

The Correctional Association of New York

FOUNDED 1844

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Oneida Correctional Facility

Oneida Correctional Facility is a medium-security prison located in Rome, NY with a population of approximately 1,200 male prisoners. The facility has many educational, vocational and treatment programs, including an Alcohol and Substance Abuse Treatment Program and a Sex Offender Program. The prison also produces food for all other New York State prisons in its Food Production Center and distributes medication to most state prisons through the Central Pharmacy. The Correctional Association visited Oneida on March 14th and 15th, 2007.*

Forty-six percent of Oneida's inmates were convicted of a violent crime. As the Superintendent explained, Oneida's inmates range from individuals who have previously spent many years at maximum security prisons to those who have short sentences and have experienced mainly medium and minimum security environments. Only 14% of the population has been at the prison for more than two years. Consistent with most medium security prisons, 57% of the inmates will reach their earliest possible release date within one year, and the entire population faces the possibility of release within six years. Oneida has a slightly lower percentage of prisoners from New York City than the statewide average, with 54% from New York City and its surrounding suburbs, compared with 68% statewide. Twenty-nine percent of the facility's population is white, a higher percentage than most state prisons, which confine, on average, 20% white inmates. The median age of the population is 37 years. DOCS statistics report that 3% of Oneida's inmates are Spanish-speakers with limited abilities in English or none at all. Whereas 51% of inmates statewide have their high school diploma or GED, 60% of the inmates at Oneida have theirs.

Inmates filed a total of 444 grievances in 2006, an increase of 7% from 2005. With 94 grievances, staff misconduct was the area that received the highest number of complaints. Medical care, guidance and counseling, housing and internal block affairs, and the special housing unit were also the subject of a significant number of grievances.

Members of the Correctional Association's Prison Visiting Committee conducted surveys about general prison conditions, both in-person and through the mail, with 100 Oneida inmates. We have based this report on findings from these surveys; conversations with the Superintendent, the executive team, program staff and inmates; written correspondence with

* The March 14th visit was for the purpose of gathering information about general conditions throughout the entire prison. On March 15th the Visiting Committee focused on substance abuse treatment. This report contains findings about general conditions. The Correctional Association will issue a separate report addressing observations and recommendations about the substance abuse treatment program.

inmates; and meetings with the staff union representatives, staff of the substance abuse treatment programs, and members of the Inmate Liaison Committee and Inmate Grievance Resolution Committee.

The Visiting Committee was impressed with many areas at Oneida. The Central Pharmacy and Food Production Centers struck us as efficient and well-run operations. Overall, inmates at Oneida were more positive about medical care at the prison than at many other prisons we have visited. Additionally, many staff impressed us as dedicated to working with inmates in their programs and helping them to prepare for return to the community.

However, we also noted some areas of concern. Particularly, we are concerned about a great deal of tension among inmates and staff, some aspects of the substance abuse treatment program and a lack of Spanish resources and staffing.

Inmates grieved staff misconduct most often, with 94 grievances in 2006, an increase from 81 in 2005 and only 51 in 2004. Medical received 43 grievances in 2006, representing very little change from the previous year when 42 were filed. Grievances about the package room decreased from 32 in 2005 to 18 in 2006. There were a total of 50 Unusual Incidents in 2006, up from 43 in 2005, with 15 involving contraband, three pertaining to assaults on an inmate and four to assaults on staff.

The following is a summary of our observations and recommendations:

Programs

The Visiting Committee was impressed with the high level of activity among Oneida's inmates and the efforts of the staff and administration to ensure that inmates meet their programming goals prior to release. Prison data indicates that 77% of the population has a full time program assignment, 12% are in a program for half the day, and 11% are idle. Overall, about two-thirds of the inmates we surveyed were satisfied with their program assignment at least some of the time. Nearly 20% of the population is assigned to a porter position, which involves performing maintenance and cleaning tasks for the prison and does not generally help individuals to develop transferable skills. Some inmates described their porter positions as "dead-end jobs" that "don't take a lot of thinking."

With no Spanish-speaking program staff, inmates who do not speak or read English must rely on other inmates to translate course material. Although the Deputy Superintendent for Programs informed us that the prison transfers monolingual inmates to another prison in the hub with the resources to work with Spanish-dominant individuals, we heard reports of inmates translating for their peers and met with inmates struggling to understand the lessons in their programs.

Echoing a major concern we hear throughout the state, inmates complained bitterly about the low rate of pay for inmate work and the lack of a raise for the previous 20 years, in spite of sizeable increases in the cost of items purchased in the commissary.

Educational Programs

There were no vacancies in Oneida's educational staff of four full-time and two part-time teachers. Oneida's educational courses include Adult Basic Education (ABE), Pre-General Equivalency Diploma (GED) and GED. Inmates in need of special assistance can work with inmate tutors who are supervised by the ABE teacher. One hundred eighty-three inmates are enrolled in an academic program. The facility has a computer lab with 20 stations, which is used by each class on a weekly basis for supplemental course work. We toured several of the classrooms and spoke with the Educational Supervisor who reported that although additional staff would be helpful, the educational program has sufficient resources and support from the administration. We were pleased to note that the classrooms were bright and decorated with colorful educational posters, indicating an encouraging environment for learning.

Inmates who can afford to purchase the materials may participate in college level correspondence courses; unfortunately only five inmates take advantage of this opportunity probably due largely to its cost. Since 60% of Oneida's inmates have earned their high school diploma or GED, an opportunity for them to gain higher education would be particularly beneficial, especially given that postsecondary education creates a more manageable prison environment and is proven to reduce recidivism.

