

The Correctional Association of New York

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BARE HILL CORRECTIONAL FACILITY

The Correctional Association of New York (CA) visited Bare Hill Correctional Facility, a medium security facility for men located in Malone, New York, which is near the Canadian border, on June 3 and 4, 2008. At the time of our visit, the facility had a population of 1,691 inmates, near its capacity of 1,722. The facility was originally constructed to house half this number of inmates. While DOCS constructed additional housing units in the 1990s, areas like the visiting room and libraries did not expand. The facility also includes a 32-bed Special Housing Unit (SHU) that confined 32 inmates in disciplinary segregation at the time of our visit. In addition, Bare Hill operates an Alcohol and Substance Abuse Treatment program and a variety of educational and vocational programs.

The primary objective of our visit to Bare Hill was to assess the programs, physical facilities and the conditions for inmates and staff within the prison. The CA obtained surveys about general prison conditions from 347 inmates. We also received surveys from 85 inmates specifically concerning substance abuse treatment programs and surveys from 39 inmates about their need for substance abuse treatment. We have not included the results of the substance abuse treatment surveys or our evaluation of the substance abuse treatment program at Bare Hill, as we will publish them in a subsequent CA report. We base this report on findings from surveys; conversations with the Superintendent, the Executive Team, program staff and inmates; written correspondence with inmates; meetings with staff union representatives, staff of the many prison programs, security staff, and members of the Inmate Liaison Committee (ILC) and the Inmate Grievance Resolution Committee (IGRC); and observations during our visit.

In December 2008, we spoke with the executive team from Bare Hill and officials from DOCS Central Office concerning a draft of this report detailing our preliminary findings and recommendations. We found the discussion informative and useful in finalizing this report, and have included information we learned during that conversation.

Summary of Findings and Recommendations

The Visiting Committee was impressed with many areas of Bare Hill. The facility seemed clean and orderly. Many instructors in the academic areas seemed enthusiastic about instilling inmates with useful skills and knowledge for life after prison. We were also impressed with the Transitional Service Department's creative use of a database of reentry resources.

We also noted some problems: deficiencies in medical and dental services; the high level of tension between inmates and staff; the lack of Spanish-speaking staff; staff vacancies in the academic program; and treatment of inmates in the Special Housing Unit.

Our principal recommendations to relevant state, DOCS and prison officials include these measures:

- Fill vacancies in the academic program;
- Increase the number of GED classes;
- Hire Spanish-speaking staff;
- Institute a training program for staff to increase sensitivity, with an emphasis on working with diverse populations;
- Fill nursing vacancies and consider augmenting physician staff;
- Improve the quality of sick call and physician encounters;
- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare;
- Enhance efforts to identify and treat inmates with Hepatitis C;
- Enhance access to specialty care services and improve follow-up to specialists' recommendations; and
- Install cameras in the SHU.

Bare Hill's Inmate Population

Mirroring statewide averages, 22% of Bare Hill's inmates identify as white, 47% as African-American, and 29% as Hispanic. The median age of inmates is thirty-six. Seventy percent of Bare Hill's inmates are from New York City or its suburbs—a figure slightly higher than the statewide average of sixty-five percent. Like in many medium security facilities, most inmates face their earliest release date within two years. Forty-nine percent of inmates at Bare Hill were convicted of a violent crime, a figure lower than the statewide fifty-seven percent. Compared with prisons throughout the state, Bare Hill has a slightly higher percentage of inmates convicted of drug offenses: 26% at Bare Hill compared to 22% in all New York State prisons. Similar to statewide averages, 52% of Bare Hill inmates have a high school diploma, GED or higher degree and 9% of inmates are Spanish-speaking with no, limited, or moderate English proficiency. There are no African-American or Hispanic Corrections Officers.

Programs

Bare Hill offers a variety of classes and vocational programs. According to data provided by the facility, at the time of our visit, 72 inmates, or 4% of the prison's total inmate population, were idle, or without any program or job assignment. A total of 1,614 inmates were in programs the whole day, and 18 were in programs half the day. A problem is that 62% of the population (1,047 inmates) is assigned to a porter position, which entails performing cleaning or basic maintenance for the prison and rarely involves the development of transferable skills. This rate is much higher than we have found at other prisons. Although a few porters told us they were pleased with their assignment, many inmates described porter positions as monotonous, low-paying assignments that are virtually useless in preparing people for return to the community. Of

the inmates we surveyed, 46% were satisfied with their job, 20% were sometimes or somewhat satisfied, and 33% were dissatisfied with their job. While the percentage of inmates who are idle is low, the high number of inmates with porter positions could indicate that many are waiting for programs, as indicated by our survey results, where 42% of respondents said they were waiting for a program.

With very few Spanish-speaking program staff, many Spanish-speaking inmates primarily rely on bilingual inmates to translate for them. Bare Hill does not have Adult Basic Education (ABE) or GED classes specifically for Spanish-speakers. Many Spanish-speaking inmates with whom we spoke expressed frustration with understanding course material, and some felt that staff were unresponsive to or intolerant of their concerns.

Consistent with prisons throughout the state, inmates earn between 10 and 45 cents an hour for paid modules. This rate of pay has remained unchanged for approximately 20 years, although the cost of items in the commissary has increased with inflation, and commissary prices are comparable to charges for goods outside the prison. In addition, inmates may only purchase a limited dollar amount of goods at one time, a restriction that has not changed concurrently with the rise in cost. Many Bare Hill inmates complained about their inability to afford commissary goods, with 73% of those we surveyed stating that they were not satisfied with the commissary program at the facility.

