

# The Correctional Association of New York

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## Washington Correctional Facility

The Correctional Association (CA) visited Washington Correctional Facility on July 28<sup>th</sup> and 29<sup>th</sup>, 2009. Washington is a medium security prison located next to Great Meadow Correctional Facility in Comstock, New York. It was opened in 1985 and is an example of what is known as a “cookie-cutter prison,” one of many prisons constructed with the same blueprint during the 1980s to accommodate the state’s ballooning prison population. At the time of our visit, the facility had a capacity for 924 inmates and held a total of 868 inmates. The facility had a 32-bed Special Housing Unit (SHU), which held 20 inmates in disciplinary confinement at the time of our visit. The remaining 848 were housed in general confinement.

We learned that 23 staff positions at Washington had recently been cut and that 20 more positions would be eliminated with the closing of the facility’s Annex, also known as the H-Block, set for October 1, 2009. The Annex housed 17 inmates at the time of our visit. According to DOCS, the Annex was a five-acre area that provided inmates with clearance the opportunity to work on the farm, or in the recycling, composting, and grounds-keeping programs. Due to its closing, the majority of the inmates who lived in H-Block have been or will be transferred to other facilities, although some will remain at Washington. Most of the remaining Annex inmates at the time of our visit worked as groundskeepers. Staff from this building had either been transferred to other facilities or moved back to the main buildings. Since Washington is the only facility in its hub that has been downsized recently, displaced staff members had a good chance of being transferred to other facilities within the region. During a November 2010 conversation with staff, we learned that the Annex was fully closed in October 2009 and two housing units in the main facility were closed in May 2010, leaving 120 empty beds.

Staff told us that because Washington is a newer facility, they have not had any major problems with the physical plant and there were only a few construction projects planned at the time of our visit. The facility planned to replace the roofs on the school and messhall buildings in the future, and to complete construction of a children’s area in the visiting room. The showers in the Annex had recently been upgraded, which occurred before the facility learned that the Annex would be closed. We learned during our November 2010 conversation with staff that the process of replacing the facility’s roofs began in October 2010.

## **Objectives and Methodology**

The objectives of our visit were to assess both general conditions at the facility and, in particular, its substance abuse treatment programs. The information in this report is based on data provided by the facility, conversations with the Superintendent, executive team, union representatives, the Inmate Liaison Committee (ILC), the Inmate Grievance Review Committee (IGRC), program staff and inmates, on observations made during our visit, on inmate correspondence and on completed surveys we received from inmates.

We received 146 surveys regarding general prison conditions from inmates in the general population and nine surveys from inmates in the SHU. We also received 51 surveys from inmates about their need for substance abuse treatment and 37 surveys from inmates currently enrolled in substance abuse treatment programs at Washington. Results compiled from the substance abuse treatment surveys and our evaluation of those programs at Washington will be published in a forthcoming report on substance abuse treatment in the New York prison system and therefore have not been used in this report. 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 November 5, 2010. Their comments and updated data have been included in the final report.

## **Summary of Findings and Recommendations**

The Visiting Committee was impressed with many areas at Washington: high inmate satisfaction with the educational and vocational programs and the general library; the considerable numbers of inmates taking and passing the GED test; the college program; and positive inmate reports regarding medical care at the prison.

We also noted some problems: the level of verbal harassment and physical confrontation between staff and inmates and among inmates; inmate complaints about the grievance system; and the lack of Spanish-speaking staff and Spanish-language materials.

Our recommendations include that state policy makers should work with DOCS and the facility to implement the following:

- Fill all academic and vocational program vacancies.
- Expand post-secondary education opportunities for inmates.
- Initiate monitoring measures to ensure prompt delivery of mail and packages and to reduce destruction or loss of items contained in packages.
- 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.

## **Washington's General Inmate Population**

Similar to state-wide averages, 51% of Washington's inmates identify as African-

American, 24% identify as Hispanic and 23% identify as white.<sup>1</sup> The facility has a younger population than at other prisons, the median age being 26, compared to 36 years old statewide. Fifty-four percent of inmates came from New York City and its suburbs. Approximately 1% of inmates speaks Spanish only or has limited English, compared to 5% across the state.

Forty-six percent of Washington inmates were convicted of a violent felony, less than the statewide average of 58%, and 21% had committed drug offenses, which is equivalent to the statewide average. Twenty-nine percent of inmates had served a prior prison term. Eighty-one percent of inmates face an earliest release date within two years, substantially more than the 65% statewide average. Forty-seven percent of inmates have a High School Diploma, GED or higher degree, lower than the 54% statewide average. Seventy-two percent of inmates are identified by DOCS as having some substance abuse history, which is less than the statewide average of 83%.

### **Programs**

According to information provided by the facility, there were only 23 inmates who did not have any programming at all, comprising 3% of the total population. Of the 144 general population inmates we surveyed, 91% had a job or program. At the time of our visit, 183 inmates had full-time program assignments and 624 had part-time assignments. This data suggests that many Washington inmates did not have two program modules each day, resulting in greater idleness than we have observed at other medium security prisons. According to information supplied by the facility following our November, 2010 conversation, 50 inmates, or 7% of the population, did not have any programming due to SHU or orientation status or medical restrictions, however, we were pleased to learn that 675 of the 680 remaining programmable inmates had full-time program assignments. Furthermore, 220 of the full-time programmed inmates volunteered to participate in more than two program modules. We commend the Washington administration for its dedication to ensuring that inmates have every opportunity to learn new skills and further their education while incarcerated.

### ***Job Opportunities***

When we visited Washington, 132 inmates, reflecting 16% of the general confinement population, held positions as porters. Porter positions involve the performance of maintenance and cleaning tasks, and generally do not help individuals develop skills transferable to a career outside of prison. An additional 663 inmates, reflecting 78% of the general confinement population, held non-porter jobs, and 45 inmates, reflecting 5% of the general confinement population, worked outside of the prison. Of the inmates we surveyed, 82% were at least somewhat satisfied with their job, a relatively high number compared to other facilities we have visited. According to staff, after 90 days in a job assignment, inmates may request a meeting with the Program Committee for possible reassignment. At the time of our November 2010 conversation, 161 inmates, or 22% of the population, held positions as porters for at least one module per day, but only 37 of those inmates are assigned to full-time (two modules) porter positions. Five hundred nineteen inmates or 71% of the population held non-porter jobs.