Oneida had an impressive GED passage rate of 67% in 2006 when 41 inmates earned their diploma, and as of the date of our visit, 17 students or 71% of the test-takers in 2007 had received their GED. The educational supervisor reported that this success is due to the high quality of instruction as well as the availability of practice tests, which enable students to focus on improving their weak areas and provide an incentive as inmates see what they are capable of achieving.

During our visit to a Pre-GED classroom, inmates spoke highly of the teachers, and one inmate reported, "the best thing about this prison is the school." Of the 33 inmates we surveyed who were in an academic program, 64% reported being satisfied with their course either all of the time or "sometimes or somewhat" and 36% were not satisfied.

We are very concerned that there is no bilingual teacher or English as a Second Language course at Oneida. Inmates who have very limited English skills who remain at the prison are placed in the ABE program, which does not include a Spanish component. The staff asserted that such placement is a rare occurrence.

Vocational Programs

A total of 219 Oneida inmates are enrolled in one of its eight vocational programs, which include Building Maintenance, Carpentry, Masonry, Drafting, Electrical Trades, General Business, Custodial Maintenance and Food Service.

Many inmates spoke highly of the vocational offerings. Sixty-six percent of the 44 inmates we surveyed in a vocational program said they were satisfied with the program, at least sometimes or somewhat. Inmates' complaints about the vocational program dealt with the limited choices they have in their vocational assignment, with some reporting that although they

believe the instruction and materials are good in their shop, they would prefer a program that is more in line with their professional goals upon release. In addition, some reported outdated computers and software in the General Business program. Although we observed several up-to-date computers in that program's area, there were many that appeared to be several years old with out-of-date software no longer used in most job settings.

The instructors appeared concerned about their students and creative in their approach to teaching prisoners. They described working with inmates to develop skills beyond the trades being taught in the shop, including filling out sample job applications and writing résumés. As one instructor told us, "I help them to think about the day they hit the street." The teachers described working to identify the diverse needs of inmates, some of whom have limited reading ability and no history of legal employment and others who have extensive work experience and a variety of technical skills. One instructor said he works closely with the academic teachers when he identifies an inmate who could use assistance in a particular subject area. Although the instructors reported that they have sufficient materials for their shops, they mentioned that inmates could benefit from additional instruction in the computerized technology that has become common outside of prison, along with training in some more hi-tech tools and building techniques.

The prison offers six Department of Labor apprenticeships which enable inmates to gain certification in a field that is recognized in the community. Earning the certification is a lengthy and challenging process. Only eight Oneida inmates have achieved it since 2005.

Food Production Center

Several members of the Visiting Committee toured the Food Production Center (FPC), which produces "cook-chill" meals for inmates at all 70 facilities in New York State. FPC runs 15 hours a day, five days a week churning out 32,000 gallons of food in six hours. The cook-chill process involves preparing large quantities of food, quickly chilling it for storage and shipment, and reheating it prior to serving. With this process, the average cost of feeding one inmate per day is now \$2.07. In addition to providing food to all the state's prisons, FPC serves many of the state's county jails. A proposal for FPC to provide the food for New York City's jails is under consideration.

The USDA and the New York State Department of Agriculture and Markets inspect the site once a week, and the on-site staff includes full-time quality assurance and sanitation workers. Samples from each food batch are kept for 28 days (1 full production cycle) so that if any issues arise regarding contamination, the batch can be tested for quality and purity.

The FPC staff is comprised of 68 civilian and 148 inmate employees. Inmates' wages range from approximately 30 cents to 65 cents per hour, depending on the amount of time they have worked in the Center. Inmates who work in the FPC must meet stringent criteria since it is a minimum security environment, and they live on a separate housing unit with additional privileges not available to the general population. We were pleased to see that the inmates can use the employee lounge at mealtimes and when getting on and off their shifts.

Inmate-Staff Relations

Although a handful of inmates described inmate-staff relations as “generally good” and credited the Superintendent with addressing aggressive behavior by staff, we were surprised, as described below, by the large number of complaints among inmates about their treatment by staff. Many inmates reported that staff abuse is their “number one concern.” Others described an environment of intimidation, retaliation, verbal harassment and physical assaults. On the other hand, we did not observe high levels of tension among staff and inmates and thought that the discourse among staff and inmates was comparable or better than communication we have observed at other prisons. However, many inmates described Oneida as a “hands on prison,” implying that physical force by staff is common. In particular, inmates throughout the prison identified the Special Housing Unit as the location where physical confrontations between inmates and staff occur, and to a lesser but still significant degree, the mess hall was also noted as an area where such confrontations are common.

Our survey results indicate that inmates experience a high level of tension with the staff. Forty-seven percent of the survey respondents characterized inmate-staff relations as very bad; an additional 26% described them as somewhat bad, while only 6% considered relations very or somewhat good. In addition, 78% said that inmate-officer relations are worse at Oneida than at other prisons where they have been incarcerated and only 6% described them as better. These data are comparable to data we have received from maximum security prisons such as Attica, Great Meadow, Green Haven, Southport and Upstate, and reflect substantially higher rates of dissatisfaction with inmate-staff relations than we received from medium security prisons such as Arthur Kill, Fishkill, Woodbourne or even maximum security prisons such as Sullivan and Eastern. Interestingly, these results are similar to our findings at Gowanda Correctional Facility, the only other prison with a Sex Offender Program where we have asked inmates these questions.

