

The Correctional Association of New York

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Hale Creek Correctional Facility

The Correctional Association of New York (CA) visited Hale Creek Correctional Facility on October 28th and 29th, 2008. Hale Creek is a medium security prison located in Johnstown, New York, approximately 50 miles northwest of Albany. It opened in 1990 and in 1992 became the first institution in the United States to be considered an “adult correctional treatment program.” At the time of our visit, 459 inmates resided at the prison, which had a capacity to house 480 men. Every inmate in Hale Creek is enrolled in Phase I of the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program. The prison also offers a variety of vocational and educational programs.

One of the primary objectives of our visit to Hale Creek was to assess the facilities and programs. The CA obtained surveys about general prison conditions from 96 men in general confinement. We also received 97 surveys from inmates specifically concerning the substance abuse treatment program.¹ While we will include a more detailed assessment of the CASAT programs in our forthcoming publication evaluating DOCS substance abuse treatment programs throughout the state, we have included a preliminary analysis of the Hale Creek CASAT program in this facility-specific report because of its central role at the facility. We have based this facility-specific report on findings from the surveys; conversations with the Superintendent, the executive team, program staff and inmates; observations during our visit; correspondence with inmates; and meetings with the staff union representatives, the substance abuse treatment staff, and members of the Inmate Liaison Committee and Inmates Grievance Review Committee.

In September 2009, we spoke with Hale Creek’s new Superintendent 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 at Hale Creek: that the facility is administering the GED test to a greater number of inmates than other facilities while maintaining

¹ The CA utilizes the Multimodality Quality Assurance Scales (MQA) Participant Survey developed by the National Development and Research Institutes, Inc (NDRI) to evaluate participants’ assessment of their substance abuse treatment program. NDRI used this survey to assess prison-based programs in several jurisdictions throughout the United States.

a high passage rate; the high level of coordination between the academic and substance abuse treatment staff; apparent low levels of tension and violence; the low levels of removals from the CASAT program; the number of staff who were Certified Alcohol and Substance Abuse Counselors (CASAC); and the existence of a CASAT treatment group run in Spanish.

We also noted some problems: limited recreation space; inmates required to leave the housing areas during meals and recreation; library hours that conflict with mandatory mealtime; the small visiting area; staff vacancies in the CASAT program; limited Spanish language materials; and inadequate training for security staff about Therapeutic Communities (TC).

Our recommendations include that state policy makers should work with the Department and facility on implementing the following:

- Initiate additional vocational programs and jobs that more closely reflect work opportunities in the community.
- Adjust library hours so that they do not conflict with mandatory mealtimes.
- Fill the three staff CASAT vacancies.
- Develop a more formal and comprehensive review process that could better monitor the quality and effectiveness of the CASAT program.
- Provide additional mental health training for all CASAT staff.
- Offer mandatory TC training for all treatment and security staff.
- Expand the Spanish language materials available to limited English speakers in the CASAT program.
- Develop additional aftercare options available to those CASAT participants ineligible for Phase II or III who are graduating the program and returning to general prison population.
- Improve the quality of sick call and physician encounters.
- Enhance efforts to identify and treat HIV- and HCV-infected inmates.
- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare, including problems with access to medications.

Hale Creek's General Inmate Population

The median age of the population at Hale Creek is 35 and 68% are from New York City and its surrounding suburbs, a slightly higher rate than the state-wide average of 64%. As at other medium security prisons, nearly all inmates face the possibility of release within two years, and a high percentage of inmates, 84%, will be eligible for release in under one year. Eighty-six percent of the population was convicted of a drug offense and 69% are second felony offenders, compared with 21% and 44% state-wide, respectively, in the prison system. Comparable to other prisons throughout the state, fifty-six percent of inmates at Hale Creek had their High School Diploma or GED. Six percent of the inmate population is Spanish-speaking with limited or no ability to speak to English. Compared to state-wide averages, Hale Creek has a slightly larger African American (54%) and Hispanic (30%) and a slightly smaller white (16%)

population.² Of the 107 Corrections Officers (COs) employed at the facility, three were female, one was African American and one was Hispanic.

While every inmate at Hale Creek is enrolled in Phase I of the CASAT substance abuse treatment program, 35% of survey respondents have been enrolled in another substance abuse treatment program, the Alcohol and Substance Abuse Treatment (ASAT) program, at another correctional facility during their current incarceration. Of these, 22% were court-ordered to CASAT and 78% were not. Fifty-three percent of the inmates who reported having participated previously in an ASAT program had completed the program, while many other inmates reported being transferred to CASAT after several months of participation in an ASAT program. The CASAT curriculum for Phase I utilizes the same nine competencies and therapeutic community approach as the ASAT program, meaning that many inmates repeat similar programs during their incarceration.

Programs

Every inmate at Hale Creek is enrolled in Phase I of the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program. Authorized by the Legislature in 1989, CASAT is a three-phase program consisting of (1) six months in Hale Creek or another CASAT facility, (2) six months in community treatment under work release or day reporting status and (3) continued aftercare in the community under parole supervision. When not attending a CASAT session, Hale Creek inmates are generally involved in another prison-based program in the morning or afternoon.

Academic Program

At the time of our visit, Hale Creek's academic courses included Adult Basic Education (ABE), Pre-General Equivalency Diploma (Pre-GED), GED and English as a Second Language (ESL). One hundred and twenty-nine inmates were enrolled in the academic program, and all classes, while not at capacity, were nearly full. There were six academic staff and no vacancies.

Over the last several years, Hale Creek's GED passage rates have increased, reaching higher than the statewide average of 71%. We commend the facility for administering the test to more inmates than many other prisons in the state, particularly considering its smaller population. In 2006, 57 inmates (72% of test takers) received their GED, 56 (82% of test takers) passed the exam in 2007, and in 2008 (through September), 41 inmates (84% of test takers) passed the exam. The test is offered every 4 months to inmates.

The Visiting Committee toured several classrooms and spoke with members of the academic staff. We were impressed with their enthusiasm and energy, but concerned that none of them were bilingual. The ESL class had two inmate teachers' aides who were bilingual and acted as translators, but the instructor did not speak Spanish. Staff reported that every class visited the computer lab at least twice a week and the library two to three times per month. We were pleased to learn that the teachers work closely with the substance abuse counselors and are

² According to DOCS' *Hub System: Profile of the Inmate Population Under Custody on January 1, 2008*, system-wide averages are: White (21%); African American (51%); and Hispanic (26%).

consequently familiar with the treatment modalities used at Hale Creek. Many academic staff with whom we spoke expressed an interest in developing a self study program and we encourage Hale Creek's administration to explore the possibility.

We found the classrooms sparsely decorated. The ABE classroom had small motivational posters on the walls, while the GED classroom had no posters on the walls and only a few photographs on the bulletin board. The temperature in the classrooms was very high, an environment not conducive to effective learning.

Many inmates expressed a positive opinion about the academic program. Of those surveyed, 63% were satisfied with the program, at least some of the time. Several said they felt staff genuinely listened to and advocated for inmates. Academic staff believed that students in Hale Creek's academic programs were more motivated to learn because they were closer to their release from prison.