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<sup>1</sup> According to DOCS's *Hub System: Profile of Inmate Population Under Custody on January 1, 2008* (hereinafter *DOCS's Inmate Profile on 1/1/2008*), system-wide averages are: African-American (51%), Hispanic (26%) and white (21%).

The rate of pay for inmate jobs has remained unchanged for approximately 20 years, despite the fact that 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. Prisoners at Washington, and throughout the state, consistently complain about their growing inability to afford commissary goods. Furthermore, inmates who can afford goods may purchase only a limited dollar amount of goods at one time, a restriction that has not changed alongside price inflation. At a rate similar to other prisons we have visited, only 66% of Washington inmates surveyed said that they were satisfied at least sometimes with the commissary at Washington.

### *Academic Programs*

We toured the academic area during our visit and spoke with members of the academic staff. In general, we found the classrooms to be well-lit and decorated with educational posters on the walls and fresh-cut flowers on the teachers' desks. With a large percentage of inmates who are under the age of 20 (30%) or expected to be released within the next two years (81%),<sup>2</sup> Washington's academic program was designed to meet the educational needs of youth offenders.

Since the state mandates that New York prisons provide academic services to inmates under the age of 21 who have not obtained their high school diploma or equivalent, at the time of our visit, 329 inmates, or 38% of Washington's population, were enrolled in academic programs. Only 47% of the population had obtained their high school diploma, either during or prior to their incarceration, a rate significantly less than the system-wide average of 54% as of January 2008. There were 127 students in the Adult Basic Education (ABE) class, 116 in the Pre-GED, 25 in GED, 15 in English as a Second Language (ESL), and 25 in Special Education. All of these programs were operating slightly under capacity, and there were only four inmates on the waitlist for a Pre-GED class and two on the waitlist for an ABE class. The facility also accommodates eight of the 17 inmates working on grounds duties in the Annex with a Multi-Level class. In addition to classroom learning opportunities, there were nine students participating in the cell study program at the time of our visit.

The GED test, as well as GED practice tests, is administered at the facility three times per year. We were pleased to hear that inmates who are not enrolled in the GED program have the opportunity to request the official practice test (OPT) so that they may then take the GED test. Academic staff told us that many inmates perform below their academic level during reception due to high levels of stress, but often achieve improved scores on the GED practice tests. We commend the facility for allowing inmates to obtain their GED without completing the academic program. This opportunity may also explain the high percentage of passage rates at Washington. The number of students taking the GED test increased from 77 to 96 between 2007 and 2008, while maintaining a facility-wide passage rate of ninety percent. This passage rate is substantially higher than the statewide average of 70%.<sup>3</sup> We were also pleased to hear that as of July 2009, 40 of the 65 inmates taking the GED test had passed.

There was one vacancy among the facility's 16 academic staff, and staff told us that this position would not be filled due to budget cuts. The position was previously held by an instructor

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<sup>2</sup> DOCS' *Inmate Profile on 1/1/2008* at 5, 43.

<sup>3</sup> DCJS, *New York State Criminal Justice 2008 Crimestat Report*, p. 54 (2009).

who taught both the pre-GED and the ABE classes. Although Washington offers an ESL course, none of the academic staff speak Spanish, and no ABE, GED, or cell study classes are offered in Spanish. It would benefit the Spanish-speaking inmates if the prison hired a candidate who speaks Spanish when authorization for the vacant instructor position is granted.

We were pleased to learn that the facility offers a post-secondary education program in conjunction with Marist College. This is not a degree program, but it offers inmates the opportunity to earn college credits which can later be transferred toward a degree. Eligibility criteria include consideration of inmates' ages, earliest release dates, the severity of their last misbehavior report, and the crime for which they were convicted. Inmates convicted of sex crimes or serious violent crimes are ineligible, and the federal grant stipulates an age limit of 26 years old to participate. Staff members were pleased to inform us that in January, 2010, the federal grant age limitation would increase from 26 to 35 years old, and enrollment limitations based upon criminal history would be reduced. Before enrolling inmates in the college program, DOCS Central Office sends a list of inmates who meet the program's criteria to academic staff. The facility staff then examine the list to see if the inmates have any outstanding warrants, or had Tier II or Tier III disciplinary hearings in the past year. Qualified inmates are then asked to participate in the program, where they attend an orientation and may take up to two classes. Inmates sign a contract for two semesters then receive six credits at the completion of the classes. At the time of our visit, 56 inmates were taking college-level courses. Classes offered were Writing 101, Public Presentation, Introduction to Computers, Self Management, and Abnormal Psychology. Both staff and inmates agreed that the facility would benefit from additional college courses, and we were pleased to learn that the facility staff was in the process of requesting additional courses from Marist. In addition to the free college courses, there were two inmates enrolled in correspondence courses, for which inmates pay.

Seventy-one percent of survey respondents said they were satisfied with the academic programs. This is significantly higher than the average satisfaction rate of 58% at other prisons we have visited. Students were especially pleased with the college courses available.

Although we were impressed overall with the educational program, we have one concern the prison should investigate. The size of the GED program (30) seems small, especially since a majority of the inmate population does not have their GED. The facility's response to our request for information stated there were no inmates waiting for the GED program. We find it unusual that a facility of this size had only 25 inmates in a GED program and no one waiting, even though approximately 200 inmates not enrolled in an educational program did not have their GED. During our November 2010 conversation, staff explained that the GED class was at capacity with 30 inmates, and that it is not necessary to expand the GED program as there is no waiting list and all eligible inmates are being accommodated. Additionally, staff explained that the facility's two GED instructors are each teaching one GED class and one pre-GED class, but could teach additional GED classes instead of pre-GED if there was a need.

