



MID-STATE CORRECTIONAL FACILITY

The Correctional Association of New York (CA) visited Mid-State Correctional Facility, a medium security facility for men located in Marcy, New York, on April 1 and 2, 2009. At the time of our visit, the facility had a population of 1,434 inmates, 1,187 of whom were in general confinement, and a capacity of 1,716. The facility also includes a 174-bed S-Block that confined 160 inmates and a Special Housing Unit (SHU) with a capacity of 58 that, at the time of our visit, held 38 inmates in disciplinary segregation.

The prison offers a variety of treatment, vocational, and educational programs. These programs include substance abuse treatment, an Intermediate Care Program (ICP) for inmates with serious mental illness, a Residential Crisis Treatment Program (RCTP) for those inmates experiencing acute mental health crises, and a Sex Offender Program (SOP). At the time of our visit, there were 20 inmates in the ICP and three inmates in the RCTP.

The primary objective of our visit to Mid-State was to assess the programs and the conditions in the prison. The CA obtained surveys about general prison conditions from 200 inmates. We also received surveys from 59 inmates specifically concerning substance abuse treatment programs and surveys from 66 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 Mid-State, as we will publish them in a subsequent report on that issue. We base this report on findings from the 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. Facility administrators had the opportunity to review a draft of this report and provided the CA with additional information and comments during a conference call on April 2, 2010. Their comments and updated data have been included in the final report.

Summary of Findings and Recommendations

The Visiting Committee recognized that Mid-State faces certain challenges in serving its population, which has a higher percentage of inmates with mental illness than other facilities. Overall, we were pleased to find that S-Block inmates rated relations with staff and programs on

the unit more positively than other disciplinary housing units we have visited. We were also pleased to find lower rates at which inmates were issued misbehavior reports in the ICP and that ICP inmates felt safer in the program than in general population. Inmates throughout the prison also rated the visiting program more positively than we have found at other facilities. We also noted some problems: long staff vacancies in the academic program; possible high levels of tension between inmates; lack of staff training regarding working with inmates with mental illness; and treatment of inmates in the SHU.

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

- Promptly fill all academic program vacancies.
- Initiate additional vocational programs and jobs that more closely reflect work opportunities in the community.
- Assess the level and causes for tension within the prison and develop a plan to reduce tension and incidents of verbal harassment, including diversity training for staff and inmates.
- Periodically review the quality of the sick call and clinic encounters and ensure that inmates are seen in a timely manner and that all healthcare staff adequately address inmates' medical needs.
- Perform a needs assessment for clinic provider staff and consider expanding the number of doctors for the prison.
- Conduct a periodic review of all deaths of Mid-State inmates to determine whether any actions can be taken to reduce the number of deaths due to natural causes.
- Conduct a comprehensive review of all suicides, attempted suicides, and other acts of self-harm by the inmate population to determine whether any actions can be taken to reduce the incidences of self-harm at the prison.
- Review the timeliness of inmates' access to dental care to ensure that all inmates are seen in an appropriate time based upon their dental needs.
- Increase the amount of mental health training for staff.
- End the practice of punishing inmates with restricted diets, both in the SHU and S-Block.

Mid-State's Inmate Population

Significantly different from the statewide averages, 34% of Mid-State's inmates identify as white, 39% as African-American, and 24% as Hispanic.¹ The median age of inmates is 38 years old. Fifty-two percent of Mid-State's population is from New York City or its suburbs, a figure slightly lower than the statewide average of 63%. Like in many medium security facilities, most inmates face their earliest release date within one year. Forty-six percent of inmates at Mid-State were convicted of a violent crime, a figure lower than the statewide 58%. Twenty percent of Mid-State inmates had been convicted of drug offenses, a rate comparable to Department-wide averages. Slightly higher than the statewide averages, 57% of Mid-State

¹ Department of Correctional Services, Notes on Mid-State Correctional Facility, From DOCS Hub Profile, 1 January 2008. DOCS reports that state-wide race and ethnic distribution is 21% white, 51% African American, and 26% Hispanic.

inmates have a high school diploma, GED, or higher degree, and 5% of inmates are Spanish-speaking with no, limited, or moderate English proficiency. Of the 447 Corrections Officers the prison employed, eight were African-American (1.8% of the workforce), eight were Hispanic (1.8%), and 19 were women (4.3%).

Programs

Mid-State offers a variety of academic and vocational programs. At the time of our visit, 20 inmates, or two percent of the prison's general population, were idle or without any program or job assignment. A total of 270 inmates were in programs the whole day, and there were 1,930 half-day positions operating for inmates. Thirty-five percent of the general population (411 inmates) was assigned to porter positions, similar rates to other prisons we have visited. These positions entail performing cleaning or basic maintenance for the prison and rarely involve the development of transferable skills. Similar to rates we have found at other prisons, 65% of survey respondents were satisfied with their job, at least somewhat, and 35% were dissatisfied with their job.

Consistent with prisons throughout the state and as determined by DOCS Central Office, inmates typically 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. 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 inmates complained about their inability to afford commissary goods. At a rate somewhat more positive than we have found at other facilities, 65% of those we surveyed stated that they were dissatisfied with the commissary program at the facility.

Vocational Programs

At the time of our visit, a total of 329 inmates were enrolled in one of 11 vocational programs, which included barber and beauty shop, building maintenance, computer repair, custodial maintenance, floor covering, general business, horticulture, plumbing and heating, printing, small engine repair, and welding. There were no vacancies in Mid-State's staff of eleven vocational instructors, none of whom spoke Spanish. There was a waiting list for each course, which varied in size. Facility administrators told us that vocational programs are determined by DOCS Central Office, and that classes and class content are occasionally changed to reflect current job market demands. Building maintenance, custodial maintenance, and welding had waiting lists of over 35 inmates, while the waiting lists for programming in barber/beauty, floor covering, general business, horticulture/agriculture, printing, and small engine repair were under 15 inmates.

Inmates who meet stringent Department of Labor (DOL) qualifications can earn a DOL certificate through the prison's barbershop program. This DOL certificate can greatly enhance an inmate's ability to find work upon release. At rates higher than other prisons, Mid-State issued six DOL certificates in 2007, nine in 2008, and two in 2009. However, given the number of Mid-State 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. Many inmates expressed to us their desire to pursue this useful credential.

When we toured the vocational program, most classrooms seemed well equipped and clean. Many vocational instructors had substantial experience in their subjects, seemed knowledgeable about their trades, and committed to teaching. Of the inmates we surveyed, 63% were satisfied with their vocational program at least some of the time, a rate similar to that which we have found at other facilities. In their survey responses, inmates gave mixed reviews of the class content and instruction. While some inmates suggested they were learning valuable skills, particularly in the computer repair shop, others complained that the wait to get into classes was too long and that most classes did not teach skills that are applicable to the current job market.

Academic Programs

Mid-State offers Adult Basic Education (ABE), Special Education, pre-General Equivalency Diploma (GED), GED, and ABE for Spanish speakers. The facility also offers a bilingual class. At the time of our visit, 294 inmates were enrolled in these academic classes. The facility reported that there were four vacancies (since 2008 and 2009) among its academic staff of 13.2 positions. Among its academic staff, two instructors speak both Spanish and English. These teachers are assigned to the bilingual multi-level classes and the S-Block independent study course. The large number of teacher vacancies presents challenges in meeting the educational needs of the prison population. For example, at the time of our visit, there were 80 inmates on the waiting list for the ABE class. This is particularly concerning since the ABE class is the entry academic level for inmates with limited educational skills, and it should not be delayed if these inmates are going to obtain their GED. Filling teacher vacancies could help alleviate the wait for educational services that will benefit not only inmates but their communities, as research shows that greater education creates a more manageable prison population and reduces recidivism.

