohibit cross-gender searches of female inmates, female Correctional Officers must leave other assigned posts to conduct these searches, leading to an inefficient use of Correctional Officer resources. Both female and male institution staff suggested that a small number of posts in female institutions, particularly some of the posts in the Special Housing Unit (SHU)—a unit used to separate inmates from the general population for protective or disciplinary purposes—and the visiting room, be reserved for female staff to ensure that they can conduct inmate searches without disrupting other operations. We agree that BOP should implement this or another approach to ensure the availability of female staff at locations in female institutions where inmate searches are common.

BOP's Decision to Convert Federal Correctional Institution Danbury to a Male Institution Negatively Affected Female Inmates Transferred to Metropolitan Detention Center Brooklyn

As a case study, we also examined BOP's 2013 decision to convert FCI Danbury from a female institution to a male institution as part of a larger plan to increase bed space for low security female and male inmates throughout BOP institutions. Although concerns were raised that the conversion would cause female inmates to be incarcerated farther from home, we found that, while 19 percent of U.S. citizen inmates were transferred farther from their homes, the overwhelming majority were transferred closer to their homes.

The conversion resulted in 366 low security sentenced female inmates serving a portion of their sentences in Metropolitan Detention Center (MDC) Brooklyn, a detention center intended for short-term confinement. The National Association of Women Judges found that the conditions of confinement at MDC Brooklyn amounted to a violation of the American Bar Association Standards on Treatment of Prisoners, as well as the United Nations Standard Minimum Rules for the Treatment of Prisoners. When we visited MDC Brooklyn, we found that BOP offered female inmates no access to outdoor space, less natural light, and fewer programming opportunities than what would otherwise be available to female inmates at BOP facilities designed to house sentenced inmates in long-term confinement. In addition, a separate OIG criminal investigation determined that, during the time that sentenced female inmates were assigned to MDC Brooklyn, multiple custody staff sexually assaulted female inmates, resulting in the convictions of two Lieutenants and a Correctional Officer.

In December 2016, after reversing its decision not to house female inmates at FCI Danbury, BOP opened a new low security institution for female inmates at FCI Danbury. However, because FCI Danbury was constructed without a SHU, we found that managing female inmates who needed to be placed in a SHU disrupted institution operations because BOP had to transfer these inmates to Federal Detention Center Philadelphia for SHU placement.

Recommendations

In this report, we make 10 recommendations to improve BOP's management of its female inmate population. These recommendations include training executive leaders on issues important to managing female inmates, enhancing the capacity of BOP's trauma treatment program, communicating information about pregnancy programs, and clarifying guidance on the distribution of feminine hygiene products.

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DOJ-19-0929-L-000152
BOP FOIA #2019-05253: RR#10 - Page 2555

TABLE OF CONTENTS

INTRODUCTION 1

Background 1

RESULTS OF THE REVIEW 11

BOP's Approach to Managing Female Inmates Has Not Been Strategic, Resulting in Weaknesses in Its Ability to Meet Their Specific Needs 11

BOP's Programming and Policy May Not Fully Consider the Needs of Female Inmates 18

BOP's Lack of Gender-specific Posts Results in Inefficiencies at Female Institutions 32

BOP's Decision to Convert Federal Correctional Institution Danbury to a Male Institution Negatively Affected Female Inmates Transferred to Metropolitan Detention Center Brooklyn 35

CONCLUSION AND RECOMMENDATIONS 43

Conclusion 43

Recommendations 43

APPENDIX 1: METHODOLOGY OF THE OIG REVIEW 45

Standards 45

Purpose and Scope 45

Methodology 45

APPENDIX 2: MAP OF BOP INSTITUTIONS FOR SENTENCED FEMALE INMATES ... 48

APPENDIX 3: BOP'S RESPONSE TO THE DRAFT REPORT 49

APPENDIX 4: OIG ANALYSIS OF BOP'S RESPONSE 52

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DOJ-19-0929-L-000153
BOP FOIA #2019-05253: RR#10 - Page 2556

INTRODUCTION

Background

According to the U.S. Department of Justice's (Department, DOJ) Bureau of Justice Statistics, state and federal prisons had jurisdiction over more than 1.5 million inmates at the end of 2015. Of these inmates, approximately 111,500, or 7 percent, were female.[1] The percentage of female inmates in the Federal Bureau of Prisons' (BOP) custody as of September 2016 was also 7 percent (10,567) of BOP's total population of 146,084 sentenced inmates.[2] While female inmates compose a small percentage of the nationwide inmate population, BOP recognized that in some areas female and male inmates have different needs. Accordingly, BOP developed gender responsive programs and policies to account for female inmates' distinctive needs.

As a continuation of several prior Office of the Inspector General (OIG) reviews examining BOP's management of certain subpopulations of inmates, including aging inmates and inmates with mental illness in restrictive housing, OIG initiated this review of BOP's management of female inmates.[3] Our decision to initiate this review was also informed by members of Congress and public interest groups recently raising concerns about what they considered to be deficiencies in BOP's current management of female inmates.[4]

In this report, we assess BOP's efforts and capacity to ensure that BOP-wide policies, programs, and decisions address the unique needs of female inmates. Specifically, we assess female inmates' access to BOP's trauma treatment and pregnancy programs, which are significant for female inmates and their families and can play important roles in successful reentry into society. Additionally, we discuss BOP's gender-responsive policies and evaluate how they affect the

---

[1] DOJ Bureau of Justice Statistics, *Prisoners in 2015* (December 2016).

[2] For this review, we examined sentenced inmates incarcerated in BOP-managed institutions only. We excluded approximately 22,000 male inmates who were incarcerated in contract institutions, approximately 12,000 female and male inmates who were in halfway houses, and approximately 12,000 female and male pretrial detainees in the custody of the U.S. Marshals Service. BOP does not incarcerate female inmates in contract institutions.

[3] DOJ OIG, *The Impact of an Aging Inmate Population on the Federal Bureau of Prisons*, Evaluation and Inspections Report 15-05 (May 2015), and DOJ OIG, *Review of the Federal Bureau of Prisons' Use of Restrictive Housing for Inmates with Mental Illness*, Evaluation and Inspections Report 17-05 (July 2017).

[4] In July 2017, four U.S. Senators introduced legislation designed to increase familial visitation and female inmates' access to feminine hygiene products. See *Dignity for Incarcerated Women Act of 2017,* 115th Congress, 1st sess., S. 1524. The Arthur Liman Public Interest Program at Yale Law School also wrote about the management of female inmates affected by BOP's decision to convert Federal Correctional Institution (FCI) Danbury from a female to male institution in *Dislocation and Relocation: Women in the Federal Prison System and Repurposing FCI Danbury for Men* (September 2014). This issue was also discussed in "Female Inmates from Danbury Still in Limbo, Lacking Key Services," *Slate Magazine,* September 3, 2014, and "Female Inmate Transfers to Resume; Senators Say Relocation Disrupts Women's Lives, Vow to Fight Bureau of Prisons' Decisions; Danbury Federal Correctional Institution," *Hartford Courant,* October 5, 2013.

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conditions of confinement for female inmates. We pay particular attention to policies relevant to inmate access to feminine hygiene products and physical searches of female inmates. Lastly, we examine as a case study how BOP's decision to convert its low security institution in Danbury, Connecticut, from a female institution to a male institution affected female inmates.

Characteristics of BOP's Female Inmate Population

As shown in Table 1, the overall population of sentenced female inmates decreased between fiscal years (FY) 2012 and 2016. The ratio of female inmates to male inmates has remained constant during this period and is approximately equal to the nationwide ratio, as mentioned previously.

Table 1

Female and Male Sentenced Inmate Population
FYs 2012–2016

		Fiscal Year				
		2012	2013	2014	2015	2016
Female Inmates	**Number of Inmates**	11,737	12,154	11,868	11,214	10,567
	Percentage of BOP Population	7%	7%	7%	7%	7%
Male Inmates	**Number of Inmates**	152,803	152,676	149,663	143,655	135,517
	Percentage of BOP Population	93%	93%	93%	93%	93%
Total BOP Population		164,540	164,830	161,531	154,869	146,084

Source: BOP SENTRY

BOP data shows that between FYs 2012 and 2016 the majority of both female and male inmates were incarcerated for drug offenses; but male inmates were much more likely to have been convicted of weapons, sex, or other violent crime offenses than were female inmates. Further, research shows that female inmates incarcerated for drug crimes were often accessories to the broader criminal activity of a male partner, rather than being the instigator of a crime.[5] Female inmates also tend to have shorter sentences than male inmates. For example, as of September

[5] Darrell Steffensmeier and Emilie Allan, "GENDER AND CRIME: Toward a Gendered Theory of Female Offending," *Annual Review of Sociology* 22 (1996): 459–487. BOP cited this particular point as part of its own research, which found that gender is a powerful predictor of risk for serious violence and other serious misconduct while incarcerated. Miles D. Harer and Neal P. Langan, "Gender Differences in Predictors of Violence: Assessing the Predictive Validity of a Risk Classification System," *Crime and Delinquency* 47 (2001): 513–536. Because of this internal BOP research, BOP determines security levels for female and male inmates separately and, as a result, classifies nearly all female inmates as minimum or low security.

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2016, the median total sentence length for female inmates in BOP custody was 5 years, whereas the median total sentence length for male inmates was 10 years.

BOP has four security classification levels for inmates: high, medium, low, and minimum. Nearly all sentenced female inmates are classified as low or minimum security. BOP does not classify female inmates as medium security but does classify a small number as high security.[6] BOP institutions are also assigned security levels, and BOP generally assigns inmates to institutions that correspond with their security level.[7]

Twenty nine BOP locations throughout the United States house one or more female institutions.[8] BOP manages female inmates in 20 institutions designed for the long-term incarceration of sentenced inmates.[9] We describe these below:

- *Minimum security institutions,* also known as Federal Prison Camps (FPC), have dormitory-style housing and limited or no perimeter fencing. As of December 2017, BOP managed 13 of these institutions for female inmates.
- *Low security institutions,* also known as Federal Correctional Institutions (FCI) or Federal Satellite Lows, have perimeter fencing and either dormitory-style or cell-style housing. As of December 2017, BOP managed six of these institutions for female inmates.
- *Federal Medical Centers* (FMC) are used to treat sentenced inmates of all security levels who have serious or chronic medical problems. As of December 2017, BOP managed one medical center, FMC Carswell, for female inmates. This institution also housed the small number of BOP's high security female inmates.

In addition to these 20 institutions, BOP houses female inmates in 12 detention centers, which generally are designed for the short-term incarceration of pretrial

---

[6] Two officials in BOP's Designation and Sentence Computation Center, the BOP office responsible for determining where inmates should be housed, told us that nearly all female inmates can be managed in minimum security or low security settings because they are less prone to behaviors such as violence and escape attempts. The small number of female inmates who cannot be managed in these settings are designated as high security and housed in BOP's sole high security female unit at FMC Carswell.

[7] Throughout this report, we will use the term "female institutions" to refer to all of BOP's institutions designed to house sentenced female inmates, regardless of security level.

[8] During our fieldwork, BOP housed female inmates in 28 locations throughout the United States. BOP added a 29th location in late 2017 by converting a minimum security institution in Pekin, Illinois, which had formerly housed male inmates, into a female institution. Because Pekin did not house female inmates during the time we conducted the analyses used in our report, these analyses do not include data or information from Pekin.

[9] Eight of these female institutions are a part of larger facilities that also contain at least one other female institution. Such facilities include a low security institution and a minimum security institution in Aliceville, Alabama; a low security institution and a minimum security institution in Dublin, California; a low security institution and a minimum security institution in Danbury, Connecticut; and a minimum security institution and a female inmate medical facility in Fort Worth, Texas. As a result, BOP's 20 female institutions are in 16 locations throughout the country.

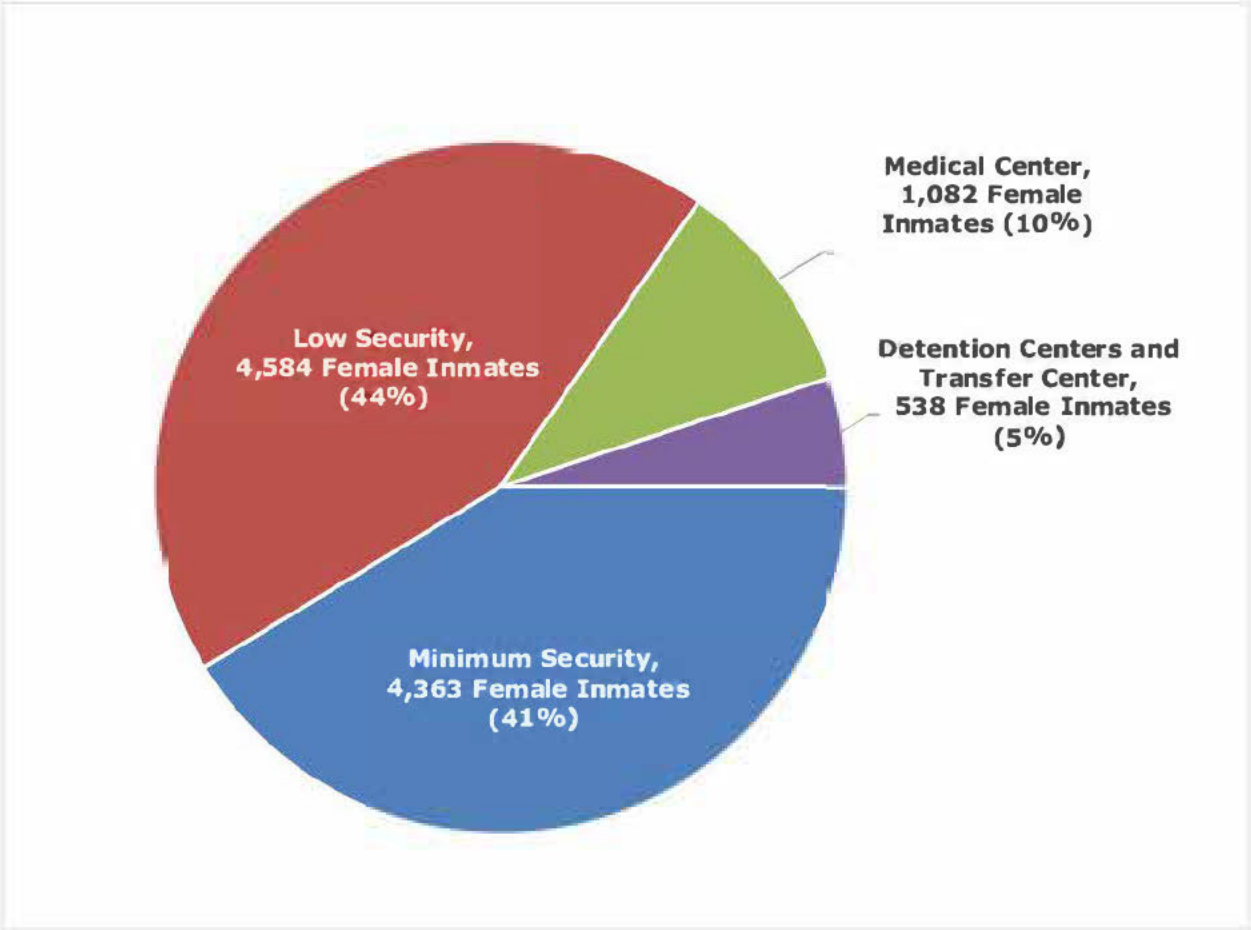
AMERICAN OVERSIGHT

detainees, as well as a transfer center that houses inmates in transit to other BOP facilities. Unlike institutions designed for long-term incarceration, detention centers and the transfer center house both female and male inmates.

Figure 1 shows the number of sentenced female inmates assigned to each of the three types of institutions described above. A map showing the locations of BOP's female institutions designed for long-term incarceration can be found in Appendix 2.

Figure 1

Number of Sentenced Female Inmates, by Institution Type September 2016



Source: BOP SENTRY

BOP Policy on the Management of Female Inmates

In August 1997, BOP developed a formal policy, known as a program statement, on the Management of Female Offenders. While this program statement recognized that BOP programs and services should meet the different physical, social, and psychological needs of female offenders, the Women and Special Populations Branch Administrator told us that this policy was not substantive and was difficult to enforce. In an effort to strengthen existing policy, BOP issued a new

AMERICAN OVERSIGHT
DOJ-19-0929-L-000157
BOP FOIA #2019-05253: RR#10 - Page 2560

Female Offender Manual in November 2016.[10] The new manual expanded on the prior policy by incorporating gender-responsive language on how BOP should classify and designate female inmates; discipline female inmates; provide gender responsive programming; and address birth control, pregnancy, child placement, and abortion.