We also learned during our November 2010 conversation that one teacher retired in August 2009, resulting in two current academic vacancies, one of which the facility was waiting for authorization to fill and the other which the facility believed did not need to be filled. Additionally, staff told us that enrollment in the Marist program was down and there were 41 students enrolled at the time of our November 2010 conversation.

### *Vocational Programs*

According to data provided by the facility, 202 inmates, or 24% of the prison's general population, were enrolled in one of the eight vocational programs: Air Conditioning, Building Maintenance, Computer Repair, Custodial Maintenance, Electrical Trades, Horticulture, Small Engine Repair, and Welding. Corcraft Metal Shop, an industry program, is also available. The facility offers seven Department of Labor (DOL) apprenticeships, and in the years 2007 through 2009, inmates received DOL certificates in the Counselor Aids Apprenticeship, Social Living Skills I and II, Welding, and Electrical Trades. We were pleased to learn that five inmates received their DOL certification in 2007, four in 2008, and four in 2009 (through July), higher than at other prisons we have visited. The facility also offers the training, but not the actual apprenticeship, for the National Center for Construction Education and Research (NCCER) certificate.

Washington has 12 DOCS-authorized vocational instructor positions. Two instructors were on temporary leave and one position had been vacant since October 2007. The facility attempted to fill this vacancy but was unable to do so due to a hiring freeze. This vacancy resulted in the termination of the Floor Covering class. Only one of the vocational instructors speaks Spanish, and most vocational staff reported having very few, if any, materials in Spanish. Most staff told us that when they have a Spanish-speaking inmate with limited English ability in their classes, they rely on a bilingual inmate to translate. Acquiring additional Spanish-language materials and hiring bilingual instructors when positions become authorized to fill may benefit the Spanish-speaking inmates in vocational classes.

We were pleased to meet with enthusiastic instructors and find well-equipped classrooms. Seventy-nine percent of the inmates surveyed were at least somewhat satisfied with their vocational program, a significantly higher satisfaction rate than the 63% satisfaction rate we have found at other prisons we have visited. Although some inmates complained about the waiting period for particular programs, the comments we received from inmates regarding the vocational programs were generally positive, citing the usefulness of the developed skills and variety of programs available.

During our November 2010 conversation, staff informed us that the Floor Covering program was converted to a Computer Operator class, however, they did not have an instructor for this program. Washington had two additional instructor vacancies, specifically, instructors for the Small Engine Repair and Heating and Air Conditioning programs. We also learned that DOCS Central Office authorized the facility to hire for all three vacancies, but only via lateral transfers of DOCS staff from other prisons.

### **Libraries**

We toured both the general and law libraries at Washington. The general library is open Monday, Tuesday, and Thursday from 12:00 p.m. to 2:30 p.m. and 3:15 p.m. to 5:15 p.m., Wednesday and Friday from 8:15 a.m. to 10:30 a.m., and Saturday and Sunday from 12:30 p.m. to 2:30 p.m. There are no call-outs for the general library; instead, inmates may visit it during their recreation time. The library employs one full-time librarian and two inmate-clerks. Inmates are permitted to borrow up to three books at a time, but must read newspapers and

magazines in the library. The library is equipped with desks, chairs, and a few computers. Seventy-four percent of the inmates we surveyed were satisfied with the general library, a rate higher than at other prisons we have surveyed. The facility also has a library cart in the Special Housing Unit that is replenished approximately every 30 days.

The law library is staffed by a Corrections Officer and three inmate clerks. It is open seven days per week, from 2:00 p.m. to 10:00 p.m. To access the law library, inmates must leave a written request in a box in the messhall and, according to the law clerks, are able to use the library within the week. Inmates are not allowed to browse the stacks in the law library, but must ask for help from one of the clerks. Only seven inmates are allowed in the law library at a time so that the clerks may provide adequate assistance to each. Staff told us that they have sufficient resources and, if anything, considering the difficulty of accommodating all of the books in the library's small space, have too many books, many of which are not often used (such as those on commercial and real estate law). Of the three law clerks, most were trained at other facilities. There used to be a law clerk training program at Washington, but the clerk who taught it transferred out in April, 2009. Staff said that one of the clerks who is an experienced lawyer could probably train a law clerk if necessary. The law library offers some Spanish materials, and one of the law clerks speaks Spanish. It also maintains an inter-library loan program with the main library in Albany. Fifty-eight percent of surveyed inmates were satisfied with the law library, a rate comparable to other facilities we have visited. Contrary to staff reports, inmates we surveyed said that there were insufficient materials in the law library, particularly a lack of current information and variety in resources.

We were pleased to learn during our November 2010 conversation, staff informed us that Washington installed the new computerized law library system in May 2010. There are five computer work stations for inmates to use and two additional stations for inmate law clerks. Staff believe that it is working well and is beneficial to the prison population.

### **Visiting, Mail/Packages and Food Services**

#### ***Visiting Area***

The visiting area at Washington operates on weekends and holidays and has a capacity of 210 people. An outdoor area is used when the weather permits, although the facility does not increase the capacity of the visiting program when this area is used. At the time of our visit, the facility had closed its children's visiting area due to safety issues. The facility told us they had plans for a new children's area, but were awaiting approval for the project; if approved, the facility hoped to complete the project by the end of 2009. Staff reported that eight to 10 children under the age of five typically visit during each visiting day.

The visiting area has three regular staff members and an additional staff member outside when the outside area is in use. The visiting area does not have any volunteers and is solely operated by DOCS staff. Staff reported that it takes no longer than five minutes to process visitors into the visiting room, at which point the inmate will be called to the visiting area.

A free bus for visitors travels from New York City once a month. Staff said that the visiting area is more crowded when the weather is nice. When the space reaches capacity, the

staff asks some visitors to leave voluntarily. They said that visitors who live nearby typically are willing to give up their place for others.