Vocational Programs

At the time of our visit, a total of 510 inmates were enrolled in one of 10 vocational programs, which included building maintenance, computer repair, custodial maintenance, electrical trades, floor covering, general business, horticulture, masonry, small engine repair and welding. The facility offers Department of Labor apprenticeship certificates, National Center for Construction Education and Research (NCCER) certificates, and has an NCCER curriculum in Spanish. There were no vacancies in Bare Hill's staff of fifteen vocational instructors, however, when we spoke with officials in December 2008, we learned that the computer repair instructor had retired in November and the facility was attempting to fill the position.

When we toured the vocational program, most classrooms seemed well equipped. Masonry was the exception, with inmates rotating use of a limited number of tools. Many vocational instructors had substantial experience in their subjects.

Of the inmates we surveyed, 63% were satisfied with their vocational program, at least some of the time, and 36% were dissatisfied. Some inmates spoke very highly of their instructors and their dedication to preparing inmates for life after prison. Many inmates complained about the policy that an inmate who enters Bare Hill with a vocational credit cannot enroll in another vocational course, limiting their ability to learn new skills that would be useful upon release.

Inmates who meet stringent Department of Labor (DOL) qualifications can earn a DOL certification that they have completed vocational training for a specific job title. This DOL certificate can greatly enhance an inmate's ability to find work upon release. Bare Hill has

issued more DOL certificates than many other prisons we have visited: 4 in 2006; 10 in 2007; and 5 through May 2008. At many other facilities, no inmates have obtained a certificate, or only one to three certificates have been issued in a year. However, given the number of Bare Hill inmates enrolled in the vocational program, there are still very few participants who are able to remain in the program long enough to earn a DOL certificate, and many inmates expressed to us their desire to pursue this valuable credential. Inmates also mentioned that it can be difficult to receive letters documenting their completion of vocational courses.

Academic Programs

The facility offers one of the largest academic programs among New York state prisons, with 729 inmates enrolled in classes at the time of our visit. Classes at the facility include: Adult Basic Education (ABE), pre-General Equivalency Diploma (GED), GED and English as a Second Language (ESL) courses.

We commend the facility on its high academic program enrollments overall, but we question the number of inmates enrolled in certain courses. For example, there seem to be a particularly low number of inmates enrolled in GED classes. In December 2005, enrollment in the facility's GED classes was 127, up from 74 in December 2003. However, at the time of our visit, there were only 76 inmates enrolled in the GED classes. Considering DOCS policy requires inmates to continue their education until they receive a GED unless otherwise excused, these numbers are especially low when compared to the high enrollments in the pre-GED class, which were 226 in December 2003, 305 in December 2005, and 236 at the time of our visit. When we spoke with facility staff in December 2008, we learned that there were only five individuals on the waiting list for the GED class. With half its large population without a GED or equivalent, we question the low number of inmates on the GED waiting list and urge the facility to review the process for selecting inmates for the GED class.

As the number of inmates enrolled in GED classes has decreased, enrollment in ESL has increased. In December 2005, there were 62 inmates enrolled in ESL, down from 94 in December 2003. At the time of our visit, there were 163 inmates enrolled in the course. We were pleased by the increased enrollment; however, we are concerned that the limited staff might affect the quality of the instruction. Staff reported that the ESL teacher speaks Spanish, along with one other teacher. Inmates reported, however, that some ESL instructors did not speak Spanish and that Spanish is not used in all ESL classes. Given the large number of inmates with limited English skills, it is unfortunate that the facility does not offer ABE or GED classes specifically for Spanish-speakers.

At the time of our visit, the facility reported there was one vacancy (since April 2008) among its academic staff of sixteen. Because of the vacancies and the high number of inmates enrolled in the class, the facility split one GED class between two classrooms, with one instructor going back and forth between sessions. This situation was not temporary and is clearly inappropriate for effective teaching. When we spoke with staff in December 2008, they reported that the vacancy remained and that they believed their staffing levels were sufficient to meet the needs of the population.

The GED passage rate has steadily increased in the past three years, with 63% passing in 2006, 70% in 2007 and about 80% in 2008. Staff attributed the increased passage rate in part to the contributions of inmate Teaching Assistants, who had their GED when they came to Bare Hill or obtained it at the prison, as well as to effective instructors, one-on-one help, and increased access to materials. However, the number of inmates taking the GED has varied over the years, from 95 in 2006, 117 in 2007 and 36 through the end of May 2008. We urge the facility to investigate the reasons for the variability in the number of inmates taking the GED test.

Similar to Department-wide averages, 52% of inmates at Bare Hill have their GED or higher degree. Unfortunately, there is no higher education coursework offered at the facility. While inmates may purchase course materials for a college correspondence course, only four inmates at Bare Hill were enrolled in postsecondary education at the time of our visit. The approximately 880 inmates not needing, or having completed, DOCS educational offerings are missing an opportunity to gain higher education that would benefit them and society, since evidence shows clearly that postsecondary education creates a more manageable prison environment and reduces recidivism.

During our visit to the academic area, we found the classrooms welcoming and decorated with posters and globes. We also visited the computer lab. With 21 computers, classes are able to rotate use of the computer lab. Instructors informed us that classes use the computer lab about once a week. Unfortunately, the computers in the lab were outdated and did not offer many of the updated programs essential to today's workplace environment.

Fifty-two percent of the inmates we surveyed said they were satisfied with the academic program, at least some of the time, while 47% said they were dissatisfied. Many inmates complained that academic classes are often canceled. Inmates also suggested that they would do better in classes if they received more one-on-one attention from instructors. We believe the large number of teacher vacancies is seriously undermining the ability of the prison to meet the educational needs of the prison population, and we urge the facility to fill the program's staff vacancies.