We were pleased to find that Mid-State offers the GED test to inmates at a higher rate compared to other facilities we have visited. In 2008, of the 85 inmates who took the GED test, 68% (58 inmates) passed. In 2007, of the 60 inmates who took the test, 70% (42 inmates) passed. Comparable to the Department-wide average, 57% of inmates at Mid-State have their GED.² Unfortunately, there is no higher education coursework offered at the facility. The many inmates not qualified for, or having completed, DOCS educational programs are missing an opportunity to gain higher education that would benefit them and their communities. We learned during our April 2010 call that of the 80 inmates who took the GED test in 2009, 44% passed (35 inmates).

During our visit to the academic area, we found the classrooms bright, welcoming, and decorated with posters, maps, and plants. We also visited the computer lab, which was well equipped. Staff explained that classes rotate use of the computer lab. Similar to other prisons we have visited, 57% of the inmates we surveyed said they were satisfied with the academic program, at least some of the time, while 43% said they were dissatisfied. In their survey

² The statewide average is reported as 56%. See Department of Correctional Services, Hub System: Profile of Inmate Population Under Custody January 1, 2008.

responses some inmates commented that they liked their teachers; others expressed frustration that sometimes inmates were not placed at the appropriate academic level. Increasing academic staffing at the facility could help ease the challenge of teaching this diverse group of students.

Libraries

General Library

Members of the Visiting Committee visited the library, which is open Monday through Thursday from 6am to 9pm and Saturday from 1pm to 4pm. At the time of our visit, one librarian and five inmate clerks staffed the library. During our visit, inmates were not permitted to browse the stacks and instead completed a request form after looking at a catalogue, however, during our April 2010 call, facility administrators told us that they were in the process of reorganizing the library and that books would soon be made available for browsing. The library also participates in the inter-library loan program. Of the inmates who responded to our survey, 52% indicated that they were satisfied with the general library at least some of the time, a rate lower than other prisons we have visited.

Law Library

Members of the Visiting Committee also visited the law library. The law library is open from 1pm to 9pm, seven days per week, and has five typewriters, one computer, and one copy machine available to inmates. Fifty-five inmates were permitted in the library at one time, and staff informed us that the library is never full. They estimated that around 32 inmates visit the library at any given time. Inmates in S-Block may request books, which are delivered to them upon the law library officer's approval. In the law library, inmates can generally find many forms or motions they might need, but they do not have access to brief banks. Of the inmates we surveyed, 60% percent said they were satisfied with the law library at least some of the time, a rate similar to other prisons we have visited. During our April 2010 call, facility administrators told us that they were acquiring 14 computer terminals and wiring the library for electronic access to legal materials.

Visiting Room, Food, Mail and Packages

Members of the Visiting Committee toured the visiting area, which is composed of two rooms for regular visits and separate areas for no-contact visits. The rooms had approximately 40 tables for inmates and their visitors and a capacity for 255 people. The prison also has an outdoor visiting area, with approximately 15 tables that can be used from May to October on weekends. The visiting rooms were clean, well-lit, and furnished with vending machines. In the biggest room there was a colorful play area for children, with a carpet on the floor, a mural, and a television, but no toys. Inmates are not allowed in this area. Staff reported that they infrequently terminate visits early due to overcrowding, but admitted that sometimes visitors are asked to leave before the visiting period is over to accommodate additional visitors. During our recent conversation, staff told us that they had purchased toys for the children's area and while inmates were still not allowed in the area, the facility had instituted a program whereby children could sign toys out and bring them to the visiting tables.

Of the inmates we surveyed, 73% said they were satisfied, at least some of the time, with the visiting program at Mid-State, a rate much higher than we have found at other prisons. The visiting area at this facility is larger than those at other prisons we have visited so visitors are less likely to be turned away or asked to leave because of lack of space. Some inmates with whom we spoke complained that sometimes visitors have long waits to be cleared through security and that staff sometimes close the visiting room prematurely. Inmates also complained that visitors were not allowed to bring in medications they might need and that female visitors are often treated unfairly or disrespected.

Inmates expressed many concerns about the mail and package room at Mid-State. They complained of packages disappearing from the package room and also reported delays in receiving mail, packages, and money transfers. During our April 2010 conversation with facility administrators, they told us that mail is distributed the same day that it is received by the facility, and that they also try to distribute packages the day that they are received. Similar to other facilities where we surveyed inmates, 62% of respondents said that they were dissatisfied with the mail and package program at the facility. Similar to other prisons, 75% of surveyed inmates were dissatisfied with the food at the facility, while 24% were satisfied at least some of the time.

Safety

Inmate-Staff Relations

At rates somewhat more positive than at other prisons we have visited, half of survey respondents described inmate-staff relations at Mid-State as bad, while 14% said that relations were good. Eighty-seven percent of respondents believed that there were some Corrections Officers (COs) at Mid-State who do a good job; however, 62% said that there are COs who engage in serious misconduct. Inmates estimated that 30% of Mid-State COs do a poor job and 50% do a good job. In addition, 78% percent of the respondents said the administration at Mid-State does very little or nothing to prevent abuse.

At a rate lower than we have found at other prisons we have visited, 20% of survey participants said that they had experienced a physical confrontation with staff at least once while at Mid-State. Thirty-five percent said that physical confrontations between staff and inmates were frequent throughout the facility, also lower than at other prisons. Forty-one percent of surveyed inmates said that they frequently felt unsafe at the facility, with 37% saying they felt very unsafe, rates lower than at other facilities.

Similar to other facilities, 85% percent of survey respondents said they experienced verbal harassment and 73% said it occurred frequently throughout the facility. Of the inmates who completed the survey, 37% described racial tension between officers and inmates as widespread or common. Thirty percent of respondents believed that racial discrimination contributed significantly to abuse. Forty-three percent said that video cameras would significantly reduce abuse.

We reviewed DOCS computer records concerning Unusual Incident Reports (UIRs) at Mid-State for the period 2003 through 2008 and disciplinary data for the periods January 2003 through August 2006 and 2008, and we compared this data to system-wide records for all state prisons.³ The rate at which Mid-State issued tickets for assault-on-staff placed the facility in the middle of all medium and minimum security prisons in the state for the entire period 2003 through 2008. In 2008, however, Mid-State's incidence of assault-on-staff increased from the earlier years; during 2008, the prison had the fourth highest rate for these infractions of any medium security prison. The UIR rate for assault-on-staff during this period placed the prison in the lower third of all medium and minimum security prisons; however, during 2007 and 2008, Mid-State was in the top 20% of all medium security prisons.

Following our conference call in April 2010, the prison administration provided the CA with UIR and disciplinary data for 2009. There were only four UIRs for assault-on-staff in 2009, compared to 16 for the 2007-2008 period. The disciplinary data, however, reflects a different trend. Twenty-three individuals were convicted of assault-on-staff infractions in 2009, a rate substantially higher than 10 in 2008 and an average of five per year in 2003 through July 2006. Although the 2009 assault-on-staff disciplinary data is particularly high in part due to 18 convictions in November 2009, the rate in 2009 suggests that the level of violence toward staff has increased since 2003 through 2006. These latest trends should be investigated to determine what circumstance, if any, may have led to the increase in inmate-staff violence and whether steps could be taken to reduce the level of violence. In our April 2010 discussion with facility staff about the level of violence, they explained that the facility had changed to an Office of Mental Health (OMH) level one facility in 2007, resulting in a significant change of the population profile. Staff attribute some of the rise in tension and violence to the increase of inmates with mental health issues.

