

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CORRECTIONS**



**D.C. DEPARTMENT OF CORRECTIONS RESPONSE TO WASHINGTON LAWYERS  
COMMITTEE WHITE PAPER, “D.C.WOMEN IN PRISON: CONTINUING  
PROBLEMS AND RECOMMENDATIONS FOR CHANGE”**

The Washington Lawyer’s Committee (WLC) commissioned Covington and Burling to prepare a white paper regarding challenges faced by D.C. women who are incarcerated both in D.C. detention and federal correctional facilities. A number of recommendations of the WLC report are specific to federal institutions and programs under the purview of the Federal Bureau of Prisons and not the D.C. Department of Corrections. These challenges include conditions of confinement such as avenues to maintain contact with children and families, medical care, education, job training and life skills programs, sexual abuse and harassment, and re-entry. The Department of Corrections provides the following comments in response to the portions of the report about DC DOC operations.

**Introduction**

The WLC report centrally references conditions within the DC Department of Corrections from prison litigation over 20 years ago. Both plaintiffs and defendants jointly agreed and moved for termination and a Consent Motion to Dismiss was granted in 2004 with the Court’s determination that the District had met all standards of care.

The mission of the DC Department of Corrections (DOC) is to ensure public safety for citizens of the District by providing an orderly, safe, secure and humane environment for the confinement of pretrial detainees and sentenced inmates while providing meaningful opportunities for community reintegration. DOC is accredited by the American Correctional Association for provision of performance-based standards of care for adult local detention facilities.

The current women’s program is the result of a combination of DOC strategic services planning and the District of Columbia Government’s initiatives for treatment and reentry services for women.

In 2012, DOC employed a Deputy Warden for Programs and Case Management experienced in state level reentry and other special needs populations, a Reentry Coordinator who was well versed in reentry needs in the District of Columbia and a Women’s Program Manager experienced in gender-informed correctional and community services. This team provided leadership and strategic planning for moving the agency towards comprehensive reentry programming to include addressing the gender-informed needs of women.

DOC obtained technical assistance through the National Institute of Corrections (NIC) to guide reentry services and release planning for women. DOC obtained Justice Grants Administration funding to provide gender-informed reentry case management services and partnered with several District agencies and other community service providers for a more coordinated, multi-agency approach to address the ever-growing needs of the District's returning citizens.

Regular focus groups were held with the women inside the Correctional Treatment Facility (CTF) to identify services women most frequently used in the community; to visit some of these organizations; and to develop greater agency rapport with these service providers.

By early 2013, programs for women were increased by 300% to include several gender-responsive programs, and a formal reentry unit for women was opened. DOC continues to provide an array of services for women including a very robust reentry initiative.

Reentry is decidedly one of the most important strategies for reducing the risk to continue criminal behavior when released. DOC recognizes that the most effective reentry program is not within the walls of the facility and therefore commits to providing continued collaboration and support for its community-based partners to effectively work with returning citizens. DOC's reentry program for women is formulated to provide women with community reintegration assistance while confined and to provide her with information about and connections to community-based services before release. Many of these critical service connections are provided in partnership with various volunteer, government and private social service agencies.

## **I. Background Information**

Women incarcerated in DC are all housed at the Correctional Treatment Facility (CTF) that is operated by the Corrections Corporation of America (CCA). In tandem with correctional supervision and services that CCA provides, DOC managers and staff directly provide rehabilitative activities in two Reentry Units (male and female); the Residential Substance Abuse Treatment (RSAT) Units (male and female); as well as for females who are pretrial felons; for sentenced felons pending transfer to a facility in the Federal Bureau of Prisons (BOP); and for sentenced felons with shorter sentences who BOP designates to serve their time at the CTF.

Over the past four years the population has gradually decreased from an average daily count of 199 females in FY'12 to an average daily count of 106 women in 2015.