Libraries

General Library

Members of the Visiting Committee visited the general library. One full time librarian and one part-time clerk were employed at the library, however neither were present at the time of our visit. Twenty-five inmates are permitted in the library at one time, and staff informed us that the library is often full to capacity. Over the weekend, a cart of books is kept in the gym for inmates to access. Inmates who are on keeplock or who cannot travel to the library for medical reasons may have books delivered to them. The library participates in the inter-library loan program and hosts a financial advisor to consult with inmates once a year. Of the inmates who responded to our survey, 82% indicated that they were satisfied with the general library at least some of the time.

Law Library

Members of the Visiting Committee also visited the law library. At the time of our visit, several officers and 11 inmate law clerks were assigned to staff the library. Some of the clerks speak Spanish, and translate for Spanish-speaking inmates. Staff told us that a certification class to prepare inmates to be law clerks would begin in mid-July 2008. The law library is open from 1pm-9pm seven days a week and has seven typewriters available to inmates.

The inmates we surveyed were less satisfied with the law library than with the general library. Forty-nine percent of respondents said they were not satisfied with the law library, while 51% of respondents indicated that they were satisfied with the law library, at least some of the time. Some inmates complained about the policy that they must submit a request to use the law library five days before getting access, stating that this delay can impede their preparation of urgent legal papers.

Visiting Room

Members of the Visiting Committee toured the visiting area, which has not been increased in size since the facility was originally constructed despite the doubling of the prison's population. Inmates with whom we spoke complained about the frequent practice of prematurely terminating their visits before their visitor wanted to leave because the visiting area was full and there was a large number of visitors waiting. Inmates also complained that no discretion was used when choosing who will have their visit terminated; some visitors who had traveled hours from New York City were asked to leave, while visitors from closer proximities were allowed to stay. Of the inmates we surveyed, 70% said they were not satisfied with the visiting program at Bare Hill.

Mail and Packages

Inmates we surveyed expressed many concerns about the mail and package room at Bare Hill. Many inmates complained of packages being tampered with or items being removed from their personal packages. Inmates also reported delays in receiving mail and packages, particularly noting that the delays sometimes resulted in food spoilage. Sixty-five percent of survey respondents said that they were dissatisfied with the mail and package program at the facility. Fifty-eight percent of respondents indicated that they had experienced a problem with the mail and package program.

Safety and Violence

Inmate-Staff Relations

Many inmates whom we surveyed described relations with staff as poor and reported that staff are frequently abusive. Sixty-seven percent of respondents described inmate-staff relations at Bare Hill as bad, while only 7% said that relations were somewhat good. When asked to compare inmate-staff relations at Bare Hill with their experience at other facilities where they were incarcerated, 72% of the surveyed inmates indicated that inmate-officer relations at Bare

Hill were worse. At rates consistent with other prisons we have visited, 90% of respondents believed there are some Corrections Officers (COs) at Bare Hill who do a good job; however, 77% said that there are COs who engage in serious misconduct. Inmates estimated that 65% percent of Bare Hill COs do a poor job and 25% do a good job, rates worse than at other prisons we have visited. Eighty-nine percent of the respondents said the administration at Bare Hill does very little or nothing to prevent abuse. Inmates' perceptions of poor relations with staff is reflected in the high number of grievances filed regarding staff misconduct (see grievance section below). When we spoke with officials in December 2008, we learned that inmates filed 170 grievances concerning staff conduct during the year, accounting for 25% of all inmate grievances.

Many inmates with whom we spoke described relations with staff as physically abusive. Similar to other prisons we have visited, 23% survey participants said that they had experienced a physical confrontation with staff at least once. However, at rates much higher than other prisons, 72% said that physical confrontations between staff and inmates were frequent throughout the facility. Representing a similarly higher rate than at other medium security prisons we visited, 62% of surveyed inmates said that they frequently felt unsafe at the facility, with 51% saying they felt very unsafe. In particular, inmates described the Special Housing Unit (SHU) as a place where physical confrontations often occur.

Inmates with whom we spoke also described verbal harassment from staff as a problem. Consistent with the high rates we found at other prisons, 84% percent of survey respondents said they personally had experienced verbal harassment; however, at a rate higher than other medium security prisons, 84% said it occurred frequently throughout the facility. Many inmates said that verbal harassment from staff was often racially-charged. Of the inmates who completed the survey, 63% described racial tension between officers and inmates as widespread or common. Eighty percent of respondents believed that racial discrimination contributed to abuse while only 4% said that racial discrimination did not contribute at all to mistreatment by staff.

We also reviewed DOCS computer data on inmate disciplinary data and Unusual Incident Reports (UIRs) for the period January 2003 through August 2006 for Bare Hill and compared it to system-wide data for assault-on-staff incidents. The inmate data places the facility in the middle of all medium and minimum security prisons in terms of the rate of tickets for assault-on-staff. Similarly, the prison's UIR rate for assaults-on-staff is also in the middle of all medium and minimum security prisons, confirming inmates' perceptions that physical confrontation is a concern at the facility. As we have found at other prisons and contrary to DOCS policy, there is not a UIR report every misbehavior report for assault-on-staff.

The DOCS disciplinary and UIR data that do not reflect an unusually high number of incidents are, in effect, contravened by inmates' reports of frequent physical and verbal confrontations between inmates and staff and their assessment that inmate-staff relations are poor and worse than at other prisons. Given these inmate perceptions, the prison administration should work to improve inmate-staff relations. Increasing effective communication between staff and inmates, improving the grievance system and focusing staff training on nonviolent conflict resolution could reduce the levels of tension and violence. Improving staff diversity and providing diversity training to both inmates and staff could reduce racial tension between

inmates and staff. Finally, the administration should convene a special meeting with the ILC to discuss how to improve inmate-staff relations and continue that dialogue between the administration and inmates at the monthly ILC meeting.