Job and Vocational Programs

At the time of our visit, the facility reported that 63 inmates worked in the messhall and, at a rate lower than other facilities, only 14% of the population, or 52 inmates, held a porter position. Porter positions involve performing maintenance and cleaning tasks for the prison and generally do not help individuals develop transferable skills. Compared to other facilities throughout the state, a lower percentage of Hale Creek inmates were satisfied with their job (59% compared to 72%).

Consistent with prisons throughout the state, Hale Creek inmates receive limited wages for paid modules. This rate of pay has remained unchanged for approximately 20 years, although the cost of items in the prison commissary has increased with inflation, and commissary prices are comparable to charges for goods purchased outside the prison. In addition, inmates may purchase only a limited dollar amount of goods from the commissary at one time, a restriction that has not changed concurrently with the rise in cost. Most survey participants were dissatisfied with the commissary program, with many complaining of the high cost of items. When we spoke with the Superintendent in September 2009, we learned that DOCS had created a separate limitation for purchases of stamps and tobacco products and that these items were not included in the buy-limit for all other products, in effect expanding the amount an individual could spend in commissary. Although removing the cost of stamps and tobacco from the buy-limit is appropriate, we remain concerned that inmates are still too limited in their ability to purchase basic items.

At the time of our visit, 80 inmates were enrolled in one of Hale Creek's two vocational programs: custodial maintenance and general business. There were two full-time instructors, neither of whom spoke Spanish, and no vacancies. Both vocational programs were at full capacity. The custodial maintenance program had a good amount of equipment, and we found the staff to be very supportive of the inmates. We were pleased to see that the general business program had 18 computers.

While some inmates said they were being taught skills they would need on the outside, a lower percentage of survey respondents (53%) expressed satisfaction with the vocational program than at other prisons we have visited. When we spoke with the Superintendent in September 2009, he asserted that the current vocational programs were very useful in providing the inmates with the skills they will need to obtain entry-level jobs when they are released. Many inmates will likely benefit from general business and computer training, both marketable skills. However, because 56% of inmates at Hale Creek already have their GED or high school diploma, it is likely that many inmates already have job skills beyond what is taught in the custodial maintenance class. Initiating and expanding vocational programs to more closely reflect the inmates' skill levels and workforce opportunities could benefit inmates and the communities to which they return.

Libraries

The Visiting Committee toured the general library, which employs one part-time librarian who staffs both the general and law libraries. There are approximately eight to twelve inmate-clerks who work in the libraries. The general library is small and open from 4-8pm, though mealtime for inmates is from 4-5:30pm, in effect limiting the usefulness of library's open hours. The law library is a section of the general library and is open everyday, though only during recreation hours. Of the inmates surveyed, 69% were satisfied at least some of the time with the general library, and 55% were satisfied with the law library, rates comparable to those at other prisons we have visited. When we spoke with the Superintendent in September 2009, he explained that if an inmate has a pressing need to prepare legal papers, facility staff will make every effort to provide the inmate with sufficient access to the law library to complete his legal work.

Visiting, Food Services, Recreation, and Mail/Packages

The Visiting Program at Hale Creek operates on the weekends and holidays. Staff explained that 35 inmates are permitted visitation at a time and that visits are rarely terminated due to overcrowding. On occasions when there are more visitors than the room can accommodate, staff explained that they first ask for volunteers to end their visits early and then ask visitors who live in close proximity. Staff also explained that the outside visiting area is only used for special events. There is a free bus for visitors from New York City on the third Saturday of the month. The visiting area was decorated with murals and had a child's area where inmates may spend time with their children. Of the inmates surveyed, 61% were satisfied at least sometimes with the visiting program. When we spoke with the Superintendent in September 2009, we learned that the facility had increased the indoor visiting area capacity by 12 by adding six smaller tables, which permit more one-on-one visiting. The Superintendent explained that the outside area could not be used safely without major construction.

Hale Creek inmates are required to go to the messhall to eat because the housing areas are closed during the meal period. Many inmates complained about this policy, as they would prefer to stay in their housing areas where they could prepare food in microwaves or on hotplates, an option they might have had at other facilities where they were confined. The Visiting Committee

toured the kitchen, which appeared clean and orderly. Of inmates surveyed, 66% were dissatisfied with the food services.

Inmates at Hale Creek are permitted to go to recreation only in the evenings. The recreation area has a television and card tables. Some inmates complained that the space is limited, with 150 inmates permitted in the area at a time. The recreation area has only 75 chairs, causing inmates at the start of the recreation period to rush for a chair in order to secure a seat. The prison should acquire additional seating to accommodate all those using the area and to avoid potential conflicts among inmates over the limited number of chairs. Most surveyed inmates were satisfied at least some of the time with the mail and package service, though 22% had experienced some problem with these services, a rate lower than we have found at other prisons.

Comprehensive Alcohol and Substance Abuse Treatment (CASAT)

CASAT General Overview

The primary objective of the Comprehensive Alcohol and Substance Abuse Treatment (CASAT) program is to offer a continuum of treatment services, both educational and counseling, to inmates with substance abuse problems with the aim of assisting them to prepare for re-integration into the community. The program employs a therapeutic community model where participants live and work together, supporting each other through the recovery process. While the Alcohol and Substance Abuse Treatment Program (ASAT) program, the largest drug treatment program in DOCS, also utilizes a therapeutic community model, the CASAT program differs from ASAT by its additional focus on relapse prevention, aftercare and community re-integration.

Phase I of CASAT is a six month program during which participants must demonstrate competency in nine program areas, including (a) drug abuse topics such as addiction, relapse prevention, recovery and maintaining a drug-free lifestyle and (b) psychological and social skill topics such as understanding self, criminal thinking, decision making, communication skills and the relationship between substance abuse and health, family relations and legal problems. Upon completion of Phase I, an inmate who is eligible for work release will be transferred to a work release facility. CASAT Phase II focuses on community re-integration involving work release and support programs. Phase III of the CASAT program includes aftercare for participants who have been released on parole and are enrolled in community-based treatment.

Inmates are identified as requiring substance abuse treatment through a screening process at their reception to DOCS during which time admission staff at the reception prison review presentencing reports and other records. In addition, at this time, inmates are interviewed about their substance use history and tested to determine risk for substance abuse problems using two standardized instruments: the Michigan Alcohol Screening Test (MAST) and the Simple Screening Instrument for Outreach for Alcohol and Other Drug Abuse (SSI). The results from these instruments serve as the basis for recommendation to a CASAT program or another prison-based substance abuse treatment program. In order to be eligible for the CASAT program, an inmate must be within 10 to 24 months of their earliest release date, have presumptive work

release approval and have a medium or minimum security classification. Once assigned to Hale Creek's CASAT program, treatment staff will meet with each inmate and conduct an additional assessment. We were impressed with the CASAT staff's efforts to reassess all inmates before they begin the program, focusing on such areas as mental health and treatment motivation.

Court-Ordered CASAT Participants

In the past five years, the number of inmates who are court-ordered into the CASAT program has greatly increased³. Slightly over half of the CASAT participants at Hale Creek, 51%, are court ordered. An inmate who is court-ordered will not necessarily have presumptive work release approval and consequently, will participate only in Phase I of the CASAT program. At Hale Creek, 98% of the supplemental survey respondents who were not court-ordered were eligible for work release compared to 43% of the court-ordered respondents. Upon satisfactory completion of Phase I, the court-ordered participants not eligible for work release will either be released to Parole custody from the CASAT facility or be transferred to general population at another facility until their release from DOCS custody.