The Female Offender Manual also identifies the Women and Special Populations Branch, within BOP's Reentry Services Division, as BOP's source of expertise on classification, management, and intervention programs and practices for females in BOP custody.[11] Further, the Female Offender Manual delegates a wide range of responsibilities to the Women and Special Populations Branch. For female inmates specifically, these responsibilities include advising BOP management and institution staff on issues affecting female inmates, developing staff training on these issues, and ensuring that programs managed by other BOP branches are gender responsive.[12] As of November 2017, the Women and Special Populations Branch comprised one Branch Administrator and three staff members.[13]

Gender-responsive Approaches to Corrections

The BOP defines gender-responsive approaches to corrections as those that are based on an understanding of the ways female inmates are different from male inmates and that specifically aim to address those differences. In particular, BOP has established gender-specific policies pertaining to access to female and reproductive health services, to the provision of feminine hygiene products, and to the implementation of regulatory requirements that ensure female inmates are physically searched only by female BOP employees.[14]

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[10] BOP Program Statement 5200.02, Female Offender Manual, November 23, 2016.

[11] BOP's Reentry Services Division aims to prepare inmates for reentry by focusing on programming and community transition. The Reentry Services Division is composed of six branches: (1) National Reentry Affairs, (2) Education Services, (3) Chaplaincy Services, (4) Residential Reentry Management, (5) Women and Special Populations, and (6) Psychology Services.

[12] BOP also delegates to the Women and Special Populations Branch the responsibility of ensuring that BOP policy and practices are inclusive of the needs of other special populations. BOP identifies special populations to include female inmates, juvenile inmates, transgender inmates, inmates with disabilities, inmates who are parents, and inmates who are veterans. The Women and Special Populations Branch Administrator told us that she considers "special populations" to be any group of inmates that is not part of the male majority.

[13] In response to a working draft of this report, BOP stated that all four staff in the Women and Special Populations Branch, including the Branch Administrator, focus on program or training work.

[14] Federal regulations and BOP policies mandate that strip searches be conducted by a staff member who is the same gender as the inmate being searched. See 28 C.F.R. § 552.11(c) and BOP Program Statement 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas, June 4, 2015, 4. See also 28 C.F.R. § 115.15(a). Additionally, federal regulations and BOP policies mandate that only female staff can pat search female inmates. See 28 C.F.R. § 115.15(b); BOP Program Statement 5521.06, 3; and BOP Program Statement 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, June 4, 2015, 17.

AMERICAN OVERSIGHT

Trauma-informed Correctional Care

An important but less obvious difference between female and male inmates has to do with past traumatic experiences. While many studies support the conclusion that female inmates experience very high rates of trauma before incarceration, BOP used one particular study as a basis for emphasizing the need to account for past trauma in its management of female inmates. This study found that as many as 90 percent of women in prison have experienced trauma and that the most common type of traumatic experience for female inmates is repeated sexual violence, followed by intimate partner violence.[15] Male inmates are less likely to have been a direct victim of violence, but they more commonly have experienced or witnessed a singular traumatic event such as a shooting.[16]

Research also shows that the effects of trauma manifest themselves differently for female and male inmates. For example, female inmates who experience trauma can develop chronic depression, eating disorders, or difficulty managing emotions, while trauma in male inmates is more likely to manifest itself externally, resulting in emotional outbursts or violence.[17] Although female inmates are more likely to internalize their trauma, a Resolve Coordinator we interviewed told us that female inmates are generally more willing to discuss their trauma than are male inmates.

To address the effects of past trauma on inmates, BOP implemented a "trauma informed correctional care approach." The BOP Psychology Services Branch describes trauma informed care as a comprehensive approach to corrections in which all policies recognize, and actions of staff reflect, the concept that trauma is a "real and prevalent occurrence, and that any opportunity to avoid re-traumatizing an inmate is an opportunity for healing." The Psychology Services Branch stated that there is not a strict method for applying trauma-informed correctional care approaches, but it identifies important principles for trauma-informed staff to consider. These principles include:

- ensuring physical, psychological, and emotional safety for inmates and staff;
- ensuring that, when practicable, staff interventions highlight strengths that can be used as a foundation for improvement, as opposed to focusing only on problems;
- ensuring that information and training about trauma are available to inmates and staff; and

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[15] Niki A. Miller and Lisa M. Najavits, "Creating Trauma Informed Correctional Care: A Balance of Goals and Environment," *European Journal of Psychotraumatology* (2012): 2. BOP asserts that the 90 percent statistic is likely a low estimate because traumatic experiences are often underreported by victims.

[16] Miller and Najavits, "Creating Trauma Informed Correctional Care," 4.

[17] Miller and Najavits, "Creating Trauma Informed Correctional Care," 3.

AMERICAN OVERSIGHT

- using communication methods that deescalate conflict and avoid triggering memories of past traumatic experience. (See the text box.)

Gender-responsive Programs

Below, we highlight three gender-responsive programs because of their importance to female inmates and their families. These programs are administered by branches within the Reentry Services Division.

Potential Effects of Past Trauma on Female Inmates

Awareness of how female inmates are affected by trauma is important in all aspects of BOP operations. For example, an inmate having her teeth cleaned is lying on her back, with someone leaning over her and something in her mouth that she cannot remove. These sensations can trigger flashbacks for victims of sexual abuse. It is therefore important for all BOP staff who work with female inmates to be aware of the potential for such reactions and how to respond to them.

Source: Interview with DOJ Civil Rights Division official

Resolve Program

The Resolve program, managed by BOP's Psychology Services Branch and offered at 14 of BOP's 15 female institutions, is a national treatment program for female inmates with a history of trauma-related mental illnesses.[18] According to the Psychology Services Branch, the objective of the Resolve program is to promote positive behavioral changes that decrease the incidence of trauma-related psychological disorders and improve inmates' level of functioning.[19] Psychology Services staff emphasized the importance of this program because of the high number of female inmates with a history of trauma or victimization prior to incarceration. All inmates undergo an intake interview with a Psychologist at the beginning of their BOP incarceration.[20] If a female inmate describes a history of trauma during this intake interview, the Psychologist will recommend that she sign up for the Resolve program's introductory workshop. Participation in the Resolve program is voluntary.

All elements of the Resolve program, outlined in Table 2 below, are managed by a Resolve Coordinator, who is a Psychologist. One Resolve Coordinator is assigned to each of the 14 female institutions that offer the program.[21] According to BOP's program statement on Psychology Treatment Programs, inmates with a history of trauma or victimization initiate the Resolve program by taking the

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[18] FCI Phoenix did not offer the Resolve program during the scope of our review because it had not been allocated a Resolve Coordinator position. Resolve is not offered at the 12 detention centers or the Federal Transfer Center because those institutions are exempt from most BOP programming requirements. As of September 2016, only 5 percent of the sentenced female inmate population was in a detention center or the Federal Transfer Center.

[19] BOP employs psychology, psychiatry, and mental health staff to offer services, beyond the scope of the Resolve program, to inmates who require mental health treatment.

[20] In this report, we use the term Psychologist to refer to a doctoral-level Psychologist.

[21] BOP operates multiple female institutions at 4 of the 14 locations where it offers the Resolve program to female inmates. BOP also offers the Resolve program, with a modified male-specific curriculum, to male inmates at two institutions.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000160
BOP FOIA #2019-05253: RR#10 - Page 2563

introductory workshop during the first 12 months of incarceration. BOP policy states that the Resolve program takes approximately 40 weeks to complete, but it also notes that scheduling conflicts may extend the length of the program.

Table 2

Structure of the Resolve Program for Female Inmates

Segment of Program	Name	Description
Prerequisites		
Introductory Workshop	Trauma in Life	Educational workshop that provides female inmates with psychological information on trauma and its potential impact in their lives
Screening	Psychological Testing	Psychological eligibility assessment to diagnose the related trauma[a]
Active Treatment[b]		
Phase I	Seeking Safety	Therapy group that emphasizes the acquisition of basic skills, with a focus on coping and interpersonal skills
Phase II	Cognitive Processing Therapy	Therapy group for inmates with a diagnosis of post-traumatic stress disorder, major depression, or substance abuse
	Dialectical Behavioral Therapy	Therapy group for treatment of inmates with borderline personality disorder
Post Treatment		
Maintenance	Maintenance Group	Skills group for maintaining treatment gains for inmates whose symptoms, if present, no longer interfere with daily functioning

[a] In response to a working draft of this report, BOP stated that it completes psychological eligibility assessments to provide diagnostic clarity and accuracy prior to a formal diagnosis.

[b] In response to a working draft of this report, BOP stated that the group sessions used during the Active Treatment phases of the Resolve program are psychotherapy groups.

Note: The Psychologist who performs the screening determines which version of the Phase II therapy is most appropriate for each inmate, depending on her specific diagnosis.

Source: BOP

Female Integrated Treatment Program

In the fall of 2017, the Psychology Services Branch, in coordination with the Women and Special Populations Branch, piloted the Female Integrated Treatment (FIT) program at BOP's low security female institution in Danbury, Connecticut.[22] According to BOP, the FIT program offers evidence based treatment for trauma, substance abuse, and mental health in a comprehensive, holistic program. The program begins with a 4-month educational curriculum that includes a Trauma in Life workshop as well as basic drug and mental health education. After completing

[22] The FIT program is available only for inmates in Danbury's low security female institution. Inmates in Danbury's minimum security female institution take the Resolve program instead.

AMERICAN OVERSIGHT

the introductory portion of the program, each inmate participates in a treatment curriculum tailored to her individual trauma, substance abuse, or mental health needs. Inmates in FIT requiring trauma treatment take the Resolve curriculum described in Table 2 above. All female inmates designated to the low security female institution in Danbury participate in the FIT program.[23]

Mothers and Infants Nurturing Together Program

The Mothers and Infants Nurturing Together (MINT) program, managed by BOP's Residential Reentry Management Branch, is a community based residential program in which pregnant inmates prepare for delivery and bond with their infant after giving birth.[24] According to BOP's Female Offender Manual, pregnant inmates in BOP custody are eligible to serve a portion of their sentence at a MINT program site if they are pregnant upon incarceration with an expected delivery date prior to release, have less than 5 years remaining on their sentence, are eligible for halfway house placement, and assume financial responsibility for their child's care.[25] Female inmates are generally eligible to transfer to a MINT program site during the last 2 months of pregnancy. After birth, the Female Offender Manual requires BOP to allow participating inmates at least 3 additional months to bond with their infant, although the manual recommends 6 months. Once an inmate completes the MINT program, BOP returns the inmate to a BOP institution for the remainder of her sentence.

Residential Parenting Program

According to the Female Offender Manual, BOP's female inmates, no matter their location, may also participate in the Washington State Department of Corrections' Residential Parenting Program. In contrast to the MINT program, Residential Parenting Program participants and their infants reside in the minimum security unit of the Washington Corrections Center for Women in Gig Harbor, Washington, for up to 30 months after birth.[26] Female inmates who participate in

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[23] In response to a working draft of this report, the Administrator of the Women and Special Populations Branch elaborated on the terminology of this model, stating that "the entire facility operates as a 'modified therapeutic community.'"

[24] During the scope of this review (FYs 2012–2016), MINT program sites were located in San Francisco, California; Tallahassee, Florida; Phoenix, Arizona; Fort Worth, Texas; Springfield, Illinois; Hartford, Connecticut; and Hillsboro, West Virginia. As of December 2017, the sites in San Francisco and Hartford no longer accepted MINT inmates because they were unable to comply with some of the contract requirements for hosting the MINT program.

[25] The Female Offender Manual further states that inmates with more than 5 years remaining on their sentences, or who become pregnant while on furlough, or who plan to place their infants up for adoption are not eligible for the MINT program.

BOP provides prenatal care and covers the financial costs associated with delivery for all pregnant inmates, regardless of whether they participate in this program.

[26] The eligibility requirements for the Residential Parenting Program are established by the Washington State Department of Corrections and are stricter than those for BOP's MINT program. For example, only minimum security inmates are eligible to participate in the Residential Parenting Program, whereas both minimum and low security inmates are eligible to participate in the MINT program. We discuss the eligibility requirements for the Residential Parenting Program in greater detail in a text box later in this report.

AMERICAN OVERSIGHT

this program receive credit toward their federal sentence for any time served at the Gig Harbor facility. BOP Social Workers are responsible for providing pregnant inmates with information about the two pregnancy programs.

Scope of the OIG Review

BOP has implemented gender-responsive policies and programs that affect the conditions of confinement for female inmates. OIG initiated this review to examine BOP's management of its female inmate population between FYs 2012 and 2016. We focused our analysis on how the Women and Special Populations Branch and other relevant BOP branches implement gender responsive trauma treatment and pregnancy programs. Additionally, we examined how BOP has implemented policies relevant to inmate access to feminine hygiene products and physical searches of female inmates. We also examined how BOP's decision to convert its low security institution in Danbury, Connecticut, from a female institution to a male institution affected female inmates transferred from Danbury. We held in-person, telephone, and video teleconference interviews with BOP officials responsible for or involved in the management of federal female inmates, as well as with state correctional officials to learn how non federal correctional agencies manage their female inmates.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000163
BOP FOIA #2019-05253: RR#10 - Page 2566

RESULTS OF THE REVIEW

BOP's Approach to Managing Female Inmates Has Not Been Strategic, Resulting in Weaknesses in Its Ability to Meet Their Specific Needs

We found that over time BOP has made efforts to improve its management of female inmates. However, we identified several additional steps BOP should take to ensure female inmate needs are addressed appropriately. First, BOP has only recently taken steps to formalize a process for verifying staff compliance with policies related to the management of female inmates. Second, we found that while BOP established a Central Office branch with responsibilities that include providing national direction and subject matter expertise on the treatment, management, and programming of female inmates, the branch may not have adequate staffing to fulfill its mission. Finally, while BOP requires all personnel working in female institutions to take training on current best practices in the management of female inmates, it does not require its National Executive Staff to take any training related to female inmates. As a result, National Executive Staff may develop policy or make decisions without awareness of female inmates' needs. As we will discuss later in this report, we also identified similar limitations in certain BOP programs and policies of significance to female inmates. For BOP to be fully effective at appropriately managing female inmates, we believe that it must take a holistic approach at the Central Office level to identify and address issues affecting this population.

BOP Has Not Fully Implemented Internal Controls to Ensure Institutions Follow Policies Related to the Management of Female Inmates

The Female Offender Manual is BOP's primary policy on the management of female inmates. The Assistant Director of the Reentry Services Division told us that it is important for institutions housing female inmates to be in compliance with the Female Offender Manual.[27] While BOP has recently taken its first initial steps to verify compliance with the manual, it has not yet fully implemented these efforts. Specifically, BOP is still in the interim stage of establishing a program review to evaluate the implementation of its Female Offender Manual.[28]

In 1997, BOP created its first policy on the management of female inmates.[29] This four-page policy only briefly described BOP's role in identifying the appropriate programs and services to meet the different physical, social, and psychological needs of female inmates; but it never explained what those needs were and it

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[27] Subsequent to our interview, the Assistant Director of the Reentry Services Division was named the Acting BOP Director.

[28] BOP develops program reviews to assess an institution's internal controls, programs, and operations in a topic area. Most program reviews summarize the overall findings with a rating of Superior, Good, Acceptable, Deficient, or At Risk.

[29] BOP Program Statement 5200.01, Management of Female Offenders, August 4, 1997.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000164
BOP FOIA #2019-05253: RR#10 - Page 2567

lacked specific guidance that would help institutions identify and address those needs. Further, BOP did not conduct program reviews to verify compliance with this policy.

To address the deficiencies in its initial policy concerning female inmates, BOP issued its Female Offender Manual in November 2016.[30] This manual is much more comprehensive than the 1997 policy in the topics covered, and it offers more guidance about how BOP should handle a range of policy and management issues pertaining to female inmates. For example, it describes how BOP should classify and designate female inmates; discipline female inmates; provide gender-responsive programming; and address birth control, pregnancy, child placement, and abortion.[31] While the new manual is more comprehensive, we found that BOP has not yet finalized a mechanism to ensure that institutions housing female inmates comply with it.

During interviews, three managers in the Reentry Services Division emphasized the importance of establishing a program review to ensure institutions are managing female inmates consistently with the Female Offender Manual. For example, the Senior Deputy Assistant Director of the division described the establishment of a program review as critical for ensuring that BOP's female institutions are held accountable for how they manage female inmates. He and the Women and Special Populations Branch Administrator described the program review as the most important factor in ensuring compliance with the Female Offender Manual and said that the absence of a program review has weakened the branch's ability to ensure that institutions are implementing BOP's primary policy on the management of female inmates.

Program reviews are also important because BOP policy requires reviewed institutions to implement corrective action plans, monitored by the BOP Central Office, to correct any deficiencies identified during the course of the review. In response to a working draft of this report, the Senior Deputy Assistant Director of the Program Review Division described these follow up requirements as critical aspects of all program reviews to ensure accountability.