One-quarter of the inmates we surveyed reported that they had personally experienced a physical confrontation with staff at least once at Oneida, and 86% told us that they hear about such confrontations occurring frequently. Over three-quarters of the survey respondents described the level of inmate-staff physical confrontations as worse at Oneida than other prisons, and only 6% said it was better.

Inmates also described verbal harassment by staff as extensive, with 87% reporting having been verbally harassed at the prison and 61% stating they experience such verbal harassment frequently. This reported level of personally experiencing verbal harassment is high in comparison to other prisons we have visited and much higher than at prisons such as Eastern, Sullivan and Woodbourne. In contrast, fewer inmates than at other prisons we have visited reported experiencing abusive pat frisks or having their property destroyed or stolen by staff.

With great consistency throughout the prison, inmates told us that regardless of their criminal convictions, they are discriminated against by staff who assume they are sex offenders. More than one-quarter of Oneida’s population are convicted of sex offences, about 120 of whom participate in the Sex Offender Program (SOP). Although the staff reported that they are not interested in inmates’ convictions and do not treat individuals differently based on their reasons

for being incarcerated, the perception among inmates is that they are treated poorly because they are associated with sex offenders or because they have sex offense convictions. The prison's unusually high proportion of inmates with sex convictions appears to increase tension at the facility. The Superintendent acknowledged that fostering a safe and respectful environment with such a large population of inmates with sex offenses is a challenge. Staff reported that although the introduction of the SOP initially created problems at the prison, primarily among inmates, few remaining problems exist. We recommend that staff meet with the ILC and IGRC to discuss inmates' specific complaints about their treatment by staff, and encourage a member of the SOP to join the ILC to raise the concerns of inmates on that unit.

It is notable that although 93% of the inmates we interviewed stated they believe there are COs who engage in misconduct, 94% also believe there are COs who are professional and respectful of inmates. Inmates estimated that 60% of staff engage in misbehavior and that 30% act professionally and do a good job.

Overall, 58% of the inmates in our survey reported that they frequently feel unsafe, one of the highest rates we have observed in the state. When prisoners who said they feel unsafe were asked to describe how unsafe they typically feel, they reported levels generally consistent with most other prisons: 42% said they feel very unsafe; 46% said they feel somewhat unsafe; and 12% stated that they feel only a little unsafe. This data supports our conclusion that although Oneida has a great deal of tension among inmates and staff, there is not a significant risk of serious physical violence.

In contrast with the inmates' assessments, staff reported very few conflicts with inmates, describing the level of tension among staff and inmates as "maybe a one or two on a one-to-ten scale" and estimating that there are approximately three to five violent confrontations between prisoners and staff each year. The COs acknowledged that the newer security staff may have more conflicts with the population than the experienced staff, but the individuals with whom we met insisted that they have no conflicts with the prisoners.

A review of the inmate disciplinary, grievance, unusual incident and use of force data reveals that Oneida has a somewhat higher level of disturbances than many other medium security prisons. Oneida had the second highest rate of use of force reports among the 37 medium security prisons; it is in the top one-third of medium security prisons for the rate of unusual incident reports (UIRs) for assaults on staff; its rate of staff misconduct grievance appeals is in the top third of medium security prisons; and its rate of misbehavior reports for assaulting staff is in the top half of medium security prisons. For the offense of interference with an employee, Oneida is in the top third for medium security prisons, and for disciplinary reports for sex offenses it is in the top 20%. Although Oneida has fewer serious incidents between staff and inmates than maximum security prisons, there is a pattern of less serious confrontations between inmates and staff that is considerably high.

Tension between inmates and staff may also be exacerbated because Oneida issues a significant number of disciplinary reports for less serious infractions. For medium security prisons, Oneida is almost in the top third for the overall rate of issuing misbehavior reports among prisons statewide. For gambling and smoking, Oneida issues tickets at the highest rate of any medium security prison and is second overall in the Department. An exceptionally strict

application of prison rules seems the general approach at the prison and this policy can increase tension between staff and inmates.

Finally, of the 389 members of the prison's security staff, only 15 or 4% are people of color. In contrast, 71% of Oneida's inmates are people of color. Such vast differences in the racial and ethnic backgrounds of the inmates and staff are likely to contribute to tension at the prison.

Given the perceived tension between inmates and staff concerning the prevalence of sex offenders in the population, the high rate of inmate discipline and the general sense among the inmates that there is a significant amount of verbal harassment and disrespect by the staff, the prison should work to improve relations between staff and inmates. Increasing communication between staff and the ILC, improving the grievance system and focusing staff training on communicating effectively with sex offenders could reduce the level of tension and violence.

Grievance Program

Confidence among inmates in the effectiveness of the grievance system is very low and many inmates complained of retaliation from staff for filing grievances. Of the inmates we interviewed who had filed a grievance, 32% reported personally experiencing frequent retaliation for complaints. Overall, only 3% of inmates described the grievance system as good and 82% described it as poor. Some inmates told us that the newly hired grievance supervisor is less effective than the previous supervisor.