Treatment staff at Hale Creek described the problems and challenges to recovery many inmates face in returning to general population at other correctional facilities upon completion of the CASAT program. One of the issues they discussed is the minimum number of aftercare services available in general population for these inmates. When we spoke with the Superintendent in September 2009, we were told that the facility executive team would support increasing aftercare services for treatment program graduates and believes the Department is currently working to expand these options. Additionally, treatment staff spoke of the difficulties that can arise when working in a group with both individuals who will be going directly to work release and those who will be returning to general population. This dilemma can specifically impact conversations about short and long-term goals and relapse prevention as individuals in work release will have more support services available to them than those returning to general population. Many survey respondents stated that the most positive factor of the CASAT program was the opportunity for work release. The removal of this opportunity for a portion of program participants and its effect on levels of participation may result in potential problems and/or compromise program effectiveness. DOCS and the Office of Alcohol and Substance Abuse Services should explore the dynamics of this situation to develop better ways to coordinate both services for the court-ordered and non court-ordered groups.

We noted a slight difference in drug history among court-ordered and non court-ordered CASAT participants. Of the survey respondents, court-ordered participants demonstrated more severe substance abuse problems. Thirty-one percent of court-ordered inmates described the seriousness of their drug use as "extreme", compared to 19% of non court-ordered inmates. Unfortunately, many of these court-ordered individuals who demonstrate the highest need and could most benefit from a fully integrated program such as the three-phase CASAT program, are

³ The Drug Law Reform Act of 2004 permitted judges to sentence drug offenders to CASAT treatment (court-ordered CASAT). Between January 2005 and September 30, 2005, 360 individuals had the court-ordered notation on their commitment papers according to DOCS' Report, Comprehensive Alcohol and Substance Abuse Treatment Program, 2005.

not able to participate in Phase II or III of the program due to the limited eligibility restrictions of work release.

Hale Creek CASAT Program

At the time of our visit, Hale Creek operated a 480-inmate capacity CASAT Phase I program. All of the participants in the program are housed together in one of 10 dormitories. Each dorm is divided into two groups, or modules, of 24 inmates each. As typical of a CASAT program, one module will participate in the CASAT program in the morning, while the other module participates in the afternoon. CASAT participants are generally involved in another prison-based program in the morning or afternoon when they are not in their CASAT sessions. The program employs a structured hierarchy system within the dorms, characteristic of a therapeutic community (TC) treatment modality, organized around the completion of cleaning tasks and other program roles. This hierarchy is intended to encourage inmates to accept roles of responsibility⁴. Assignments include assistant role leader, role leader, assistant facilitator, facilitator, coordinator, and trainer. The dorm hierarchy members, or leadership group, meet once per week at a hierarchy meeting to discuss dorm issues and act as a liaison between staff and inmates. During our visit, we observed a hierarchy meeting where the discussion focused on the importance of pull-ups as part of the recovery process and how best to utilize them without fear of retaliation.

The program day begins with a 5:30am wake-up after which inmates complete assigned work details on the floor. Inmates are required to go to breakfast from 6:15-7:00am. At 8:15am there is a daily, brief (15 minutes) community meeting where relevant announcements that pertain to the entire community are made and inmates select a theme/thought of the day. Program sessions run from 8:30 to 11:15am. Prior to or after lunch – dorms rotate when they take twenty minutes for lunch – both modules of a dormitory will meet for a larger community meeting (house meeting) lasting approximately thirty minutes. The community meetings enable participants to provide feedback to one another, express their feelings, develop relationships and provide a vehicle for peer pressure towards recovery. Ideally, the community meetings will help develop a genuine sense of community responsibility among participants and a willingness to adhere to pro-social behavior within the community⁵.

The larger house meeting consists of a “feelings check” (where inmates describe in one word how they are feeling on that day), discussion of individual progress, pull-ups, feedback and relevant announcements. Pull-ups are verbal comments given by participants or staff to other participants who may not be appropriately handling emotions, behaviors, or tasks. They are an important part of a therapeutic community allowing participants to modify each other’s behaviors and become accustomed to receiving and processing feedback in a positive manner. The afternoon CASAT group session, with inmates from the second module, runs from 1:00pm until 3:15pm. Mandatory dinner for all housing areas is conducted during the period from 4:00-5:30pm and is followed by a quiet time from 6:00-7:30pm. Quiet time offers participants an opportunity to reflect on their day and complete any homework assignments that were given. Mandatory recreation time is from 7:30-9:00pm, and 10:00pm is lights out.

⁴ *Hale Creek ASATCA Inmate Orientation Manual*, 12.

⁵ DOCS, *Comprehensive Alcohol and Substance Abuse Treatment Program Manual*, 10,11.

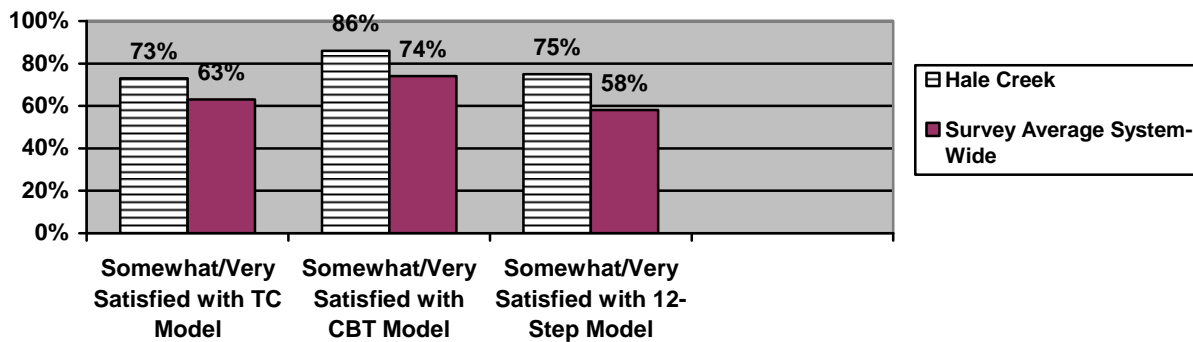
Though group sessions cover the nine competencies of the CASAT program, each staff treatment team develops their own monthly schedules, allowing some flexibility in the curriculum to respond to dorm needs. In our observations of various small groups and classes, we noticed the marked variation between subject matter and activities among the groups. Some sessions covered topics such as the dangers of taking shortcuts with your recovery, while others discussed motivations for staying clean or how family support can assist you with your recovery. In some groups the Program Assistant was facilitating the group, while in others inmates appeared to have more of a leadership role. We also observed inmates viewing a video covering psychopharmacology as well as role playing different ways to offer and receive feedback. When the program is fully staffed, the larger group of 24 inmates breaks into three smaller groups of eight inmates. At the time of our visit due to staff vacancies at Hale Creek, groups were unable to break up into three smaller groups and instead break into two groups. We observed smaller groups of approximately eleven to fifteen inmates working together and engaging in conversation about their individual substance abuse experiences and histories. When we spoke with the Superintendent in September 2009, he reported that four of the seven staff vacancies had been filled. Consequently, as of September 2009, two Correction Counselor positions and one Program Assistant position remain vacant and with no authorization to fill.