Inmate-Inmate Relations

Inmates we surveyed had a mixed view about relations among inmates at Mid-State. Similar to rates we have found at other facilities, 49% of surveyed inmates said relations between inmates were better at Mid-State than at other prisons where they had been incarcerated. However, at a rate much higher than other prisons, 37% of respondents said they had experienced a physical confrontation with another inmate at least once while at Mid-State. Forty percent of respondents said physical confrontations between inmates were frequent throughout the facility. Similar to other prisons we have visited, 19% of those surveyed said that staff were frequently involved in inmate conflicts.

Also close to rates we have found at other prisons, 75% of survey respondents said that gang activity was common at Mid-State. When asked to compare gang activity at Mid-State to other prisons where they were incarcerated, 39% of surveyed inmates said that gang activity was about the same and 50% said it was less. However, 28% said that gangs were a significant source of violence, somewhat higher than at other prisons we visited. At higher rates than at other prisons we visited, 45% of surveyed inmates said that contraband drugs were common,

³ The data for disciplinary actions and UIRs are for the main prison and exclude incidents occurring in the S-Block, which are separately tabulated.

though 65% said that drug use was about the same as at other facilities and 36% said it was less. Similar to other prisons, 13% said that drug use was a significant source of violence.

We also reviewed DOCS computer data for UIRs for assault-on-inmate at Mid-State for the period 2003 through 2008 and disciplinary data for assault-on-inmate and fighting for January 2003 through August 2006 and 2008. These data place Mid-State in the top third of all medium security prisons for the rate at which it issues tickets for assault-on-inmates. Similarly, the prisons UIR rate for assault-on-inmate is in the top quarter of medium security facilities. The rate at which Mid-State issues tickets for fighting is in the middle of all medium and minimum security facilities for the period for 2003 through August 2006. In 2008, however, the rate for fighting increased, placing Mid-State as the third highest rate of this infraction for all medium security prisons.

Following our April 2010 conference call, the prison provided the CA with 2009 UIR and disciplinary data. There were 11 assault-on-inmate UIRs in 2009, compared to 11 and 14 such UIRs in 2007 and 2008, respectively. Concerning the 2009 disciplinary data, there were 10 inmates charged with assault-on-inmate and 168 charged with fighting, resulting in rates that are comparable to the data for 2008. It seems that while relations between inmates at Mid-State are not as tense as we have found at other prisons, there remain problems in this area. A meeting between the ILC and facility staff about how to improve inmate relations could help alleviate this tension.

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. Nearly two-thirds of the respondents (65%) rated the overall quality of medical care as poor, less than one-third (30%) rated it as fair, and only a few (5%) rated it as good. Compared to the 22 prisons for which we have comparable data, Mid-State had among the worst ratings we have seen. The average ratings among all 22 prisons for which we have data are: 9% of survey participants considered healthcare good; 37% rated it as fair; and 54% found it poor. This data indicates a need for significant improvement in the overall quality of medical care at the prison. We were told during our April 2010 conversations with staff, however, that facility administrators performed a review of staff performance which resulted in the dismissal of three unsatisfactory medical employees. We commend the prison for reviewing the quality of the interactions between their medical staff and inmates, and for taking decisive action to improve the care provided.

At the time of our visit, the permanent medical staff included: a Nurse Administrator; one full-time and two part-time physicians; one full-time Nurse Practitioner (NP); and 17 full-time equivalence (FTE) Nurse IIs. In addition, there were several per diem nurses working the equivalent of one additional full-time nurse and a NP who provides approximately 300 hours per

year (six hours per week) as needed. With the total current inmate population at 1,434, there was an FTE clinician-patient ratio of one clinician, including the doctors and the NP, for every 478 inmates. This clinician-inmate ratio was approximately 20% more than the overall system average of one clinic provider for every 400 inmate-patients. There was a nurse-inmate ratio of one FTE Nurse for every 84 inmates, a nurse-inmate ratio better than many prisons the CA has visited. These numbers indicate that the facility has adequate nursing staff, but raises concerns whether the prison has an inadequate number of clinicians to meet patient needs.

Sick call is held only four days per week – Monday, Tuesday, Thursday, and Friday – starting at 6am and lasting until “completion.” Three to four nurses are generally assigned to sick call each day. The Nurse Administrator estimated that an average of 1,500 inmates attend sick call per month, including inmates in general population and those in disciplinary confinement and other special populations. Inmates who experience a medical emergency after regular sick call hours can request emergency sick call by notifying a Corrections Officer of their condition. The prison estimated that approximately 144 inmates attend emergency sick call each month, a rate comparable to other prisons we have visited.

Inmates who participated in our survey were most critical of the quality of the care they received at sick call, but also expressed concerns about their access to sick call. Over half of the respondents (56%) reported that they could access sick call when needed, about one-quarter (24%) reported that they had such access only sometimes, and the remaining 20% stated that they could not access sick call when needed. These figures are comparable to the 22 prisons for which we have sick call data; with averages of 52%, 29% and 19%, respectively, for access when needed, access only sometimes and failure to have adequate access. Concerning the quality of the care they received at sick call, most of the respondents (70%) rated sick-call nurses as poor; 25% of the survey participants assessed the sick-call nurses as fair; and only a few of the respondents (5%) rated the sick-call nurses as good. These figures compare poorly to the average ratings obtained during CA visits to other prisons, where 12% of the survey participants rated the sick call nurses as good, 35% rated them as fair, and 54% as poor. We are particularly concerned about the high percentage of inmates who rated nurses as bad; the Mid-State rate is among the worst of the 22 prisons for which we have comparable data.

The survey participants were asked to explain their rating of healthcare, and many provided comments on their assessments of the sick call process. The survey respondents raised numerous concerns about access to sick call, the quality of the encounter with the sick call nurses and the adequacy of the treatment they received. Specifically, poor provider attitude was mentioned as a barrier to care in 48% of the comments, in which inmates cited disrespectful, rude, or uncaring staff. Inadequate care was mentioned in 36% of the comments, including references to inappropriate treatment, inadequate evaluations, and failure to give effective medications. In addition, problems with access to care were mentioned in 16% of the comments about sick-call.

Inmates receive care from the doctors and nurse practitioners (NP) in the clinic area following sick call encounters or a follow-up to a previous clinic visit. The prison reported that there is not a fixed schedule for clinic call-outs and stated that inmates are seen by a doctor or NP within a week to 10 days after being referred by the nurse.

Inmates participating in our survey were critical of the physician call-out system. Nearly half of the respondents (47%) answered that they frequently experience delays seeing a doctor, while only a small number (12%) responded that they never experience delays seeing a clinic provider. Compared to the other 22 prisons we have visited, these figures are slightly higher than the overall system-wide average of 44% of respondents who reported frequent delays in clinic access.

The survey participants estimated, however, the median wait time to see a doctor was 14 days, compared to a median of 21 days for all surveyed prisons. Of the survey respondents who provided an estimate of the delay in seeing a doctor, 30% estimated it takes four or more weeks to get called. Overall, it appears that many inmates have timely access to the clinic, but a significant portion of the prison population may have experienced delayed access to care.

The survey participants were also highly critical of the care they received once seen by the doctors. Prison doctors received poor ratings by nearly three-quarters of the 177 survey respondents (73%), and only 5% of the participants rated the physicians as good. These are among the worst ratings of clinic providers we have received from our prison surveys; the average ratings for the 22 prisons were 12% good, 35% fair, and 54% poor.

Issues regarding call-outs were congruous with the concerns already mentioned about overall healthcare and sick-call. Again, the most common complaint by the survey respondents about call-outs was the very poor quality of care received once seen. Respondents mentioned poor provider attitude as a barrier to effective treatment in 36% of the comments and poor provider care was mentioned in 39% comments. Access to care was mentioned in 25% of the comments about barriers to call-outs. This further emphasizes that issues concerning attitude and quality of care are widespread throughout the health system at Mid-State.