We found that BOP had not begun to implement any review mechanism to evaluate institutions' compliance with the Female Offender Manual until November 2017, a year after its release, and, as of June 2018, BOP has not fully implemented these efforts.[32] According to a Senior Deputy Assistant Director of BOP's Program

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[30] BOP Program Statement 5200.02, Female Offender Manual, November 23, 2016.

[31] BOP Program Statement 5200.02.

[32] In response to a working draft of this report, BOP stated that it began the process to establish this review mechanism in March 2017 by scheduling a management assessment, which initiates BOP's formal process for designing program reviews. BOP further stated that the management assessment was scheduled within the timeframe required by policy based on the release date of the Female Offender Manual.

AMERICAN OVERSIGHT

DOJ-19-0929-L-000165
BOP FOIA #2019-05253: RR#10 - Page 2568

Review Division, BOP created an interim program review in November 2017 with the intention of establishing a permanent program review in the near future.[33]

We reviewed BOP's interim program review plan and found that BOP conducted it entirely remotely, rather than on site at the institutions. We also learned that under the interim plan BOP did not intend to issue an institution a formal compliance rating at the close of the review. After BOP conducted its first remote program review, a Senior Deputy Assistant Director of BOP's Program Review Division told us that BOP intended to change its program review methodology to conduct future program reviews on site and provide the institution a rating on compliance with the Female Offender Manual.

We are encouraged that BOP plans to implement a rated, on-site program review. Although the Program Review Division's Assistant Director and Senior Deputy Assistant Director told us that on-site reviews may stretch limited resources, an on-site program review would allow BOP to assess compliance with the Female Offender Manual in part through direct observation, which BOP's Management Control and Program Review Manual describes as "the most dependable type of evidence, and...essential in determining the adequacy of internal controls."[34] Additionally, we believe that some of the criteria in BOP's interim program review guidelines and other guidance are particularly suited to direct observation.[35] For example, the interim program review guidelines for the Female Offender Manual require Program Review Division staff to assess whether institutions offer gender responsive programs to inmates and whether institutions widely advertise those programs "in visible areas in the institution," such as bulletin boards, electronic message boards, and resource centers to assist in raising inmate awareness of the availability of those programs. In addition, BOP's August 2017 guidance on the accessibility and availability of feminine hygiene products, which we discuss in more detail later in our report, also lends itself to direct observation. We believe that a physical visit to the institution being reviewed would allow the Program Review Division staff to confirm that institutions are complying with BOP

We focus on November 2017 in this report because that was the date that BOP's Central Office notified the Wardens of the female institutions that a program review to evaluate institutions' compliance with the Female Offender Manual had been designed, and that the reviews would begin.

[33] The Program Review Division conducted its first program review of the Female Offender Manual in December 2017, using the interim program review plan, and provided results to the reviewed institution in January 2018.

[34] BOP Program Statement 1210.23, Management Control and Program Review Manual, August 21, 2002, Chapter 2, p. 8. This policy establishes BOP's standards for conducting program reviews.

[35] Officials in the Program Review Division told us that they could not create program review guidelines for all sections of the Female Offender Manual because some portions were too broadly written. The Women and Special Populations Branch Administrator said that some sections of the Female Offender Manual were written this way as a result of negotiations with the union before the policy was implemented. The Assistant Director of the Program Review Division said that a more detailed Female Offender Manual would allow for more robust oversight of how female institutions implement the policy.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000166
BOP FOIA #2019-05253: RR#10 - Page 2569

policy on the management of female inmates and to better identify any deficiencies that should be monitored through a corrective action plan.

BOP's Management Control and Program Review Manual generally requires that program reviews provide a rating that summarizes the review's findings and reflects the reviewer's overall judgment as to how well the institution accomplishes the program area's mission and objectives. Currently, all program reviews are rated except for the *Prison Rape Elimination Act of 2003* (PREA) program review.[36] The Senior Deputy Assistant Director for the Reentry Services Division said that it is important for the Female Offender Manual program review to be rated to ensure that the female institutions take the findings from the review seriously.

We agree that ratings would promote accountability, and we believe that ratings for the Female Offender Manual will make it easier for the Program Review Division to identify trends in an institution's results, potentially allowing BOP to identify deficiencies and systemic issues across BOP institutions over time.[37] The Senior Deputy Assistant Director for the Reentry Services Division said that it is important to rate female institutions on their management of female inmates so that the significance of meeting these standards does not get diluted across multiple reviews that cover items related to female inmates as well as items related to all inmates. He also said that a rated program review of the Female Offender Manual will make it easier for the Reentry Services Division to spot problems multiple institutions have in managing female inmates and identify areas where broader action is needed.

At the time of our review, BOP was in the early stages of implementing a system of formal oversight and enforcement for the Female Offender Manual. This accountability mechanism will provide BOP with a key tool for determining whether institutions are complying with policy governing the management of female inmates.

The Women and Special Populations Branch's Staffing May Not Be Sufficient to Fully Accomplish its Mission

BOP created the Women and Special Populations Branch in the Reentry Services Division of BOP's Central Office to address the needs of special

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[36] A Senior Deputy Assistant Director of BOP's Program Review Division said that the PREA program review does not receive a rating because the goal of the PREA program review is to help institutions prepare for the formal PREA audits conducted by outside auditors.

[37] We asked BOP whether program review ratings were taken into account during Wardens' annual performance evaluations. BOP's Management Control and Program Review Manual (Program Statement 1210.23) states that a program review rating is a measure of a program's performance, not directly related to a program manager's performance. BOP's Human Resource Management Division further reported that a program review rating was taken into account only if it directly related to a specific performance measure described in a Warden's performance work plan.

AMERICAN OVERSIGHT

populations, including female inmates.[38] However, we found that the number of staff members BOP allocated to this branch may not be enough to carry out all of the responsibilities it has given to the branch. In February 2014, the branch had only 1 staff position (of the Reentry Services Division's 247 positions). As of November 2017, the branch had four full-time employees, making up 2 percent of the Reentry Services Division's staffing.[39] The four staff members are responsible for six separate inmate special populations that, when combined, make up a large share of BOP's total inmate population.[40] While there is bound to be some overlap in the inmates that are a part of these populations, each population has distinct needs.

The Women and Special Populations Branch's responsibilities require it to coordinate regularly nationwide and across all BOP divisions at the Central Office and regional levels, at all female institutions, and with external organizations. The branch is required to perform a broad range of responsibilities for each special population, potentially independently of one another. For example, the following duties, among many others, demonstrate the broad scope of duties for this branch:

- developing, implementing, and maintaining national programs for female inmates, inmates with disabilities, children of incarcerated parents, and other special populations, which require extensive knowledge of mental health, case management, custody/discipline, vocational/workforce, education, life skills, release preparation, and community placement;
- representing BOP in the day-to-day dealings with outside agencies and with other BOP branches and institutions regarding female inmates or inmates from special populations; and
- serving as the BOP National Executive Staff's primary resource concerning female inmate and special population issues. The Women and Special Populations Branch also provides information and advice to other Branch Chiefs and management, including the BOP Director, regarding the needs of female or special population inmates and programs for these inmates.[41]

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[38] As of April 2018, BOP had identified six special populations. We list these in the Introduction.

[39] The Women and Special Populations Branch Administrator is included in this staffing level. In response to a working draft of this report, BOP stated that all four staff in the Women and Special Populations Branch, including the Branch Administrator, focus on program or training work.

[40] Female inmates account for approximately 7 percent of the inmate population, as we state in the Introduction. We could not determine the number of inmates with disabilities from the BOP data we analyzed; but, in response to a working draft of this report, BOP estimated that inmates with disabilities account for approximately one-third of the inmate population.

[41] The items we highlight here represent just a fraction of the Women and Special Populations Branch's responsibilities. The Administrator's position description includes seven pages of responsibilities.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000168
BOP FOIA #2019-05253: RR#10 - Page 2571

To accomplish these duties, the branch must collaborate with Health Services staff, Psychology Services staff, Education Services staff, and staff located in any other area of BOP, as necessary, to address the needs of female inmates. The Senior Deputy Assistant Director of the Reentry Services Division said that it is challenging for the branch to ensure institutions are complying with policy when the branch has only four staff, all of whom are located at Central Office. He noted that BOP might need to consider a variety of staffing arrangements, including placing staff at regional offices or individual institutions, as the branch continues to develop additional policies that each need to be implemented for different special populations.

The Women and Special Populations Branch Administrator told us that the branch's range of responsibilities and current level of staffing left it unable to provide training on current best practices for managing female inmates. She told us that she would like the branch to conduct more in-person, interactive trainings on the management of female inmates for staff at female institutions. In 2017, the branch conducted one such training at an institution; several Psychologists who attended told us that it was very useful because it enhanced staff members' understanding of trauma, how trauma impacts female inmates, and how to more effectively communicate with female inmates. A Social Worker at another female institution had not received in-person training but told us that given the mental health effects of abuse and the high rate of trauma in the female inmate population, Correctional Officers would benefit from increased training on effectively managing the needs of inmates with mental illness.[42]

As we described above, the Women and Special Populations Branch is responsible for overseeing BOP's management of multiple special populations, which includes coordinating across BOP's many divisions at the Central Office, as well as with individual institutions. Given these multiple responsibilities, we believe that BOP should evaluate the breadth of the branch's mission and ensure that the branch has sufficient staff to accomplish that mission.

BOP Does Not Require Its National-Level Executives to Take Training on Managing Female Offenders

We found that while BOP has implemented mandatory training on the management of female inmates for staff who work in female institutions, BOP has not required its National Executive Staff to take this or other training pertaining to female inmates.[43] As a result, the officials who make decisions affecting the

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[42] OIG's review of BOP's management of inmates with mental illness in restrictive housing recommended additional mental health training for staff monitoring the behavior of inmates in restrictive housing. DOJ OIG, *Review of the Federal Bureau of Prisons' Use of Restrictive Housing for Inmates with Mental Illness*, Evaluation and Inspections Report 17-05 (July 2017), 66.

[43] BOP's National Executive Staff consists of the BOP Director, Deputy Director, 6 Regional Directors, and 10 Assistant Directors in BOP's Central Office. The trauma-informed correctional care

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AMERICAN OVERSIGHT

conditions of confinement for female inmates may not be fully aware of the unique needs of female inmates. According to BOP's primary training video on the management of female inmates, these unique needs include the prevalence of trauma in the female inmate population and how trauma affects female inmates' behavior; communication strategies that BOP recommends staff use when working with female inmates to avoid triggering memories of previously experienced trauma; BOP policies that impact female inmates differently, such as the inmate search policy; female inmate healthcare needs; relationships, especially relationships with their minor children; and educational and release needs. We will discuss actions BOP has taken to address some of these needs in later sections of this report.

BOP has made training on the management of female inmates mandatory only for staff who work in female institutions and directly with female inmates. When staff begin working at a female institution for the first time, they are required to take two trainings that were prepared by the Women and Special Populations Branch: a 1.5 hour video on the management of female inmates, accompanied by discussions moderated by an on-site trainer, and a 24-minute video on trauma-informed correctional care.[44] Both of these trainings have been updated since 2016 to reflect BOP's current practices in the management of the female inmate population. A Correctional Officer who watched the trauma-informed correctional care video described the training as very powerful and said it made her more empathetic toward female inmates because it helped her understand how past traumas influence how female inmates express frustration and react to staff.

However, BOP National Executive Staff exposure to this training is ad hoc. One National Executive Staff member with decision-making authority over female inmates said that he had not received training on the management of female inmates because he had never worked at an institution that housed female inmates.[45] Another member of the BOP National Executive Staff told us that he had training on the management of female inmates in the 1990s because at that time he worked at an institution that housed female inmates. The Senior Deputy Assistant Director of the Reentry Services Division said that he believes it is

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training video was incorporated into BOP's annual refresher training curriculum one time, in FY 2016, and all staff employed by BOP that year, including National Executive Staff, saw the video. BOP has an ongoing requirement that all staff assigned to a female institution for the first time take the trauma-informed correctional care training. However, because BOP does not also require this training at the time of promotion to BOP's National Executive Staff, it is possible for an individual to be promoted to an executive position without ever having taken the training. BOP reported to us that its National Executive Staff are required only to complete and maintain certification in a series of standard government manager and supervisory trainings.

[44] Three April 2018 program reviews of the Female Offender Manual conducted by BOP found that three different female institutions were failing to provide all institution staff with these trainings as required by BOP policy.

[45] During the course of this review, we interviewed three members of the BOP National Executive Staff who oversee aspects of BOP operations directly related to the management of female inmates.

AMERICAN OVERSIGHT

important for Regional Directors to take this training because they oversee such institutions in their respective regions. He further recommended that the BOP Director take any training associated with a program statement he signs.[46] Although the Assistant Director of the Reentry Services Division told us that he does not believe that requiring National Executive Staff to take training on the management of female inmates is important, he also acknowledged that, if left to its own devices, BOP is not gender responsive. We are concerned that, without such training, members of the National Executive Staff who are in a position to make decisions that affect the female inmate population may not be fully aware of female inmates' unique needs.

Individuals inside and outside BOP described training as an effective method for helping staff recognize the unique needs of female inmates, as well as an effective tool to convey support from agency leadership. A DOJ Civil Rights Division official who works closely with BOP on issues related to female inmates emphasized the importance of support from top BOP officials in ensuring that the incarceration of women is gender responsive in all areas. The Women and Special Populations Branch Administrator added that it is important for BOP leadership to be exposed to female inmate-specific issues so they understand the importance of those issues when making decisions. A Deputy Commissioner from the Alabama Department of Corrections told us that providing multidisciplinary training in gender-responsive corrections was "probably one of the most impactful" things the Department of Corrections has done to make its culture more understanding of female inmates. The Deputy Commissioner said that the training created significant buy in from staff across all levels about understanding the unique needs of female inmates and recognizing the differences between female and male inmates.

Accordingly, we believe that BOP should ensure that all staff, including the National Executive Staff, who work with or have management decision authority over female inmates receive the current mandatory training on the unique needs of female inmates.

BOP's Programming and Policy May Not Fully Consider the Needs of Female Inmates

We identified concerns with the way BOP implements two programs for female inmates, as well as a concern with how BOP's implementation of its inmate grooming policy affects female inmates. First, BOP has not staffed its trauma treatment program for female inmates at a level that ensures that all female inmates who are eligible for the program can participate in it before they are released. Second, a lack of staff awareness and a lack of data may limit access to BOP's residential programs for pregnant inmates. Third, the distribution methods for feminine hygiene products did not always ensure that inmates had sufficient access to the quantity of products they needed.

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[46] We note that the six Regional Directors plus the BOP Director account for more than a third of the BOP officials who make up the National Executive Staff.

AMERICAN OVERSIGHT

DOJ-19-0929-L-000171
BOP FOIA #2019-05253: RR#10 - Page 2574

BOP's Trauma Treatment Program Is Inadequately Staffed Compared to the Level of Need

Based on research we previously referred to in the Introduction of this report, BOP's training materials acknowledge that the prevalence of trauma in the female inmate population is high—approximately 90 percent. Some of the inmates we interviewed described a range of traumatic experiences they had faced prior to incarceration, including homelessness, sexual abuse, and domestic violence. To treat the psychological and interpersonal difficulties that can result from traumatic life experiences, BOP offers the Resolve trauma therapy program at 14 of its 15 female institutions. One Resolve Coordinator said that the goal of the program is to help inmates improve their ability to function on a daily basis through treatment that reduces psychological symptoms, improves behavior, and decreases an inmate's need for medication. A BOP Mental Health Treatment Coordinator told us that, ideally, an inmate should take the Resolve program during the first 12 months of her sentence because the program can help the inmate adjust to being in an institution and prepare for other psychological programming, such as residential drug treatment. BOP Psychologists inform female inmates about the Resolve program at the start of incarceration and encourage all female inmates with a history of trauma to sign up for the introductory workshop. Participation in the Resolve program is voluntary.

Several of the inmates we interviewed who had taken Resolve told us that the program helped them come to terms with their past and prepare for life after prison. One inmate praised the Resolve program for helping her recover from severe domestic violence, saying, "I'm trying to better myself while in prison. I don't want to walk in here and walk out the same way." She also praised the Resolve Coordinator for helping her understand her marriage and how to heal from the abuse she suffered.

Although BOP considers Resolve to be an especially important program for female inmates, we found that due to current staffing BOP may not be able to ensure that all inmates who are eligible for the program can participate in it before their release from BOP custody. We learned that, regardless of the size of the institution's female inmate population, BOP allocates one position, known as a Resolve Coordinator, to administer and facilitate the Resolve program, its two prerequisites, and other tasks that are part of the program.[47] As we explain below in our discussion of the ramifications of BOP's current staffing model for Resolve, we estimate that the 40-week Resolve program can accommodate only 336 female inmates nationwide at a time, and 24 per institution at a time, representing roughly 3 percent of BOP's sentenced female inmate population.[48]

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[47] During the time of our review, BOP was piloting the Resolve program for male inmates at two institutions. At all other institutions, the Resolve program was available only to female inmates, even if the institution as a whole housed both female and male inmates.