Hale Creek also runs a CASAT treatment group in Spanish. Due to DOCS policy that does not allow segregation of Spanish-speakers in housing areas, the inmates do not live together in one dorm, but are scattered throughout the 10 dormitories. The Spanish-speaking staff expressed concern that the Spanish group has limited options due to the banning of DVDs and lack of Spanish materials. We encourage the administration to increase the quantity of Spanish materials available to ensure that the program can be most effective for all of its participants. We were pleased to learn after our conversation with the Superintendent in September 2009 that some additional Spanish texts had been ordered and the facility was currently researching additional texts that would be appropriate for this population.

As previously mentioned, we received completed, detailed surveys from 97 CASAT participants at Hale Creek. One of our survey instruments we use is the Multimodality Quality Assurance Scales (MQA), which evaluates participants' assessment of their substance abuse treatment program. The MQA survey contains a series of questions designed to measure the extent to which the treatment program incorporates elements of a therapeutic community (TC), cognitive behavioral therapy (CBT), and 12-Step based programs and how satisfied inmates are with those program techniques.

Survey participants were also asked to rank the importance of various components of TC, CBT and 12-Steps. At Hale Creek we found that survey respondents placed greater importance on and satisfaction with the TC and 12-Steps components than at most other facilities we have visited. These findings indicate that not only does the TC community seem to be working more effectively, but also that inmates demonstrate greater appreciation for many of the elements covered in 12-Steps. The Hale Creek CASAT program shifted from a 12-Step approach to a TC program in the last 2-3 years and many staff still employ 12-Step principles, possibly accounting for the greater satisfaction with the 12-Step model. Both satisfaction with, and ranking the importance of, cognitive behavioral therapy was rated even higher by survey participants than

TC or 12-Steps, suggesting that CBT is an extremely important part of the program from the perspective of the inmates we surveyed.



The physical environment of a therapeutic area or treatment milieu can have a positive or negative impact on an individual’s participation and learning. A well-ventilated and lit room with stimulating and educational posters provides a more comfortable and supportive environment for both learning and sharing. We observed great variation in the decoration of the different rooms where group sessions are held. Overall, survey respondents generally described the physical conditions of the facility favorably. Eighty-six percent of participants surveyed reported that the general quality of the building where the program was conducted was either adequate or very good. We observed some motivational posters on the wall in some session rooms, while other rooms’ walls were bare. When we spoke with the Superintendent in September 2009, he reported that treatment participants have since painted the CASAT philosophy onto the walls of the treatment areas in an effort to brighten up the space and reinforce the treatment approach for all participants.

Once or twice yearly, a representative from DOCS Central Office conducts a site visit to review the program. One suggestion from the last Central Office visit was to look at incorporating more TC elements into the Hale Creek CASAT program. There does not appear to be any formal quality review process of the treatment program, other than the reports sent to Central Office, and staff stated that Central Office has a very minor presence in terms of assisting and communicating with Hale Creek treatment staff. A more formal and comprehensive review process would better monitor the inmates’ assessment of the treatment program and how well it is serving the program participants. Such a quality review process should be developed for the entire Department and not be applicable only to Hale Creek. During our conversation with the Superintendent in September 2009, he reported that since our visit the prison has established as needed clinical supervision for Program Assistants and Correction Counselors and implemented a monthly meeting to address dorm issues with security and treatment staff. The facility’s efforts to provide an opportunity for staff to receive the clinical support necessary to accomplish their roles effectively and to promote greater collaboration and learning between treatment and security staff are an important step forward. Front line treatment staff working with a historically complex and challenging population in such a fast-paced environment may find it difficult to arrange the time for clinical supervision. Similar to best practice standards in community-based treatment organizations, we encourage the facility to implement a more formal and routine clinical supervision schedule for both Program Assistants and Correction Counselors.

CASAT Staffing

The Hale Creek substance abuse treatment staff consists of two ASAT Supervising Correction Counselors, eight Correction Counselors, one Spanish Speaking Correction Counselor, and 18 Program Assistants. At the time of our visit, there were seven vacancies in the CASAT program; four Program Assistants and three Correction Counselor positions. When we spoke with the Superintendent in September 2009, he reported that two Correction Counselor and one Program Assistant position has since been filled. The three remaining vacancies did not currently have authorization to fill from Central Office. While we found the CASAT staff to be motivated and committed to their work and are pleased that some of these positions have been filled, vacancies can have a negative impact on treatment services for inmates. We urge the Department to seek the authorization to fill the remaining vacancies as soon as possible.

A DOCS Program Assistant (PA) is assigned to each dorm group and facilitates the CASAT group sessions. Correction Counselors (CC) are responsible for supervising the Program Assistants, developing monthly curricula, and providing general counseling. The two ASAT Supervising Correction Counselors provide supervision and oversight for the CCs and report to the Deputy Superintendent for Programs (DSP). The DSP is directly responsible for the supervision of the substance abuse treatment program. He conducts weekly rounds and regularly speaks with staff and inmates.

Most staff have attended a week-long training on therapeutic communities. The program at Hale Creek could benefit if staff who have not had the TC training were also able to attend the next available session as this could ensure greater consistency among the various group sessions. Although it is not a requirement of DOCS, most program staff were Certified Alcohol and Substance Abuse Counselors (CASAC). This certification is offered by the Office of Alcohol and Substance Abuse Services (OASAS), the state agency that regulates and monitors substance abuse treatment agencies in New York State.⁶ Staff reported that a majority of the Correction Officers (COs) have received no TC training and identified it as a recurring problem as COs are often unaware of the objectives and methods of a TC program and their approaches may occasionally contradict and negatively impact the therapeutic community. Many inmates expressed similar concerns regarding lack of training for Correction Officers. Staff also stated that additional mental health training could be beneficial to their ability to provide effective and appropriate services. When we spoke with the Superintendent in September 2009, he reported that he has spoken with the DOCS Office of Substance Abuse Treatment Services about providing additional TC training for treatment and security staff.

CASAT Removals/Discipline

Participants are evaluated by treatment staff each month. If the treatment team concludes that an inmate is not adequately performing in the program, the assessment is reviewed by the Supervising Correction Counselor, who then makes a recommendation to the Treatment Plan Review Committee, or TPRC (composed of the Dep. Superintendent for Security, Dep. Superintendent of Programs, Dep. Superintendent of Administration, the ASAT Supervising Corrections Counselors and the relevant clinical and/or security staff). The TPRC reviews the

⁶ <http://www.oasas.state.ny.us/>

file, talks with the inmate and treatment staff, and then makes a recommendation, often for a program extension of one or two months. The team can also choose to reprimand or remove an inmate. The TPRC meets monthly, and staff estimates that approximately 4-6 inmates per month receive a one-month extension.

Inmates can be dismissed from the program because of: (1) a disciplinary removal—when an inmate is convicted of violating important prison or program rules and/or are given more than 30 days of keeplock; (2) an inadequate program performance removal, e.g., if an inmate fails to participate in the program or receives more than two negative program evaluations; or (3) an administrative removal, e.g., if an inmate is transferred to another facility. A disciplinary misbehavior report for violence, threats of violence, drug or alcohol use, sexual acts, or weapons possession calls for disciplinary removal and thus will result in termination from the program. While on the dorm, inmates must adhere to a strict set of rules regarding the physical cleanliness of their sleeping area. Any significant or repeated violation regarding the cleanliness of one's area can result in a negative program evaluation.