Inmate-Inmate Relations

Staff described confrontations between inmates as rare. Of the nearly 350 inmates participating in our survey, 29% said they had experienced a physical confrontation with another inmate at least once while at Bare Hill, a rate similar to other prisons we have visited. However, at a rate much higher than other prisons, 55% of respondents said physical confrontations between inmates were frequent.

At rates higher than we found at many prisons, 84% of the survey participants said that gang activity was common, and 52% cited gang activity as a source of much violence. Seventy-eight percent of respondents said that drug use was common, and 21% believed drug use was the source of much violence, rates also higher than at other prisons we have visited.

We also reviewed DOCS computer data on inmate disciplinary actions and UIRs for assault-on-inmate and fighting incidents at Bare Hill for the period January 2003 through August 2006. The facility's rate for fighting tickets was in the middle of minimum and medium security prisons. Similarly, the rate of UIR assault-on-inmate incidents was also in the middle of all medium and minimum security prisons. While these data do not suggest an unusually high number of incidents, again they are contradicted by about the inmates' perception that physical confrontations between inmates are frequent throughout the facility.

Medical Care

The Visiting Committee met with the Nurse Administrator and toured the medical facilities. The Committee appreciated the comprehensive responses by the medical staff to our questions and the extensive data provided to us prior to our visit concerning medical care at the prison.

Overall, we received very negative comments from the inmates responding to our survey about the prison's healthcare system. Of the 325 survey participants who rated the prison's medical care, only six inmates (less than 2%) said it was good, 22% rated it as fair and 76% reported it as poor. These statistics are far worse than data from other prisons we have visited. The average ratings for the 11 other prisons for which we have data are: 13% of survey participants considered healthcare good; 41% rated it as fair; and 46% found it poor.¹

The medical staff includes: a Nurse Administrator; one full-time and two part-time physicians; ten full-time nurses and three per diem nurses occupying one full-time nursing position; and, a pharmacist aide. The numbers indicate that the facility has inadequate clinical staff. With the equivalence of only two doctors for nearly 1,700 inmates, the prison's provider-

¹ The 11 facilities used in this comparison are: Cayuga, Gouverneur, Great Meadow, Green Haven, Hudson, Lakeview, Marcy, Oneida, Sullivan, Willard DTC and Wyoming. The CA visited these facilities from 2006 through 2008.

inmate ratio is one clinician for every 850 inmates; this ratio is more than double the system-wide average of approximately 400 inmates per clinic provider. Although the prison does not have an infirmary, there is nothing about the inmate population that would justify such a significant deviation from the system-wide staffing figures. Similarly, there is limited nursing staff. The system-wide average is approximately one nurse for every 85 to 100 inmates; at Bare Hill there is only one nurse for every 150 inmates. Staff informed us that the facility has repeatedly requested two additional nurses during the last few years, but their requests have been denied. They also said they could use additional clinical staff, but the Nurse Administrator was unsure whether the prison had ever requested additional clinical providers. The medical department is clearly understaffed and staffing deficiencies are contributing to the inmates' negative experiences with prison healthcare.

Sick call is held only four days per week – Monday, Tuesday, Thursday and Friday – starting at 6:30 am and lasting until lunch time. Three nurses are generally assigned to sick call each day. Not all inmates are seen before the 11:00 am count, so they have to return to their housing area and come back to the clinic in order to be seen. This inefficient system can deter inmates from seeking the care they need. The Nurse Administrator estimated that 100-120 inmates attend sick call on Mondays and Thursdays and about 70 patients come on Tuesday and Friday.

Inmates who experience a medical emergency after regular sick call hours can request emergency sick call by notifying a Corrections Officer of their condition. This CO will then inform the medical department of the situation, and the inmate may be sent to the medical area for evaluation. The medical staff emphasized to us that emergency sick call is only appropriate for inmates who have a true medical emergency, and the staff stated that some inmates abuse this process. Department policy is that an inmate who inappropriately requests emergency sick call may receive a misbehavior report. The medical staff informed us that they have issued up to eight misbehavior reports per month for misuse of emergency sick call. The frequency of issuing disciplinary actions in response to inmates' attempts to access healthcare is much higher at Bare Hill than at other prisons we have visited. Permitting medical staff to initiate disciplinary actions against patients except in truly extraordinary circumstances undermines the patient-provider relationship and can result in patients refusing to seek appropriate care for fear of disciplinary action.

Inmates participating in our survey were very critical of sick call. Twenty-six percent of them said they could not access sick call when needed, 30% reported that they had such access only sometimes and 41% stated that they had access when needed. These figures represent the most negative assessment of access to sick call of the prisons we have visited. Nearly 60% of survey participants at the 11 other prisons for which we have sick call data reported full access to sick call, a rate nearly 50% higher than the Bare Hill figures. The Bare Hill inmates were even more critical of the quality of the care they receive at sick call. Less than 4% of the survey participants said the sick call nurses were good, 21% rated them as fair and 75% characterized them as poor. These figures compare poorly to the average ratings obtained during CA visits to other prisons, where 17% of the survey participants rated the sick call nurses as good and 42% rated them as bad. We are particularly concerned about the high percentage of inmates who

rated nurses as bad; the Bare Hill rate was nearly 50% higher than the rating at the next poorest prison.