[48] As of the end of FY 2016, there were 10,567 sentenced female inmates in the BOP's female institutions.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000172
BOP FOIA #2019-05253: RR#10 - Page 2575

As a result of this limited staffing, inmates at larger institutions are often delayed from beginning each separate step of the program. This presents a challenge for BOP because female inmates generally have shorter sentences than male inmates. We also identified an unfilled need for trauma programming among non-English speaking inmates because BOP offers Resolve only in English. Finally, we found that Resolve's staffing level is significantly lower than several other BOP psychological treatment programs.

To determine an inmate's eligibility for the Resolve program, BOP policy requires that she complete two prerequisites: the Trauma in Life seminar and psychological screening tests (see Table 2 above). A Resolve Coordinator explained that the psychological screening tests determine whether an inmate meets certain traumatic stress criteria and is therefore eligible for the Resolve treatment. Typical diagnoses indicating eligibility include post-traumatic stress disorder, anxiety, or depression but may also include conditions such as schizophrenia if the condition is triggered or worsened by the traumatic experience. We found that inadequate staffing creates delays for inmates in completing the prerequisites, which may result in eligible inmates not being able to complete the treatment phases until later in their sentence, and possibly not at all. BOP cannot easily determine how many female inmates complete the Resolve program because, while BOP tracks completion of individual segments of the Resolve program, it does not track completion of the program as a whole.

For example, the Trauma in Life seminar, the first prerequisite for determining eligibility in the Resolve program, is an 8-hour course and is typically taught in four 2 hour sessions over 4 weeks. Trauma in Life is intended to provide female inmates with information on trauma and its potential impact on their lives, as well as to identify inmates who need trauma treatment and to motivate them to participate in the Resolve program. As shown in Table 3 below, we found that waiting lists for Trauma in Life seminars can be lengthy, particularly in BOP's seven large, all-female institutions. We found this troubling because, as of September 2016, 70 percent of BOP's sentenced female population was in one of the seven all female institutions.

AMERICAN OVERSIGHT

DOJ-19-0929-L-000173
BOP FOIA #2019-05253: RR#10 - Page 2576

Table 3

Trauma in Life Waiting Lists at All-female and Mixed-gender BOP Institutions, August 2017

Type of Institution	Average Female Population	Average Number of Female Inmates on a Trauma in Life Waiting List	OIG Estimate of Months Needed to Teach Trauma in Life to All Inmates on an Average Waiting List[a]
All female[b]	1,103	172	8
Mixed gender[c]	318	47	3

[a] BOP institutions told us that Trauma in Life courses can accommodate a maximum of 24 inmates at a time. Therefore, our analysis assumes that each Trauma in Life seminar can accommodate 24 inmates.

[b] The seven all-female institutions were Federal Prison Camp (FPC) Alderson, Federal Correctional Institution (FCI) Aliceville, FPC Bryan, Federal Medical Center Carswell, FCI Dublin, FCI Tallahassee, and FCI Waseca.

[c] The eight mixed-gender institutions were FPC Coleman, Federal Satellite Low and FPC Danbury, FPC Greenville, Secure Female Facility Hazelton, FPC Lexington, FPC Marianna, FPC Phoenix, and FPC Victorville. At these institutions, BOP housed female and male inmates in buildings separated by fences and enforced strict operational rules to keep female and male inmates apart at all times.

Notes: The BOP's detention centers and Federal Transfer Center Oklahoma City all housed female inmates, but we excluded them from this analysis because they did not offer the Resolve program.

We used August 2017 population data for this analysis to more accurately reflect the female population at the time we collected the waiting lists.

Sources: BOP data on Resolve program waiting lists; institution population data on BOP's website as of August 30, 2017; and OIG analysis

We found that 6 of BOP's 15 female institutions had Trauma in Life waiting lists of 150 inmates or more. We concluded that inmates at the end of a waiting list of 150 could wait at least 6 months before they could take the first step toward determining whether they were even eligible for the Resolve program.[49] However, this may understate the amount of time that individual inmates must wait to enroll in the program because BOP organizes its program waiting lists by release date, not the date an inmate is added to the waiting list. A Social Worker told us that, as a result, female inmates with longer sentences may spend years rather than months on a program waiting list, including the Trauma in Life waiting list.[50]

After inmates complete Trauma in Life, they must undergo a psychological assessment to determine whether they have a psychological diagnosis related to a traumatic life event. Such a diagnosis is a requirement for inmates to begin Resolve's treatment phases. Making such a diagnosis requires the Resolve

[49] One institution reported to us that its Trauma in Life waiting list was 311 inmates. At this institution, we estimate the wait for the Trauma in Life course could be as long as a year.

[50] BOP policy states that inmates should enroll in the Trauma in Life seminar during the first 12 months of incarceration. An inmate was always placed on the Trauma in Life seminar's waiting list based on her release date, even if she did not sign up for the Trauma in Life seminar until after her first 12 months of incarceration. BOP policy does not establish a timeframe for completing the rest of the Resolve program.

AMERICAN OVERSIGHT

DOJ-19-0929-L-000174
BOP FOIA #2019-05253: RR#10 - Page 2577

Coordinator to perform a screening assessment that includes several psychological tests and a review of the inmate's file. One Resolve Coordinator said that the process of interviewing an inmate, performing the psychological tests, and reviewing the inmate's file takes several hours for each inmate. Another Resolve Coordinator at a large female institution said that the amount of psychological testing required for Resolve is a lot of work for a single staff member, especially given all of a Resolve Coordinator's responsibilities.

During our fieldwork, 5 of BOP's female institutions reported that 45 or more inmates were awaiting a screening assessment to determine whether they were eligible for Resolve. At 1 of these institutions, 180 inmates, representing 18 percent of the institution's population, were on the waiting list for screening.[51] The second-longest waiting list for screening assessments, 82 inmates, represented 5 percent of that institution's population.

After inmates complete Trauma in Life and receive a psychological assessment that results in a diagnosis related to a traumatic event, they are eligible to begin the Resolve program. However, according to BOP Psychologists, the single Resolve Coordinator running the program can manage a caseload of only 24 inmates at a time in the treatment phases. The caseload of inmates in the treatment phases does not include inmates who are taking the Trauma in Life seminar, are undergoing the psychological screening assessment, or have completed the treatment phases and are in the maintenance group. With a current staffing level of one Resolve Coordinator per institution, eligible inmates will not necessarily begin a Resolve program right after completing the two prerequisites.

Additionally, we found that the existing waiting lists for Resolve programming may underrepresent the actual level of need because Resolve is offered only in English and, therefore, waiting lists generally include only inmates who speak fluent English. BOP Psychologists at multiple institutions expressed concern that BOP is not able to provide sufficient trauma treatment for non-English speaking female inmates, specifically Spanish speaking female inmates. While the fact that Resolve is taught only in English could be an impediment for any non English speaking inmate, institution staff told us that Spanish is by far the most common non-English language spoken by inmates. A Warden and a Chief Psychologist from two female institutions told us that their greatest unmet programming need was for Spanish Resolve. According to the Chief Psychologist, "There's horrific history, but we just can't get to them."

Psychological staff at multiple female institutions expressed concern that having only one position dedicated to administering all aspects of Resolve at each institution, regardless of the size of the institution, was inadequate. We note that this is particularly problematic for the three female institutions that have both a low security institution and a minimum security camp because security considerations

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[51] BOP's Chief of Mental Health Services attributed the backlog to the fact that the Resolve Coordinator position at this institution was vacant, noting that BOP has found it challenging to keep the Resolve Coordinator position filled at this rural institution.

AMERICAN OVERSIGHT

require the low and minimum security inmates to be separated. The Resolve Coordinator from one of these institutions said that if she offered treatment to both low and minimum security inmates at the same time, she must do so in separate treatment groups. Another Resolve Coordinator worried that, as a result of low staffing levels, "you have people going home without the treatment, although we identified that they needed it."

The Chief of Mental Health Services described this staffing model as "not ideal" and noted that it worked better at camps, which typically have populations of around 300 female inmates, than at larger institutions. She further explained that BOP had not added staff to the Resolve program as of the time of our review because it had to balance competing priorities for psychological resources and had chosen in recent years to prioritize the treatment of serious mental illness.[52] Finally, the Chief of Mental Health Services said that, because Resolve is run by a single coordinator in each institution, any time that position is vacant the program goes dormant until a replacement is hired. A September 2016 BOP statistical report summarizing staffing levels and inmate participation in psychology treatment programs showed that 5 of the 14 Resolve Coordinator positions in female institutions were vacant at that time. As a result, the Resolve program was not available to the female inmates at these institutions until the positions were filled.

We found that Resolve's staffing model allotted fewer staff than several of BOP's other psychology treatment programs, including the Residential Drug Abuse Program (RDAP), the Brave program, and the Challenge program.[53] BOP policy requires the RDAP, Brave, and Challenge programs each to be staffed by a Program Coordinator and multiple Treatment Specialists, allowing these programs to treat more inmates concurrently than Resolve can, as shown in Table 4 below, because each Treatment Specialist maintains a caseload of inmates. Meanwhile, Resolve is the only psychological treatment program with a capacity not established in policy, although BOP's Chief of Mental Health Services told us that the general expectation is that each Resolve Coordinator will treat 24 inmates at a time. The Chief Psychologist at a large female institution said that BOP does a great job treating substance abuse through RDAP because it allocates sufficient resources and staffing to RDAP; but it does not do the same for trauma treatment through Resolve.

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[52] Based on concerns about insufficient mental health staff, OIG's review of BOP's management of inmates with mental illness in restrictive housing recommended that BOP prioritize and incentivize hiring mental health staff at institutions that have inmates with mental illness in long-term restrictive housing. DOJ OIG, *Use of Restrictive Housing,* 65.

[53] The Brave program is an institutional adjustment program for male inmates who are medium security, age 32 or younger, serving their first BOP sentence, and beginning a sentence of at least 5 years. The Challenge program is for male inmates who are high security and have either a history of substance abuse or a severe mental health diagnosis.

BOP's program statement for Psychology Treatment Programs describes four additional programs for mental health treatment. We excluded these programs from our analysis because they are for inmates whose mental health diagnoses require intensive treatment services.

AMERICAN OVERSIGHT

DOJ-19-0929-L-000176
BOP FOIA #2019-05253: RR#10 - Page 2579

Table 4

Psychology Treatment Program Average Participation Levels and Onboard Staffing Levels, September 2016

Program	Average Program Staff per Institution	Average Inmate Participants per Institution at a Time
Resolve	1	24
RDAP	6	118
Brave	5.5	75
Challenge	4	65

Notes: We excluded three institutions from our analysis of Resolve program participation because the Resolve Coordinator positions at those institutions were vacant.

The staffing levels of RDAP, Brave, and Challenge varied slightly, usually ranging between four and six staff per program location. Additionally, some BOP institutions operated multiple RDAPs at a single institution.

Source: OIG analysis of BOP data on psychology treatment programs

RDAP, Brave, and Challenge differ from Resolve also because they are residential programs, meaning that all inmates in the program also live together in a single housing unit separate from the institution's general population. BOP residential programs are more intensive than non-residential programs, requiring more programming hours to complete.[54] Residential programs have more staff to account for these differences. While we recognize that residential programs are frequently of a greater intensity than non-residential programs such as Resolve, we believe that BOP's current approach to staffing Resolve does not take into account the importance of female inmates completing this program as close as possible to the beginning of their incarceration. For a description of a new trauma treatment program that BOP was piloting during the time of our review, see the text box.

Female Integrated Treatment

BOP has taken a promising first step in its efforts to enhance the capacity of its trauma treatment programming at one female institution. The Female Integrated Treatment (FIT) program being piloted at the low security female institution in Danbury, Connecticut, has positions for a FIT Program Coordinator, two Psychologists, and four Treatment Specialists. BOP anticipated that, when fully staffed, FIT would be able to provide treatment to up to 96 women at a time. The capacity of the low security female institution in Danbury is 192 inmates, meaning that, unlike Resolve, the FIT program will be able to accommodate a relatively high proportion of Danbury's low security female population.

Sources: OIG interviews of BOP staff and BOP documents describing the FIT program

[54] Typical residential programs require inmates to participate in group sessions for 3–4 hours per day. Resolve consists of group sessions that meet for approximately 1–2 hours per week.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000177
BOP FOIA #2019-05253: RR#10 - Page 2580

A 2003 National Institute of Corrections report stated that "among women, the most common pathways to crime are based on survival (of abuse and poverty) and substance abuse."[55] The Women and Special Populations Branch Administrator described sexual assault in particular as the pipeline to prison for many female inmates. BOP recognizes that trauma treatment programs are an important tool to disrupt this pathway. A 2012 study on trauma-informed correctional care reported that histories of sexual abuse could interfere with female inmates' ability to benefit from other institution programs; the study stated that addressing trauma should be a priority for female inmates.[56] Also, these programs have been in high demand among female inmates, as evidenced by waiting lists for the Trauma in Life seminar that extend for 6 months or more. However, we found that BOP's staffing level for these program is inadequate to meet the demand. As a result, BOP cannot ensure that all eligible female inmates receive trauma treatment before their release.

BOP's Pregnancy Programs May Be Underutilized

To further address the unique needs of female inmates, BOP offers two programs for its pregnant inmates. The first is the BOP sponsored Mothers and Infants Nurturing Together (MINT) program, which allows female inmates to serve a portion of their sentence living in a halfway house with their infants after birth. According to BOP, the MINT program was designed to teach parenting skills and facilitate mother-child bonding so that inmates will be more likely to provide a stable home environment upon release from BOP custody. The second program, which has similar goals to the MINT program, is the Washington State Department of Corrections' Residential Parenting Program. BOP maintains an agreement with the Washington State Department of Corrections that allows BOP female inmates and their infants to participate in the program, which is housed inside a Washington state minimum security female institution.

The Female Offender Manual requires BOP Social Workers to meet with pregnant inmates to provide information regarding the MINT program and the Residential Parenting Program. The Social Worker must document this meeting in the inmate's electronic medical record and notify the Women and Special Populations Branch Administrator, Regional Social Worker, and institution Clinical Director of any inmate wishing to participate in either pregnancy program.[57] The

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[55] BOP National Institute of Corrections, *Gender Responsive Strategies: Research, Practice and Guiding Principles for Women Offenders* (June 2003), 52–54. The report discussed female inmates in both federal and state prison systems.

The National Institute of Corrections provides training, technical assistance, information services, and policy and program development assistance to federal, state, and local correctional agencies.

[56] Niki A. Miller and Lisa M. Najavits, "Creating Trauma Informed Correctional Care: A Balance of Goals and Environment," *European Journal of Psychotraumatology* (2012): 3.

[57] Not every female institution employs a Social Worker. When an institution does not have a Social Worker, the Women and Special Populations Branch Administrator told us that the Regional Social Worker is responsible for meeting with a pregnant inmate.

AMERICAN OVERSIGHT

MINT program is open to inmates who do not plan to place their infant up for adoption, are pregnant upon incarceration with an expected delivery date prior to release, have less than 5 years remaining on their sentence and are eligible for halfway house placement, and can assume financial responsibility for the child's care.[58] During the scope of this review (FYs 2012–2016), MINT program sites were located across the country in multiple regions.[59]

If a pregnant inmate is interested in either program, the inmate's Unit Team is responsible for preparing a referral packet and forwarding the packet to the Residential Reentry Management Branch within the Reentry Services Division for a final decision about the inmate's eligibility and placement. After completing the MINT program, inmates who have time remaining to serve on their sentence transfer their infant to another legal guardian and return to a BOP institution or are transferred to a halfway house or home confinement.

One MINT Coordinator told us that she believes that MINT is valuable to inmates because it helps them bond with their infants and can increase the likelihood that those inmates will assume parental responsibilities when they are released, therefore motivating them to avoid future criminal behavior. Participants in the MINT program told us that the residential placement during and after pregnancy has helped them learn important parenting skills and develop a bond with their infants.

Despite the benefits that the MINT program can provide to pregnant inmates, we found that the program may be underutilized. Between FYs 2012 and 2016, there were 951 pregnant inmates in BOP's custody, 558 of whom were in institutions designed to house sentenced inmates. Of these 558 sentenced pregnant inmates, we estimate that only 204 (37 percent) participated in MINT or the Residential Parenting Program.[60]

We believe that the low levels of participation likely can be attributed to four causes. First, we found that pregnant inmates may not always be told about available pregnancy programs. Social Workers are responsible for informing inmates about these programs, but Social Worker positions are often vacant. In fact, we found that 5 of the 15 female institutions had Social Worker vacancies in September 2017. Additionally, underscoring the importance of program reviews, BOP's first review of its policies on the management of female inmates in December 2017 concluded that Social Workers at one institution were not meeting with pregnant inmates to discuss pregnancy programming, as required. Although we

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[58] The Residential Parenting Program has a separate set of eligibility criteria, established by the Washington State Department of Corrections. We discuss these criteria in a text box below.