Drug testing is performed at random or if an inmate is suspected of drug use or possession. If an inmate is found guilty of drug use or possession, he will be dismissed from the program. If an inmate refuses to submit to the testing, he will also receive a misbehavior report. Drug use does not appear to be a large problem at Hale Creek. Three percent of surveyed participants reported that contraband drug use in the facility is somewhat or very common, and 89% stated that drug use at Hale Creek is much less than at other facilities.

According to prison officials, during the years 2005, 2006, 2007 and 2008, 729, 710, 849 and 662 inmates, respectively, completed Phase I of the CASAT program. During the same period, 57, 58, 35, and 29 inmates were removed from the program for disciplinary reasons and 10, 7, 14, and 12 inmates were removed for inadequate program performance. There was only one administrative removal in this four year period. It appears that, especially in the previous two years, Hale Creek staff have made a strong effort to keep participants in the program as the numbers of removals is substantially less than other prison-based treatment programs we have visited.

Participant Assessment of CASAT Staff and Relation with Staff

Compared to what we have found on visits to other prison-based, substance abuse treatment programs, survey respondents at Hale Creek had a more positive view of the treatment staff. Only 17% of respondents felt that it was not true that “people in the program are interested in helping me”, compared to a system-wide average of 44%. Fifty-eight percent of survey participants felt it was mostly or very true that the substance abuse treatment staff was sincere in wanting to help them, compared to 35% system-wide. Despite these generally positive survey responses, some inmates expressed their disappointment with the preparation, or lack thereof, of some staff for group sessions as well as the sometimes harsh behavior towards inmates by certain staff members. Multiple questions in the MQA ask about inmates' views of and relationships with treatment staff.⁷ Averaging inmates' responses to all these questions provides a composite rating of inmates' perceptions of staff, and we found that results from the combined staffing

⁷ Composite staffing scores are drawn from questions 16 b-e and questions 18 a-c of the MQA.

questions at Hale Creek yielded the highest composite rating from all the ASAT or CASAT facilities we have visited.

Similarly, Hale Creek survey participants had more positive responses to questions concerning the effectiveness of the communications between inmates and treatment staff or among program participants than at other prison treatment programs we have visited. Of the participants surveyed, 67% reported that they were able to have open and frank discussions about their differences, compared to the system-wide average of 53%. Sixty-eight percent of respondents at Hale Creek, compared to 53% system-wide, felt that it was not or only somewhat true that people are afraid to speak up for fear of ridicule or retaliation. Respondents were more divided about whether disagreements are generally resolved fairly, with 49% believing this to be not or only somewhat true and 52% believing it to be mostly or very true. We also combined inmates' responses to various communication questions from the MQA to determine a composite inmate rating of overall communication in the substance abuse treatment program. Hale Creek ranked third highest of the ASAT and CASAT facilities we have visited, with regard to the combined communication questions.⁸

Participant Assessment of CASAT Treatment

Survey respondents at Hale Creek generally appeared more satisfied with their overall treatment than survey participants at most other DOCS prison-based treatment programs, and there was no significant variation among levels of satisfaction between court ordered and non court-ordered CASAT participants. Sixty percent of respondents reported that it was mostly or very true that they were satisfied with their treatment, compared to 38% system-wide. Forty-seven percent of respondents felt that it was very or mostly true that the treatment met or exceeded their expectations, compared to 30% system-wide. There also appeared to be greater satisfaction among survey respondents with some of the additional services or topics covered in the program. Sixty-six percent of respondents were somewhat or very satisfied with the discharge planning process compared to 45% system-wide, 82% were somewhat or very satisfied with the treatment planning process compared to 52% system-wide and 71% were somewhat or very satisfied with the social skills training in the program compared to 55% system-wide.

The greatest satisfaction reported by inmates was with regards to the small group sessions. Eighty-six percent of respondents stated they were somewhat or very satisfied with these sessions and in particular with the opportunity provided to express themselves more freely and to voice their feelings and opinions in a safe environment. Many inmates requested that the smaller group sessions run for longer lengths of time as they feel the sessions are often rushed or cut off due to limited time. Eighty percent of survey respondents were somewhat or very satisfied with the education and counseling sessions at Hale Creek and stated they appreciated the knowledge that was being provided to them. A slightly lower percentage of survey respondents, 71%, reported being somewhat or very satisfied with the community meetings. Many inmates liked the opportunity to keep their behavior and that of the other inmates in check, but some expressed concerns with the "pull-ups" process. There was some feeling that "pull-ups" are used to unfairly target or penalize certain individuals and are too harsh and not constructive. Sixty-two percent of the inmates surveyed reported having received individual

⁸ Composite communication scores are drawn from questions 20 a-i of the MQA.

counseling, and of this percentage, 90% stated they were somewhat or very satisfied with the counseling offered.

When inmates were asked what they liked least about the CASAT program, some reoccurring themes emerged. Many inmates believed there are too many different people with diverse needs in the program to make it effective. It was also reported that the location for meetings was too small and not very comfortable for the length of time spent in them. Finally, some inmates felt that the topics discussed in session were too far removed from the practical issues they will face when released. Thirty-five percent of the surveyed inmates had been in an ASAT program in another prison during their current bid. As many inmates are entering the CASAT program with similar treatment experiences, we strongly encourage the staff to develop new ways to present the materials to keep individuals engaged.

Participant Assessment of Self

The survey instrument also asks inmates to evaluate their own involvement with and commitment to their substance abuse treatment program. Of the survey respondents, 81% stated that it was mostly or very true that they enthusiastically participate in the program activities and 84% expressed that it was mostly or very true that they feel good about their progress working on their problems. This finding compares to 71% and 72% system-wide, respectively. Forty-three percent of the inmates surveyed felt that it was mostly or very true that they really feel like part of the program compared to 32% system-wide and 48% believed it was mostly or very true that they felt an attachment to and ownership for the program, as compared to 36% system-wide. Inmates' commitment to the program at Hale Creek ranked second highest among the ASAT and CASAT facilities we have visited when combining questions on commitment to produce an overall composite score.⁹

From the perspective of the inmates we surveyed, the CASAT program at Hale Creek appears to be a stronger program than those offered at many of the other facilities we have visited. Ratings were higher than our system-wide data consistently in most areas including program content, levels of satisfaction, effectiveness of communication, relationships and views of treatment staff, and inmates' commitment to and involvement with the treatment program.

Transitional Services and Aftercare

The Visiting Committee toured the Transitional Services (TS) program area and spoke with the TS civilian staff. The TS program employs one full time civilian Correction Counselor, one full time clerical support staff and approximately eight to ten inmate facilitators. At the time of our visit, Hale Creek's TS program was holding TS Phase III classes as well as Anger Replacement Training (ART) classes. Facility staff reported that there is no waiting list for ART and that the class runs as-needed. Staff said that the facility operates two to three ART classes per year, which are supervised by the Corrections Counselor. The Corrections Counselor also has one-on-one meetings with inmates in order to conduct mock interviews with inmates and provide constructive feedback. Of the survey respondents, only four had been in ART at the prison and all expressed some satisfaction with the program.

⁹ Composite commitment scores are drawn from questions 19 a-e of the MQA.