Survey participants also provided comments about the sick call process. While a minority of respondents noted that some nurses were responsive and provided appropriate care, we received many statements that some nurses were disrespectful, rude and non-caring. The inmates repeatedly said that nurses had a poor attitude towards their patients. The survey participants also noted cursory examinations and the failure to provide timely and appropriate treatment. Many survey respondents referred to the long delays in getting to see a clinic provider after attending sick call. An unusually high number of survey participants reported that the medical staff issue or threaten to issue misbehavior reports to patients who request emergency sick call. Some indicated clearly that these threats had deterred them from requesting emergency services.

Inmates are seen by the doctors five days per week with 20 appointments generally occurring on Mondays and Tuesdays, and 12 appointments daily on Wednesday through Friday. We were told by staff that patients are referred to different providers based upon the inmates' medical problems. Dr. Connelly is the Facility Health Services Director and sees patients infected with HIV or Hepatitis C and those having cardiology problems. Dr. Weissman is assigned patients with asthma or diabetes and Dr. Ferrari is assigned patients with orthopedic problems or those with hypertension. The medical staff estimated that it takes a couple of months to see a physician, even for important matters, and that it can take as long as four months for a routine appointment. The inmate population confirmed these unacceptable delays.

Inmates participating in our survey were highly critical of the physician call-out system. Sixty-six percent of survey respondents reported that they frequently experienced delays in seeing a physician and only 13% said they never experienced delays. These figures represent the worst access to clinic providers of any prison we have surveyed; at the 11 other prisons we have visited, an average of only 36% of inmate respondents reported frequent delays in clinic access. When asked to quantify the delay inmates experience before seeing a doctor, Bare Hill survey participants estimated that it takes 90 days to get to the clinic. This figure compares to a median of 21 days for the other surveyed prisons. A routine three-month delay in access to a doctor is inappropriate, and the Department should take immediate action to significantly reduce the waiting time to see a facility provider.

The survey participants were also critical of the care they receive once seen by the doctors. Only 6% of the nearly 350 survey participants rated the physicians as good, 20% reported them as fair and 74% assessed them as poor. Again, these are the worst ratings of clinic providers we have received from our prison surveys; the average rating for the other prisons was 13% good, 38% fair and 49% poor.

The survey participants were asked to explain their rating of healthcare, and many provided comments on their assessments. The most common complaint by the survey respondents was the extensive delays in getting to see a doctor, even when patients had significant, and sometimes long-standing, medical problems. As a result, medical conditions were not diagnosed or promptly treated. A minority of surveyed inmates had positive

impressions of the care they received from the new Facility Health Services Director, Dr. Connelly, but even these individuals often voiced negative impressions of the remainder of the medical staff. Many more survey participants expressed the view that the clinicians did not care about their patients, were dismissive of inmates' complaints, conducted cursory exams, failed to adequately evaluate the patient and render a diagnosis, and failed to provide effective treatment. Some patients noted that they were denied medications and treatments that they had been receiving prior to transfer to Bare Hill as a result of decisions by clinicians who did not perform an adequate evaluation of their condition or provide effective alternative therapy. Overall, these complaints suggest that the understaffed medical department is overwhelmed and cannot provide timely and comprehensive care to many of its patients.

The prison informed us that it has 55 HIV-infected inmates, of whom 42 were on therapy at the time of our visit. When we spoke with staff in December 2008, they reported that the facility housed 50 HIV-infected inmates who were receiving therapy. We were pleased to learn that Dr. Connelly is qualified as an HIV specialist under DOCS protocols and that an outside infectious disease specialist also sees HIV-infected inmates in clinics held twice per month at the prison. Bare Hill has been more effective than most prisons in the state in identifying HIV-infected inmates. Moreover, in Fiscal Year 2006-2007, the prison scheduled 145 appointments with an infectious disease specialist, a rate somewhat higher than the system-wide average. The medical staff also informed us that the facility has consistently been in compliance with the quality indicators contained in the Department-wide HIV continuous quality improvement audits.

Questions arise, however, about the prison's practices concerning inmates infected with Hepatitis C. At the time of our visit, there were 105 inmates diagnosed with HCV. This number represents a significant drop from the 177 known HCV-infected inmates at the prison as of August 2006, a decrease in the rate of known HCV-infected inmates from 10.3% in 2006 to 6.2%. Particularly since the estimate is that 12.8% of the male state prison population is infected with HCV, Bare Hill should be more aggressive in urging inmates to be tested for HCV.

Of greater concern, however, is the low number of HCV-infected inmates receiving treatment, only two at the time of our visit. As of January 2007, Bare Hill was treating only three of its 177 HCV-infected inmates. These treatment rates are very low and well below the system-wide average. The 2007 and 2008 data indicate that less than 2% of the known Bare Hill HCV-infected inmate population was on therapy, whereas the system-wide average treatment rate was above 5%. As of January 2007, Bare Hill's HCV treatment rate was in the bottom 15% of all prisons rated as a class one medical facility (prisons that can provide full medical services). However, staff told us that earlier in the year six inmates completed HCV therapy, and they thought that the prison had up to eight inmates on treatment at other times. When we spoke with staff in December 2008, they reported that six inmates were on HCV therapy. Although the recent data is encouraging, we remain concerned about the low treatment rates and urge Department officials to evaluate the number of HCV-infected inmates who have been treated at the prison during the last three years.

Another issue is whether the prison is referring its HCV-infected patients to specialists for evaluation for treatment. The CA analyzed all prisons for the rates patients were sent to a

gastroenterologist (GI) during Fiscal Year 2006-2007. HCV-infected inmates usually are evaluated by a GI specialist to determine if they are appropriate candidates for treatment. Bare Hill utilized GI services at a rate (1.63 GI appointments per year for 1000 inmates) significantly below the average rate (4.50) for other medical class one prisons. This finding is particularly surprising given the generally higher number of HCV-infected inmates in the prison. However, Dr. Connelly told us that he generally makes the decision about a liver biopsy and consequently uses GI specialists less frequently. Similarly, Bare Hill's rate for ordering liver biopsies, another essential step in determining HCV treatment, during Fiscal Year 2006-2007 was one-third the average for other class one medical prisons. We urge DOCS' Division of Health Services to review the provision of HCV care and use of GI and liver biopsy services by the prison to determine if the facility is aggressively seeking treatment for its HCV-infected population.