The visiting area also has a non-contact visiting room, which staff said is used very rarely. At the time of our visit, legal visits took place in the rooms that were scheduled to be used as the children's area. Staff expected that after the remodeling legal visits would take place either in the non-contact room or in the general visiting area during the week when the regular visiting program is not operating. Staff told us the facility would benefit from a larger visiting area. Fifty-eight percent of the inmates surveyed were satisfied with the visiting program, a rate higher than at other facilities the CA has visited. Inmate responses to the visiting program were generally positive, however, we received some comments regarding the desire for increased accommodation for handicapped visitors.

We were pleased to learn during our November 2010 conversation that construction of the new children's visiting area was completed in spring 2010. The walls are painted with cartoon murals, and the play area contains games and toys and has a rubberized mat on the floor. Children must be supervised by their visitor parents in the play area. We asked if inmates are permitted to play with their children in this area, and staff explained that there is not enough room for inmates, however, children may bring games and toys to the visiting tables.

### *Mail/Packages*

Fifty-three percent of the inmates we surveyed were satisfied with the mail/package program, a higher rate than we have found at other prisons we have visited. However, some inmates cited problems with delays in mail and package delivery, reporting that they are often unsure if their mail leaves the facility. Staff explained during our November 2010 conversation that incoming and outgoing mail and packages are processed the same day they are received.

### *Messhall*

The Visiting Committee toured the messhall, including the dining, kitchen, and storage areas. There were 120 seats in each of two dining areas, which are on opposite sides of the kitchen, and staff informed us that there are typically 60 to 80 people eating in each dining area at any given time. Staff reported that inmates are given a minimum of 20 minutes to eat, which they believe is sufficient for most people. At the time of our visit, the facility served 11 inmates on medical diets and six on Kosher diets. The inmates on the special diets have mandatory meals and are served and required to eat in only one of the dining areas. The facility also offers a special menu for those observing Ramadan. Four times a year, kitchen services provide the ILC with a form on which they indicate inmates' main preferences and dislikes.

Staff reported that, depending on the day, there were 90 to 110 inmates working in the kitchen, where about 10% of all inmates in the facility work. Before its closure, food for the Annex was prepared in the main kitchen building and transported to its smaller kitchen. Since the closure of the Annex, the civilian kitchen staff decreased by two, leaving five paid positions. Seventy percent of the inmate population surveyed were at least sometimes or somewhat satisfied with the food at Washington, which is about the average among the other prisons the CA has surveyed throughout the state.

## Medical Care

The Visiting Committee met with the Nurse Administrator and toured the medical facilities. We appreciated the extensive information provided by the facility prior to our visit, during our tour of the infirmary, and over the course of meeting with the executive team and medical staff. The facility has three treatment rooms and a waiting area with a television. The medical care facility at Washington cannot accommodate overnight care, so patients requiring an overnight stay are sent to the infirmary at Great Meadow Correctional Facility.

Although we received some complaints regarding the medical treatment at Washington, the general satisfaction with the prison's healthcare system is significantly higher than at other facilities we have visited. Of the 144 inmates who responded to our survey questions concerning overall medical care, 17% rated it as good, 45% said it was fair, and 38% reported it to be poor. These ratings place Washington in the top 10% of medical care satisfaction for the 22 CA-visited prisons.

### *Staffing*

At the time of our visit, the medical staff at Washington included 1.75 doctors, one pharmacist, one pharmacist aide, a nurse administrator, and eight full-time nurses. We learned during our visit that one full-time nurse position had been vacant since July 2009, and the prison employed four per diem nurses who, working together, were the equivalent of one full-time nurse. The medical staff indicated that they normally have no problems filling the nurse-position vacancies, and that they already had a candidate for the current vacancy and were waiting for DOCS Central Office to authorize hiring the replacement. The Nurse Administrator also said that currently the medical staff includes more per diem nurses than it did in the past, and he indicated that nine registered nurses (RN) on staff are enough to meet the needs of the inmate population. When the unit is fully staffed, the nurse-inmate ratio at Washington is approximately one nurse for every 70 patients, exceeding the state-wide average of approximately one nurse for every 85 to 100 inmates. The facility's administration has not requested additional physicians' assistants (PAs) or doctors. We were informed that medical staff at Washington participate in continuing medical education through teleconferencing services offered DOCS providers. Training is also offered by the Nurse Administrator and one of the staff physicians. We were informed that medical staff hold monthly meetings that last two to four hours. Staff informed us during our November 2010 conversation that at that time, all medical items were filled.

### *Sick Call*

At Washington, sick call is conducted Monday, Tuesday, Thursday, and Friday at 7:15 a.m. and usually ends by 8:00 a.m. The facility estimated that about 390 patients are seen in sick call per month, while 200 inmates are seen for emergency sick call. The percentage of the inmate population seen at daily sick call is below the rates reported at many other prisons we have visited. We were informed by staff that the decreased use of sick call is due to a new sick call triage process recently implemented. Now, all requests for sick call are reviewed by the evening nurse to determine whether a patient should be called the next day to sick call or whether his medical issue can be addressed through some other means. The aim of the new approach is to refer some inmates directly to medical call outs or to respond immediately to a

request for renewal of their medication without requiring that the patient be seen at sick call before the follow-up action is taken. We were told by staff that inmates who are not seen are informed about what action will be taken to address their medical concern. As a result of this change in procedure, the medical staff estimated that approximately 40-50% of inmates who request sick call are not called out for a nurse visit the next day.