The TS Phase III program is designed for inmates nearing their release date. At Hale Creek, inmates typically enter TS Phase III after they have been in the CASAT program for five months. The class is 32 hours in duration and scheduled for 10 half-days. Because inmates enter the program on a rolling basis, not all are at the same level in the program. Staff explained that the Phase III prioritizes teaching interviewing skills and training how to search for jobs, complete job applications and resolve conflicts at work. Staff said they use handouts from the Department of Labor to supplement their materials and that they encourage inmates to apply for Vocational and Educational Services for Individuals with Disabilities (VESID) program, which offers job search and maintenance assistance services. In addition, inmates have access to job search and other computer programs that help match inmates' interests with work fields. Of the inmates we surveyed, 33% had been in TS Phase III. The majority of these inmates (87%) were satisfied, at least sometimes, with the Phase III program.

The Supervising Correctional Counselor told us that the substance abuse treatment staff creates continuing care plans for each participant, though 64% of survey respondents stated they have not received assistance from CASAT staff in identifying substance abuse treatment services in the community. Substance abuse treatment staff members discuss goals for reentry and at times help participants draft letters to outside organizations. They also collect information and brochures from outside organizations, and the treatment staff will make inquiries to see if space in programs is available. However, they mainly rely on Transitional Services to refer inmates to specific community aftercare programs. Of the inmates surveyed, 33% had received at least two referrals from prison staff to substance abuse treatment programs in the community, though few had contacted the outside agencies. Treatment staff expressed the desire to develop more extensive aftercare processes and felt they could do so if the prison was able to fill the vacant treatment positions. As planning for reentry to the community plays a critical role in post-release success for inmates with a history of substance abuse, greater attention to aftercare services would benefit the population.

Volunteers from Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) come in the evenings to conduct AA and NA meetings; there is one NA and one AA meeting weekly. As NA has proved immensely popular, there is a call-out system by dorm so inmates can attend NA meetings every other week. AA generally attracts between 12 and 15 inmates per meeting, while attendance at NA meetings is about 50 inmates. Hale Creek does not track individual inmates' attendance at these meetings.

Safety

Inmate-Staff Relations

Staff and inmates reported low levels of tension and physical violence at the facility, both between inmates and staff and among inmates. Hale Creek survey participants rated relations with staff much more positively than at other prisons we visited. Thirty-nine percent of survey respondents said relations were bad, 25% said they were at least somewhat good, and 35% said they were equally good and bad, compared to the averages for the prisons the CA has visited of 63% bad, 9% at least somewhat good and 27% equally good and bad. This data places Hale Creek in the top 20% of the prisons for which we have comparable data. Most surveyed inmates

(88%) said that there are security staff who do a good job, though 42% said there are COs who engage in serious misconduct. At rates more positive than we have found at other prisons, 54% said they never felt unsafe though 17% said they frequently felt unsafe. When we asked inmates to rate how unsafe they felt, 79% reported they were somewhat or only a little unsafe and 21% said they felt very unsafe.

Inmates surveyed reported fewer incidents of physical confrontation with staff compared to other prisons we have visited. Eighty-eight percent of respondents said they had never experienced a physical confrontation with staff at the prison. Similarly, 36% said that physical confrontations never occur throughout the facility, 33% said they occur once in a while, and 21% said they happen frequently, whereas these rates have been 12%, 27%, and 58%, respectively, at other facilities we visited. Relative to other facilities, a smaller percentage of Hale Creek inmates reported having been in a physical confrontation with staff at another prison. Fifty-seven percent of survey respondents said that confrontations happen less at Hale Creek than at other prisons where they were incarcerated.

Hale Creek survey participants also reported relatively low levels of verbal harassment compared to other prisons in the state. Thirty-two percent said they frequently experienced verbal harassment, 25% said they experienced it once in a while, and 36% said they never experienced it, compared with 50%, 26% and 16%, respectively, at other facilities. Also lower than at other prisons, 62% said that verbal harassment occurs frequently throughout the prison. Fifty-three percent 53% said there was some or very little racial tension and 26% said that racial tension contributes to abuse.

Despite the low levels of tension at the prison, most inmates still felt the prison's administration could do more to reduce violent incidents, with 72% reporting that the prison administration does very little to prevent abuse. Additionally, 40% thought that video cameras would significantly reduce abuse.

We reviewed DOCS computer records for Hale Creek concerning inmate Unusual Incident Reports (UIRs) for the period 2003 through 2008 and inmate disciplinary data for the periods January 2003 through August 2006 and calendar year 2008 and compared it to system-wide data for assault-on-staff violence. The prison had only two misbehavior reports and two UIRs for assault-on-staff for these periods, resulting in a rate of UIR incidents for assault-on-staff lower than most other medium and minimum security prisons in the state. Of the inmates surveyed, 80% had never received a ticket.

Inmate-Inmate Relations

Compared to other prisons we have visited, Hale Creek inmates reported much less tension and violence among the inmate population. Most survey participants said they had never been in a physical confrontation at Hale Creek, and 57% said inmate fights occur only once in a while throughout the facility and 23% said they never happen. Eighty-one percent said that in terms of fighting among inmates, Hale Creek was better than other facilities where they had been incarcerated. Seventy-eight percent of surveyed inmates said that staff are never involved in inmate fights.

Hale Creek inmates also reported less gang activity than at other facilities, with 36% saying that there was no gang activity at Hale Creek and 34% saying that gang activity was common. Eighty-one percent reported that there was much less gang activity at Hale Creek than at other prisons where they had been incarcerated and 76% said that gangs were not a source of violence at the prison.

Both staff and inmates said that contraband drugs were uncommon in the facility. Staff estimated that there was only one positive drug test in the last several years. Of the surveyed inmates, 39% said that contraband drugs were very rare, with only 3% saying that they were common. When they compared Hale Creek to other prisons where they had been, 89% of surveyed inmates said that drugs were much less common at the prison. Similarly, 76% said that drugs were not a source of violence.

The information the CA reviewed for UIRs for the period 2003 through 2008 and inmate disciplinary data for January 2003 through August 2006 and calendar year 2008 concerning inmate-on-inmate incidents. These data confirm the assertion that there is little or no violence among the inmate population. There no misbehavior reports and no UIRs for assaulting an inmate, and the rate of misbehavior reports for fighting places Hale Creek in the bottom 15% of all state prisons.

Grievance Program

Inmates at Hale Creek filed 146 grievances in 2007, an increase from 122 in 2006. Medical issues comprised 42% of all grievances, with staff conduct comprising 32% of all grievances. According to DOCS, medical grievances concerned medications, referrals to specialists, medical testing, access to medical files, and negligence, while staff conduct grievances concerned racial slurs, threats, and verbal abuse.¹⁰

While Hale Creek inmates surveyed reported less retaliation from staff for filing grievances, they rated the grievance system as negatively as inmates at other prisons, with 76% saying the grievance system was poor. When they compared Hale Creek to other prisons, 45% said its grievance system was about the same as at other prisons and 45% said it was worse at Hale Creek.

Medical Care

The Visiting Committee met with the acting Nurse Administrator and toured the medical area. We appreciated the responses of the medical department to our questions about the healthcare system at the prison and the information officials provided to the CA prior to our visit.