Inmate-Inmate Relations

According to both staff and inmates, tension among inmates appears to be very low at Oneida. Only 18% of the inmates we interviewed reported personally being involved in a physical confrontation with another inmate at the prison and less than 20% said that such confrontations are frequent throughout the prison – lower rates of inmate confrontations than we have observed at many prisons. The staff agreed that although inmate fights occur, they are not common. More than half the inmates in our survey said there is less gang activity at Oneida than at other prisons, and nearly half reported that there are fewer drugs there than at other facilities. The staff confirmed that although any drug or gang activity is unacceptable, Oneida's problems are not as widespread as at other facilities.

Some attributed the low level of tension among inmates not only to the comparably low level of drugs and gang activity, but also to the fact that many prisoners are close to their parole board dates and are focused on avoiding or preventing behavior that would jeopardize their release. Others credited the security staff with preventing conflicts among inmates.

Cameras

Many staff and inmates supported introducing additional cameras to the prison, particularly in the Special Housing Unit, while some of the security staff believe they are an unnecessary measure. Currently, the prison's only cameras are in the outdoor areas. Sixty-eight

percent of the inmates we surveyed believe cameras would reduce abuse in the prison. The Superintendent reported to us that she has requested cameras in the SHU, but because the windows are currently being replaced on the unit, the funding is currently unavailable.

Medical Care

During our visit to Oneida, we met with a physician and an acting nurse administrator, a dentist and a representative of the Office of Mental Health. We also toured the medical and dental areas. We appreciate the medical staff's candid and comprehensive responses to our questions. Generally, it appears that medical services at the prison are functioning reasonably well and that most staff is committed to providing appropriate care to the inmate population.

The medical staff has been stable for some time with two physicians, one nurse practitioner, 12 nurses and a nurse administrator. At the time of our visit, one nurse had been out on extended sick leave for a few months. Although the prison has not experienced any significant medical vacancies, it regularly utilizes a substantial amount of per diem nurses to augment its nursing staff. The medical administrators reported that they have a pool of experienced per diem nurses and do not have difficulties getting nurses to meet the prison's needs. However, the regular use of per diem nurses strongly suggests that Oneida should be authorized one or two additional full-time nurses to reduce the need for routine per diem staff.

None of the medical staff is bilingual. Although the prison's policy is to transfer inmates with limited English skills to other facilities, we observed, and heard about, numerous inmates with limited English proficiency. For those inmates, medical encounters must include a translation by professional staff or an alternative mechanism to translate for the inmate. DOCS has a contract with AT&T for telephonic translation services. We informed the prison about this service and urged the medical staff to use it. If additional nursing staff is authorized, we also recommend that the prison attempt to hire bilingual staff.

Sick call is conducted four days per week: Monday, Tuesday, Thursday and Friday. Special clinics are run on Wednesday when sick call is not in session. Most inmates appeared to be satisfied with the sick call services. Only 16% of the survey respondents reported that they cannot access sick call when they need it. Twenty-four percent of the respondents rated the sick call nurses as good, 38% considered them fair and 38% rated them as poor. Although most nurses were considered to be receptive and responsive to inmates' medical concerns, we received several comments from inmates that some nurses are disrespectful and reluctant to refer patients to a prison provider for follow-up. Many inmates who rated sick call as poor referred to problems with some nurses' attitudes toward the inmate population. We urge the medical staff to pursue this concern with the ILC and IGRC.

Survey respondents were also generally positive about the physician and nurse practitioner staff, but there were complaints about specific providers. Two-thirds of the respondents rated the physicians as good or fair and only one-third considered them poor. Only 28% of the respondents reported experiencing frequent delays in access to clinic appointments, a rate better than at most other prisons we visit. The inmates estimated that the average time to see a provider for routine care is two weeks, which was relatively consistent with the estimate we

received from the medical staff and is less time than inmates at most other facilities report that it takes to see a doctor. Those who rated the providers as poor complained that some providers were dismissive of inmates' medical problems and disrespectful; others expressed the opinion that many medical problems are treated with prescribing over-the-counter pain medication without further treatment. Several inmates complimented the prison staff with providing good care once the inmate is seen.

We were pleased to learn that both physicians and the nurse practitioner appear to be qualified as experienced HIV providers. Most HIV-infected inmates (84%) are on antiretroviral therapy, but we are concerned that only 32 inmates are known to be HIV positive. With an estimated HIV infection rate of approximately 6.7% for the DOCS male inmate population system-wide, we expect that more inmates could be identified as HIV infected at the prison. It appears that HIV-infected inmates being monitored by the medical staff have access to knowledgeable HIV providers, and a limited number of patients are also seen by infectious disease specialists. We are also pleased that in January 2007, ten medical records of HIV-infected inmates were reviewed by an infection control nurse under the HIVQUAL audit. It is crucial that HIV care be monitored on a regular basis to ensure adequate treatment.

There are approximately 100 inmates known to be infected with Hepatitis C (HCV) at Oneida, only four of whom were on HCV therapy. This number appears low, although prison staff informed us that they encourage appropriate HCV-infected inmates to initiate therapy. There are 14 inmates who are co-infected with HIV and HCV and none are currently on HCV therapy. We urge facility providers to conduct a review of the co-infected patients to ensure that their Hepatitis C infection is being appropriately treated. We have learned that at many other prisons throughout the system co-infected inmates are not being aggressively treated for the disease.

Fifty-seven percent of inmate survey respondents reported experiencing some delays in access to a specialist. The inmates estimated that these delays are typically two months or more. Moreover, more than half the inmates reported that the prison providers did not do a good job on following up on the specialists' recommendations. When we questioned the medical staff about specialty services, they asserted that they did not experience difficulties accessing specialists and that they implement all their recommendations. Given our survey results, the medical staff should meet with the ILC and IGRC to evaluate the concerns of the inmate population about specialty services.