The medical staff asserted that the triage of sick call slips created a more efficient service. Some inmates complained, however, that they were often dismissed without understanding why their sick call request did not allow them to see medical staff. Although the staff reported that many of the sick call slips are for medication refills, it may reduce inmates' frustration if they were informed of the reasons why their sick call requests were incorrectly submitted. Despite these misunderstandings, levels of satisfaction regarding the sick call service were somewhat higher than other prisons we have visited. Sixty percent of these respondents said that they were able to access sick call when needed, 26% believed that only sometimes do they have such access, and 14% reported that they were unable to access sick call when needed. The percentage of inmates who can access sick call when needed is somewhat higher than the state-wide average of 53%, and places the prison in the top third of the 22 prisons we have visited. Washington inmates were also more satisfied with sick call nurses than what we have found at other prisons, with 18% of the survey participants rating them as good, 44% assessing them as fair, and 37% believed them to be poor. Although critical of the care being provided, these figures place the prison in the top 30% of the 22 CA-visited prisons concerning inmates' evaluation of sick call nurses. The comments we received from surveyed inmates reflect variability of experiences in their interactions with the sick call nursing staff. Some survey respondents stated they received quality care from the nurses, while other expressed concerns about poor and/or uncaring attitude and a lack of responsiveness to their medical complaints.

Medical staff reported that inmates will on occasion abuse the sick call system to evade programming, and that nurses sometimes write tickets for abuse; however, the nurses indicated that they would rather spend 15 minutes talking to inmates about what is troubling them than write them a ticket. The nurses conduct quality care management as part of sick call, where they are responsible for calling inmates to the medical area as well as providing patient care and lab work.

### *Clinic Call-Outs for Doctor Visits*

Inmates requiring care beyond what is provided by nurses during sick call see one of two doctors during morning call-outs. Each doctor sees between 12 and 15 patients per day. The facility estimates that it receives 300 inmates for call-outs each month. Medical staff reported that it can take up to four weeks for an inmate to see a doctor for a follow-up.

At a rate better than at many prisons we have visited, 32% of surveyed inmates at Washington related that they never had a delay in seeing a doctor, compared to 21% at other prisons surveyed. The median delay survey respondents reported was 14 days compared to 21 days for all prisons for which we have comparable data. Survey respondents also reported having seen a doctor within the last year more often than inmates we have surveyed from other prisons. Generally access to a physician was not a major problem at Washington, although some

survey participants did refer to long delays in seeing their doctor as their primary concern about physician care.

Surveyed inmates were particularly satisfied with the level of care they received from physicians, with 23% rating them as good, 48% believing them to be fair, and 29% reporting them as poor. This is significantly more positive than the averages we have found at 22 prisons for which we have comparable data, with rates of 12% good, 35% fair and 53% poor. Survey results on this issue give Washington the highest rating among CA visited prisons. In particular, several inmates specifically mentioned Dr. Trachtman as not only providing quality care, but also being receptive and respectful in his dealings with his patients. Although the assessment of the physician care was superior to the ratings at other facilities, some inmates did express concerns. In addition to delays in getting to see the clinic providers, some survey respondents stated that the quality of the interactions with the clinic providers varied according to whom they saw on the staff.

### *Care of Inmates with Chronic Conditions, including HCV and HIV Care*

There were 54 Washington inmates identified as infected with Hepatitis C (HCV) at the time of our visit, representing 6% of the population. This figure is less than the average of 9% of all DOCS inmates who have been identified as HCV-infected. This lower rate may be due the higher percentage of young inmates at the facility compared to the department-wide average, particularly since we were told by medical staff that the prison's HCV-infections are concentrated in the older inmates within the prison population. Forty-nine of these 54 inmates are chronically infected with HCV, a rate comparable to that which exists in the community.

The facility doctor informed us that the prison physicians perform the evaluation of patients to determine if they are eligible for HCV treatment and only refer a patient to a gastroenterologist at Albany Medical Center if the case is complicated. The medical staff asserted that they do not have difficulties scheduling liver biopsies, a necessary diagnostic step to determine if treatment is appropriate, and reported that results are usually available in nine weeks.

According to data we received from the facility, only one patient was receiving HCV treatment at the time of our visit. Although not all HCV-infected patients should receive therapy, the facility's rate of treatment is less than the average of 5% of known HCV-infected inmates in DOCS receiving therapy. The medical staff explained that approximately half of the HCV-infected inmate that they have evaluated as eligible for HCV therapy decline the difficult medication regimen once they are explained the treatment and the potential side effects of the medication. The staff said many of those refusing did not have long prison sentences and had decided to pursue treatment when released, while others were reluctant to start treatment that would likely cause side effects particularly when they were currently not experiencing any adverse physical manifestations of the disease. Medical staff reported that 70 to 80% of Washington inmates who start HCV treatment are able to complete the one-year regimen; the most common cause for terminating therapy early was due to side effects of the medication. This rate of completion is somewhat higher than reports we have received at other prison, even though the Washington medical staff acknowledged that it is difficult for inmates to remain on this therapy in prison given the common side effects of the medications and the challenges

associated with incarceration. We also learned from the medical staff that they have initiated HCV therapy for inmates who could not complete the treatment regimen while incarcerated and therefore arranged for continuity of care in the community, pursuant to the DOCS program to identify community-based providers who will continue HCV treatment for individuals recently released from state prison.

At the time of our visit, there were 16 inmates known to be HIV-positive, 14 of whom were on treatment. None of the HIV-positive inmates had progressed to an AIDS diagnosis. Staff reported that the number of HIV-infected inmates has been gradually declining. The percentage of the prison population (1.8%) that have been identified as infected with HIV is lower than the department-wide average of 2.5% of the DOCS inmates known to be infected, and substantially below the estimated 6% of all male DOCS inmates who are believed to be HIV-infected based upon Department of Health studies of HIV infection rates. This lower rate for Washington inmates may be attributable to the younger population, but it is important that the medical staff remain aggressive in attempting to identify its HIV-infected population. We learned during our visit that the prison medical staff had recently gone through training so that they could perform HIV testing; it appears that previously, testing had been done by NYS Department of Health staff who periodically came to the prison.

The two prison doctors share the HIV and chronic disease caseload. The prison Facility Health Services Director, Dr. Trachtman, sees an average of five HIV-infected patients per month. An infectious disease specialist from Albany Medical Center also provides services to HIV-infected inmates. She sees an average of four Washington inmates per month. We also learned that HIV-infected inmates are sometimes seen for follow-up appointments with infectious disease specialists via telemedicine video conferencing, although all initial appointments with the specialist are conducted in person. At the time of our visit, the most recent HIV Continuous Quality Improvement (CQI) audit conducted in June 2009 had detected no unstable or end-stage HIV-infected inmates during its review of ten medical charts of Washington patients.