- On January 1, 2016, data categorized the legal status of women in DOC custody as: 18.2% were pretrial misdemeanants; 22.6% were sentenced misdemeanants; 39.7% were pretrial felons; 4.1% were sentenced felons; 24% were parole violators; and 2.5% were in writ/hold status.
- This data also indicated the average length of stay for women in DOC custody was 97 days; with 38.8% staying in custody for less than 31 days; 13.2% remained in custody for more than 6 months and 7.4% remained in DOC custody for more than one year.

On the January 1, 2016, 47.9% of the women incarcerated in DC self-reported having a high school diploma or a GED but also as having a significantly higher level of unemployment than national studies of incarcerated women indicate. Consistent with national statistics, a higher number of women vs. men are diagnosed with some type of mental illness; they reported trauma due to physical, emotional or sexual abuse prior to incarceration, and reports indicate that substance use is a bigger problem for women. Statistics also indicate that women are more likely than men to be the sole support for minor children.

## **II. Children and Families**

- The average age of DOC incarcerated women is 35.85 years old, and many have minor children or grandchildren for whom they provided care. The Hope Foundation focuses on productive coping and developmental skills for women rearing children.
- Voices for a Second Chance addresses the stressors of incarceration by meeting with newly committed women and making family notification of her incarceration, picking up property from arresting precincts, providing life skills groups and providing follow up help through referrals to community resources when a woman is released.
- Hope House helps women stay connected to their children through story reading that is recorded and passed on to the child.
- CCA provides contact visits which helps to maintain the physical connection to children and family.
- Collaborative Solutions provides mediation and support to individual women, their children and other family members in order to strengthen ties within the family unit before the woman is released.
- Additionally, University Legal Services completes applications and is their advocate for obtaining Social Security Disability benefits.

## **III. Medical Care**

The DC Department of Corrections is proud to have its medical, mental health, dental, and opioid treatment programs at CDF and CTF receive 100% compliance certification from the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). This dual certification is based on strict adherence to each organization's high standards. Of the approximate 3100 jails in the US, only 7% have ACA accreditation and only 15% have NCCHC accreditation. From the moment women become arrestees at the Central Cell Block (CCB) and have access to the providers in the CCB clinic to their discharge from our facilities, DOC's partnership with Unity Health Care helps insure that inmates receive quality care that is on par with community standards and is carried out in a manner that makes every attempt to assure that continuity of care continues in the community upon the inmate's release from jail.

## *Overview of Health Care Delivered at DCDOC*

- **Intake Screening-** The following procedures are performed for all women during intake:
  - Review of demographic information, triage data, documentation of any psychiatric and/or medical alerts.
  - Vital signs
  - Tuberculosis Skin Test (TST)
  - Chest x-ray for any woman with a documented history of a positive TST, HIV, other immunocompromised status, or are symptomatic, such as those who are febrile or have a persistent cough. Women with a documented negative chest x-ray within the past year do not receive an additional one.
  - Gonorrhea and chlamydia testing for any women with symptoms
  - Syphilis (RPR) serology
  - Pregnancy test for all women
  - HIV test via oral rapid testing for all women, except those who have had a documented HIV test in the DOC EMR within the previous 6 months. For all preliminary positive rapid test results, appropriate confirmatory testing through serology will be conducted. Once confirmed HIV-positive, follow-up care begins immediately with Unity's infectious disease specialists who work on-site at the DOC.
  - Mental health screening
  - Initial discharge treatment plan (IDTP) provided to each woman prior to being housed. The IDTP includes her problem list and medications ordered. It includes preventive health information and information on how to access health care in the community upon release. Based upon the IDTP, those inmates with chronic illnesses will be followed and seen at chronic care visits by Unity's discharge planners. They will also be seen upon release, provided Unity receives timely and adequate prior notification of release. However, if for some reason the inmate is released without notification and is not seen by a discharge planner, the inmate will have the IDTP to guide him/her in seeking follow-up care at one of Unity's health centers or other health care facilities in the community.
  