We visited the Regional Pharmacy at the prison and spoke with its staff. The staff appeared committed to providing effective services, and the facility seemed adequately supplied with equipment. In discussing the new computerized pharmacy system for managing patient medication information, we learned that the roll-out to facilities throughout the state is proceeding, but has not been completed. The new system has some clear advantages in that it will allow for more comprehensive reports and analyses of patient medications as well as facilitate the sharing of patient information as inmates are transferred between prisons. However, it appears data entry is cumbersome and time-consuming, and the system could benefit from refinements to permit more efficient use by the pharmacy staff throughout DOCS. Since roll-out of the system is still in progress, it would be beneficial for Division of Health Services

staff to evaluate the system now to determine if some modifications could be developed to address these concerns.

Forty percent of the respondents taking medication stated that they sometimes experience problems receiving them. The medical staff stated that refills can be provided as long as an inmate submits a request within three days of his medications running out. In analyzing the few specific complaints we received about medications, it appears the problem may not be with obtaining refills or new prescriptions, but rather that the prison is not prescribing medications that the patient believes are appropriate to treat his condition. We urge the medical staff to meet with the ILC and IGRC to determine why inmates are having some difficulties getting their medications.

We were pleased to learn from the medical staff that a facility-based quality improvement program is conducted every three months. They also informed us that someone from DOCS Division of Health Services' quality improvement committee visits the facility approximately three to four times a year. We did not review any records of this process to assess its effectiveness, but the description of the program indicates a serious effort by the medical staff to implement a meaningful quality improvement program at the prison.

During our visit and in the inmate survey responses, we received relatively few complaints overall about Oneida's medical services. Eighteen percent of the survey respondents rated healthcare as good, 49% assessed it as fair and 34% found it to be poor, figures consistently better than at other prisons we have visited.

The grievance data appear to confirm that Oneida experiences fewer inmate complaints about healthcare than many other prisons. The number of annual medical grievances from 2004 to 2006 has ranged from 42 to 45, representing approximately 11% of all grievances filed during the three-year period. The percentage of medical grievances compared to the total number of grievances is significantly less than the rate (18.5%) throughout the system. Similarly, the number of medical grievances per 100 inmates is also substantially less than at the other prisons we have visited. We believe that these data indicate that many inmates are satisfied with the prison's medical services. However, as described above, some problems do exist, and we urge the medical staff to pursue these issues to ensure that the best services are being provided.

Central Pharmacy

We visited the Central Pharmacy, which distributes bulk medications to prison pharmacies throughout the state, which then dispense individual doses to inmates. We spoke with staff on the day of our visit and in a follow-up conversation, and we appreciate the comprehensive responses to our questions. The facilities were well maintained and provided appropriate security for the medications being stored there.

Some New York state prisons distribute medications to inmates through an on-site or regional DOCS pharmacy that receives bulk medications from the Central Pharmacy at Oneida, and others have contracts with an outside pharmacy that performs this function. We learned Kinney Drugs was recently awarded the contract to provide medications at most prisons not

serviced by a DOCS pharmacy, a change from the previous contract with Diamond. This contract became fully operational on April 1, 2007, providing services to 20 prisons. In addition, there is a separate pharmacy contract for five state prisons located in New York City, including Bayview CF, which obtains some of its medications from the outside contractor. In the most recent fiscal year, DOCS spent \$17 million to purchase medications through contracts with outside pharmacies. The same medications purchased through Central Pharmacy would cost approximately \$3,800,000 less, amounting to a 23% savings. Given this cost differential, it would be feasible and fiscally responsible for the state to move away from private contracts and authorize further increases in the civil service salary rates for state pharmacists. Currently, low rates of pay for pharmacists in many areas of the state have led to long-term vacancies. With competitive salaries, prison and regional pharmacies could successfully recruit DOCS pharmacists and eliminate the need for some prisons to rely on a costly outside contractor for medications.

We recognize that DOCS cannot control the salary levels for civil service employees and that the approval of a geographic pay differential in 2005 increased civil service salaries for pharmacists by \$11,000 per year statewide. Although the 2005 increase enabled some prisons to fill pharmacy positions, it appears that numerous pharmacy vacancies still exist and many prison pharmacies remain closed. We will continue to recommend civil service pay increases to executive and legislative officials, and hope DOCS will join in our efforts to press for a change in the state pharmacist salary rates.

Staff reported that the Department has a long-term plan to take over the outside pharmacy services by expanding the Central Pharmacy and hiring 17 new pharmacy positions, which were authorized in last year's fiscal budget. Under this plan, in addition to distributing bulk medications to prison pharmacies throughout the state, Central Pharmacy will also begin dispensing individual prescriptions to inmates at prisons currently served by an outside contractor. It appears, however, that it will take several years to implement this plan. This proposal could represent significant progress in addressing the longstanding issue of inadequate staffing of prison pharmacies, but we believe it will not fully address the need for more prison pharmacies, and therefore, we urge DOCS and the state to make state pharmacists' salaries competitive with community rates, eliminating the ongoing challenge of staffing prison pharmacies throughout the state.