Staff from an outside agency, contracted with the AIDS Institute through its Criminal Justice Initiative, provide discharge planning for HIV-infected inmates planning for release from prison. This includes assisting the inmates in identifying community-based organizations who will provide continuity of care for the recently released inmates.

For many of the chronic illnesses experienced by Washington inmates, including HIV, HCV, asthma, diabetes, and hypertension, the prison has assigned nurses to assist in the management of these diseases by performing patient education, coordination of laboratory tests and appointments and performance of routine monitoring of vitals. The prison uses the DOCS computerized record keeping system for specialty care to schedule facility appointments for these chronically ill patients.

At the time of our visit, Washington housed 129 asthmatic inmates, all of whom were receiving treatment. The DOCS senior utilization review nurse who evaluates services at Washington recently conducted a quality improvement (QI) review of the care for asthmatic patients. We learned during our visit that the QI audit identified some incorrect problem list coding of the patients' asthmatic conditions, which have been corrected according to the medical

staff. In addition, the prison has changed its protocol for medications for asthmatics, resulting in greater patient compliance, and has increased routine monitoring. Although we did not review the results of the QI audit, we commend both the Department for evaluating the care provided patients suffering from asthma and the prison medical staff for promptly responding to any identified problems. We also learned during our visit that there were 77 inmates with hypertension, 59 of whom were currently being treated. Twenty-three inmates at Washington were taking daily medication for diabetes out of the 26 who were diagnosed with the condition.

### *Specialty Care*

The medical staff indicated that they did not generally have problems accessing specialists for patient care, although they stated that appointments with specialists in internal medicine, hand surgeons, and orthopedics could be more difficult to procure. Staff indicated that if a physician's request for specialty services was not approved, it was typically because the referral was for the incorrect service, and that problems with the specialty care referral process could normally be avoided if the system was fully understood and extra information about the case was included in the consultation request. The CA has analyzed DOCS data on utilization of specialty care services department-wide in fiscal year 2006-07. A review of the data for Washington reveals that it used specialty care services at a rate that was 69% of the system-wide average for all prisons. During that fiscal year, the utilization rates were particularly low for cardiology (41%), orthopedics (60%) and physical therapy (37%) compared to the department-wide average rates. These lower rates may be due to the younger population at the prisons (26 years old) compared to the system-wide average of 36. The prison had above average utilization rates, however, for dermatology (107%), infectious disease (129%) and urology (105%).

The survey respondents had mixed reviews about their access, and the facility response, to specialty care services. Sixty percent of surveyed Washington inmates who had seen a specialist in the last two years stated they experienced a delay in seeing a specialist at least some of the time, compared to 71% of all survey respondents at the 22 CA visited prisons. Survey respondents estimated the median delay was about 60 days for specialty care services, similar to other prisons. Similarly, the percentage of Washington inmates that reported having been seen by specialists in the past two years (34%) was comparable to what we have found at other prisons (35%).

Washington survey participants had more positive assessments of the prison providers' response to specialists' recommendations. Sixty-two percent of Washington survey respondents who had seen a specialist in the last two years reported good follow-up to their specialists' recommendations, as opposed to the average of 40% favorable response from survey respondents who had comparable experiences with specialists at all CA visited prisons.

### *Pharmacy*

The pharmacy at Washington is open Monday-Friday from 8:00 a.m. to 4:00 p.m. In addition to treating Washington inmates, it is responsible for providing medication for patients at Mt. McGregor Correctional Facility. Medications are delivered to Mt. McGregor each weekday. The facility had recently acquired SIPS, a computerized pharmacy program, in order to increase its access to quality improvement (QI) resources, though the staff had not yet learned how to use

it at the time of our visit. Only 37% of Washington survey respondents on medication reported experiencing problems receiving their medications, significantly less than the average of 60% of all survey respondents on medication who had problems at all the CA prisons we have visited.

### *Deaths and Medical Emergencies*

The facility reported that two inmates died in 2007 for medical reasons, but no deaths in 2008 or 2009 as of the time of our visit. Staff reported that one death was due to asthma because the patient did not refill his prescription. Subsequently, the medical staff now administers a common medication for asthmatics - prednisone – in one-on-one encounters with a nurse to ensure that the patient is compliant. If emergency hospital services are needed, an ambulance generally takes the patient to Glen Falls Medical Center, which is about 15 to 20 minutes away by car.

### *Staff Observations*

The medical staff indicated that the major change they have noticed in the inmate population over the past few years is the decline in overall population numbers but the increase in average age of the prison population. Staff is seeing more patients with chronic medical issues than in the past. The staff also indicated that it is difficult to treat hypertension, diabetes, and pain management in prison, which are all conditions associated with older patients. For non-English speaking patients, the staff uses a telephone translation service, as only one of the physicians has very basic Spanish skills. The staff said they had only used the phone about once or twice in the seven months prior to our visit and indicated that there were not as many Spanish-speaking inmates as in the past. Although the medical care unit has wheelchairs, inmates who are wheelchair-bound are not incarcerated at Washington.

### *Prison Quality Improvement Committee*

Since the Nurse Administrator returned to the prison seven months prior to our visit, the medical department has performed numerous quality improvement (QI) activities. The prison has frequently utilized the primary care assessment tools from the DOCS Quality Assessment Tools manual to assess care at Washington. These assessments have included an evaluation of dispensation of psychotropic medications in February 2007, sick call in February 2008, nutritional services in March 2008, asthma care in March 2009, hypertension treatment in April 2009, and ER referral, HIV, diabetes, health care during transfer, and medication transcription and accountability during June 2009. Although we have not reviewed the QI records for these reviews, we commend the medical staff for its comprehensive QI efforts. We want to particular note the activities of the Nurse Administrator, who appears to be committed to improving the care provided at the prison. He noted that during the three months prior to our visit, no grievances had been filed concerning medical care.