Over half of the respondents (60%) reported that they suffer from a serious or chronic medical problem. Medical officials informed the CA that there were 49 HIV-infected inmates identified in the Mid-State population at the time of our visit, representing 3.4%, of the prison population, a rate significantly higher than the department-wide rate of 2.5%. The number of HIV-infected inmates, however, has declined at the prison by 28% since 2007 when the prison had 68 HIV-infected inmates. Of the inmates known to be infected, 82% were currently receiving therapy. We were pleased to learn that two Mid-State providers, Dr. Ferguson and Dr. Rabinowitz, are recognized by DOCS as HIV Specialists. Dr. Rabinowitz sees 25 HIV-infected inmates each month, and Dr. Ferguson sees 10 HIV-infected inmates each month. In addition, several HIV specialists in the community are available to provide services to inmates with HIV at the prison; however, few inmates are seen by them since on average only one appointment is held each month with these specialists.

The prison has identified 154 inmates infected with Hepatitis C (HCV), representing 11% of the prison population, a rate higher than the department-wide average of 9%. More importantly, 12 of these patients were currently on treatment at the time of our visit. The rate of HCV treatment (8%) is significantly higher than the department-wide average of 5%. There are 13 inmates who are co-infected with HIV and HCV, but none of these patients were receiving

HCV therapy. Overall, it appears the prison is making meaningful efforts to identify its HCV-infected population and aggressively evaluating those infected for treatment.

The prison also treats many inmates with other chronic conditions. There were 221 identified asthmatic inmates, all of whom were currently on treatment at the time of our visit. Similarly, the prison had identified 202 inmates with hypertension, 159 (79%) of whom were currently on treatment and 89 inmates with diabetes, 81 (91%) of who were currently taking daily medication.

Mid-State utilizes the pharmacy at Oneida C.F. to provide most of their medications and relies on Insigna, an outside contractor to fill prescriptions in emergency cases, such as deliveries in the middle of the night. The facility has installed a computerized pharmacy system for placing orders and keeping records, to which all medical staff have access. Inmates are responsible for requesting refills for their medication. To refill a prescription, inmates must drop off the request the night before, and a nurse picks up the request and sends it to the pharmacy. This process takes an average of a few days. The Visiting Committee was told that prescriptions are refilled faster if reported to sick-call instead. The pharmacy will call to inform nurses when a medication is about to run out. Nearly 70% of the respondents to our survey who were on medication at the prison reported that they experienced problems getting their medication at least some of the time. These data represent the second worst response about access to medications for the 22 prisons for which we have comparable information. We urge the medical department to meet with the ILC to discuss with them the types of problems inmates are having with access to medications.

Based on an analysis of utilization of specialty care services for all prisons in Fiscal Year 2006-2007, it appears that Mid-State uses specialty care services at a rate significantly less than the department-wide average. Overall utilization for the prison was 77% of the system-wide average for that year. Specialty services that were substantially less than the department-wide average included cardiology, dermatology, gastroenterology, infectious diseases, orthopedics, and physical therapy. As we previously noted, the facility's providers are HIV specialists and therefore the need for outside infectious disease specialist appointments is reduced. Follow-up to outside specialist visits is reviewed by the Regional Medical Director.

Inmates also expressed concerns about specialty care services. Three-quarters of the respondents who had seen a specialist in the last two years reported experiencing delays in seeing a specialist, a rate that places the prison in the bottom third of prisons in terms of prompt access to specialty care. The median delay estimated by these survey participants for seeing a specialist, however, was 42 days, a delay that was less than the median of 60 days for all 22 prison for which we have comparable data. More importantly, approximately three-quarters of these respondents (73%) reported they did not receive good follow-up to a specialist's recommendation, a figure placing the prison in the bottom 20% of the 22 prisons for which we have collected data. We urge the prison medical staff to further investigate the problems inmates are experiencing in access to, and response following, specialty care services.

Mid-State experienced an unusually high number of inmate deaths in 2007 and 2008. Six inmates died in 2007, four of whom were from apparent natural causes and two committed

suicide. Three deaths occurred in 2008, all from natural causes. The six deaths in 2007 represent the most for any prison in the state outside of the Regional Medical Units. When the CA visiting committee asked the medical staff about these deaths, the personnel could not remember any details concerning any of these incidents. After our visit, facility administrators reviewed the recent inmate deaths. They explained to the CA that they determined that these particular deaths were natural life events that could not have been avoided, and attributed the high number of deaths to the large percentage of terminal patients who are admitted to the prison infirmary from other facilities. In addition to the two suicides in two years, there were seven incidents of inmate self-harm and eight incidents of suicide attempts at the prison. Facility administrators explained to the CA that the high number of incidents can be attributed to the large percentage of inmates on the mental health caseload; however, we urge the Department to review all these incidents to determine whether changes could be made to prison protocols to reduce the risk of inmate self-harm.

The facility has a quality improvement committee that regularly meets and prepares minutes of its activities. We were informed that it identifies specific aspects of the healthcare system it intends to assess and then evaluates them for potential modifications or improvements. We did not review any committee minutes and therefore cannot comment on the adequacy of the prison's quality improvement efforts, but we urge the committee to address some of the areas of concern raised in this report about the prison's healthcare system.

Dental Care

The Visiting Committee toured the dental area and surveyed the inmate population about their concerns about dental services. The prison has one dentist and two dental assistants. We were informed by staff that the dental area is limited and could not accommodate additional staff. The dental staff expressed concern about their ability to provide timely oral surgery for their patients. At present, such surgery is performed by an outside provider and there appears to be a backlog for this service.

Inmates responding to the CA survey concerning dental care had a mixed, but somewhat more positive view of the dental services. Of the inmates who had received dental care in the last three years at the prison, 36% rated dental care as good, 34% said it was fair, and 31% reported it as poor. These figures are better than most of the six prisons for which we have comparable data. When asked to estimate the delay in getting to the dentist, the median delay estimated by the survey respondents was 21 days, an amount less than most other prisons. We asked the inmates to explain their rating of dental care and several themes emerged from their comments. Many inmates commented that once they were seen, the provider was attentive and the dental services were good; some of these inmates also noted that the dental department responded promptly to dental emergencies. Several other inmates, however, commented on the long delays they experienced in getting to the dentist before care was delivered. These individuals estimated delays of a few months to many months to address some of their problems. It appears that although some inmates receive swift dental services, a significant number of inmates requiring less urgent dental care may have to wait extended periods of time before their problems are addressed. During our April 2010 conversation, facility administrators told the CA

that they were in the process of reviewing dental services and determining whether any improvements could be made.

Mental Health Care

In 2007, DOCS changed Mid-State's Office of Mental Health (OMH) classification level to an OMH level one, requiring that mental health personnel be present in the prison at all times and signifying that the prison is capable of treating inmates with the greatest need for mental health services. Like in other facilities, while prison programs and security are the responsibility of DOCS staff, prison mental health services are provided by OMH staff. The percentage of inmates receiving OMH services throughout DOCS has increased over the last several years. Staff reported that when the OMH caseload was at its highest at Mid-State, there were 675 active OMH inmates. On the day of our visit, Mid-State housed 559 patients on the mental health caseload, representing 39% of the prison's inmate population. This figure is much higher than most other prisons we have visited and substantially higher than the system-wide average of about 14%.⁴ Of those on the OMH caseload, 133 inmates were designated with an "S" OMH classified mental illness, signifying that they meet the definition of an inmate with serious mental illness as provided in the settlement agreement resulting from the Disability Advocates, Inc. (DAI) litigation.⁵

The residential mental health programs at Mid-State include an Intermediate Care Program (ICP) for inmates with serious mental illness and a Residential Crisis Treatment Program (RCTP) for those inmates experiencing acute mental health crises. At the time of our visit, the ICP was at capacity, housing 20 inmates. The RCTP housed three individuals and had a capacity for 12 inmates. OMH staff explained that OMH and DOCS are exploring the possibility of opening a Special Treatment Program (STP) at the facility. This program is for inmates with serious mental illness who are in disciplinary confinement. While the decision to open an STP at Mid-State was still pending, OMH staff explained that the general feeling was that DOCS prisons might already have enough capacity to serve these inmates. However, at the time of our visit, DOCS had substantially completed construction of the STP unit at the facility. The unfinished program area we toured included two individual therapy rooms and three group therapy rooms, two with treatment cages, and one with restraint chairs (each area had a capacity to treat six inmates). DOCS staff explained that in the next three weeks, DOCS staff was going to visit Five Points C.F. to observe its STP program.