[59] As of December 2017, the sites in San Francisco, California, and Hartford, Connecticut, no longer accepted MINT inmates. BOP ended the MINT program at these locations because the sites were unable to comply with some of the contract requirements for hosting MINT programs.

[60] For this review, we evaluated participation for those inmates who were in institutions designed to house sentenced inmates only. Additionally, BOP Program Statement 7310.04, Community Corrections Center Utilization and Transfer Procedure, December 16, 1998, states that pretrial detainees are not eligible for halfway house placement.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000179
BOP FOIA #2019-05253: RR#10 - Page 2582

also found that some institution staff did not fully understand the eligibility criteria for the pregnancy programs, the Health Services Administrator of one female institution said that staff there inform pregnant inmates of either MINT or the Residential Parenting Program only if the staff believes that the inmate meets the eligibility criteria for those programs, to avoid disappointing inmates who are not eligible.

In addition to a lack of program awareness among inmates, we also found that BOP institution staff were generally unaware of the Washington State Department of Corrections' Residential Parenting Program, for which some BOP pregnant inmates were eligible. We believe that this general lack of awareness has, in part, contributed to low BOP inmate participation in the Residential Parenting Program. Specifically, only five inmates entered the program between FYs 2012 and 2016, most recently in FY 2013. This was the case despite the fact that Washington State Department of Corrections officials told us that the program had excess capacity. We describe the Residential Parenting Program, and its eligibility criteria, in the text box.

Residential Parenting Program

During the course of our review, we learned that BOP inmates may participate in the Washington State Department of Corrections' Residential Parenting Program. Unlike the MINT program, which provides a shorter period of mother infant bonding time in a halfway house setting, the Residential Parenting Program offers 30 months of mother infant bonding time in the minimum security unit of the Washington Corrections Center for Women in Gig Harbor, Washington. If an inmate is interested in the program after learning about it from a BOP Social Worker, the inmate's Unit Team submits a referral packet to BOP's Residential Reentry Management Branch for review and placement.

The eligibility requirements for the Residential Parenting Program are stricter than those for the MINT program. For example, only minimum security inmates are eligible to participate in the Residential Parenting Program, whereas both minimum and low security inmates can be eligible to participate in the MINT program. To be eligible for the Residential Parenting Program, inmates must meet certain disciplinary and work evaluation criteria and must have no history of violence, sex offenses, or child abuse. Inmates must also be eligible for release or home confinement within 30 months of their expected delivery date

Sources: Washington State Department of Corrections officials, BOP officials, and BOP policies

Third, we found that BOP institution staff may be applying policy more restrictively than intended by Central Office policymakers. BOP policy states only that inmates must be eligible for halfway house placement to participate in the MINT program and does not explicitly bar inmates from participation based on security level; however, we learned that some BOP institution officials may apply a more restrictive eligibility standard. For example, a Warden of a female institution told us that only minimum security inmates qualify for MINT, because, she believed, that low security inmates had not proven they were ready for halfway house style housing. However, the former Chief of BOP's Designation and Sentence Computation Center, which has responsibility for determining where inmates should be housed, told us that security level designation alone should not prevent an interested inmate from participating in MINT. BOP's policy on halfway house

AMERICAN OVERSIGHT
DOJ-19-0929-L-000180
BOP FOIA #2019-05253: RR#10 - Page 2583

eligibility calls for case-by-case consideration of each interested MINT participant and her likelihood to pose a threat, rather than a blanket disqualification based on her security level.[61]

Fourth, we found that BOP does not collect data that would allow it to identify barriers to participation and monitor pregnant inmates' awareness of, interest in, and enrollment in the MINT program or the Residential Parenting Program. The Women and Special Populations Branch Administrator told us that collecting sufficient data on pregnant inmates historically has been a challenge for BOP. It was not until 2016 that BOP added a code to its inmate tracking system to indicate that an inmate is pregnant. Additionally, four of the interim remote program reviews that BOP conducted on Female Offender Manual compliance between December 2017 and May 2018 found inconsistencies in tracking pregnant inmates. During the time of our review, BOP did not track data that would allow it to ensure that pregnant inmates were informed about pregnancy programs, as required by the Female Offender Manual. Additionally, BOP did not collect data that would allow it to determine the specific eligibility criteria that preclude program participation, such as whether a pregnant inmate faced financial barriers to supporting her baby during mother-infant bonding time or planned to pursue adoption, either of which would render the inmate ineligible for participation in MINT.

Lastly, BOP did not track the length of time a pregnant inmate spent at a MINT program site. Tracking duration of stay could help BOP better determine the ideal amount of time an inmate should spend at a MINT program site to achieve the program's goals. During the time of our review, policy allowed institution staff to exercise discretion as to how long an inmate may stay at a MINT program site; inmates must be allotted 3 months after birth, but the policy recommended that inmates be allowed to participate for 6 months after giving birth.[62] Multiple MINT Coordinators told us that many inmates stay at the MINT program site for only 3 months after birth.

We learned from MINT capacity data and interviews with BOP and Washington State Department of Corrections officials that both the MINT program and the Residential Parenting Program can accept additional eligible BOP inmates. Therefore, we determined that low levels of inmate participation in pregnancy programs were not caused by limited program capacity. Instead, we found that low participation was likely due to BOP staff members' failure to fully communicate program opportunities and eligibility criteria to staff and pregnant inmates and to collect relevant data to assess pregnant inmates' interest and participation in the MINT program and the Residential Parenting Program. As a result, we believe that pregnancy program participation will remain low until BOP addresses these issues.

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[61] BOP Program Statements 7310.04 and 5200.02.

[62] MINT Coordinators believe that when inmates participate in MINT for at least 6 months after birth, they are more likely to achieve the program's goals of learning parenting skills and bonding with their infants. One region's MINT program site allows any inmate who enrolls there to participate for 12 months.

AMERICAN OVERSIGHT

BOP Recently Implemented New Guidance on Access to Feminine Hygiene Products, but This Guidance Is Silent on How These Products Should be Distributed

In addition to managing female inmates' needs related to pregnancy, BOP must also appropriately manage female inmates' distinct needs related to feminine hygiene. During our fieldwork, we found that the distribution methods for feminine hygiene products and the type of products provided to inmates free of charge varied by institution and did not always ensure that inmates had access to a quantity of products sufficient to meet their needs. Even though BOP issued an Operations Memorandum on the Provision of Feminine Hygiene Products (Operations Memorandum) expanding the availability of products, which appears to have made some important improvements, we note that the policy lacked specificity in how institutions should distribute the products.[63] Because our fieldwork ended around the same time as this policy was issued, we could not confirm that it has addressed our concern that some institutions were not making these products sufficiently accessible.

All BOP institutions that house female inmates provide some feminine hygiene products to inmates free of charge, as required by the BOP grooming policy, which states, "for women, products for female hygiene needs shall be available."[64] However, we found that distribution practices varied across institutions. All of the institutions we visited provided sanitary pads free of charge, and a few also provided tampons. Female inmates could also purchase at their own expense both pads and tampons at the commissary.

We found that the method of distribution generally varied by the type of institution. For example, minimum security institutions stored feminine hygiene products in central locations such as bathrooms or a container that was accessible to all inmates at all times. In contrast, at several low security institutions, BOP correctional staff issued each inmate a predetermined number of feminine hygiene products per month, usually 25 to 30, regardless of individual need. One BOP staff member we interviewed told us that the number of feminine hygiene products distributed was determined largely by dividing the number received from the warehouse by the number of inmates. One inmate we interviewed from an institution that issued a preset number of hygiene products said that the amount she received from the institution each month was not enough to meet her menstrual needs. At one institution we visited, officials told us that feminine hygiene products were centrally distributed because the inmates had been misusing

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[63] BOP Operations Memorandum 001-2017, Provision of Feminine Hygiene Products, August 1, 2017.

[64] BOP Program Statement 5230.05, Grooming, November 4, 1996, is BOP's policy on standards of grooming for all inmates in BOP custody. The policy describes standards of grooming regarding bathing, clothing, and hygiene for all inmates. In addition, the policy states that BOP institutions are to provide feminine hygiene products free of charge to all female inmates.

AMERICAN OVERSIGHT

them for purposes such as cleaning their cells.[65] Inmates told us that the centralized distribution was problematic because hygiene products were no longer accessible in the housing units and the amount inmates received was limited.

We also found that, if inmates needed more feminine hygiene products than were issued, their ability to receive additional products varied. At institutions where access was tightly controlled, inmates who needed additional feminine hygiene products had to request them from a counselor. One inmate we interviewed told us that she had requested additional sanitary pads from a counselor and the counselor told her that the amount she received should be enough. In other institutions, inmates must go to health services to request additional products and, in some instances, going to health services also required permission from correctional staff.[66] Inmates at these institutions indicated that they interpreted this as a quota system because they could not necessarily obtain additional hygiene products beyond the number issued, even if they asked for them; or if they asked, they might be questioned about why they needed more. We believe that any distribution method that tightly controls access to feminine hygiene products and requires inmates to request more from staff, with no guarantee that their requests will be granted, places an excessive burden on inmates and does not meet BOP's grooming policy requiring that such products "shall be available" to female inmates.

Advocacy groups also have stated that access to and affordability of feminine hygiene products has been a concern for incarcerated women. Feminine hygiene products are costly relative to the salary inmates earn in prison. Additionally, advocacy groups have raised concerns that limited access to feminine hygiene products creates anxiety and is dehumanizing for incarcerated women. Several U.S. Senators introduced legislation on this topic in 2017, as we discuss in the text box below.

We found that some state correctional systems made feminine hygiene products more readily available for their inmates. Some states made the products freely available in several locations throughout the institution, including search areas, housing units, programming areas, and bathrooms, rather than distributing a preset number to each inmate per month. One state official we interviewed told us that at one time there were issues with inmates hoarding feminine hygiene products. He explained that the hoarding stopped once the inmates believed they would have regular access to the products for their menstrual needs. Other state officials told us that if inmates were misusing feminine hygiene products for other

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[65] No BOP staff member told us that feminine hygiene products were misused in a manner that presented a security concern. When we asked the Women and Special Populations Branch Administrator whether making them accessible could be a security concern, she said that they could not be.

[66] We note that not all of the reasons for which a female inmate might need additional feminine hygiene products are indicative of a medical problem. For example, a female inmate whose menstrual period began as frequently as every 21 days would be considered medically normal. However, if she received feminine hygiene products every 28 days she would not have enough.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000183
BOP FOIA #2019-05253: RR#10 - Page 2586

purposes, they would address the issue with the individual inmates rather than changing the distribution method for all inmates.

We believe that the Operations Memorandum that BOP distributed to all institutions in 2017 is a positive step in that it required all institutions to provide sanitary pads, tampons, and panty liners free of charge to inmates. Even though the Operations Memorandum did not explicitly address how products should be dispersed, BOP's Women and Special Populations Branch Administrator told us that the intent of the Operations Memorandum was to ensure that these products were freely available and that institutions should not be dispersing a preset amount of hygiene products to female inmates. She added that during the quarterly conference calls with Wardens of female institutions, she instructed them that placing quotas on or issuing a preset amount of feminine hygiene products was prohibited.

2017 Legislation on Providing Feminine Hygiene Products for Inmates

In July 2017, four U.S. Senators introduced the "Dignity for Incarcerated Women Act of 2017. Among other provisions, the bill, if passed, would permanently prohibit federal prisons from charging female inmates for essential healthcare items, including sanitary napkins and tampons. The proposed legislation received widespread attention, and some states were reviewing their policies on sanitary napkins and tampons to make them more accessible for women.

In May 2018, the House Judiciary Committee passed the "FIRST STEP Act," a bill intended to improve the federal prison system through the implementation of corrections policy reforms. This bill included language that would require BOP to make sanitary napkins and tampons available for free, in a quantity that is appropriate to the healthcare needs of each inmate.

Sources: U.S. Congress website, media articles

We could not validate that our concerns about inmates having insufficient access to products were addressed because the Operations Memorandum was issued at the end of our fieldwork.[67] Further, BOP's interim program reviews of the Female Offender Manual, implemented in November 2017, also assessed only whether an institution provided the products required in the Operations Memorandum, but did not assess the accessibility of the products to inmates.[68] Although the new guidance is in place and BOP has taken some steps to bring institutions into compliance, we are concerned that BOP still lacks a method to ensure sufficient

[67] The Assistant Director of the Reentry Services Division told us that even after the new guidance was issued he became aware that six institutions had not implemented it as promptly as expected. He told us that the Regional Directors, who directly supervise the Wardens of each institution, had to intervene to bring those institutions into compliance.

[68] Program Review G52001.01, Interim Remote Guideline Steps, November 2017, evaluated how well an institution was providing vital services to female offenders. The review included an assessment of the following: Classification, Staff Training, Inmate Programs, Pregnancy/Child Placement, Pregnancy/Programming, High Security Administrative Units, Trust Fund/Commissary, and Feminine Hygiene Products.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000184
BOP FOIA #2019-05253: RR#10 - Page 2587

access. As noted previously, in-person program reviews may provide a way to ensure institutions have implemented the Operations Memorandum as intended.

BOP's Lack of Gender-specific Posts Results in Inefficiencies at Female Institutions

In addition to programming, pregnancy, and hygiene matters, another issue we identified in BOP's management of its female inmate population relates to BOP's policy prohibiting cross-gender searches. The *Prison Rape Elimination Act of 2003* (PREA) and BOP policy prohibit cross gender searches of female inmates.[69] We found that BOP did not take this policy into account when assigning posts for its Correctional Officers. BOP assigned Correctional Officers to posts solely based on seniority, which resulted in male Correctional Officers being assigned to posts at which staff regularly conducted searches of female inmates. This means that female Correctional Officers had to leave other assigned posts to conduct these searches, which we found to be inefficient and disruptive. This problem is more acute at institutions where the inmate population is entirely female and female Correctional Officers must perform all inmate searches.

BOP policy requires that staff conduct strip searches of inmates in certain situations, most commonly when they enter or leave the Special Housing Unit (SHU) and before and after they have contact with the public, such as when they receive visitors in the institution's visiting room, appear in court, or have a medical appointment outside the institution.[70] Therefore, conducting strip searches is among the inherent duties of the Correctional Officer posts in those locations. However, BOP cannot currently ensure that there is a female Correctional Officer on each post where strip searches are required.

The fact that every inmate search at BOP's female institutions—both strip searches and pat searches—must be done by female staff can be disruptive to operations when female inmate searches are needed at a post staffed only by male

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[69] In August 2012, the Department issued a final rule adopting national standards to prevent, detect, and respond to prison rape, as required by PREA. This rule banned male staff from conducting pat searches of female inmates (known as cross-gender pat searches) beginning in August 2015. See 28 C.F.R. § 115.15(b). BOP updated multiple policies to incorporate the ban after the rule was issued. See BOP Program Statements 5521.06, Searches of Housing Units, Inmates, and Inmate Work Areas, June 4, 2015, 3, and 5324.12, Sexually Abusive Behavior Prevention and Intervention Program, June 4, 2015, 17.

The Department chose not to ban cross-gender pat searches of male inmates when promulgating the PREA regulations because it found that male inmates are less likely than female inmates to have a history of sexual abuse and are also less likely to experience re-traumatization as a result of a cross-gender pat search. Further, the Department concluded that in correctional agencies where the percentage of female correctional staff is substantial, but the percentage of female inmates is small, banning cross-gender pat searches of male inmates could have a significant adverse impact on employment opportunities for female staff.

[70] Federal regulations and BOP policies mandate that strip searches also be conducted by a staff member who is the same gender as the inmate being searched. See 28 C.F.R. § 552.11(c) and BOP Program Statement 5521.06, 4. See also 28 C.F.R. § 115.15(a).

AMERICAN OVERSIGHT

staff. Female Correctional Officers we interviewed at female institutions told us that in these instances they are required to leave their post and go to the post where the search is needed.[71] A female Correctional Officer at an all-female institution told us that in a recent 3-month period she was called to the SHU an average of 3 or 4 times each week to search female inmates because all of the Correctional Officers assigned to the SHU were male. Similarly, another female Correctional Officer told us that when all of the visiting room posts at her institution were filled by males she had to juggle the duties of her own post as well as theirs.