### **Dental Care**

Washington is authorized to employ 1.5 dentists, but the part-time dentist had recently transferred prior to our visit, and therefore, the prison was limited to one full-time dentist. A candidate for the part-time position had been interviewed, but while the prison was waiting for

authorization to fill the position, no additional temporary dental services were provided. The facility also has one dental assistant. We were pleased to learn in our November 2010 conversation that the vacant dental position was filled in December 2009.

Dental care staff estimated that they see ten scheduled patients plus two to six emergencies visits per day. We were told that dental care staff performs one extraction per day, but for full-mouth or complicated extractions or impactions, the patients are sent outside to an outside oral surgeon. For routine or non-emergency dental care, patients who have requested care are sorted and brought in for examination within one to two weeks of their request. After this initial examination, patients are prioritized by need. Regular restorative work, such as cavities, can take six weeks to schedule. Although dental cleaning is the lowest priority, it can take three to four weeks for these patients to be called in for an appointment. Scheduling an oral surgeon is a timely procedure that can take about three months. Inmates who responded to our survey reported lengthy delays in receiving dental care at Washington, with an average waiting period of 45 days, while nearly 20% of inmates surveyed reported delays of three months or more.

Several inmates also complained about poor follow-up services after their appointment. Of the inmates who responded to our survey, 6% believed the overall dental care to be good, 25% rated it as fair, and 69% said it is poor. Figures on satisfaction with dental care were lower than the averages for the seven prisons for which we have comparable data in which 23% of survey participants rated dental services as good, 33% reported them as fair, and 44% stated they were poor.

### **Mental Health Services**

Washington is an Office of Mental Health (OMH) level three classification, signifying the provision of outpatient care through part-time OMH staff. At the time of our visit, there were 70 inmates, or 8% of the population, on the OMH caseload, two of whom were in SHU. The OMH staff at Washington includes one full-time Licensed Clinical Social Worker (LCSW), one psychiatrist who works eight hours per week, and one part-time social worker who works three hours per week. At the time of our visit, there were no vacant positions. Of the inmate population surveyed at Washington, 34% reported having received or been recommended for mental health services during their incarceration. Although 20% of inmates surveyed reported that they had at one time received mental health services at Washington, 8% affirmed that they were currently on the OMH caseload.

Overall, mental health services at Washington received better than average ratings from the inmates surveyed. Of the survey respondents who reported having received mental health services at the facility, 52% rated the mental health services as good, 36% rated them as fair, and 12% believed them to be poor, placing the facility in the top third of the ranking of mental health services for all CA visited prisons. Of those inmates on the mental health caseload, 19% reported having seen mental health staff many times in the last year, while 35% said they saw OMH staff once in a while, 23% said they saw staff once and 23% said they never saw the mental health staff.

Staff members informed us that inmates requiring residential mental health care are treated at Great Meadow C.F. We received some complaints from inmates regarding the failure of OMH staff to respond appropriately to incidents of self-harm. According to the facility, there have not been any inmates recently transferred to the Central New York Psychiatric Center (CNYPC) or the Great Meadow Residential Crisis Treatment Program (RCTP). While we acknowledge that Washington is not designed to treat inmates with significant mental health needs, we are surprised that no inmates have recently been transferred to a temporary placement in a crisis program.

Four of 10 inmates who reported receiving psychotropic medications stated that they experienced some difficulties receiving their mental health medications. Following our visit, we suggested that the prison review inmates on psychotropic medications to ascertain if they are having systemic problems getting their medications. During our November 2010 conversation, staff informed us that they reviewed the medication distribution process for the inmates on psychotropic medications and did not find any problems. We commend facility administrators for taking these steps to ensure that all inmates receive their medications in a timely and efficient manner.

## **Pre-Release Services**

### *Transitional Services*

Washington offers the DOCS-wide Transitional Services program with Phases I, II, and III, as well as Aggression Replacement Training (ART). According to information provided by the facility, there were 130 inmates actively participating in one of the Transitional Services (TS) phases at the time of our visit. Staff told us that Inmate Program Associates (IPA) facilitate the programs but do not talk about inmates' case issues with them. At the time of our visit, Washington was in the process of piloting a new TS program developed by the National Institute of Corrections called "Thinking for a Change," which began in April 2009. A special counselor was selected and trained to manage the IPA-facilitated program, which runs weekdays for eight weeks.

Phase I is a one to two-week introduction to the facility and prison procedures, including an orientation to programs and administrative services. It is generally required for all newly incarcerated individuals. Inmates participating in Phase I at Washington live temporarily in an orientation dorm. Staff reported that the program is usually full and space is often an issue. Everyone enrolled in Phase I completes the first week, but only those who have not completed it at another facility participate for the second week as well. In the years 2007, 2008, and 2009 (through mid-July 2009), 1075, 1026, and 596 inmates, respectively, completed Phase I.

Phase II aims to assist inmates in developing the basic skills necessary to live a productive, crime-free life in society. According to DOCS, this phase consists of at least 160 contact hours, does not last longer than 90 days and is mandatory for all general population inmates. We were informed by staff, however, that it is not necessary for inmates at Washington to complete Phase II in order to enroll in Phase III and is instead only completed by those who are interested in participating. Of inmates surveyed who reported being enrolled in Phase II at Washington, 78% were at least somewhat satisfied with the program, higher than the average of

67% satisfaction we have found at other prisons. In 2007, 2008, and 2009 (through mid-July 2009), there were 87, 136, and 64 inmates who completed Phase II, respectively.

The Phase III program focuses on transition and reintegration for inmates approaching their release date. In this phase, IPAs teach inmates how to gather their personal documents, write resumes and research jobs. Other class topics include career development, communications, family integration, and skills necessary for a successful transition back into community living. Inmates typically begin Phase III eight weeks before their parole board hearing. In 2007, 2008, and 2009 (through mid-July 2009), 386, 840, and 365 inmates, respectively, completed Phase III. Fifty-six percent of the survey respondents who participated in the Phase III program were at least somewhat satisfied, a figure somewhat higher than the ratings from other prisons we have visited.