In July 2008, the prison started a MICA (Mentally Ill and Chemically Addicted) pilot program for inmates with co-occurring addiction and mental health disorders. Staff explained that as the OMH caseload at Mid-State had grown, it became clear that some inmates would benefit from such a program. While there is no staff person officially assigned to the program, two DOCS Corrections Counselors work with these inmates and an OMH staff person (the ICP

⁴ Testimony of Brian Fischer, Commissioner. New York State Department of Correctional Services. Before New York State Senate Committee on Crime Victims, Crime and Correction. 17 March 2009. Available Online at <http://www.docs.state.ny.us/Commissioner/Testimony/SHUExclusionLaw.html>.

⁵ Disability Advocates, Inc. v. NYS Office of Mental Health, 02 Civ. 4002 (SDNY), was resolved by a Private Settlement Agreement in April 2007 and requires DOCS and OMH to provide a heightened level of care for all state inmates with serious mental illness in disciplinary confinement and includes provisions for additional treatment modalities and benefits for persons with mental illness in state prison facilities.

Coordinator) meets weekly with the MICA inmates and conducts groups. At the time of our visit, there were 33 inmates participating in the MICA program. Most participants were housed in the same dorm area. The MICA/ASAT program has two groups that meet in the morning and afternoon and lasts for about nine months. One of the counselors is currently working on a written guide for the program, but it has yet to be approved by DOCS.

When we visited Mid-State, there were no vacancies among the OMH staff, though one Nurse Practitioner was out due to an injury. These positions included a unit chief, two doctors, six nurses, one psychologist, two nurse practitioners, ten social workers, and three clerical staff, all of whom worked full time. An OMH staff person also works as a pre-release coordinator, though because of pending litigation, staff was reluctant to discuss this position with us. Staff reported that they use some extra service hours in the SHU and for the pre-release position. If the STP opens, an additional three OMH positions would be allocated to the prison to service this population.

Of the 200 inmates in general population from whom we received surveys, 83% of the general population survey respondents reported that they are, or had been, on the mental health caseload at Mid-State. Of the inmates who said they had been on the OMH caseload at the prison, 42% rated mental health services as good, 31% rated them as fair and 26% rated them as poor. These satisfaction rates are about average compared to those we have found at other prisons. Similar to other facilities we have visited, 50% of surveyed inmates who reported receiving mental health services at Mid-State and were on medications prescribed by OMH said they had trouble receiving their mental health medications, at least some of the time. It would be useful for the OMH staff to meet with the ILC and IGRC, as well as inmates on the OMH caseload, to discuss the difficulties some inmates experience with their medications to determine what modifications, if any, could be made to reduce these problems.

Although the great majority of the inmates with mental illnesses reside within the general population, not all civilian and security staff working in the prison have received specialized training to work with inmates with mental illness. Many DOCS staff also seemed unaware of some OMH program requirements and functions, particularly following the settlement between DOCS and Disability Advocates, Inc. (DAI), which lead to some misperceptions of the inmates' needs in these programs. OMH staff reported that they spend a lot of informal time training security and civilian staff, and that they give a priority to engaging in a dialogue with DOCS staff at the facility. However, DOCS staff were frustrated that they had not received adequate training and expressed concern about their safety when working with people with mental illness. Given the prevalence of inmates with mental illness in all housing areas, programs and other services, all Mid-State staff should be trained in how to work effectively with these individuals and how to recognize and appropriately respond to inmates who may be suffering from mental health crises.

We spoke with inmates who confirmed that additional staff training on working with people with mental illness would be beneficial, particularly for security staff working in general population. Inmates throughout the facility expressed concern that inmates with mental illness were over-medicated and not receiving the support they needed to remain stable. Inmates also expressed concern that self-harm and suicide attempts were common at the facility and other

inmates suggested that they did not feel safe in general population because of what they perceived as unpredictable behavior of inmates with mental illness.

OMH staff explained that their quality improvement process includes data collection, clinical supervision, case consultation, and that the OMH team meets daily for about 45 minutes to an hour. They said that mental health staff pulls a random sample of about 10 charts monthly for review and that Central New York Psychiatric Center staff conduct site visits about once per month and give verbal feedback, but no written report about their observations. Inmates we surveyed suggested that since mental health services were not run by DOCS, that it was more difficult to grieve and address issues about mental health care.

Intermediate Care Program (ICP)

The Visiting Committee toured the Intermediate Care Program (ICP), a residential treatment program for inmates with mental illness, which staff reported is typically filled to its capacity of 20 men. The unit is located in a building separate from the rest of the prison. The day room and dorm area are in the same room with a kitchen and several stainless steel tables and stools. When we toured the area, it was very clean, with little decoration and nothing on the communal countertops or tables. According to DOCS and OMH, the ICP includes psychiatric rehabilitation therapy, individual and group therapy, medication management, recreation therapy, task and skill training and development, educational instruction, vocational instruction, security services, crisis intervention, substance abuse, and pastoral counseling.⁶ OMH or DOCS staff can refer inmates to the ICP, at which time OMH staff will screen them to determine program eligibility.

According to the DOCS and OMH ICP Manual, the ICP follows a four-step system to gradually reintegrate ICP inmates into the general population.⁷ During the last eight years, staff estimated that about 160 patients have been admitted to the unit, half of whom have come from the STP. Of the approximately 80 ICP inmates who have come from the STP, nine have returned to the SHU. Upon entering the program, inmates are housed and attend programs on the ICP unit. Although some inmates never advance from this phase of the program, staff reported that most inmates are slowly introduced to general population activities, such as academic or vocational programs. Once an inmate is discharged from the ICP to general population, he is observed for six weeks to ensure a stable transition. While in the program, inmates are scheduled for 20 hours of out-of-cell therapy per week, which may include programs or jobs with the general population.

There were 20 inmates residing in the ICP when we toured the unit. Staff reported that most admissions had been inmates already housed at Mid-State, with four inmates transferring

⁶ NYS Department of Correctional Services and NYS Office of Mental Health. Intermediate Care Program Manual. (2003).

⁷ Step I consists of evaluation and orientation after inmates are admitted to the ICP unit. Step II involves work, education and other program assignments on the ICP unit. During Step III, ICP inmates are given general population program assignments while residing on the ICP. Step IV involves discharge planning from the ICP, transfer to the prison's general population where the now-former ICP inmates' mental health is monitored by OMH and DOCS staff.

from other ICPs in the state and none from other STPs or any of the Behavior Health Unit (BHU)⁸ programs. OMH staff reported that the average length of stay in the ICP was between nine and twelve months. There were two people on the ICP waiting list and five referrals awaiting processing.

We received surveys from six inmates in Mid-State's ICP. The median time these inmates had been incarcerated was nearly two years and the median time they had been in Mid-Stat's ICP was four months. Most inmates we surveyed had not been to Central New York Psychiatric Center (CNYPC) since being in the ICP. Almost all had been to a Residential Crisis Treatment Program (RCTP) at some point during their incarceration, though most had not been to the RCTP since their placement in the ICP.