- **Intake Health Assessment-** Women who have been identified as having an acute or chronic medical or mental health condition or who are taking medications will receive a comprehensive medical assessment in the Inmate Reception Center (IRC) after the medical screening. The remainder of women receives a comprehensive medical assessment within 14 days after intake. Whether the assessment takes place at intake or after, it includes:
  - Review of the intake screening form, demographic information, triage data, and any psychiatric and/or medical alerts.
  - Complete medical history and physical examination, including an oral screening, in accordance with NCCHC standards.
  - Additional laboratory testing and/or other treatments for acute or chronic conditions, as medically indicated.
  - Administration of first dose medications, as prescribed.

- Referrals to chronic care clinic, as medically indicated, for appropriate treatment and follow-up. Unity treats the whole patient, using a primary care approach to ensure that chronic conditions are treated in the context of the whole patient.
- **Sick Call Services-** Sick call services are provided to all women requesting routine or non-emergency medical care, including dental and mental health care. Sick call requests are reviewed every day. Evaluation and treatment follows within the next two business days.
- **Chronic Care-** One of the main focuses of DOC's correctional health care model is primary care and continuity of care, which encompasses chronic care. Providers view their services through the lens of primary care and look for opportunities to prevent adverse outcomes in chronically ill patients. The chronic care clinic is not divided by disease but focused, instead, on treatment of the entire individual. Primary care includes the periodic monitoring and treatment of chronic conditions as well as annual exams. These needs can be referred from intake, sick call, and/or urgent care.
- **Preventative Care-** Preventive care is an active part of primary care and includes health risk reduction such as weight monitoring, tobacco, alcohol and substance abuse cessation, nutrition and exercise counseling, blood pressure monitoring, immunizations, and cancer screening, as indicated. Most of the chronic care clinic practitioners who work in the jail also spend two to three days seeing patients in a Unity community health center or homeless site. Therefore, patients can follow-up with the same provider in the community, should they wish, upon release.
- **In-House Care-** Inmates are able to see the following specialists in-house (no outside transport required): Cardiology, Ophthalmology, Dermatology, Gynecology, Orthopedics, Neurology, Podiatry, Infectious Disease, General Surgery, Physical Therapy/ Occupational Therapy, and Dialysis. Inmates requiring referral to other specialists will be transported to outside medical facilities for those appointments. Later in 2016, telemedicine technology will enable inmates to remain in house, while being able to access other types of medical specialty care.
- **Urgent Care-** Inmates are able to access urgent treatment 24 hours a day in the Urgent Care Clinic. There, inmates undergo urgent/emergency medical assessment and stabilization services, including first aid and cardiopulmonary resuscitation if needed. As needed, they are sent out to various DC hospitals if their healthcare needs outstrip the ability of the Urgent Care Clinic to provide the care needed.
- **Dental Services-** Inmates undergo a dental screen during the comprehensive medical assessment (either at Intake or within 14 days of intake). They also have access to routine and emergency dental services consistent with community standards. Dental emergencies are responded to and treated within 24 hours of notification and routine dental referrals are triaged within 5 days of notification. Inmates are also provided with nutritional and dietary counseling to help improve dentition. Inmates remaining in CTF a year after Intake undergo an annual exam (including diagnostic x-rays if needed).

- **Annual Exams-** Women who are incarcerated from a year's time receive a comprehensive physical exam, including a well-woman exam before their one year anniversary.
- **Family Planning-** Unlike most incarcerated women in the nation's jails, female inmates at CTF are offered a wide range of contraceptive methods for family planning. Upon entry, all women are screened and offered emergency contraception. Family planning services are available through sick call and are included in the well-woman exam. DC DOC is one of the few facilities in the country that offers long-acting reversible contraceptives (LARCs), such as Nexplanon and intrauterine devices (IUDs). In addition, other options including condoms, oral contraceptives, and Depo Provera are available.