Distributing medications from DOCS pharmacies will also enable better tracking of inmate medications using the new DOCS pharmacy computer system. There currently is no mechanism to integrate the computerized medication records of inmates receiving services from the outside contractor with the DOCS computerized records. Consequently, when an inmate is transferred from one prison receiving outside pharmacy services to a prison serviced by DOCS' Central Pharmacy, or vice versa, the receiving facility is unable to access any computer records about the inmate's prior medication history. This inability makes it much more difficult to appropriately monitor inmates on complex medication regimens, to assess inmate compliance with their medications, or to gauge the impact of alterations in medication regimens for patients with chronic conditions.

The Department spends substantial sums to provide medications to treat chronic diseases. Annually, DOCS spends \$26.2 million for HIV medications, \$16.2 million for psychotropic medications and \$3.6 million for Hepatitis C drugs, in total representing more than 60% of its medication budget. Given these expenditures, it is essential that the Department conduct effective quality assurance of the medical care provided to the chronically ill to ensure that the drugs are used appropriately and that the treatment is effective.

Overall, we were impressed with the Central Pharmacy operation. We hope the new pharmacy computer system will allow for increased analysis of medications and other quality assurance measures. We believe the elimination of the outside pharmacy contract for prisons not being serviced by a DOCS pharmacy is, and should be, the Department's long term objective, and we urge the adoption of measures to reach that goal as soon as possible.

Dental Care

We met with the dentist, Dr. Carter, and toured the dental facilities. At the time of our visit, there had been a vacant dentist position since mid-December. In addition to the two authorized dentists, there is a dental hygienist and two dental assistants. The facility had four dental chairs, and the dental facilities seemed to be in good condition. We heard several positive comments from inmates about Dr. Carter. However, inmates needing complex oral surgery must wait to be seen by a private dentist in the local community, and we heard complaints of long delays for these complex procedures. One inmate reported that after 11 months he was still waiting for oral surgery to be performed by the outside provider.

In summary, we had many favorable impressions of the medical care at Oneida. We urge the prison to seek additional staff and to fill the vacant dentist position and suggest that the medical staff regularly meet with the ILC and IGRC to address any inmates' concerns about health services.

Mental Health Services

Oneida is a level 3 mental health facility, which means that it has part-time mental health staff and should only confine inmates with an Office of Mental Health (OMH) acuity level of 3 or less, signifying less serious mental health needs. The OMH staffing consists of a half-time psychiatric social worker, a psychiatric social worker from Mid-State CF two days per week, a psychiatric nurse practitioner 16 hours per month and a board-certified psychiatrist 16 hours per month. There were approximately 85 inmates on psychotropic medications when we visited the prison and between 120 and 130 inmates on the OMH caseload. Approximately one to two inmates per year are sent to Central New York Psychiatric Center for hospitalization and two to four inmates per month are sent to Mid-State's mental health unit for crisis intervention.

OMH staff told us that discharge planning for OMH patients is coordinated by the psychiatric social worker and OMH officials at Mid-State. OMH staff also reported that inmates on the OMH caseload are seen typically one month prior to their release and that as part of their discharge plan, soon-to-be-released inmates receive the following preparation: (1) a clinic appointment at a community-based mental health facility scheduled within one week of their

release; (2) two weeks worth of psychotropic medications; (3) a prescription for two weeks of medication; (4) a medication grant card authorizing them to receive free psychotropic medication; and (5) a psychiatric discharge summary. We did not review any records to determine how many OMH patients receive these services, but the description of the discharge planning process was impressive, and, if implemented, would appear to meet the needs of the inmates with mental health needs.

Our inmate surveys were mostly positive about the mental health services, but did contain some negative assessments. Of the 88 survey respondents, 38 (43%) stated that they had received or had been recommended for mental health services while incarcerated. Eleven respondents were currently on the OMH caseload, and 12 had been on the OMH caseload while at Oneida. Overall, 21% of the respondents rated mental health services as good, 41% assessed them as fair and 38% reported them as poor. Of the 23 respondents who had received OMH care at the prison, 15% rated mental health services as good, 45% assessed them as fair and 40% found them to be poor. These ratings are somewhat worse than the assessment of mental health services we found at other prisons we have visited recently. It is unclear what precise problems inmates may have encountered with mental health services and, therefore, we urge OMH staff to meet with the ILC and IGRC to discuss inmates' concerns about mental health care.

Special Housing Unit

Oneida's Special Housing Unit (SHU) has a capacity of 44 inmates and it confined 36 when we visited. We spoke with and received surveys from 11 SHU inmates, most of whom had been on the unit for between two and six weeks. We were pleased to note that there were no inmates on deprivation orders when we visited.

In total, 11 SHU inmates were enrolled in the cell study program, enabling them to do academic work while serving their disciplinary sentences. Most inmates we surveyed who participated in cell study had positive comments and appreciated the opportunity to engage in a constructive, educational activity. However, many SHU inmates we interviewed complained of insufficient reading material and requested that the SHU cart be circulated more frequently. The librarian visits the SHU only every 60 days to refresh the library cart that is distributed to SHU inmates, as required by the directive.

Most inmates we interviewed do not go out for their one hour of recreation or they go only once in a while. Since this hour is the only out-of-cell time inmates have while serving their disciplinary sentences, it is alarming that so few take advantage of it. Many said they do not go out because they feel like "standing in a cage for an hour" is not worth it. Some said they preferred to stay in their cells rather than interact with staff. Permitting inmates to go to recreation in pairs and providing them with physical equipment like chin-up bars or balls could provide an incentive for inmates who otherwise spend 24 hours a day in their cells.