Bare Hill HCV-infected inmates who have been treated appear to be doing well on therapy. Dr. Connelly estimated that approximately 70% of the patients who start therapy complete the full course of treatment, which is usually 48 weeks for most patients. He also informed us that about half the patients have positive responses to therapy. This response rate is comparable to data in the community and demonstrates the efficacy of treating inmates with this disease. We urge the prison to aggressively pursue treatment for HCV-infected inmates who are appropriate candidates for therapy and to assist them in complying with this difficult course of treatment.

The prison also treats many inmates with other chronic conditions. The facility has 230 inmates with asthma, of whom 165 are on treatment; 180 inmates with hypertension, all of whom are on therapy; and 66 diabetics who are receiving daily medication. Moreover, the nursing staff is required to distribute psychotropic medications to a large number of inmates. The staff estimated that of the 80 inmates in the morning who receive their medications directly from a nurse, most are getting psychotropic medications; in the evening 130 of the 150 patients on one-to-one medications are given mental health medications. The demands of treating many patients with chronic illnesses or mental problems further illustrate the need for additional healthcare staff at the prison.

Bare Hill closed its infirmary seven or more years ago, and inmates requiring such services are transferred to the infirmary at Franklin Correctional Facility, located near Bare Hill. We were told that there are a couple of emergency admissions per month of Bare Hill inmates to the Franklin infirmary, one to two by the Bare Hill doctors and 7 to 25 after a Bare Hill inmate has had a medical procedure at the hospital. Given the large number of inmates with serious medical problems, we are concerned whether patients in need of infirmary care are promptly transferred out of the facility.

The prison has had six deaths in the last two years, two in 2006 and four in 2007. There was a suicide in each of the last two years, and several deaths of cardiac patients. While the facility submits a report on each death and DOCS Division of Health Services reviews each incident, it is important that an agency other than the Department perform a comprehensive review of all prison deaths. The State Commission of Correction has a mortality review committee, but during recent years it appears that it has conducted only limited reviews of deaths due to medical causes.

Bare Hill does not have a pharmacy and must rely on medications coming from an outside contractor with DOCS, Kinney Drugs in Syracuse, to fill prescriptions for its patients. We were told that the facility has been unable to hire a pharmacist since the prison pharmacist retired in 1995 or 1996. Utilization of Kinney Drugs means that the prison is paying substantially more for its medications than if they were provided through the DOCS pharmacy. Staff informed us that a prescription can be filled within one to two days after submission to Kinney. However, inmates are told that they should submit a request for a refill of medication eight days before they run out of their drugs. Forty-five percent of survey participants who were on medications reported that they experienced problems getting their drugs when needed, a rate somewhat higher than the average (40%) for other prisons we have visited. We urge the medical staff to meet regularly with the ILC and IGRC to discuss with them healthcare issues, including any problems inmates experience in getting their medications.

Inmates also raised concerns about specialty care services. Of the inmates responding to the CA survey, 106 stated that they had been to a specialist in the last two years. Of these individuals, 75% stated that they experienced, at least some of the time, delays in access to specialty care. This figure is slightly higher than the average for the other prisons that we visited. More importantly, it is unacceptable that three-quarters of those utilizing services stated that essential care is delayed. Moreover, many survey participants reported they have not been referred to any specialty care services despite chronic conditions that need attention. Seventy-one percent of survey participants who saw a specialist also reported that there was inadequate follow-up to the specialists' recommendations. This figure is also higher than the average for other prisons.

During our tour, medical staff stated that the prison has experienced difficulties in getting neurosurgery and dermatology services. However, DOCS data support the inmates' concerns about limited access to many specialty care services. The CA has analyzed DOCS computerized records of specialty care for all prisons for Fiscal Year 2006-07. Bare Hill had a low utilization of specialty care, just 64% of the system-wide average.² In contrast, Franklin, which is located very near to Bare Hill, had an overall specialty care utilization rate that exceeded the system-wide average, including ophthalmology, orthopedics, and physical therapy. The utilization rates at Bare Hill were significantly below the hub average.³ DHS should assess Bare Hill's use of specialty care to determine whether the facility is inappropriately restricting access to outside specialists.

The prison has a quality improvement (QI) committee that meets quarterly to review healthcare. The committee's most recent meeting focused on assessing whether the prison was being overcharged by the agency providing laboratory testing. Minutes are kept of the meetings and provided to facility executive staff and the Regional Medical Director. It appears that there

² Bare Hill had very low rates for certain specialty services compared to Department-wide averages, including: cardiology (27%), dermatology (30%), gastroenterology (37%), liver biopsies (33%), neurology (38%), physical therapy (39%) and urology (39%).

³ The Clinton Hub, which includes Bare Hill, generally used specialty care consistent with the overall system average, but the hub exhibited low rates of use for cardiology (73%), dermatology (44%), neurology (60%) and urology (80%).

is little or no routine review of a representative sample of medical charts of patients with chronic illnesses as part of the quality improvement process. Although we have not reviewed the QI committee's records, we believe it is missing an opportunity to assess the quality of care provided through the regular review of its medical records.