#### *Treatment of Mental Health and Substance Use Disorders*

- **Mental Health Treatment-** Every woman who enters DC DOC custody receives an initial mental health screening during intake and before being housed, regardless of their projected length of incarceration. The screening includes a myriad of questions, including those regarding potential suicidality or risk factors for suicide, in accordance with both ACA and NCCHC standards. Any women who respond affirmatively to any question will be referred to a licensed mental health clinician for a comprehensive mental health assessment within 4 hours. The mental health clinician performs a comprehensive assessment and, if needed, refers the patient to a psychiatrist who sees her within 24 hours. If the patient requires placement on the women's acute mental health unit, she is transferred directly from intake to that housing unit. The mental health team consists of psychiatrists, responsible for diagnostic services, medication management, and crisis management, and mental health clinicians, responsible for counseling. One mental health clinician at CTF is designated to work with women inmates.
  - Suicide prevention, risk assessment, and monitoring are a substantial part of the mental health program. Suicide prevention is a shared responsibility between medical and security staff. Unity and DC DOC work closely to continue this integrated responsibility. Women who have been on the community case load of the D.C. Department of Behavioral Health's (DBH) Core Service Agencies (essentially the DBH's community treatment centers) are connected with a member of DBH who works with the incarcerated in CTF to help link her back to her CSA for continuity of care after discharge from the jail.
  - On the Women's Acute Mental Health Unit, inmates are provided medication management as well as individual and group therapy as well as art therapy.

#### *Gynecological and Reproductive Health Care*

- Within 30 days of intake, women are offered a well-woman exam, including a Pap smear for those who report specific problems or history that indicates a clinical need. All abnormal Pap smear results will receive appropriate and timely follow-up, according to the United States Preventive Services Task Force (USPSTF) and the American Society of Colposcopy and Cervical Pathology guidelines. Unity provides colposcopy services on-site to expedite results and treatment.

- At Intake, any woman whose pregnancy test result is positive receives immediate care consistent with community standards. An OB/Gyn physician provides on-site services, as needed. All women are offered comprehensive options counseling, including termination, adoption, and emergency contraception. All pregnant women receive ongoing medical services throughout their pregnancy. These services include screening and referrals for substance abuse, HIV, and mental health. Staff from the Department of Health (DOH) also provide on-site weekly pre-natal classes to pregnant inmates.
- Clinicians collaborate with DC DOC custody staff to ensure adherence of DOC policies (and DC law) with regard to restraints and pregnancy. Providers advocate for limited or no use of restraints for pregnant women, depending on trimester.
- Post-partum care is also offered for women who give birth while incarcerated. This includes a comprehensive post-partum visit with an ob/gyn physician. Post-partum inmates are allowed to pump breastmilk and DOC facilitates this by providing pumping equipment, breast milk storage and distribution to the family.
- **Substance Abuse Treatment-** Women can also address substance abuse issues with Narcotics Anonymous and Alcoholics Anonymous. Additionally, we have a NCCHC-accredited Opioid Treatment Program that provides tapering doses of Methadone to women coming in from the community who are already on Methadone. Pregnant Women on methadone are continued on their current dose of methadone and are not weaned in order to avoid fetal opioid withdrawal.
- **Residential Substance Abuse Treatment (RSAT)** - RSAT is a certified and accredited therapeutic residential substance abuse treatment program, Level III to guide clients with addictive behaviors through a therapeutic milieu of interventions consisting of the stages of change, detoxification and stabilization). The overall goals are improved substance abuse outcomes, continuity of care upon re-entry that supports improved participant outcomes, decreased instances of relapse and recidivism. Many of the participants are persons who had relapsed into substance use while on parole. They are given the opportunity for treatment in lieu of a possibly longer period of re-incarceration.
  - RSAT is a 120 day program but it has core modules to allow women to participate if they have as little as 30 days to serve. Upon graduation from the 120 day program, some women can stay in RSAT for up to four months when they are favorably evaluated as a mentor.
  - All participants in the RSAT Program are linked to programs in the community based on their level of care (LOC) as a step down component to treatment. Persons who require continued intensive residential services are referred to Department of Behavioral Health's Addiction and Prevention Recovery Administration (APRA) and transitioned bed to bed directly from the correctional facility to a community substance use provider. Release planning is key in ensuring that the appropriate treatment is identified prior to release to prevent relapse and deter a return to the correctional setting.