Of the ICP inmates from whom we received surveys, most said that mental health staff make daily rounds on the unit. Almost all said that they went to group counseling sessions daily. When we asked how many inmates attended these group sessions, answers varied from nine to 20 inmates. Most said that the sessions lasted for about an hour and that security staff is usually present at the group sessions. A majority of survey respondents had met individually with mental health staff at least once for 20 minutes to an hour since they were in the ICP. Almost all inmates we surveyed said they had a discharge plan and most said this discharge plan included government benefits.

OMH staff reported that they often times use written "informational reports" in lieu of issuing misbehavior reports. There are three types of informational reports: positive, negative and other, which are given for a variety of reasons. Staff explained that before an informational report is issued, the treatment team meets within 24-48 hours of the incident for which the report is written to ensure that program staff responses to behavioral problems are therapeutic. There is a subsequent meeting with the individual inmate to discuss the report. Both DOCS and OMH staff can initiate the issuance of an informational report. Staff reported that they issue more negative informational reports than positive ones. They said that they do not frequently issue informational reports in the "other" category, which can include, for example, if one inmate teaches another how to clean. While inmates cannot earn incentives in the program for positive informational reports, there are what staff described as "therapeutic consequences" for negative behavior, which can include verbal counseling or written assignments. Staff said that during March 2009, they issued two informational reports, estimating that a high number of issued informational reports would be six in a month.

Staff reported that in the last year, two ICP residents served their SHU time of less than two weeks while in the ICP and one inmate entered the ICP directly from the SHU after receiving a time cut on his disciplinary sentence. OMH staff are called upon to give testimony on confidential tape regarding Tier III hearings, where they make a recommendation if it is appropriate to place the inmate in disciplinary housing. None of the inmates we surveyed reported ever having been in an STP, GTP, or BHU. All ICP inmates we surveyed had received

⁸ The BHUs provide services to inmates with serious mental illness who are serving lengthy SHU sentences. The three-phase program is located in Great Meadow and Sullivan Correctional Facilities in housing units separate from the prisons' SHUs. It includes ten to twenty hours of programming per week in addition to individual counseling.

at least one ticket during their incarceration, with most saying they had received four or less and one saying he received 20. One surveyed inmate said he had received a ticket in the ICP and two had spent time in SHU during their incarceration. We were pleased to find staff is issuing a low rate of tickets to ICP inmates.

Incidents of suicide and self-harm are more prevalent among inmates with mental illness. DOCS reported that of the 18 New York State inmates who committed suicide, half were classified as OMH level one, two, or three in 2007.⁹ From 1998-2007, 57% of suicide victims in the state prisons were classified as OMH level one, two, or three, though this group of inmates only comprised 15% of the entire prison population. Four ICP survey respondents said they had attempted to harm themselves since their incarceration and one said he had attempted to harm himself while in the ICP. From 1998-2004, there were no suicides at Mid-State, while 31 other maximum- and medium-security facilities within DOCS saw 79 suicides within this same period. Mid-State's only suicides from 1998-2007 were in 2007, when two incidents occurred. Despite Mid-State's low number of suicides, we are concerned that Mid-State has a high number of incidents of self-harm. During the period 2007-2008, there were 13 UIRs for self-inflicted injury or suicide attempts at the prison, generating a rate for these incidents that was the highest of all medium security prisons and greater than most maximum security prisons.

ICP inmates responding to our survey were critical of the medical care they received on the unit. Of the six ICP survey participants, half rated the care as fair and the others rated it as poor. Similar ratings were given for the sick call nurse and the clinic providers.

Of the inmates we surveyed, half rated relations with security staff as bad and half rated them as good. These inmates estimated that about half of the security staff did a good job while the other half engaged in misconduct. The misconduct the inmates described, though not common, typically involved retaliation, verbal harassment, and some physical abuse. Most inmates said they felt safer in the ICP than in general population.

Of the ICP inmates we surveyed, two rated the ICP mental health services as good, three rated it as fair, and one rated it as poor. Some inmates said that they liked the less restrictive environment the program offered and that the staff was supportive. Some inmates complained that security staff interfered with the therapeutic process.

Residential Crisis Treatment Program (RCTP)

The Residential Crisis Treatment Program (RCTP) is intended to temporarily house inmates who experience mental health crises and may be a danger to themselves or others or who otherwise exhibit serious psychological problems. The RCTP at Mid-State consists of six observation cells and a six-bed dormitory intended as a "step down" from the observation cells. At the time of our visit, there were two inmates in the observation cells and one in the dorm. Staff reported that the observation cells are at capacity more often than not. Staff told us that overall, inmates who enter the RCTP are already housed at Mid-State. OMH reported that of inmates entering the RCTP in 2008, 91 were transferred from a SHU, 13 from ICP, 18 from CNYPC, and 175 were from the prison's general population. We are concerned that the

⁹ State of New York Department of Correctional Services. Inmate Suicide Report 1998-2007.

percentage of inmates entering the RCTP from the SHU is high compared to the rate of general population inmates entering the unit.

Sex Offender Program (SOP)

The Visiting Committee did not tour Mid-State's Sex Offender Program (SOP), but asked questions in our surveys about the program. Twenty-nine of survey respondents reported they had been in the SOP at the prison, either at the time of our visit or previously. Of these inmates, 49% said they were satisfied with the program, at least some of the time.

We received additional surveys about the SOP from 16 inmates enrolled in the program at the time of our visit. These inmates had spent an average of seven months in the SOP, and the large majority had never been in another sex offender program during their incarceration. Most of the survey respondents said that they attend group therapy sessions four or five times per week. They reported that these sessions typically include 10-12 inmates and last 90 minutes. Most said that security staff is never present in these sessions or is present only once in a while. Most respondents had not received individual therapy or discharge planning services. When we asked about their understanding of the program graduation criteria, most inmates had similar responses; they said that in order to successfully leave the program, they had to clarify their crime, have an understanding of the sexual abuse cycle, and complete a "support packet".

Of those participants who responded to our SOP survey, most spoke positively of the program, with 13% rating it very useful, 27% saying it was useful, 40% rating it as somewhat useful, and 20% characterizing it as not at all useful. When asked what they liked about the program, inmates said they appreciated learning about themselves and the abuse cycle, the group sessions, and complimented counselors for their seriousness and dedication. Inmates complained, however, about strict dorm rules, breaches of confidentiality among inmates and staff, and that some of the materials were outdated. Several inmates commented that they felt forced to expand upon their crime to the point of creating fictitious scenarios. Inmates also expressed concern about their safety in the prison's general population, citing violent threats from other inmates.

Grievances

The prison employs one full-time civilian staff to coordinate the grievance program. Mid-State inmates filed a total of 525 grievances in 2007, a decrease from the 664 filed in 2006. The most highly grieved issues in 2007 concerned staff conduct (113 filed) and medical complaints (154 filed). Medical complaints comprised 29% of all grievances filed in 2007 and complaints about staff conduct comprised 22% of all grievances filed that year. These two numbers changed only slightly in 2008, with 129 grievances filed regarding staff conduct and 154 filed regarding medical services. In both 2006 and 2007, Mid-State had one of the highest rates of grievances filed per one thousand inmates in its hub (418 and 357, respectively). These rates were also higher than many other medium-security prisons throughout the state. During our April 2010 conversation, the facility noted that grievances have continued to go down. According to data recently provided by the facility, a total of 458 grievances were filed in 2009.