At BOP's mixed gender institutions, the need for female staff to search female inmates is more manageable. While female Correctional Officers represent only a fraction of the staff, female inmates represent only a fraction of the population. The challenge at mixed-gender institutions is physical distance. BOP policy requires female institutions, including mixed-gender institutions, to have at least one female staff member on duty during every shift but does not specify where the female staff should be posted. Correctional Officers at mixed-gender institutions told us that, while there was always a female officer on duty, the duty location could be so far away that the female Correctional Officer would have to drive to respond to the search request.

In our interviews, BOP staff expressed widespread support for BOP requiring certain posts, such as in the visiting rooms and SHUs at female institutions, to be staffed by female Correctional Officers, citing as an impediment to operations the frequent need to call female staff from other posts to strip search and pat search female inmates.[72] Nearly two thirds (15 of 23) of both supervisory and non supervisory custody staff at female institutions with whom we discussed the topic were in favor of establishing a small number of gender-specific posts at female institutions.[73] This includes 9 of the 11 female custody staff, who are the most affected by BOP's current policies, and 6 of the 12 male custody staff we spoke to. The Women and Special Populations Branch Administrator echoed these views.

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[71] BOP's policy on inmate searches states that except when circumstances are such that delay would constitute an immediate threat to the inmate, staff, others, property, or institution security, a female staff member should come to a post to pat search a female inmate rather than invoke an exemption in the PREA regulations that permits cross-gender pat searches in "exigent circumstances." BOP Program Statement 5521.06, 3.

The PREA regulations define "exigent circumstances" as those that require immediate action in order to combat a threat to the security or institutional order of a facility. Institution staff did not describe to us any situations where they had to invoke the exemption.

[72] These disruptions occur despite the fact that, on average, nearly 40 percent of Correctional Officers in BOP's seven female institutions are female.

[73] BOP staff specifically recommended that BOP require at least one of the Correctional Officers assigned to a female visiting room or female SHU be female.

We reviewed the written directives describing the specific duties of these posts, known as post orders, from four of BOP's female institutions and found that the post orders anticipated that the Correctional Officers working the posts would routinely strip search and pat search female inmates.

AMERICAN OVERSIGHT

State correctional officials we interviewed told us that their agencies had recognized this issue and had taken several different approaches to address it. Officials from two of the five state correctional agencies told us that they had established gender-specific posts in specific areas of their female institutions, such as the SHU and the visiting room, to ensure that only female Correctional Officers search female inmates without interfering with operations.[74] Officials from two additional state correctional agencies told us that their agencies did not have any gender-specific posts in their female institutions, but that the institutions had enough female staff to handle all search needs. The fifth agency obviated the need for gender specific posts by assigning only female staff to work at its female institution.

We found differences of opinion about whether the establishment of gender-specific posts is allowable under the Master Agreement that governs BOP labor practices and working conditions and even whether gender-specific posts are needed.[75] Specifically, BOP's Assistant Director of the Correctional Programs Division stated that the terms of the Master Agreement do not expressly allow for gender-specific posts and that he was not aware of any problems that would require the establishment of gender-specific posts.[76] He also expressed concern that having such posts could lead to an increase in staff complaints or grievances. Further, institution custody supervisors told us that they believed seniority was the only factor they could consider in determining assignments. They explained that Correctional Officers bid for their preferred posts quarterly in order of seniority and institution staff create a roster based on "reasonable efforts" to grant the requests. The Master Agreement defines "reasonable efforts" to mean that "management will not arbitrarily deny such requests."[77]

In contrast, BOP's General Counsel said that the Master Agreement could allow female institutions to establish a few gender-specific posts because, in his view, having enough staff on a post to complete the work efficiently is not arbitrary. Further, while in his opinion an institution could not establish a blanket rule that all posts in a particular location could be filled only by staff from one gender,

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[74] One of these two correctional agencies said that the agency had not faced challenges from male staff as a result of establishing gender-specific posts in female institutions, although the official we interviewed acknowledged that the agency's lack of a public sector union may also be a reason why the posts have not been challenged. See Appendix 1 for the methodology of our review, including the officials we interviewed.

[75] The current Master Agreement between BOP and the Council of Prison Locals, the union that represents BOP's bargaining unit employees, went into effect in July 2014. Master Agreement between the Federal Bureau of Prisons and Council of Prison Locals, July 21, 2014–July 20, 2017.

[76] The Master Agreement does not discuss gender-specific posts. Instead, BOP's program statement on inmate searches prohibits the establishment of gender-specific posts and requires institutions to evaluate operational needs consistent with the Master Agreement and collective bargaining obligations. BOP Program Statement 5521.06, 3.

[77] Master Agreement, Article 18, Section d, para. 2d. This Master Agreement was in effect during the scope of our review.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000187
BOP FOIA #2019-05253: RR#10 - Page 2590

institutions could require that a certain portion of them be filled by staff from one gender.[78]

We note that the Master Agreement went into effect in 2014, but the PREA regulations and BOP policies that ban cross-gender pat searches of female inmates did not go into effect until 2015. Given that cross-gender pat searches of female inmates were banned after the Master Agreement came into effect, BOP may need to reexamine its blanket ban on gender-specific posts. We recommend that BOP improve the availability of female staff at locations in female institutions where inmate searches are common, through the establishment of gender specific posts or other methods.

BOP's Decision to Convert Federal Correctional Institution Danbury to a Male Institution Negatively Affected Female Inmates Transferred to Metropolitan Detention Center Brooklyn

Our broader evaluation of BOP's management of female inmates also encompassed a more specific review of the circumstances and results of BOP's decision to convert Federal Correctional Institution (FCI) Danbury to a male institution. We believe that the effects of this decision, described below, serve as a case study that highlights BOP's ongoing challenges in strategically managing its female inmate population.

In April 2014, BOP converted FCI Danbury, its low security female institution in Danbury, Connecticut, to a male institution.[79] As a result of the conversion, BOP eliminated its only low security female institution in its Northeast Region. Members of Congress and other stakeholders expressed concern that without a comparable facility in the region BOP would send local inmates to BOP institutions farther from their homes, making it difficult for families to visit inmates throughout their incarceration.[80] As a result of this concern, and the concern of other criminal justice stakeholders that following the conversion sentenced female inmates were housed in inappropriate conditions in Metropolitan Detention Center (MDC) Brooklyn, we examined how BOP's decision to convert FCI Danbury affected female inmates.

First, we found that, although the Danbury conversion resulted in 19 percent of U.S. citizen female inmates being transferred farther from home, far more were transferred to facilities closer to home. Second, we found that BOP offered female

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[78] The post orders we reviewed indicated that visiting rooms and SHUs were staffed by multiple Correctional Officers.

[79] According to a September 2013 BOP projection, BOP would see a reduction in both the male and female low security overcrowding rates by opening FCI Aliceville as a low security female institution and converting FCI Danbury to a low security male institution. Specifically, BOP estimated that these changes would reduce the low security female overcrowding rate from 48 percent to 23 percent and the low security male overcrowding rate from 38 percent to 36 percent.

[80] In August 2013, Senators Christopher Murphy (Connecticut) and Kirsten Gillibrand (New York) sent a letter to then BOP Director Charles Samuels expressing concern regarding the conversion of FCI Danbury.

AMERICAN OVERSIGHT

DOJ-19-0929-L-000188
BOP FOIA #2019-05253: RR#10 - Page 2591

inmates at MDC Brooklyn no access to outdoor space, less natural light, and fewer programming opportunities than what would otherwise be available to female inmates at a BOP facility designed to house sentenced inmates for long periods of time. Third, although BOP opened a new low security institution for female inmates from the Northeast in December 2016, during the course of our fieldwork we found that BOP built the new institution without a SHU for female inmates, which has created challenges for disciplining female inmates. We discuss each of these findings below.

Most Female Inmates Transferred from FCI Danbury Moved Closer to Home

In response to congressional concerns that the conversion of FCI Danbury would cause female inmates to be housed farther from their homes, we analyzed the distances from home for female inmates transferred from FCI Danbury. We found that 81 percent of Danbury's U.S. citizen female inmates were transferred closer to or remained the same distance from home and 19 percent were transferred farther from home.

We further describe the outcomes of our analysis below in Table 5, which shows that of the 1,127 female inmates transferred or released from FCI Danbury, 497 were U.S. citizen female inmates who were transferred to other BOP institutions. Of those 497, we found that 401 were transferred to a BOP institution closer to their homes or were reassigned to a minimum security prison camp at FCI Danbury. Conversely, 96 were transferred to a BOP institution farther from home. Of those 96, 61 were from BOP's Northeast Region.[81] We did not consider the non U.S. citizen inmates whom BOP transferred from FCI Danbury in this analysis because the BOP data we analyzed did not always include a U.S. residence for these individuals.

[81] These 61 inmates were transferred to 12 different institutions. BOP told us that it considered multiple factors when making each transfer decision. These factors include distance from home, availability of programming, and physical and mental health needs.

AMERICAN OVERSIGHT

DOJ-19-0929-L-000189
BOP FOIA #2019-05253: RR#10 - Page 2592

Table 5

Geographic Outcomes of FCI Danbury Female Inmate Transfers

1,127 Inmates Transferred or Released Between August 2013 and March 2014
675 U.S. citizens
445 non-U.S. citizens
7 U.S. citizens with incomplete data for geographical analysis[a]
675 U.S. Citizens
497 transferred to another BOP institution
45 released from BOP custody
133 transferred to a halfway house prior to release from BOP custody
497 Transferred to Another BOP Institution
373 transferred closer to home
96 transferred farther from home
28 not changed (transferred to Federal Prison Camp Danbury)[b]
96 Transferred Farther from Home
61 from BOP's Northeast Region[c]
35 from other BOP regions

[a] Of the 1,127 inmates BOP transferred or released from FCI Danbury, 682 were U.S. citizens. Due to data limitations, we were unable to conduct a distance analysis for seven of these U.S. citizen female inmates.

[b] BOP reduced the security level of these inmates to minimum and assigned them to the minimum security Federal Prison Camp Danbury, which is adjacent to FCI Danbury.

[c] For the purpose of this analysis, we used the 10 states that BOP designated as within its Northeast Region as our parameter for "Northeast." These states are Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, and Vermont.

Sources: BOP Sentry and SAS geolocation library

The Duration and Conditions of Confinement of Inmates Housed at MDC Brooklyn

After members of Congress expressed concern that the conversion of FCI Danbury would eliminate BOP's only low security institution for female inmates in the Northeast, in October 2013 BOP announced that it would open a new low security institution in Danbury in order to keep low security female inmates from the Northeast closer to home. While BOP was constructing the new institution, it decided to house many of the displaced inmates from the Northeast at MDC Brooklyn, a detention center designed and generally used for short-term confinement. BOP housed these inmates at MDC Brooklyn between March 2014 and December 2016, significantly longer than the 18 months it had initially anticipated.

According to the former Chief of the Designation and Sentence Computation Center, detention facilities such as MDC Brooklyn lack the physical infrastructure and programming opportunities appropriate for long-term incarceration. However, BOP officials decided that it would be better to house sentenced inmates at MDC Brooklyn in order to keep them closer to their families, as opposed to transferring them to institutions farther away from their homes that were suitable for long-term

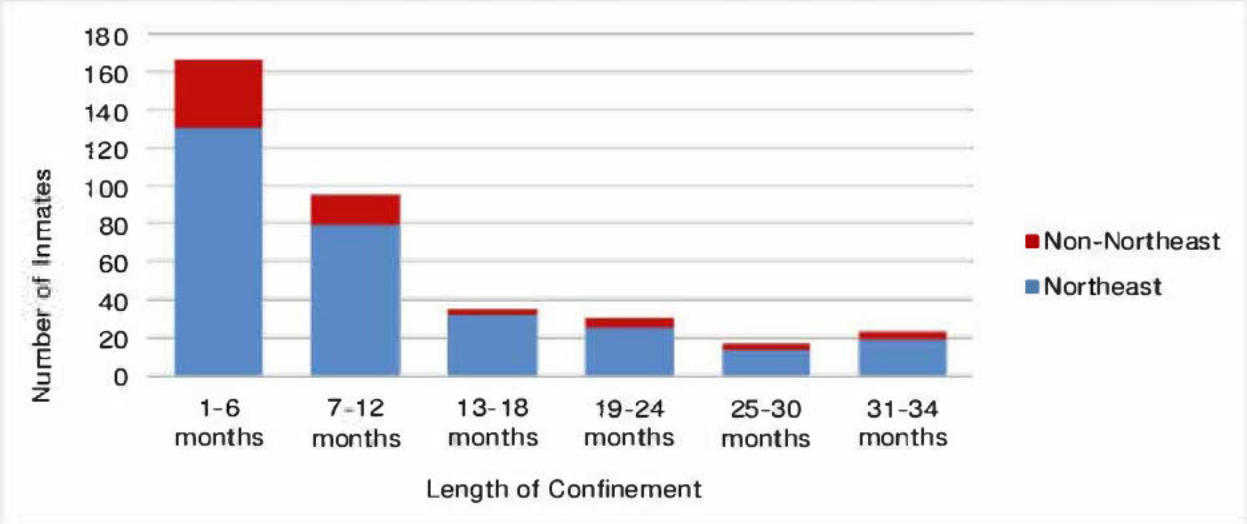
AMERICAN OVERSIGHT
DOJ-19-0929-L-000190
BOP FOIA #2019-05253: RR#10 - Page 2593

confinement.[82] The former Chief of the Designation and Sentence Computation Center stated that BOP officials chose the former in part because they estimated that the inmates would be housed there only on a temporary basis until the new institution at Danbury was complete.

In October 2013, BOP anticipated that the new institution would open 18 months later, in March 2015. However, the construction did not actually begin until June 2015, or 20 months later, and the new institution at Danbury did not open until December 2016, causing 70 of the 366 female inmates to remain at MDC Brooklyn for longer than 18 months, with the longest stay lasting 34 months.[83] Figure 2 provides a more detailed explanation of the period of confinement for sentenced female inmates at MDC Brooklyn.

Figure 2

Length of Confinement for Sentenced Female Inmates at MDC Brooklyn



Notes: For the purpose of this analysis, we defined 1 month as 30 days.

This figure includes MDC Brooklyn's U.S. citizen and non-U.S. citizen sentenced female inmates.

For the purpose of this analysis, we use the 10 states that BOP designated as within its Northeast Region as our parameter for "Northeast." These states are Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Pennsylvania, Rhode Island, and Vermont.

Source: BOP SENTRY

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[82] We also note that, given the greater number of male institutions, BOP would be less likely to have to choose between institutions close to home and institutions suitable for long-term confinement if it had decided to convert or close one of its male institutions. For example, BOP operated four low security male institutions in its Northeast Region in 2013 (FCI Allenwood Low, FCI Elkton, FCI Fort Dix, and FCI Loretto), compared to one for women (FCI Danbury). Had the BOP decided to convert or close one of these low security male institutions at that time, the other three institutions would have remained options for low security male inmates from the Northeast.

[83] According to BOP, the March 2015 estimate was always subject to change. OIG is currently completing an audit of the FCI Danbury construction contract.

AMERICAN OVERSIGHT

Conditions of Confinement at MDC Brooklyn

Between March 2014 and December 2016, members of the National Association of Women Judges (NAWJ) visited MDC Brooklyn multiple times and issued two reports detailing its concerns about the conditions of confinement at the facility.[84] NAWJ reported that BOP housed female inmates at MDC Brooklyn without access to an outdoor recreation space that had fresh air and exposure to sunlight, which, NAWJ believed, amounted to a violation of both the American Bar Association Standards on Treatment of Prisoners and the United Nations Standard Minimum Rules for the Treatment of Prisoners.[85]

During our visit to MDC Brooklyn in August 2017, we found that its female inmates had less access to fresh air and sunlight than what would have been available to them at FCI Danbury. Unlike female inmates at MDC Brooklyn, who rarely left the floor of their housing unit, low security inmates at FCI Danbury and those at most other BOP institutions designed for sentenced inmates have access to fresh air and sunlight not only during recreation, but throughout the day when they move from one part of the institution to another. Further, FCI Danbury and other BOP institutions have open outdoor recreation spaces, whereas the recreation space at MDC Brooklyn was directly attached to the female inmate housing unit and had only two caged sides exposed to sunlight.[86] Because male inmates in the facility had a direct sightline into the exposed sides of the women's recreation cage, MDC Brooklyn staff added metal sheeting to the exposed sides, which left only small portions, at the top and bottom, uncovered, further restricting the amount of natural light.[87]

Some BOP staff acknowledged that the limited access to sunlight for the sentenced female inmates was not ideal, and in our report on the *Federal Bureau of*

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[84] NAWJ Women in Prison Committee, *Visit to BOP's Metropolitan Detention Center (MDC), Brooklyn, New York* (March 2015) and *Second Visit to BOP's MDC, Brooklyn, New York* (June 2016).