Dental Care

Many inmates commented about the dental program during our visit and in inmate surveys, reporting significant dissatisfaction in terms of the delays in getting access to dental services and the quality of the care they received. Specifically, inmates assert: (1) the facility is missing a dental hygienist; (2) it takes months to see a dentist; and (3) the dentist primarily extracts teeth rather than performing restorative work. Finally, many inmates stated that when they raise concerns about the dental care, the dentist is unreceptive and confrontational. When we spoke with staff in December 2008, they confirmed that the facility does not have a dental hygienist position and that the Department removed the position from the list of authorized dental staff at the prison after the facility was unable to fill it for an extended period of time.

Grievances

Bare Hill inmates filed a total of 746 grievances in 2006, up from 676 in 2005. The most highly grieved issues concerned staff conduct and medical complaints, with 191 and 184 grievances filed, respectively. The facility has a high rate of grievances filed, with 434 grievances filed per 1000 inmates in 2006, the highest rate among minimum and medium security prisons in its hub. This rate compares to 345 at Franklin, 316 at Lyon Mountain, and 259 at Altona.

Seventy-four percent of surveyed inmates described the grievance system as poor, with only 4% of respondents saying the grievance system was good. Sixty-six percent said that the grievance system was worse at Bare Hill than elsewhere. Sixty-seven percent of respondents reported that retaliation for complaints was common. A number of inmates told us that fear of retaliation deters many inmates from filing grievances.

Special Housing Unit

At the time of our visit, there were 32 inmates housed in Bare Hill's 32-bed Special Housing Unit (SHU). We received surveys about conditions in the unit from 12 of the inmates. All respondents had been in the SHU less than four months. Inmates who receive longer disciplinary sentences are transferred to S-Block units at other facilities and do not return to Bare Hill. We were pleased that there were no inmates on deprivation orders when we visited, and the facility reported no restricted diets from 2006 through the time of our visit in June 2008.

In total, only three inmates were enrolled in the cell study program, enabling them to do academic work while serving their disciplinary sentences. One-third of the survey participants said they were at least partially satisfied with reading materials. Half the respondents said that they were not satisfied with access to law library materials. Half were also dissatisfied with access to mail.

Of the 32 inmates in the SHU, two were on the Office of Mental Health caseload at the time of our visit. Seventy percent of respondents described the quality of mental health care in the SHU as poor.

Most surveyed SHU inmates did not go out for their one hour of recreation or they went only once in a while. Since this hour is the only out-of-cell time inmates have while serving their disciplinary sentences, it is problematic that so few take advantage of it. Many reported that they do not go out because they feel intimidated by staff. A few said they had been denied recreation by staff.

Seventeen percent of surveyed general population inmates had been in the SHU at Bare Hill, of whom 27% indicated having experienced problems with staff in the SHU. Of the inmates we surveyed in the SHU, 90% described inmate-staff relations as very bad, 8% described them as equally good and bad, and none described them as good. Seventy-five percent of SHU respondents said they had experienced a physical confrontation with Bare Hill staff, and the same percentage reported feeling frequently unsafe. Many inmates we surveyed in general population reported that physical confrontations between staff and inmates were common in the SHU. We urge the facility to install 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 civilian staff in the Transitional Services (TS) area and spoke with executive staff about the program. Bare Hill provides all three phases of TS, and executive staff informed us that the facility offers an enhanced Phase II program. TS also houses the Aggression Replacement Training (ART) program and the Commercial Driver's License Program, which prepares inmates close to their release date to take the Commercial Driver's License Test. During the period January through May 2008, 109 inmates had completed the ART program. Overall, the Visiting Committee was impressed by the TS program, particularly the dedication and energy of its one staff member and the many IPAs who work in the program.

At the time of our visit, the TS program was staffed by one Correction Counselor and 29 full time IPAs and six part-time IPAs. In the past, the TS program had been allocated two Correction Counselors and a Program Assistant (PA), however, the second counselor position has been vacant since August 2007 because the prison was not authorized to fill it due to budgetary restrictions. We were informed by staff that the prison recently received permission to hire a replacement for this long-standing vacancy. Moreover, there no longer is a PA position listed for the TS program. Because of the limited number of TS professional staff, almost all of the programs are facilitated by IPAs and the Phase II program capacity had been reduced from 150 to 60. Volunteer inmate tutors often assist with TS courses.

Phase I is a two-week program for inmates who are new to DOCS and who had not participated in a Phase I program prior to being transferred to Bare Hill. TS staff told us that about 90% of Phase I participants are transferred to Bare Hill directly from a DOCS reception facility. Phase I averages 20 to 25 participants at any time. TS staff provided us with data for

the period January through May 2008 indicating that 303 inmates had completed the Phase I program.

Bare Hill was one of the first facilities to offer a Phase II program in the early 1990s. Staff informed us that about 60 inmates at a time enroll in this 3-month program that builds on concepts and skills from Phase I; the required hours are completed in 54 modules. Ninety-four inmates completed Phase II during the period January through May 2008, and about 240 inmates completed Phase II last year. We were told that inmates with program needs for education, vocational or Aggression Replacement Training will be assigned these programs prior to assignment to Phase II because Phase II is not a mandated program. Given the short stays of many Bare Hill inmates, it is important that the Phase II classes be increased to the previously capacity of 150 inmates once the second TS counselor is hired so that all inmates who are eligible can participate in Phase II.

Phase III is a four week program, consisting of 20 half-day classes. It is designed for inmates who are nearing their release date and focuses on preparation for employment, finding support programs in the community, receiving necessary documentation needed when released, and instruction on how to follow the rules and guidelines of parole to avoid re-incarceration. Inmates closest to their release date have priority in Phase III enrollment. We were told by staff that the Division of Parole has recently changed its procedures and now will conduct the parole hearing four months prior to an inmate's parole eligibility date, rather than two months as was the previous practice. With this change, the prison intends to enroll inmates in Phase III after their parole hearing so that there is a definite release date around which to develop a discharge plan. The TS staff believe having a known release date will both focus the inmate on issues addressed in the program and will assist them in securing services in the community.