At a rate slightly more positive than other prisons, 60% of surveyed inmates described the grievance system as poor. Forty-four percent rated the Mid-State grievance system worse than at other prisons in which they had been confined, while 43% said that the grievance system was about the same as their experiences at other prisons. Twenty-six percent of respondents reported that retaliation for filing grievances occurred frequently. Of those we surveyed, 61% said that they had used the grievance system at Mid-State. Twenty-nine percent of these inmates said they were frequently retaliated against for filing grievances. While inmates at Mid-State rated the grievances system more positively overall than inmates at other facilities we have visited, a meeting between the prison's administration and the ILC and IGRC to discuss ways to improve the grievance system could help increase inmates' confidence in the system.

Special Housing Unit

At the time of our visit, 38 inmates were housed in Mid-State's 58-bed Special Housing Unit (SHU). There is also an "overflow" SHU, where typically, eight cells are full. Twenty-three percent of surveyed general population inmates had been in the SHU at Mid-State, of whom 21% indicated having experienced problems with staff in the SHU. We received surveys about conditions in the SHU from ten inmates who had spent an average of three months in the prison's SHU.

Overall, the surveyed SHU inmates rated program services and relations with staff similar to, or worse than, what we have found in other disciplinary housing units. Mid-State does not offer a cell study program for inmates in SHU. Every 60 days, books are sent to the S-Block and SHU. The S-Block instructor has a separate book collection of over 500 books. At rates worse than other SHUs and S-Blocks we have visited, 78% of surveyed inmates were dissatisfied with their access to reading materials and 67% were dissatisfied with their access to law library materials. Similar to other disciplinary housing units we have visited, 70% of survey participants were satisfied, at least somewhat, with mail services. Also similar to other disciplinary units, 70% were dissatisfied with food services, complaining of small portions and cold food. About half of the surveyed inmates said they sometimes leave their cell for the one hour of recreation time they are permitted per day. Many said they do not go out to the small, fenced-in area off the back of their cell because they felt as if they were in a "cage" with nothing to do. Several inmates suggested a pull-up bar would be beneficial, however prison administrators recently explained to the CA that a pull-up bar is not appropriate because it could be used for self harm.

At the time of our visit, there were 25 SHU inmates on the OMH caseload, which staff reported is a typical census. Upon entering the SHU, every inmate is screened by OMH staff within 24 hours or the next business day. OMH staff explained that if DOCS allows, the screening takes place outside the cell. They added that it is rare that inmates are placed on the OMH caseload following the initial screening, which typically lasts ten minutes, though sometimes longer. OMH staff make daily rounds in the SHU and meet individually with inmates who are on the OMH caseload every two weeks. Eight of the ten SHU inmates we surveyed had been on the OMH caseload. At rates similar to those we found among general population inmates who responded to our survey, three of these eight SHU inmates rated mental health

services as good, three said they were fair, and two assessed the services as poor. One said he had been in an RCTP.

While the SHU survey respondents rated medical care slightly more positively than the general population inmates we surveyed, none characterized it as good. Four respondents rated medical care as fair and four rated it as poor. Inmates complained about the poor attitude of medical providers, asserting that the providers were sometimes disrespectful to them. At rates worse than reported by general population survey respondents, four SHU survey participants said they could access sick-call when needed, two said they sometimes could, and four said they could not access this care when needed. SHU survey respondents rated the sick call nurses slightly more positively than general population inmates, with two saying they did a good job, four saying they did a fair job, and four saying they did a poor job. The median time SHU survey respondents estimated it takes to see a doctor was 11 days. Similar to general population inmates, SHU inmates rated medical doctors poorly, with one saying they did a good job, two saying they were fair, and seven saying they did a poor job.

Of the surveyed SHU inmates, almost all described relations with staff as bad. Similar to reports from general population inmates, while some SHU inmates described physical confrontations occurring with security staff, the more common complaint concerned verbal harassment. One inmate said he frequently experienced physical confrontations with Mid-State staff in the SHU, while three said they experienced them once in a while and four said they never experienced them. Five inmates said they frequently experienced verbal harassment from staff, while two said they had experienced it once, and three said they had never been verbally harassed by staff in the SHU. Half of the surveyed SHU inmates said they frequently felt unsafe. Of those who said they felt unsafe, most said that they felt very unsafe. We were pleased to find that, at the time of our visit, there were no inmates on restricted diets. In 2008, the facility issued two restricted diet orders and had issued one in the first three months of 2009. During our recent conversation, staff told the CA that they use restricted diets as a last resort.

S-Block

At the time of our visit, Mid-State housed 160 inmates in its 174 capacity S-Block. We received surveys from 25 of these inmates, who had spent an average of four months on the unit. Sixty-four inmates were enrolled in the cell study program at the time of our visit, and there was no waiting list. About half of the inmates we surveyed were enrolled in the cell study program and 61% were satisfied with the program, a rate much higher than other SHUs and S-Blocks we have visited. While Mid-State's S-Block inmates were similarly satisfied with their access to reading materials (48%) as compared to other S-Block inmates at visited prisons throughout the state, relatively fewer (43%) were satisfied with their access to law library materials. Of those we surveyed, 64% were satisfied with mail services at least some of the time, a rate better than at other disciplinary confinement units we have visited. Only 28% of SHU survey respondents were satisfied with the food services at least somewhat, while 72% were dissatisfied, similar to satisfaction rates of inmates in other S-Blocks and SHUs.

Thirty-eight percent said they frequently go to the one hour of allowed recreation per day while 75% said they go only once in a while. Inmates said that they do not go to recreation

because there is little to do in the small recreation area outside their cell. Providing inmates with equipment like chin-up bars could offer an incentive for inmates who otherwise might spend 24 hours a day isolated in their cells. Others mentioned that the clothing they are issued is inadequate for the cold weather and that the recreation area was depressing because it felt like being in a small cage. The isolating conditions of disciplinary confinement are psychologically harmful,¹⁰ and we are concerned about the high number of SHU inmates who do not participate in their one hour per day of allowed recreation.

S-Block survey respondents rated medical care at the prison somewhat more positively than general population and SHU inmates we surveyed. Only two inmates characterized medical care as good, while 10 said it was fair, and six said it was poor. S-Block inmates complained about delays in seeing a doctor, though the median time delay to see a doctor they estimated (six days) was shorter than what general population and SHU inmates reported. Most S-Block survey respondents (75%) said they could access sick-call when they needed to, while 21% said they could access it only sometimes, and one inmate said he could not access it when needed. S-Block inmates rated sick call nurses more positively than the general population and SHU inmates we surveyed, with 27% saying they did a good job, 68% saying they were fair, and only one saying they did a poor job. S-Block survey respondents had a more negative view of the doctors, with 75% rating the doctors as poor, 25% rating them as fair, and none characterizing them as good.

Staff estimated that approximately 11 S-Block inmates were on the OMH caseload, which typically ranges between ten and 22 inmates on the unit. OMH staff explained that they see inmates entering the S-Block within 30 days of arrival, though this typically occurs in less than 30 days. Inmates who are already on the OMH caseload and who enter the S-Block are typically seen within one week of their arrival to the unit. OMH staff make weekly rounds in the S-Block and conduct follow-up screenings within 90 days. Inmates on the OMH caseload receive monthly out-of-cell interviews. Inmates can also request a meeting with mental health staff, which staff explained occurs within one to two weeks of the request.

Mid-State's S-Block survey respondents rated mental health services worse than the prison's SHU and general population inmates. Of all the S-Block inmates we surveyed, 59% rated the mental health care as poor and 35% rated it as fair. These rates are worse than we have found at other S-Block and SHUs. Seven said they had received mental health services during their incarceration and five said they had been on the OMH caseload at Mid-State. Of these five, one rated the services in the S-Block as good, one rated them as fair, and two said services were poor. Two said they had problems with their mental health medication.