[85] In particular, NAWJ cited the *American Bar Association Standards on Treatment of Prisoners, Standard 23-3.1(a) 3rd edition,* 2011, which states that "a correctional facility should not deprive prisoners of natural light, of light sufficient to permit reading throughout prisoners' housing areas, or of reasonable darkness during the sleeping hours." Additionally, NAWJ cited a standard related to access to exercise and sports for inmates, which is outlined in the *UN Standard Minimum Rules for the Treatment of Prisoners,* 1977. The standard specifies that "every prisoner who is not employed in outdoor work shall have at least one hour of suitable exercise in the open air daily if the weather permits."

[86] These differences exist because MDC Brooklyn is a high-rise building, with all of its departments housed in a single building. As a result, inmates rarely leave the floor their unit is on. FCI Danbury and other institutions designed for sentenced inmates consist of multiple smaller buildings surrounded by a perimeter fence. Inmates in these types of institutions have access to the outdoors daily because they must go outside to get from their housing units to the cafeteria, the medical clinic, classrooms, and other departments.

[87] Judges belonging to NAWJ, who visited MDC Brooklyn in March 2015, estimated that there was an 18-inch opening at the top and a 6-inch opening at the bottom of the exposed walls. We did not take measurements at the time of our visit in August 2017 because most of the metal sheeting had been removed in late 2016.

AMERICAN OVERSIGHT

Prisons' Use of Restrictive Housing for Inmates with Mental Illness, a BOP Psychologist explained that access to sunlight is important for an inmate's mental and physical well being.[88] Although the level of natural light in the recreation space was below the level BOP generally considers appropriate for long-term confinement, a February 2015 American Correctional Association (ACA) accreditation report on MDC Brooklyn did not identify natural light levels as a concern.[89]

We also found that female inmates assigned to MDC Brooklyn did not have the range of programming that is normally available at institutions for sentenced inmates. According to BOP's program statement on Education, Training, and Leisure Time, detention centers are exempt from providing the same education programs that are offered at other BOP institutions.[90] We believe that this exemption is reasonable when the only mission of a detention center is to provide short-term housing for pretrial inmates. However, in the case of MDC Brooklyn, the exemption limited the programming opportunities below the level BOP determined is appropriate for sentenced inmates.

Additionally, we found that MDC Brooklyn did not offer the Resolve program (discussed above) because it did not have a Resolve Coordinator on staff. We found this surprising given the emphasis that BOP places on trauma-informed care. MDC Brooklyn's Chief Psychologist told us that it was difficult to conduct those group psychology programs for which MDC Brooklyn did have sufficient staff because the population of sentenced inmates was too small to generate the number of interested inmates required for participation. When discussing the availability of programming at MDC Brooklyn, the Women and Special Populations Branch Administrator told us that in retrospect she believes that BOP should have better recognized the need to provide MDC Brooklyn with additional programming resources before it transferred sentenced female inmates there.

Although not directly related to the work of this review, a separate OIG investigation determined that, during the time that sentenced female inmates were assigned to MDC Brooklyn, multiple custody staff sexually assaulted female inmates.[91] We discuss the findings of this investigation of staff in the text box below.

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[88] DOJ OIG, *Use of Restrictive Housing,* 23.

[89] The accreditation report determined that MDC Brooklyn was compliant with all relevant light access requirements outlined in ACA's *Standards for Adult Local Detention Facilities.* ACA's standards for access to light, as relevant to our review, are the same for both detention facilities and adult correctional institutions. However, ACA's accreditation report covers the institution as a whole and does not separately describe the female and male housing units. ACA, *Standards for Adult Local Detention Facilities*, 4th edition and 2012 Standards Supplement.

[90] BOP Program Statement 5300.21, Education, Training, and Leisure Time Standards, February 18, 2002.

[91] We note that as a result of OIG investigations, six BOP staff members from five additional female institutions have pled guilty to sexual abuse of a ward since January 2016.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000193
BOP FOIA #2019-05253: RR#10 - Page 2596

OIG Investigation of Sexual Assaults at MDC Brooklyn

As a result of a nearly yearlong OIG investigation into allegations of sexual abuse of female inmates at MDC Brooklyn, the U.S. Attorney's Office for the Eastern District of New York filed indictments in May 2017 alleging that Lieutenants Carlos Martinez and Eugenio Perez and Correctional Officer Armando Moronta engaged in criminal sexual acts with female inmates between 2013 and 2016.

In January 2018, Martinez was found guilty on 20 counts that covered 4 sexual assaults between December 2015 and April 2016. The evidence at trial established that Martinez repeatedly raped a female inmate who spoke limited English and worked as a cleaner inside the prison. Specifically, Martinez raped his victim while she cleaned the Lieutenants' office on the weekends, when that area of the institution is generally empty, and monitored security video footage of the surrounding area to make sure no one would discover him committing sexual assault. Martinez also threatened his victim with placement in the SHU and additional jail time if she told anyone what he had done.

In May 2018, Perez was found guilty on 23 counts that covered sexual abuse of 5 women between January 2013 and September 2016. The evidence at trial established that Perez lured each of his victims into isolated situations by arranging for them to clean the Lieutenants' office at night and then used physical force and intimidation to compel the victims to engage in various sexual acts with him, including oral sex. Perez used his authority over the inmates to ensure they did not report the abuse.

In November 2017, Moronta pled guilty to four counts of sexual abuse of a ward. Specifically, between May and June 2016, Moronta engaged in criminal sexual contact and acts with three female inmates, including fondling a female inmate and causing inmates to perform oral sex on him while he was assigned to guard their unit.

Sources: U.S. Attorney's Office, Eastern District of New York, Press Releases, January 19, 2018; May 14, 2018; and November 8, 2017

While BOP recognizes that detention centers offer sentenced inmates less suitable recreation space and fewer programming opportunities than would be available in other institutions, we found that BOP does not have a policy that limits the amount of time sentenced inmates can be assigned to a detention center. We recognize that, in the case of FCI Danbury, BOP made a difficult decision either to transfer some female inmates to institutions that offer the appropriate type of recreation space and programming opportunities or to transfer female inmates to a detention center closer to their homes. However, we believe that BOP may continue to confine sentenced inmates for an extended period of time in conditions it recognizes as inappropriate unless it establishes a policy that defines how long a sentenced inmate can be confined in a detention center or ensures that the conditions of confinement at a detention center more closely approximate those of a non-detention center when sentenced inmates are housed there.

The Lack of a SHU for Female Inmates at Danbury Has Been Disruptive to Operations

During our fieldwork, we found that changes at FCI Danbury have created a separate challenge for BOP in enforcing discipline on female inmates. In particular, we found that BOP built the new low security female institution on the FCI Danbury campus without a SHU, a unit used to separate inmates from the general

AMERICAN OVERSIGHT
DOJ-19-0929-L-000194
BOP FOIA #2019-05253: RR#10 - Page 2597

population for protective or disciplinary purposes.[92] Because BOP does not house female inmates and male inmates in the same unit, Danbury staff cannot use the SHU at the all male institution to house female inmates for whom the SHU is appropriate. As a result, when Danbury staff determine that a female inmate should be separated from the general population, they must transport the inmate more than 150 miles to Federal Detention Center (FDC) Philadelphia.

We found that before construction on the new low security institution was completed, both the former and current Wardens of FCI Danbury expressed concern to BOP leadership that the construction plans did not include a SHU. They further explained that, without secure housing, Danbury staff would be forced to utilize secure housing in other facilities, which could cause operational problems. Despite these warnings, the BOP Central Office told OIG that it did not include a SHU in the construction plans because the new institution would have only a small number of low security inmates (its capacity is 192) and BOP did not believe this population necessitated the construction of a SHU.

Danbury staff told us that it is difficult to enforce rules and investigate misconduct at the institution given this arrangement. During our visit to FCI Danbury, we found that the operational challenges predicted by the former and current Wardens have manifested themselves. According to the current Warden, Danbury staff are less likely to recommend SHU placement for an inmate who misbehaves because of the challenges of transporting those inmates to FDC Philadelphia. The Warden also told us that the female inmates understand these challenges and, on occasion, are emboldened to misbehave.

FCI Danbury's Lieutenant for Special Investigative Services also told us that it is difficult to investigate inmate misconduct once the suspected inmates have been transferred to FDC Philadelphia because the Lieutenant cannot conduct in-person interviews with Danbury inmates housed at FDC Philadelphia. Instead, he must rely on a Special Investigative Services investigator at FDC Philadelphia to conduct the interview. The Lieutenant said that, although he is satisfied with the quality of his FDC Philadelphia colleagues' investigative work, he would prefer to conduct the interviews himself because he is more familiar with the inmates and the situation he is investigating than his colleagues in other institutions.

The current Warden of FCI Danbury explained that in order to minimize the burden of transferring female SHU inmates long distances she was looking to identify a nearby jail that could house Danbury's female SHU inmates. This solution has been implemented by at least one other similarly situated institution, which we visited during our review. However, as of August 2017 the Warden had not yet identified an appropriate jail.

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[92] With the opening of the new low security female institution, at the time of our review there were three institutions on the FCI Danbury campus: (1) FCI Danbury, a low security male institution that, prior to May 2014, was a low security female institution; (2) Federal Prison Camp Danbury, a minimum security female institution; and (3) Federal Satellite Low Danbury, the new low security female institution. We refer to BOP staff who work at any of the three institutions as "Danbury staff."

AMERICAN OVERSIGHT
DOJ-19-0929-L-000195
BOP FOIA #2019-05253: RR#10 - Page 2598

CONCLUSION AND RECOMMENDATIONS

Conclusion

Overall, we concluded that BOP has not been strategic in its management of female inmates. At the Central Office level, we found that BOP only recently took initial steps to implement oversight of the Female Offender Manual. We also found that BOP may not have allocated sufficient resources to the Women and Special Populations Branch to fulfill its complete range of responsibilities with regard to female inmates and that it has not ensured that BOP decision makers understand how female inmates' needs differ from those of male inmates. At the institution level, we identified deficiencies in how BOP staffs its trauma treatment program, makes staff and inmates aware of its pregnancy programs, distributes feminine hygiene products, and staffs correctional posts where female inmates are searched. Finally, we found that BOP's conversion of FCI Danbury from a female to a male institution negatively affected female inmates transferred to MDC Brooklyn. For BOP to be fully effective at appropriately managing female inmates, we believe that it must take a holistic approach at the Central Office level to identify and address issues affecting this population.

Recommendations

To ensure that BOP is better positioned to identify and respond to female inmates' needs at the Central Office level, provide female inmates with programming that addresses their unique needs, and consider female inmates' needs in policy and operational decisions, we recommend that BOP:

1. Fully implement ongoing plans to create a permanent program review for the Female Offender Manual that includes in-person visits and an institution-specific rating.

2. Determine the appropriate level of staffing that should be allocated to the Women and Special Populations Branch based on an analysis of its broad mission and responsibilities.

3. Ensure that all officials who enter into National Executive Staff positions have taken appropriate, current training specific to the unique needs of female inmates and trauma-informed correctional care.

4. Identify ways to expand the staffing of the Resolve program.

5. Improve the communication of its pregnancy program availability and eligibility criteria to relevant staff and pregnant inmates to ensure consistent understanding across BOP institutions.

6. Improve data tracking to allow it to more easily identify inmates who are aware of, interested in, eligible for, or participating in pregnancy programs, as well as to assess barriers to participation.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000196
BOP FOIA #2019-05253: RR#10 - Page 2599

7. Clarify guidance on the distribution of feminine hygiene products to ensure sufficient access to the amount of products inmates need free of charge.

8. Improve the availability of female staff at locations in female institutions where inmate searches are common, through the establishment of gender-specific posts or other methods.

9. Establish policy that determines how long sentenced inmates can be confined in a detention center, or ensures that the conditions of confinement and inmate programming at a detention center more closely approximate those of a non detention center when sentenced inmates are housed there.

10. Explore options to procure female Special Housing Unit space closer to Federal Correctional Institution Danbury.

AMERICAN OVERSIGHT

DOJ-19-0929-L-000197
BOP FOIA #2019-05253: RR#10 - Page 2600

METHODOLOGY OF THE OIG REVIEW

Standards

OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation* (January 2012).

Purpose and Scope

OIG conducted this review to examine BOP's efforts and capacity to ensure that BOP-wide policies, programs, and decisions address the unique needs of female inmates. Our review analyzed BOP inmate population data, as well as BOP policies and programs from FY 2012 through FY 2016. We also included in our analysis the revised Female Offender Manual issued by BOP in November 2016, as well as new staff training materials that BOP launched in FY 2017, during the course of our fieldwork. We focused our analysis on how BOP's Women and Special Populations Branch and other relevant BOP branches implement gender-responsive trauma treatment and pregnancy programs and examined how BOP has implemented policies relevant to physical searches of female inmates and inmate access to feminine hygiene products. Lastly, we examined how BOP's decision to convert its low security institution in Danbury, Connecticut, from a female institution to a male institution affected the female inmates who had been housed there. Our review focused on federal offenders incarcerated in the 28 BOP-managed institutions whose populations are all female or mixed gender. We excluded from our analysis inmates housed in contract halfway houses and contract state and local institutions. BOP does not house female inmates in private correctional institutions.

Methodology

Our fieldwork, conducted from July 2016 through September 2017, included interviews, data collection and analyses, and document reviews. We interviewed officials from six divisions of BOP's Central Office. We conducted site visits to 12 of the 28 institutions where BOP houses female inmates, including 5 institutions through video teleconference and 7 institutions in person. For each site visit, we interviewed institution officials and staff. For those institutions that we visited in person, we also interviewed inmates, toured housing units and programming space, and observed the physical landscapes. We visited all three types of BOP institutions for female inmates: minimum security, low security, and administrative. Our site visits also encompassed female institutions; mixed gender institutions, including a detention center; and BOP's only Federal Medical Center for female inmates.

The seven sites that we visited in person were Federal Correctional Institution (FCI) Aliceville, Federal Medical Center Carswell, Federal Prison Camp (FPC) Bryan, FCI Dublin, Secure Female Facility Hazelton, Metropolitan Detention Center (MDC) Brooklyn, and FCI Danbury. The five sites where we conducted video teleconferences were FPC Alderson, Federal Correctional Complex (FCC) Victorville, FCI Marianna, FCC Coleman, and FCI Phoenix.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000198
BOP FOIA #2019-05253: RR#10 - Page 2601

Data Analysis

We analyzed both raw data and data reports provided by BOP, from its prisoner management system, SENTRY, to assess BOP's inmate population and pregnancy program participation. Additionally, to determine whether BOP housed an inmate closer to or farther from home following the inmate's transfer from FCI Danbury, we reviewed SENTRY zip code and transfer location data for the 1,127 inmates transferred from FCI Danbury between August 2013 and March 2014. We performed two SAS calculations to conduct this analysis. First, we calculated the distance between a transferred inmate's home zip code and FCI Danbury's zip code. Second, we calculated the distance between that inmate's home zip code and the zip code of the BOP institution to which that inmate was transferred.

We did not consider the 445 non U.S. citizen inmates whom BOP transferred or released from FCI Danbury in this analysis because most of these inmates did not have a U.S. residence prior to incarceration. Due to data limitations, we were also unable to conduct a distance analysis for 7 of the 682 U.S. citizen female inmates transferred or released from FCI Danbury.

Interviews

We conducted 217 interviews during the course of this review. We interviewed Central Office officials, including the Assistant Director for the Correctional Programs Division, the General Counsel, a Senior Deputy Assistant Director for the Program Review Division, the Assistant Director of the Reentry Services Division, the Senior Deputy Assistant Director for the Reentry Services Division, the Women and Special Populations Branch Administrator, the Residential Reentry Management Branch Administrator, the Education Branch Assistant Administrator, the former and current Chiefs and a Section Chief of the Designation and Sentence Computation Center, the Acting Chief of the Construction and Environmental Assessments Branch, the Chief of Mental Health Services, a Mental Health Treatment Coordinator, and two Social Science Research Analysts in the Capacity Planning Branch.

During our site visits, we interviewed 193 staff and inmates, including 10 Wardens, 6 Associate Wardens, 1 Executive Assistant, 1 Captain, 9 Lieutenants, 13 Correctional Officers, 5 Chief Psychologists, 1 Acting Chief Psychologist, 4 Resolve Coordinators, 3 Psychologists, 1 Female Integrated Treatment Program Coordinator, 1 Chief Social Worker, 5 Social Workers, 6 Health Services Administrators, 5 Assistant Health Services Administrators, 2 Clinical Directors, 1 Infectious Disease Coordinator, 1 Health Technician, 1 Pharmacy Technician, 10 Supervisors of Education, 2 Assistant Supervisors of Education, 1 Supervisor of Recreation, 1 Case Management Coordinator, 1 Assistant Case Management Coordinator, 3 Reentry Services Coordinators, 3 Unit Managers, 14 Case Managers, 14 Counselors, 1 Facilities Manager, 1 Maintenance Supervisor, 1 Supervisory Contract Specialist, and 61 inmates. Additionally, we interviewed the program coordinators from four different contract sites that operated BOP's Mothers and Infants Nurturing Together residential program as of December 2017.