- **Gender-informed Services**-The field of counseling and psychology has witnessed increased attention to women's issues and, more generally, to the role of gender in influencing our attitudes, worldview and experiences. Women evidence specific needs and issues that are very different than those compared to men. Gender responsive treatment considers the realities of the lives of women and responds to their strengths and challenges. The gender-informed approach emphasizes programming that from a woman's perspective increases self-esteem; improves life management skills; addresses health and co-occurring disorders; reinforces familial reunification and helps the woman to balance such issues as life demands, and provides a more seamless bridge to community support.
  - As a reentry tool, in January 2014, DOC began using COMPAS, a gender-informed risk and needs assessment to assist case managers to guide women in developing a realistic release plan that is geared to their individual needs. This assessment is conducted for all women in RSAT and for misdemeanants who are sentenced to 60 days or more and who have 45 days left to serve.
  - In 2013 and 2015, DOC obtained Trauma-Informed Care training through the Substance Abuse and Mental Health Services Administration (SAMHSA) for DOC and CCA correctional, treatment and managerial staff who work with women offenders.
  - DOC is scheduled to implement short term reentry group counseling focusing on coping with trauma in March 2016 for women in the Reentry Unit.
  - Most of the Life Skills topics are presented from a women's perspective and based on every-day responsibilities that women commonly experience.

#### **IV. Educational, Job Training, and Life Skills Programs**

- All women in the general population (to include Reentry and RSAT) can participate in CCA's academic program (Adult Basic Education, English as a Second Language and GED) and vocational training (Commercial Cleaning, Cosmetology, Graphic Design, Computer Literacy and Life Skills).
- Because women in reentry are normally not confined long enough to complete GED studies or to complete enough of a aforementioned vocational class to render a woman able to use it to obtain employment, DOC has partnered with organizations to provide 4-6 week vocational certification courses.
- Currently women can in 5 weeks obtain a ServSafe Food Handling certification from Aramark Food Services that is good for 5 years. While in the food services course, DC Central Kitchen, Thrive DC and Community Family Life Services provide employment life skills.
- The University of the District of Columbia provides 5-week certificate Career Technical Education in Hospitality and 10 week certification in Customer Service and Retail Sales.
- In addition, the Department of Employment Services (DOES) visits the Reentry Unit twice a month to provide orientation about Project Empowerment and begins the



application process with women who have impending release dates. America Works, Community Family Life Services and Bread for the City also provide employment and other release supports.

- In 2015, The Howard University School of Sociology and Anthropology partnered with DOC to provide certificate course work for incarcerated women. The program partners university students with incarcerated women in a classroom setting to focus on such issues as crime and criminal justice and related social issues. The course will be presented twice during the 2016 accelerated summer semester. The Howard University School of Divinity is also partnering to provide a course starting in August 2016.

#### *Other Activities and Services*

- DOC partners with a myriad of volunteers who regularly provide services such as mindfulness meditation and yoga; anger management, expressive writing and art therapy for women in the mental health unit.

### **V. Sexual Abuse and Harassment**

#### *PREA*

- In October 2012, the DC Department of Corrections was awarded a grant by the US Department of Justice, Bureau of Justice Assistance to implement a national demonstration project in DOC to establish a culture of “zero tolerance” for sexual assaults. This project partnered with the DC Office of Justice Grants Administration and Victim Services (JGA/OVS) to infuse Prison Rape Elimination Act (PREA) standards into the agency’s tool kit. In 2013 DOC hired a PREA Coordinator and partnered with The Moss Group to develop and implement strategic planning for this project.
- A team of experts were obtained to conduct independent sexual safety assessments of the Central Detention Facility (CDF) and the Correctional Treatment Facility. The assessments included a review of policies; interviews with staff and inmates; observance of facility practices; and conduct of staff focus groups to document the strengths, challenges and opportunities for enhancing and promoting sexual safety in the facility. Other identified strategies were designed to formalize offender education; promote increased compliance with sexual safety through improved policy and procedures and training; and development of a data collection and performance tracking system that supports informed decision making by DOC/PREA team leaders.