Inmates in Mid-State's S-Block reported relatively lower levels of tension and better relations with staff than we have found at other disciplinary housing units. Thirty-eight percent of the inmates we surveyed in the S-Block said relations with staff were bad, while 25% said they were good, and 38% said they were equally good and bad. Inmates reported verbal harassment from staff, with 42% saying they had experienced verbal harassment at least once

¹⁰ See Fellner, Jamie, *Cold Storage: Super-Maximum Security Confinement in Virginia*, New York: Human Rights Watch, 1997; Haney, Craig and Mona Lynch, "Regulating Prisons of the Future: A Psychological Analysis of Supermax and Solitary Confinement," *New York University Review of Law & Social Change*, XXIII, no. 4, 1997.

and 17% of those inmates saying they experienced it frequently. Both these rates, however, are lower than at other SHUs and S-Blocks we have visited. At a rate lower than other disciplinary housing units we have visited, only 8% of inmates said they had been in a physical confrontation with staff in the unit. Forty-six percent of survey respondents said they frequently felt unsafe, also lower compared to other disciplinary confinement units we have visited. Of those who said they felt unsafe, 54% said they felt very unsafe. Inmates also complained that staff tampered with or denied them food. We were pleased that none of the S-Block inmates were on restricted diets at the time of our visit.¹¹ However, during 2007, 2008, and 2009 (through March), the prison issued 0, 15, and 5 orders for restricted diets, respectively. We are concerned about the facility's use of restricted diets. Although DOCS claims that "the loaf" regimen meets nutritional standards, many inmates do not eat it because it is unpleasant and difficult to digest. It is inappropriate to use a restricted diet as a means to control behavior or discipline an inmate.

Overall, nine S-Block survey respondents rated the grievance system as poor and three rated it as somewhat effective. Nine S-Block survey respondents said they had filed grievances at Mid-State. Of these, four said they had been retaliated against for complaining. Six rated the grievance system as poor and two rated it as somewhat effective. While S-Block inmates overall characterized programs and relations with staff as better than we have found in other disciplinary housing units, there remain areas where improvement could be made.

Transitional Services

The Visiting Committee toured the Transitional Services (TS) area and met with staff about the program. Mid-State provides all three phases of Transitional Services, as well as Aggression Replacement Training (ART). At the time of our visit, the TS program was staffed by three full-time civilian staff and 23 Inmate Program Assistants (IPAs). Phase I is a two-week program for inmates who are new to DOCS and who have not participated in a Phase I program prior to being transferred to Mid-State. Phase I averages 25-30 participants at any time. The facility reported that 1,188 inmates completed Phase I at Mid-State in 2008 and 139 inmates had completed it in 2009 (through March).

Mid-State was one of the first facilities to offer a Phase II program in the early 1990s. Staff informed us that about 60 inmates, divided in two classes (morning and afternoon), were enrolled in this four-day per week program lasting 10 weeks. The admission to Phase II is on a rolling basis and inmates usually begin in the middle of their sentence. We were told that four IPAs run the classes and that sex offenders were not eligible for this position. At Mid-State, 17 inmates had completed Phase II at the time of our visit in April 2009, 156 completed it in 2008, and 132 completed it in 2007. Of the inmates we surveyed, 27% had been in Phase II at Mid-State. Of these inmates, 51% were satisfied with the class at least some of the time, similar to other prisons we have visited.

Phase III is a four week program, consisting of full-day classes, four times per week. At the time of our visit, 40 inmates were enrolled in Phase III, and 1,002 inmates had the class on their recommended program list. Phase III is designed for inmates who are nearing their release

¹¹ Inmates who are fed a restricted diet receive a dense, binding, unpalatable one-pound loaf of bread and a side portion of cabbage three times a day for up to seven days straight, followed by two days off.

date and focuses on preparing for employment, finding support programs in the community, receiving necessary documentation needed when released, and preparing for parole with instruction on how to follow parole requirements to avoid re-incarceration. IPAs assist inmates in preparing typed resumes. Inmates closest to their release date are prioritized for Phase III enrollment. Mid-State also offers a special Phase III for inmates in the ICP. Staff told us that the Division of Parole had recently changed its procedures to conduct Parole Board hearing four months prior to an inmate's parole eligibility date, rather than two months prior. With this change, the prison intends to enroll inmates in Phase III after their Parole Board hearing so that there is a definite release date around which to develop a discharge plan. During the period January through March 2009, 15 inmates had completed the program. Of the inmates we surveyed, 18% had been in Phase III at the prison. Of these inmates, 69% were satisfied with the program, at least some of the time, a rate much higher than we have found at other prisons we have visited.

TS staff at Mid-State also help inmates obtain information about programs and services in the community; 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 secure a social security card and/or birth certificate. Staff said that every inmate has a portfolio with his social security card, resume, and information about services in the county where he will be released. Staff estimated they help roughly 10% of inmates with housing and receive about 30 requests per month concerning employment. In 2008, 826 Mid-State inmates received birth certificates and/or social security cards.

While the Visiting Committee did not tour the ART program or speak with staff about ART, we asked inmates about the program in our surveys. Of those who responded, 25% had been in ART and of these, 70% were satisfied, at least some of the time, a rate similar to other prisons we have visited.

Recommendations

Programs

- Fill academic program vacancies.
- Initiate additional vocational programs and jobs that more closely reflect work opportunities in the community.
- Raise the limit on the amount inmates can spend 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.
- Permit inmates to browse the library collection.

- Continue to monitor measures to prevent delays in the delivery of mail and packages to inmates and to reduce destruction or loss of items contained in packages.

Safety

- Assess the level and causes for tension within the prison and develop a plan to reduce tension and incidents of verbal harassment, including diversity training for staff and inmates.
- Meet with the ILC and IGRC to discuss ways to reduce tension at the prison and to improve the effectiveness and credibility among inmates of the grievance system.
- Establish regular meetings that foster dialogue between inmates and security staff.

Medical Care

- Periodically review the quality of the sick call encounters and ensure that inmates are seen in a timely manner and that all sick call nurses adequately address inmates' medical needs.
- Perform a needs assessment for clinic provider staff and consider expanding the number of doctors for the prison.
- Ensure that all inmates scheduled for a clinic call-out are promptly seen in accordance with their medical needs.
- Review the quality of medical encounters with the clinic providers to ensure that inmates' medical conditions are promptly diagnosed and properly treated.
- Review the procedures for providing medication to the prison population and explore with the ILC and IGRC the problems inmates experience with access to medication to determine how to better provide these services.
- Periodically review the utilization of specialty care services by the prison to determine whether the clinic providers are appropriately referring patients to specialists and that these appointments are held in a timely manner.
- Continue to review completed consultations to determine whether there has been adequate follow-up to the recommendations made by the specialists.
- Conduct a periodic review of all deaths of Mid-State inmates to determine whether any actions can be taken to reduce the number of deaths due to natural causes.
- Conduct a comprehensive review of all suicides, attempted suicides, and other acts of self-harm by the inmate population to determine whether any actions can be taken to reduce the incidences of self-harm at the prison.

- Assign to the prison's quality improvement committee the responsibility to investigate the issues raised in this report about healthcare and to determine whether measures can be taken to improve the quality of medical care at the facility.

Dental Care

- Review the timeliness of inmates' access to dental care to ensure that all inmates are seen in an appropriate time based upon their dental needs.

Mental Health Care

- Increase the amount of mental health training for staff.
- Convene a meeting between OMH staff, the ILC and IGRC, and inmates on the OMH caseload, to discuss the difficulties some inmates experience with their medications to determine what modifications, if any, could be made to reduce these problems.

S-Block and Special Housing Unit

- End the practice of punishing inmates with restricted diets both in the SHU and S-Block.
- Institute a system-wide policy to provide inmates in SHUs throughout the state with athletic equipment like balls or chin-up bars when they go to recreation.