Overall, the inmates responding to the CA survey about healthcare had a mixed view of the services provided. Only 7% of the survey participants rated the medical care as good, 32% reported it as fair and 61% said it was poor. These rates are somewhat worse than the average rating for the other prisons we have visited, where 9% of inmate respondents rated medical care

¹⁰ DOCS, *Inmate Grievance Program Annual Report, 2007*.

as good, 35% said it was fair and 56% found it to be poor. A consistent theme voiced by the inmate survey participants who elaborated on their negative assessment of the healthcare system was that the medical department does not exhibit a caring attitude to the patients and does not adequately address their medical problems.

The medical department consists of one physician, one nurse administrator, four nurses, and one clerical position. The prison's nursing staff increased from three to four nurses when its medical classification was changed from level three to level two in 2005. There is no medical staff available at the prison after 10:00 pm, but the physician is on call for emergencies. The prison had an acting nurse administrator at the time of our visit, as the regular nurse administrator was on leave since early August 2008. The prison was also missing one of the nurses, who had been on leave since July 2008, and the clerical staff, who had been on leave since January 2008. It appears the state's budget crisis may be impacting the ability of the prison to hire the clerical staff. Because of the missing clerical position, the prison could not use the computerized system to keep track of medical appointments. To fill in for the missing staff, the prison was employing a per diem nurse 16 hours per week and two extra service nurses for several days per month. In addition, the medical department regularly had permanent nurses working overtime. This system was far from ideal as the limited staff regularly perform overtime duties 30 to 40 hours per month and temporary staff are needed to fill in on a routine basis. With the missing staff, we were told it was also more difficult for the nurses to participate in ongoing medical training. When we spoke with the Superintendent in September 2009, we learned that all nursing staff positions had been filled for six months and the clerical staff position had been filled for a few weeks.

Sick call is conducted from 6:30 to 9:00 or 9:30 am four days per week by two sick call nurses. Approximately 35 to 45 inmates attend daily sick call, a rate that is higher than at many of the facilities we have visited. Nearly two-thirds of the inmates surveyed said they could access sick call when needed and only 11% reported problems getting to sick call. These figures are better than at most prisons we have visited. However, only 10% of the survey respondents said the sick call nurses were good, 29% rated the nurses as fair and 61% reported that they were poor. These rates are somewhat, but not significantly, worse than the average ratings from other prisons for which we have comparable data. Comments by inmates in response to questions about the sick call process included several complaints about nursing care, among these: (1) some nurses exhibited a poor attitude toward their patients by being rude, disrespectful or indifferent to their complaints; (2) staff provided only ibuprofen to inmates regardless of their medical needs; and (3) staff was generally unhelpful in addressing inmates' medical situation.

Inmates who experience a medical problem after the sign-up period for sick call has ended can request to receive medical attention through the emergency sick call process. Approximately 40 inmates are seen at emergency sick call (ESC) each month. The acting Nurse Administrator said half of those attending ESC do not have a true medical emergency. We commend the prison for not issuing misbehavior reports to these inmates for misuse of the sick call process.

Patients who need physician care are typically seen by the doctor in the morning from 9:45 to 11:15 am, during which time approximately seven to ten patients are examined. Inmate

survey participants reported better access to the doctor than at most other prisons we have visited. Only 20% said that they frequently experience delays in access to the physician, whereas the average rate for other prisons is 46%. Inmates surveyed at Hale Creek estimated that they can see the doctor within ten days, a delay that is significantly less than the average of two to four weeks at other prisons we have visited. But these survey respondents were not satisfied with the quality of the care they received from the doctor. Only 8% of the survey respondents said the doctor was good, 23% reported him as fair and 69% rated him as poor. These rates are worse than the averages at other prisons we have visited where 11% reported the physicians as good and 56% rated them as poor. Comments by survey respondents who were critical of the medical care repeatedly stated that the physician failed to properly treat their condition, was uncaring, and failed to prescribe appropriate medication.

For medical appointments with inmates with limited English skills, other inmates are used as translators. The dental assistant is bilingual and sometimes is asked to translate for Spanish-speaking inmates, but it appears that inmate-translators are used in most cases.

The prison medical staff reported that the facility has received a greater number of inmates with chronic medical problems since they were upgraded from a medical level three to a level two prison. Inmates with chronic illnesses included: (1) 12 HIV-infected inmates of which 9 were on therapy; (2) 42 inmates infected with hepatitis C (HCV), none of whom were on treatment; (3) 68 asthmatic inmates, of whom 28 were on therapy; (4) 56 inmates with hypertension, of whom 45 were on treatment; and (5) 20 inmates with diabetes, of whom 19 were taking daily medication. The medical staff informed us that since the prison's medical classification was raised to a level two facility, it now receives more insulin-dependent diabetics, asthmatics and cardiac patients.

We were pleased to learn that the prison doctor is certified by the Department as an HIV specialist. Although the prison has 12 HIV-infected inmates at the prison, nine of whom were on treatment, it rarely refers these patients to an outside infectious disease specialist. During Fiscal Year 2006-07, the prison had only one infectious disease appointment and the information provided during our visit confirms that few of its HIV-infected patients are sent to an outside specialist for HIV care. Given the expertise of the facility doctor, he may be able to manage this population without assistance. But we are concerned that none of the ten HIV-infected inmates who were also infected with hepatitis C (HCV) were on HCV therapy, that there was one patient noted in the most recent HIV quality improvement audit as unstable, and that the prison had four HIV-infected inmates who are diagnosed with AIDS. It would be appropriate for DOCS Division of Health officials to review these cases to determine if consultation with an outside infectious disease specialist would be useful. During our conversation with the Superintendent in September 2009, we learned that an outside health organization regularly makes presentations to the inmate population about HIV; such educational activities are important in encouraging inmates to get tested and seek treatment.

The prison has 42 inmates infected with hepatitis C, giving it a rate somewhat higher than rates for the entire prison system. At the time of our visit, none of the HCV-infected inmates were on treatment. We were also told that many inmates sent to Hale Creek do not have their HCV status indicated in their medical chart. Reviewing data from Fiscal Year 2006-07 revealed

that only one patient was on treatment at that time and prison medical staff reported that the last person receiving HCV therapy was at the prison six months prior to our visit. During FY 2006-07, the prison sent fewer patients to a gastroenterologist than other prisons; these consultations are frequently necessary to evaluate a patient for HCV treatment. Although not all patients infected with HCV require therapy, we are concerned that there are no patients on HCV therapy. Consequently, it would be prudent for DOCS Division of Health Services officials to review the medical records of a sample of the current HCV-infected inmates to determine whether the prison is aggressively recruiting patients for HCV treatment and promptly evaluating them for HCV therapy.

The prison provides significantly less specialty care than other state prisons according to data we received from the Department concerning specialty care services for Fiscal Year 2006-07. The medical staff reported that they have experienced some difficulties in getting timely access to orthopedic services. Overall, the use of specialty care at Hale Creek was less than one-third the average for the entire system. Utilization rates for dermatology, infectious disease, neurology, orthopedics and physical therapy were approximately one-tenth the Department-wide rate or lower. Although the length of incarceration for Hale Creek inmates is less than the Department average, it is unclear why the prison refers patients significantly less frequently to specialty services than other facilities. The responses of the inmate survey participants confirm this lower utilization rate of specialty care. In addition, more than 40% of the Hale Creek survey participants who reported going to a specialist said they experienced delays in getting a specialist appointment, and the median delay time reported by the respondents was two months, a rate comparable to other prisons we have visited. Approximately two-thirds of the survey respondents said there was not adequate follow-up to the specialists' recommendations. Given the low utilization rates for specialty care, DOCS Division of Health Services should investigate the use of specialty care at this prison to determine whether patients are promptly being referred.