Inmates expressed desire for a broadened Phase III program. Through conversations, letters, and surveys, inmates requested parenting programs, more attention on re-entry programs, networking with community organizations and family reunification programs. During the period January through May 2008, 310 inmates had completed the program.

Discharge Planning Assistance

In addition to the classes, the Bare Hill TS program has a separate room in which TS staff help any inmate (1) obtain information about programs and services in the community; (2) prepare letters to community-based programs requesting a letter of assurance from the agency that it will accept a soon-to-be-released inmate into its program; and (3) secure a social security card and/or birth certificate. For those inmates in Phase III, IPAs also prepare typed resumes. In 2007, approximately 800 Bare Hill inmates received birth certificates and/or social security cards. We commend the TS staff for creating and maintaining an updated database that lists 1,471 agencies in the state that provide services to recently released individuals, including: alcohol and substance abuse treatment; employment; housing; counseling; and education and rehabilitation. When an inmate identifies a location to which he will be released, the TS staff provide that individual with a listing of the service organizations in that area. During the five month period January through May 2008, this program provided inmates with 414 letters to

community-based programs requesting a letter of assurance for potential enrollment in the agency's program. This outreach included 34 letters to substance abuse treatment programs. We urge the Department to consider replicating this operation at other facilities to enhance the discharge planning for soon-to-be-released inmates.

Meeting with Staff

Visiting Committee members met with representatives of each staff union, and we appreciated the informative conversation. They described a sense of general safety at Bare Hill, and many staff members seemed sincerely dedicated to their work. Staff also described a cooperative environment between different departments, between staff and the administration and between staff and inmates.

Bare Hill's security personnel are very experienced. There was concern among some staff that many senior Corrections Officers would retire upon reaching 25 years with the Department, since their existing pension plan offers no incentive for them to remain on the job longer. Staff also reported that the facility would benefit from increased programming for inmates. They also raised the issue of a gang presence at Bare Hill, although noted that this presence was largely non-violent.

Final meeting with Executive Team

The Visiting Committee met with Bare Hill executive staff at the end the second day of the visit to report preliminary findings and listen to feedback. We noted our positive impressions of the vocational program and transitional services. In addition, we complimented the staff on the cleanliness and maintenance of the facility.

We also expressed concern about the medical and dental departments at Bare Hill and staff conduct. We advocated for the installation of cameras in the SHU. Lastly, we explained our mixed observations of the educational department.

Recommendations

Programs

- Initiate additional vocational programs that more closely reflect job opportunities in the community to address the high number of porter positions in the prison.
- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.
- Raise the limit on the amount of funds inmates can spend at the commissary.
- Hire Spanish speaking staff and renew efforts to recruit staff from diverse backgrounds.
- Fill the vacancy in the academic program.

- Fill the vacancy in the vocational program.
- Review process for identifying prospective GED students.
- Initiate monitoring measures to prevent delays in the delivery of mail and packages to inmates.
- Increase the size of the visiting area.

Safety

- Assess the level and causes for tension within the facility and develop a plan to reduce this tension and incidents of verbal harassment, including diversity training for staff and inmates.
- Increase the diversity of the security staff.
- Review Unusual Incident Reports, grievances, and misbehavior reports to assess whether there are patterns of violence in the prison and whether certain areas within the prison are more frequent locations for violence. Following this review, develop a plan, including additional staff training, to reduce violence between inmates and staff and among inmates.

Medical Care

- Expand the medical staff by at least two additional nurses.
- Perform a needs assessment for physician services and consider expanding clinic provider services for the prison.
- Review the quality of the sick call encounters and ensure that all sick call nurses adequately address inmates' medical needs.
- Modify the sick call procedure to eliminate and/or substantially reduce the need for inmates to travel to the clinic area twice to be seen by a sick call nurse.
- Review the quality of medical encounters between inmate-patients and clinic providers to ensure that inmates' medical conditions are promptly diagnosed and properly treated.
- Re-evaluate inmates with Hepatitis C to determine if more patients are appropriate candidates for treatment.
- Conduct a review of medical charts of inmates experiencing serious medical problems to determine whether they received timely access to infirmary care.
- Review complaints concerning access to medications and develop a corrective plan if systemic deficiencies are identified.

- Renew efforts to hire a pharmacist and to reopen the prison pharmacy.
- Improve the timeliness of specialty care appointments and initiate a review of completed consultations to determine whether there has been adequate follow-up to the recommendations made by the specialists.
- Regularly conduct, as part of the facility quality improvement program, chart reviews of the medical records of a representative sample of inmates with chronic conditions or those who utilize specific medical services.
- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare.
- Require a comprehensive review of all inmate deaths due to natural causes by the Department of Health.

Dental Care

- Hire a dental hygienist.
- Identify and hire additional temporary dental services to eliminate any backlog in care.
- Perform a needs assessment to determine the level of prison dental services required and consider expanding the number of permanent dental positions allocated to the prison.
- Review the protocols for determining whether to perform an extraction as opposed to restorative work to assess whether reasonable efforts are being made to avoid unnecessary extractions.

Special Housing Unit

- Install cameras in the SHU.
- Ensure that SHU inmates are not intimidated or denied their one hour of recreation.

Staff Concerns

- The Executive and the Legislature should institute system-wide incentives for security staff to remain on the job for longer than 25 years.