#### *Transgender Inmates*

- It is DOC policy for the DOC Transgender Housing Committee to take into consideration the opinion of the transgender inmate. The transgender inmate shall sign a form whereby

the inmate selects to either be housed according to the inmate's assigned sex or to be housed according to the inmate's gender expression.

- At the end of 2014, DOJ certified that the DOC Central Detention Facility is compliant with PREA. The Correctional Treatment Facility is scheduled to undergo its compliance with PREA in June 2016.

## **VI. Re-entry to the Community**

- Because the average stay at the CTF for women in reentry is approximately 43 days, the population turnover is significant. Most programs are geared as open enrollment so that women can receive some benefit while incarcerated and the opportunity to connect with service providers prior to release.
- In 2015 DOC hired an experienced Case Manager to specifically provide reentry assessments, case planning and community connections.

## **VII. Response to Recommendations by the Washington Lawyers Committee**

WLC provided 11 recommendations for how to improve challenges faced by D.C. women who are incarcerated both in D.C. detention and federal correctional facilities. Responses to the recommendations are below.

### **Recommendation 1: BOP Should House More D.C. Women in or near the District**

This is a federal issue under the Federal Bureau of Prisons.

### **Recommendation 2: Make it Easier to Be in Contact with Family**

As stated above, CCA provides contact visits at the CTF. This helps to maintain the physical connection to children and family.

### **Recommendation 3: Expand Opportunities for Incarcerated Mothers to Live with Newborns**

There is no such facility available in the District. This would involve resources not available to DOC. In addition, due to the short term nature of sentences at the CTF and facility concerns, providing a unit for mothers to stay with their newborns is not feasible at this time.

DOC and the DC Department of Health/Community Health Administration (DOH) provide Healthy Pregnancy Classes at the CTF. These gender informed groups are offered weekly to address the medical and social needs of pregnant women and to establish linkages and referrals to outside providers. The pregnant women, new mothers and infants are also followed in the community by DOH staff. In addition, a life skills component is offered to all women in reentry to proactively address mental/physical health and wellness.

**Recommendation 4: Take Steps to Protect the Rights of Incarcerated Mothers Who Can Show They are Fit Parents**

Most of this recommendation does not apply to DOC.

**Recommendation 5: Expand Eligibility for and Availability of Diversion Programs**

This recommendation is not addressed to DOC, but DOC will remain committed to working with DC Superior Court to refer inmates for alternative diversion programs.

**Recommendation 6: Expand Access to Drug Treatment Programs**

WLC recommends allowing women to stay in RSAT and continue to receive treatment after they have graduated, however upon graduation from the 120 day program, some women can, in fact, stay in RSAT for up to four months when they are favorably evaluated as a mentor. There is no wait time for the RSAT program.

**Recommendation 7: Expand Access to Mental Health Treatment**

The Department of Behavioral Health has, under a Second Chances Act grant, conducted assessments of women for co-occurring (substance use and mental health) disorders. Two DBH mental health forensic specialists work with the women, Unity and core service agencies to ensure women have appointment with their services providers prior to release.

**Recommendation 8: Provide Additional Resources for Educational and Job Training Programs**

DOC, in conjunction with CCA and our community partners provide both long term and very short term education, vocational and life skills courses to meet the needs of its varied population. DOC is committed to working with its partners to help women continue in educational and job training when released.

**Recommendation 9: Monitor Closely Compliance of Facilities with PREA Standards and Other Policies Designed to Prevent Sexual Abuse and Harassment**

The Central Detention Facility was fully certified PREA compliant in 2014 and the DOC halfway houses were certified PREA compliant in 2015. The Correctional Treatment Facility is scheduled to undergo its compliance with PREA in June 2016, and DOC will work with CCA to ensure the success of the PREA audit as well as any follow up monitoring.

**Recommendation 10: Increase Federal and District Funding for Several Agencies or Agency Components**

This recommendation is not addressed to DOC.

**Recommendation 11: Increase Public Access to Information**

Many of the issues obtaining information were not related to DOC. DOC remains committed to working with outside organizations to provide information upon request and in keeping with statutes regarding release of any information and privacy acts.