The prison does not have a pharmacy and gets its medication from the pharmacy at Oneida C.F. The prison receives three deliveries per week from Oneida, so an order made on Thursday afternoon will not be received until the following Tuesday. When we spoke with the Superintendent in September 2009, he explained that staff will fill a prescription at a local pharmacy if there is a need for the medication prior to the next delivery from the Oneida pharmacy. Inmates are instructed to submit requests for refills seven to ten days prior to the day their medications will run out. More than half of the survey participants who were receiving medication stated that they experienced problems, at least some of the time, in getting their medications. Inmates also repeatedly stated that they received over-the-counter pain medication, such as ibuprofen, for many conditions instead of prescribed medications. There were also complaints that the prison doctor refused to prescribe medications that the inmate had been receiving at other facilities prior to his transfer to Hale Creek. The medical staff reported that approximately 10-15 patients were receiving daily one-to-one medications at the time of our visit.

The facility does not have an infirmary, and therefore, inmates who need residential medical housing must be transferred to the infirmary at Mt. McGregor C.F. The medical staff estimated that approximately one patient is transferred to the Mt. McGregor infirmary per week in the winter. Inmates who are too sick to go to their scheduled program activity are not

permitted to stay in the housing areas during the day because housing units are closed during daily programming hours so security staff can be assigned elsewhere in the prison. Consequently, inmates who are ill with conditions, such as the flu, that would not generally justify transfer to another prison, must be held in a room in the medical area or required to go to one of the recreation areas during the day and then returned to their housing area at night. It is unrealistic to expect every ill inmate to be transferred to another prison, and the current system of placing ill patients in a room in the medical area or sending them to the indoor recreation area does not provide adequate care of inmates suffering from potentially infectious medical conditions and does not adequately protect the remaining inmate population.

The prison has a quality improvement committee that was started in 2001-02 and now meets quarterly. We were informed by the medical staff that the committee reviews inmate deaths, grievances, medical charts and audits prepared by outside infection control nurses and senior utilization review nurses. With limited staff and the need to review medical records of newly admitted inmates and those being released from the prison, there seems to be few resources available for comprehensive quality assurance activities by the permanent medical staff.

Dental Care

At the time of our visit, the prison had a full-time dental assistant and a part-time dentist who is at the prison five days every two weeks. The prison had requested an additional part-time dentist for at least 50% to 70% of a full-time position. This request had been pending for several months but had not been acted upon by the Department at the time of our visit. When we spoke with the Superintendent in September 2009, we learned that the dentist position increased to full time in July. The dental staff estimates that approximately 70-80 patients are seen each month and the dentist sees about eight inmates per day when he is at the prison. The prison does not have a dental hygienist because it has only one dental chair.

At the time of our visit, there did not appear to be sufficient dental staff to meet the dental needs of the inmate population. The dental staff estimated that inmates must wait one month or more to be seen for non-emergency care and that 50% to 60% of all dental services are emergency appointments. Moreover, restorative services seem to be limited at the prison; the dental staff estimated that 60% to 70% of the dental work consists of extractions, rates higher than at other prisons we have visited. We were also told that dental cleanings are done only when absolutely necessary because there is not sufficient time to do routine cleanings. Overall, these facts demonstrated a dental department that was struggling to meet the most pressing needs of the inmate population and one that had insufficient resources to provide prompt and comprehensive routine care. When we spoke with the Superintendent in September 2009, we were pleased to learn that the facility increased the dentist position to full time, which will hopefully help alleviate delays in inmates receiving care. Following that discussion, we also received a quality assurance audit of dental services on October 31, 2008, by the Regional Dental Director that found the prison's dental services in 100% compliance for the dental charts reviewed.

Meeting with Staff

The Visiting Committee met with representatives of the NYSCOPBA, Council 82, CSEA and PEF unions, who asserted that the facility has a low level of violence and that the relationship between staff and the prison's administration is good. Staff explained that security staff is integrally involved in the treatment program at the facility, including writing evaluations for inmates. They said that formal substance abuse treatment training for security staff would be useful. Staff also suggested that many staff would benefit from working some time in a facility housing general population inmates as opposed to a facility housing only inmates involved in a treatment program.

Hale Creek's security staff is very experienced. There was concern among some staff that many senior Corrections Officers would retire upon reaching 25 years with DOCS, since their existing pension plan offers no incentive for them to remain on the job longer. In addition, staff were concerned that if there were additional staff cuts, overtime or closing posts will be necessary.

Recommendations

Our recommendations include that state policy makers should work with the Department and facility on implementing the following:

Programs

- Initiate additional vocational programs and jobs that more closely reflect work opportunities in the community.
- Adjust library hours so that they do not conflict with mandatory mealtimes.
- Raise the limit on the amount inmates can spend on items other than tobacco products and stamps at the commissary.
- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.
- Fill the three remaining staff CASAT vacancies.
- Work with Central Office to develop a more formal and comprehensive review process that could better monitor the quality and effectiveness of the CASAT program.
- Provide additional mental health training for all CASAT staff.
- Offer mandatory TC training for all treatment and security staff.
- Further expand the Spanish language materials available to limited English speakers in the CASAT program.

- Work with Central Office to develop additional aftercare options available to those CASAT participants ineligible for CASAT Phase II or III who are graduating the program and returning to general prison population.
- Conduct comprehensive screening of inmates when they are at the reception prisons prior to their transfer to a permanent facility, to determine their eligibility for the CASAT program thereby decreasing the number of people duplicating treatment programs (ASAT and CASAT) and making better use of both an individual's time spent in prison as well as the facilities' limited resources.

Medical Care

- Provide additional education to the medical staff concerning the provision of routine care to emphasize the need for effective communication with the patients, respectful demeanor in all encounters and attention to inmates' complaints and concerns.
- Enhance efforts to identify inmates with HIV and/or hepatitis C through greater peer education efforts and more outreach by the medical staff to encourage inmates at risk for the disease to be tested and seek care.
- Assess whether some inmates with complex HIV care issues should be referred to an outside infectious disease specialist for additional evaluation and recommended treatment.
- Re-evaluate inmates with Hepatitis C to determine whether any patients are appropriate candidates for treatment and review the prison's utilization of gastroenterologists and liver biopsy procedures to determine if there is under-utilization.
- Review the utilization of specialty care services, the timeliness of access to such services and the adequacy of prison follow-up to specialists' recommendations.
- Utilize the telephonic translation services for inmate medical encounters when the dental assistant is not available to translate for inmates with limited English-speaking skills.
- Assess whether more frequent deliveries from the Oneida pharmacy are needed to get prompt access to ordered medications.
- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare, including problems with access to medications.
- Institute a policy permitting inmates suffering from medical conditions that temporarily render them unable to participate in programs to remain in a residential area during the day, ensuring that they are confined in an area that will reduce potential infection of the remaining inmate population.

- Ensure that the prison has sufficient medical staff to maintain a comprehensive prison-based quality improvement program.

Dental Care

- Review a sample of dental records to determine whether the prison is performing all restorative work that is needed and is not extracting teeth that could be treated with restorative care.
- Assess whether the prison has sufficient dental staff to perform regular dental cleanings and other routine dental care.