AMERICAN OVERSIGHT
DOJ-19-0929-L-000199
BOP FOIA #2019-05253: RR#10 - Page 2602

Outside BOP, we interviewed a Section Chief from the DOJ Civil Rights Division, Special Litigation Section, as well as three judges from the National Association of Women Judges who were familiar with BOP operations related to female inmates.

Finally, we interviewed officials from the correctional agencies of four states (Alabama, Kansas, Washington, and Wisconsin), as well as the U.S. Navy, to discuss how those agencies meet similar challenges in the management of their female inmate populations. In the report, we refer to the four states and the Navy collectively as five state correctional agencies.

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MAP OF BOP INSTITUTIONS FOR SENTENCED FEMALE INMATES



Key to the Map

#	Name	Number of Female Institutions on Site	Security Level(s) of Female Institution(s)
1	Federal Prison Camp Alderson	1	Minimum
2	Federal Correctional Institution Aliceville	2	Low and Minimum
3	Federal Prison Camp Bryan	1	Minimum
4	Federal Medical Center Carswell	2	Minimum and Administrative
5	Federal Correctional Center Coleman	1	Minimum
6	Federal Correctional Institution Danbury	2	Low and Minimum
7	Federal Correctional Institution Dublin	2	Low and Minimum
8	Federal Correctional Institution Greenville	1	Minimum
9	Federal Correctional Institution Hazelton	1	Low
10	Federal Medical Center Lexington	1	Minimum
11	Federal Correctional Institution Marianna	1	Minimum
12	Federal Correctional Institution Pekin	1	Minimum
13	Federal Correctional Institution Phoenix	1	Minimum
14	Federal Correctional Institution Tallahassee	1	Low
15	Federal Correctional Institution Victorville II	1	Minimum
16	Federal Correctional Institution Waseca	1	Low

AMERICAN OVERSIGHT

DOJ-19-0929-L-000201
BOP FOIA #2019-05253: RR#10 - Page 2604

BOP'S RESPONSE TO THE DRAFT REPORT

U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, D.C. 20534

August 30, 2018

MEMORANDUM FOR NINA S. PELLETIER
ASSISTANT INSPECTOR GENERAL
OFFICE OF THE INSPECTOR GENERAL
EVALUATION AND INSPECTIONS DIVISION

FROM: Hugh J. Hurwitz, Acting Director

SUBJECT: Response to the Office of Inspector General's (OIG) Draft Report: Review of the Federal Bureau of Prisons' Management of Its Female Inmate Population

The Bureau of Prisons (BOP) appreciates the opportunity to provide a response to the Office of the Inspector General's above referenced report. Therefore, please find the BOP's responses to the recommendations below:

Recommendation 1: Fully implement ongoing plans to create a permanent program review for the Female Offender Manual that includes in-person visits and an institution-specific rating.

Initial Response: The BOP agrees with this recommendation. The BOP will fully implement ongoing plans to create a permanent program review for the Female Offender Manual that includes in-person visits and an institution-specific rating.

Recommendation 2: Determine the appropriate level of staffing that should be allocated to the Women and Special Populations Branch based on an analysis of its broad mission and responsibilities.

Initial Response: The BOP agrees with this recommendation. The BOP will determine the appropriate level of staffing that should be allocated to the Women and Special Populations Branch based on an analysis of its broad mission and responsibilities.

AMERICAN OVERSIGHT

Recommendation 3: Ensure that all officials who enter into National Executive Staff positions have taken appropriate, current training specific to the unique needs of female inmates and trauma-informed correctional care.

Initial Response: The BOP agrees with this recommendation. The BOP will ensure that all officials who enter into National Executive Staff positions have taken appropriate, current training specific to the unique needs of female inmates and trauma-informed correctional care.

Recommendation 4: Identify ways to expand the staffing of the Resolve program.

Initial Response: The BOP agrees with this recommendation. The BOP will identify ways to expand the staffing of the Resolve program.

Recommendation 5: Improve the communication of its pregnancy program availability and eligibility criteria to relevant staff and pregnant inmates to ensure consistent understanding across BOP institutions.

Initial Response: The BOP agrees with this recommendation. The BOP will improve the communication of its pregnancy program availability and eligibility criteria to relevant staff and pregnant inmates to ensure consistent understanding across BOP institutions.

Recommendation 6: Improve data tracking to allow it to more easily identify inmates who are aware of, interested in, eligible for, or participating in pregnancy programs, as well as to assess barriers to participation.

Initial Response: The BOP agrees with this recommendation. The BOP will improve data tracking to allow it to more easily identify inmates who are aware of, interested in, eligible for, or participating in pregnancy programs, as well as to assess barriers to participation.

Recommendation 7: Clarify guidance on the distribution of feminine hygiene products to ensure sufficient access to the amount of products inmates need free of charge.

Initial Response: The BOP agrees with this recommendation. The BOP will clarify guidance on the distribution of feminine hygiene products to ensure sufficient access to the amount of products inmates need free of charge.

AMERICAN OVERSIGHT

DOJ-19-0929-L-000203
BOP FOIA #2019-05253: RR#10 - Page 2606

Recommendation 8: Improve the availability of female staff at locations in female institutions where inmate searches are common, through the establishment of gender-specific posts or other methods.

Initial Response: The BOP agrees with this recommendation. The BOP will improve the availability of female staff at locations in female institutions where inmate searches are common, through the establishment of gender-specific posts or other methods.

Recommendation 9: Establish policy that determines how long sentenced inmates can be confined in a detention center, or ensure that the conditions of confinement and inmate programming at a detention center more closely approximate those of a non-detention center when sentenced inmates are housed there.

Initial Response: The BOP agrees with this recommendation. The BOP will establish policy that determines how long sentenced inmates can be confined in a detention center, or ensure that the conditions of confinement and inmate programming at a detention center more closely approximate those of a non-detention center when sentenced inmates are housed there.

Recommendation 10: Explore options to procure female Special Housing Unit space closer to Federal Correctional Institution Danbury.

Initial Response: The BOP agrees with this recommendation. The BOP will explore options to procure female Special Housing Unit space closer to Federal Correctional Institution Danbury.

AMERICAN OVERSIGHT

DOJ-19-0929-L-000204
BOP FOIA #2019-05253: RR#10 - Page 2607

OIG ANALYSIS OF BOP'S RESPONSE

OIG provided a draft of this report to BOP for its comment. BOP's response is included in Appendix 3 to this report. OIG's analysis of BOP's response and the actions necessary to close the recommendations are discussed below. Please provide a status update on the 10 recommendations by December 31, 2018.

Recommendation 1: Fully implement ongoing plans to create a permanent program review for the Female Offender Manual that includes in-person visits and an institution-specific rating.

Status: Resolved.

BOP Response: BOP concurred with the recommendation and stated that it would fully implement ongoing plans to create a permanent program review for the Female Offender Manual that includes in-person visits and an institution-specific rating.

OIG Analysis: BOP's planned actions are responsive to our recommendation. Please provide a copy of program review guidelines for the Female Offender Manual that include in-person visits and an institution-specific rating, as well as a schedule of Female Offender Manual program reviews by institution for calendar year 2019.

Recommendation 2: Determine the appropriate level of staffing that should be allocated to the Women and Special Populations Branch based on an analysis of its broad mission and responsibilities.

Status: Resolved.

BOP Response: BOP concurred with the recommendation and stated that it would determine the appropriate level of staffing that should be allocated to the Women and Special Populations Branch based on an analysis of its broad mission and responsibilities.

OIG Analysis: BOP's planned actions are responsive to our recommendation. Please provide a copy of the analysis BOP performed of the branch's mission and responsibilities, including a conclusion about the appropriate staffing level for the work identified.

Recommendation 3: Ensure that all officials who enter into National Executive Staff positions have taken appropriate, current training specific to the unique needs of female inmates and trauma informed correctional care.

Status: Resolved.

BOP Response: BOP concurred with the recommendation and stated that it would ensure that all officials who enter into National Executive Staff positions have

AMERICAN OVERSIGHT

DOJ-19-0929-L-000205
BOP FOIA #2019-05253: RR#10 - Page 2608

taken appropriate, current training specific to the unique needs of female inmates and trauma-informed correctional care.

OIG Analysis: BOP's planned actions are responsive to our recommendation. Please provide an update to the Bureau Mandatory Training Standards or other relevant policy showing how BOP will ensure that all officials entering into National Executive Staff positions have taken BOP's current training specific to the unique needs of female inmates and trauma-informed correctional care.

Recommendation 4: Identify ways to expand the staffing of the Resolve program.

Status: Resolved.

BOP Response: BOP concurred with the recommendation and stated that it would identify ways to expand the staffing of the Resolve program.

OIG Analysis: BOP's planned actions are responsive to our recommendation. Please provide OIG with a copy of BOP's analysis of the Resolve program's staffing needs and the option BOP selected.

Recommendation 5: Improve the communication of its pregnancy program availability and eligibility criteria to relevant staff and pregnant inmates to ensure consistent understanding across BOP institutions.

Status: Resolved.

BOP Response: BOP concurred with the recommendation and stated that it would improve the communication of its pregnancy program availability and eligibility criteria to relevant staff and pregnant inmates to ensure consistent understanding across BOP institutions.

OIG Analysis: BOP's planned actions are responsive to our recommendation. Please provide a copy of any notices, operations memoranda, program statements, or other written materials used to communicate information about pregnancy program availability and eligibility criteria to inmates and institution staff. Please also include a description of how the materials were disseminated and a list of the institutions and position titles of the addressees who received them.

Recommendation 6: Improve data tracking to allow it to more easily identify inmates who are aware of, interested in, eligible for, or participating in pregnancy programs, as well as to assess barriers to participation.

Status: Resolved.

BOP Response: BOP concurred with the recommendation and stated that it would improve data tracking to allow it to more easily identify inmates who are

AMERICAN OVERSIGHT

aware of, interested in, eligible for, or participating in pregnancy programs, as well as to assess barriers to participation.

OIG Analysis: BOP's planned actions are responsive to our recommendation. Please describe how BOP intends to track pregnant inmates to more easily identify inmate awareness of, interest in, eligibility for, participation in, and barriers to participation in BOP's two pregnancy programs.

Recommendation 7: Clarify guidance on the distribution of feminine hygiene products to ensure sufficient access to the amount of products inmates need free of charge.

Status: Resolved.

BOP Response: BOP concurred with the recommendation and stated that it would clarify guidance on the distribution of feminine hygiene products to ensure sufficient access to the amount of products inmates need free of charge.

OIG Analysis: BOP's planned actions are responsive to our recommendation. Please provide a copy of BOP policy clarifying that female inmates should have sufficient access to the amount of feminine hygiene products they need, free of charge, and a description of how the policy was disseminated, including a list of the institutions and position titles of the addressees who received it.

Recommendation 8: Improve the availability of female staff at locations in female institutions where inmate searches are common, through the establishment of gender specific posts or other methods.

Status: Resolved.

BOP Response: BOP concurred with the recommendation and stated that it would improve the availability of female staff at locations in female institutions where inmate searches are common, through the establishment of gender-specific posts or other methods.

OIG Analysis: BOP's planned actions are responsive to our recommendation. Please describe the method BOP selected to improve the availability of female staff at locations in female institutions where inmate searches are common.

Recommendation 9: Establish policy that determines how long sentenced inmates can be confined in a detention center, or ensures that the conditions of confinement and inmate programming at a detention center more closely approximate those of a non-detention center when sentenced inmates are housed there.

Status: Resolved.

BOP Response: BOP concurred with the recommendation and stated that it would establish policy that determines how long sentenced inmates can be confined

AMERICAN OVERSIGHT
DOJ-19-0929-L-000207
BOP FOIA #2019-05253: RR#10 - Page 2610

in a detention center, or ensures that the conditions of confinement and inmate programming at a detention center more closely approximate those of a non-detention center when sentenced inmates are housed there.

OIG Analysis: BOP's planned actions are responsive to our recommendation. Please provide a copy of BOP policy that defines the length of time sentenced inmates can be confined in a detention center or describe how BOP would ensure that the conditions of confinement and inmate programming at detention centers more closely approximates those of a non-detention center when sentenced inmates are housed there.

Recommendation 10: Explore options to procure female Special Housing Unit space closer to Federal Correctional Institution Danbury.

Status: Resolved.

BOP Response: BOP concurred with the recommendation and stated that it would explore options to procure female Special Housing Unit space closer to Federal Correctional Institution Danbury.

OIG Analysis: BOP's planned actions are responsive to our recommendation. Please describe the options BOP considered to procure female Special Housing Unit space closer to Federal Correctional Institution Danbury, research conducted by BOP to assess each option considered, and the option BOP selected.

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Suite 4760
Washington, DC 20530 0001

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oig.justice.gov	@JusticeOIG	JusticeOIG

Also at Oversight.gov

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RE: ACA Webinar

From [redacted]@geogroup.com

To Deborah Schult [redacted]

Date 2018/09/13 08:58

Subject: RE: ACA Webinar

Attachments: TEXT.htm, Part.002, Part.003, Part.004, Mime.822

I agree with everyone on # 3 as a topic.

[redacted]
Chief Nursing Officer
Louisiana Department of Corrections
[redacted]

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[redacted]@bop.gov>

09/07/2018 11:12 AM

To [redacted] Deborah Schult [redacted]@boo.gov>, [redacted] @geogroup.com [redacted]@geogroup.com>, [redacted]

cc

Subject RE: ACA Webinar

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I like #3 as well.

Thanks,

(b)(6)

(b)(6)
Rear Admiral, US Public Health Service
Assistant Surgeon General
Chief Nurse
Health Services Division
Federal Bureau of Prisons
320 1st St. NW, Rm 400
Washington, DC 20534
(b)(6)

***Treat employees like they make a difference and they will!*
***If you aren't at the table, you're on the menu...*

"This message is intended for official use and may contain SENSITIVE information. If this message contains SENSITIVE information, it should be properly delivered, labeled, stored, and disposed of according to policy."

>>> (b)(6) > 9/7/2018 11:35 AM >>>
>
I don't see a voting button either, and I like # 3 also.

(b)(6)
TDOC Statewide Director of Nursing
Rachel Jackson Bldg.
320 6th Ave North
Nashville, TN. 37243
(b)(6)
(b)(6)
www.facebook.com/TNDepartmentofCorrection
https://twitter.com/TNTDOC1

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https://www.youtube.com/TNTDOCT

From: (b)(6)
Sent: Friday, September 7, 2018 9:11 AM
To: (b)(6)
(b)(6)
(b)(6) @geogroup.com; (b)(6) @bop.gov; (b)(6)
(b)(6) @bop.gov; (b)(6)
(b)(6)
Subject: RE: ACA Webinar

***** This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security. *****

Good Afternoon,
During our ACA nursing committee meeting we discussed a nursing webinar sponsored by the nursing committee. Thanks to (b)(6) we have 3 possible topics for the Webinar. Can you please utilize the voting buttons to suggest a topic? After that we will work with ACA to implement. Our projected timeline for the webinar will be in October.

The topics are:

1. PREA: Medical and Mental Health Care - How to detect and assess signs and symptoms of sexual abuse and sexual harassment

2. Simple Triage and Rapid Treatment (START) the Correctional Nurse Approach to Mass Casualty Emergency Preparedness

3. Correctional Safety: What Correctional Nurses Need to Know

(b)(6)
Director of Patient Care Services
Assistant Chief Nursing Officer for TDCJ Hospital
University of Texas Medical Branch &
Texas Department of Criminal Justice Hospital Galveston
(b)(6)
(b)(6) @utmb.edu

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Cc: (b)(6) (b)(6)@geogroup.com" (b)(6)@geogroup.com> (b)(6) (b)(6) "Deborah Schult" (b)(6)@bop.gov> (b)(6) (b)(6) (b)(6)@bop.gov>
Subject: RE: ACA Webinar
From: "STACYE FALGOUT" <SFALGOUT@corrections.state.la.us>
Sent: Thu, 13 Sep 2018 07:58:03 -0500

I agree with everyone on # 3 as a topic.

(b)(6)
Chief Nursing Officer
Louisiana Department of Corrections
(b)(6)

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DUPLICATE

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RE: ACA Webinar

From [redacted]@geogroup.com, [redacted] Deborah Schult, [redacted]

To [redacted]

Date 2018/09/15 09:53

Subject: RE: ACA Webinar

Attachments: TEXT.htm, image001.jpg, image002.png, image003.jpg, Mime.822

Thank all of you for your votes. The majority of us picked topic 3: Correctional Safety: What Correctional Nurses Need to Know . Based on feedback from [redacted] we will start advertising after the January conference and have the webinar in spring to avoid conflicts.

Thank you

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