Of the 36 inmates in the SHU, nine, or one-quarter, were on the Office of Mental Health caseload, although they make up only 10% of the population of the entire prison. Placing inmates with severe mental illness in 23-hour segregation can lead to psychiatric deterioration and increased disciplinary problems. We hope that the recent settlement of litigation against the

Department, which requires establishing residential treatment programs for SHU inmates with severe mental illness, will prevent people with these conditions from being placed in isolation. Such a step will also serve to alleviate the burden on prisons of repeatedly initiating disciplinary action against those with severe mental illness.

Many inmates reported that physical assaults by staff occur upon admission to the SHU. We suggest installing cameras on the unit to address these concerns, protecting staff from unwarranted accusations and providing security for inmates as they enter the SHU.

Transitional Services

The Visiting Committee met with some Transitional Services (TS) inmate and civilian staff and observed a session of the Phase III portion of the program. After increasing its staff from one part-time correction counselor to three full-time correction counselors in the past three years, Oneida now runs each of the three phases of TS. Inmate Program Associates (IPAs) teach the sessions with the supervision of a correction counselor. Phase I is a one-day orientation for inmates new to the prison and, for those who are new to DOCS, it extends to a two-week orientation to prison life. Inmates at any point in their sentence can attend Phase II, which is an 11-week program of half-day sessions, and learn about topics such as living skills, anger management, dealing with change, families and basic drug and alcohol facts.

Phase III is the Department's program for inmates who are nearing their earliest possible release date, intended to prepare them for return to the community. During Phase III, inmates receive assistance in obtaining personal documentation, preparing for the parole board and identifying needed programs and services upon discharge. Inmate staff write resumes for participants on request and help them to identify employment opportunities. Although we heard that there is limited communication between parole and the TS program, the parole staff recently gave a presentation to the IPAs responsible for teaching the program on employment and expectations upon release. The TS staff reported that participation from outside organizations is welcome, although they are sometimes difficult to recruit. They told us that the Fortune Society visits the program twice a month; the Center for Community Alternatives assists inmates who are HIV-positive with discharge planning; the Office of Mental Retardation and Developmental Disabilities also provides discharge planning assistance; and a limited number of other organizations make presentations to the inmates.

An IPA showed us the resource room, which had a computer to help inmates write resumes and letters to potential employers or service providers. There was also a well-organized shelf containing information from community organizations around New York State. The inmate was proud of his work, telling the Committee, "we believe in what we do here," and spoke knowledgeably about identifying resources and programs for inmates being released from prison.

Even with the positives, the program could use more information about resources such as programs located upstate, in particular, junior colleges, therapeutic programs and housing.

Phase III planning for substance abuse treatment in the community

The transitional services staff reported that inmates who need substance abuse treatment upon release from prison are largely responsible for communicating with the providers on their own. Although one TS staff member stated that the ASAT and TS staff collaborate to meet inmates' needs when they are released from prison, there appears to be limited coordination among the substance abuse treatment staff and the transitional services staff in creating a discharge plan for inmates in need of ongoing treatment.

Both inmates and staff told us that most letters inmates send to outside treatment providers are unanswered, and staff typically do not make phone calls or facilitate contact with community-based programs on the inmates' behalf.

Parenting Skills

We were pleased to learn from the Deputy Superintendent for Programs that the facility plans to institute a families and parenting initiative, although the prison already has a volunteer parenting program, facilitated by an outside volunteer. The program will provide skills for fathers to remain connected with their children and reestablish ties upon release. He told us it is not yet clear whether the program will function as a part of the transitional services program or as a separate, volunteer program. We commend the facility on its efforts to introduce this valuable training.

Meeting with Staff Union Representatives

We appreciated our informative meeting with the unions representing the civilian and security staff at Oneida. They described a staff that generally feels safe and secure in the prison, enjoys a positive relationship among their peers, and has a substantially cooperative interactions with the administration.

The staff raised a few key concerns. First, the rates of pay for some of the civilian and the security employees are not competitive with individuals doing the same work in the community. Although the nurses were grateful for a pay increase they received in recent years, other civilian employees have not received similar raises. In addition, the security staff reported that staffing levels are low.

The staff mentioned that they are concerned that many employees soon may leave the prison after completing 25 years in DOCS. Currently, the retirement plan offers no additional incentive for COs to remain on the job for a longer period, leading many to retire as soon as they reach the 25-year mark. The staff suggested introducing incentives for people to stay longer, a measure that could provide the prison with the benefit of the years of experience that seasoned professionals offer.

Some staff suggested that the addition of more programs would benefit the prison. They noted that Oneida, unlike many prisons, has unused space that could be converted to program areas. They told us the prison used to have more programs and program staff, and mentioned

that vocational painting and horticulture classes are programs that some members of the staff and administration have supported introducing at the prison.

Libraries

General Library

Members of the Visiting Committee visited the library and spoke with the librarian. He reported that the facility was in the process of transferring from a traditional paper card catalog to a computerized system. We noted that the new computers were wrapped in plastic, though he said that the transfer was scheduled to take place at the end of the week. There are 12-14 part-time IPAs who work at the library, allowing inmates to use the space during the evenings and weekends. According to the librarian, inmates can visit the library on the same day they put in a request for services. The librarian reported that over half the budget is spent on periodicals, and during our visit, almost all the inmates using the space were reading magazines. Many inmates expressed dissatisfaction with the selection of books, although many also spoke highly of the inter-library loan system, which enables them to request books from a network of community libraries.

The IPAs we met during our tour were knowledgeable, and one was especially proud of the plants he had cultivated to brighten the space. Until a year ago, the stacks were open for browsing, but the administration concluded that too many books were being stolen. The librarian and IPAs are now the only people allowed in the stacks, which are separated from the main reading area by a partition. Some inmates were frustrated with this change, and reported having to ask for reading materials by title or subject since most said they did not know how to use the card catalogue system, a problem which we expect will be addressed with the introduction of the computerized system. Although we did not discuss who would have access to the computerized system, we suggest making it available to all inmates who use the library and ensuring that they receive training on how it functions. This step will enable inmates to maximize their use of the library and gain valuable computer skills.

Books in Spanish were limited, all placed on one set of shelves. Particularly given the absence of Spanish-speaking vocational and program staff or an ESL course, the prison's Spanish-dominant inmates would benefit from additional fictional, self-help and educational reading material that they can easily understand.

Final Meeting with the Superintendent and Executive Team

The Visiting Committee met with the Superintendent and the executive team at the end of our second day to report some of our preliminary findings and seek feedback. We noted our positive impressions of the educational program and urged the expansion of opportunities for inmates to gain secondary education. We also mentioned our positive assessments of the vocational instructors with whom we met.

We raised some concerns about the apparent tension among staff and inmates, and reported the common notion among inmates that they are all treated as if they are convicted of a

sex offense. The Superintendent told us she had heard this complaint before, and mentioned that it is a challenge for prisons with sex offender programs with no easy solution. We also mentioned the low level of tension among inmates, which many credited to the efforts of the security staff.

We reported that our meeting with the medical staff was helpful, and noted that Central Office should increase the staffing levels in order to prevent the necessary use of per diem staff.

Recommendations

Programs

- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary in the past 20 years.
- Replicate at other prisons Oneida's practice of making practice tests available to inmates in GED programs.
- Hire Spanish-speaking staff.
- Institute an English as a Second Language program.
- Institute an onsite postsecondary education program for inmates who have earned their GED or high school diploma.
- Encourage additional inmates to work to obtain Department of Labor certification in a trade.
- Consult with the vocational instructors to identify and purchase updated computer programs and equipment to ensure that inmates receive training on the tools utilized in the community.
- Work with vocational instructors to identify and purchase new technology to enable inmates to gain up-to-date skills in their trades.

Transitional Services

- Increase community organizations' involvement in making presentations to inmates in the Transitional Services (TS) program and in enrolling soon-to-be-released inmates in community programs prior to discharge.
- Encourage TS staff to pursue placement for inmates in community programs upon release by making phone calls and directly contacting service providers.
- Ensure that the TS and ASAT staff work together to create a discharge plan for inmates who have substance abuse treatment needs and who are about to return to the community.

Library

- Increase the selection of reading material available in Spanish, including the addition of fiction and nonfiction books, and update the encyclopedias.
- Ensure that inmates receive training on, and assistance with, using the new card catalogue.

Special Housing Unit

- Enable SHU inmates who do not pose a risk to other individuals to go to recreation in pairs.
- Install cameras in the SHU.
- Refresh the library cart and circulate it more often in the SHU.
- Institute a system-wide policy to provide inmates in SHUs throughout the state with athletic equipment like balls or chin-up bars when they go to recreation.

Inmate-Staff Relations

- Institute a training program for staff to increase sensitivity, with an emphasis on working effectively with people convicted of sex offenses.
- Institute efforts to increase the diversity of Oneida's staff by recruiting and hiring Spanish-speaking and African-American correction officers and additional female correction officers.
- Install additional cameras that record in areas where conflicts are most common, and ensure that they are consistently turned on and utilized.
- Encourage an inmate from the Sex Offender Program to serve on the ILC.
- Conduct a meeting between the ILC, IGRC and relevant representatives of the administration and staff to discuss specific complaints about staff treatment.
- Meet with the ILC and IGRC to discuss ways to improve the effectiveness and credibility among inmates of the grievance system.

Medical Care

- Increase the nursing staff at Oneida to reduce the need for routine per diem staffing. Once approved, attempt to fill these positions with bilingual staff.
- Fill the vacant dentist position and expedite the delivery of oral surgery services by the outside specialist currently providing this care.
- Conduct regular meetings between medical staff and the ILC and IGRC to discuss inmates' concerns about (1) the attitudes of some nurses and other providers in treating

the patient population, (2) problems in receiving medications, and (3) access to, and follow-up from, specialty services.

- Review the procedures for identifying HIV-infected inmates to ensure that all inmates at risk for the disease are encouraged to learn their HIV status and to seek medical treatment for their condition.
- Review the care provided to inmates co-infected with HIV and Hepatitis C to ensure that both illnesses are treated aggressively.
- Utilize the AT&T telephonic translation service for medical encounters with inmates with limited English skills.
- Encourage DOCS officials to review the new computerized pharmacy system to assess whether improvements can be made to make data entry more efficient.
- Encourage state officials to increase the civil service rates of pay for state pharmacists.
- Expedite efforts to replace the current outside pharmacy contract with DOCS-based pharmacy services.

Mental Health Services

- Conduct regular meetings between mental health care providers and the ILC and IGRC to discuss inmates' concerns about the delivery of mental health services.