The facility has a number of binders with reentry information in the TS rooms. Staff told us that these binders contained information that might be helpful to inmates in their transition back to the community, including an HIV resource manual, information on mental health resources, employment, veteran resources, and parole, and information on how to obtain Social Security cards and other legal and government documents. They also have information about college and other community-based resources. While the binders offered a wide and extensive variety of information, we noted during our visit that much of it was old and outdated. In 2007, 2008, and 2009 (through mid-July 2009), 333, 369, and 106 social security cards, respectively, and 385, 423, and 45 birth certificates, respectively, were obtained by inmates.

Staff reported that the TS counselors contact some community resources on behalf of inmates, especially with regard to drug treatment programs; however, staff told us that for the most part they give information to inmates so that they can make their own plans. Similarly, while inmates can receive help with drafting letters from the clerks in the law library, Phase III counselors encourage inmates to do this on their own. Staff told us that inmates can come to TS anytime to obtain information from a counselor. TS has three computers, which staff told us date from 1994, that inmates can use for typing resumes and cover letters. Some inmates indicated that they had received little, if any, reentry assistance at Washington, and those who did said that much of the available information was outdated. A few inmates related that they were unaware of reentry services at Washington outside of Phase II.

During our November 2010 conversation, staff explained that TS counselors now receive updated reentry resources electronically from Central Office on a monthly basis, which TS counselors organize in binders that are available to Phase III inmates and other inmates interested in these resources. Additionally, over the next 18 months DOCS, in conjunction with the Doe Fund, is creating a secure Web site on computers in prison general libraries throughout the department to provide information about community-based services. We commend the Department and the Doe Fund for this joint endeavor and look forward to its implementation.

### ***Aggression Replacement Training (ART)***

Aggression Replacement Training (ART) at Washington is an eight-week, 100-hour program with regular courses following the DOCS curriculum. At the time of our visit, the ART program was well beyond its capacity of 20 spaces, with 60 inmates enrolled in the program.

The waitlist for ART is determined by an inmate's earliest release date. We were informed that the waiting period exceeds a year and that there were 368 inmates on the waitlist at the time of our visit. Classes are given four half-days per week and are facilitated by IPAs. To become an ART IPA, an inmate must have earned his GED and completed IPA training, as well as the ART course.

Staff told us that the first week of the class is conducted largely in lecture format. The first hour of each class is spent with inmates in a group and during the second hour the facilitator meets with students individually. In addition to workbooks and handouts, inmates perform role-playing skits once a week, which are filmed. Students receive a midterm evaluation, and are also evaluated weekly based on their skits and other materials they learn. When inmates complete the program, they are given copies of their certificate. A second copy goes into their file and a third to the Parole Board.

At the time of our visit, staff members informed us that the average completion rate for ART was 73%. They also reported that of those who did not complete the program in 2008, 21% were removed for disciplinary reasons, 35% transferred to another facility, 26% refused the program, 9% left for medical reasons, 3% were released, and 3% received an inappropriate placement. Staff said that there is about one Spanish speaker in every other class, which is a problem because there are rarely bilingual inmates to translate and no Spanish-speaking facilitators. When we visited, staff reported that there were two inmates in the class who could not read and required oral exams. Staff informed us that as a result of the varied levels of education and English language competency, they try to individualize the lesson plans through a variety of teaching methods.

Thirty percent of inmates we surveyed had been in Washington's ART program, and, of those enrolled, 73% found the program satisfactory. Some inmates cited a need for improvement of the ART program, expressing a lack of interest in the material.

## **Safety**

### ***Staff-Inmate Relations***

A majority of surveyed inmates reported that relations with staff were poor and that staff were frequently verbally abusive. Overall, 67% of survey respondents characterized relations with security staff as somewhat or very bad, placing the prison in the middle of the ranking of staff relations for the 22 CA-visited prisons.<sup>4</sup> While 84% of inmates said that there are security staff who do a good job, 81% said that there are security staff who engage in serious misconduct. The Washington survey respondents estimated that 60% of the security staff are engaged in misconduct and that 25% of the security staff are doing a good job; the comparable data for all CA visited prisons is 50% engaged in misconduct and 30% doing a good job.

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<sup>4</sup> The 21 other facilities used in this comparison are: Bare Hill, Cayuga, Five Points, Franklin, Gouverneur, Gowanda, Great Meadow, Green Haven, Greene, Hale Creek, Hudson, Lakeview, Marcy, Mid-State, Oneida, Shawangunk, Sing Sing, Sullivan, Wende, Willard DTC and Wyoming. The CA visited these facilities during the period of 2006 through August 2009.

The most common forms of staff abuse reported by inmates were verbal harassment, false tickets, threats and intimidation, retaliation for complaints, racial harassment, and physical assaults, in that order. Other types of non-physical abuse and staff misconduct, such as destruction of personal property and shutting off of lights or water in the cells, were reported as less common by inmates.

Verbal harassment was reported to be the most common type of staff abuse. Eighty-nine percent of Washington survey respondents stated that verbal harassment occurs frequently within the prison; for all 22 CA visited prisons the comparable figure was 81%, resulting in Washington being in the top quarter of prisons with higher rates of frequent verbal harassment. Similarly, 55% of the respondents reported they personally experienced verbal abuse frequently, compared to a rate of 50% for all CA visited prisons. Several inmates wrote to us to say said that they were regularly harassed by COs about their sex offense convictions. The use of threats and intimidation on behalf of staff was also reported as common by 80% of inmates. A large number of inmates reported false tickets being issued by staff, with 90% saying that it was common.

Seventy percent of inmates we surveyed at Washington believed physical confrontations occurred frequently. Thirty-five percent of inmates had personally experienced a physical confrontation at least once during their time at Washington, higher than the average of 27% at other CA-visited prisons; this figure places Washington in the top quarter for higher reports of physical confrontations with staff based upon survey data from the 22 CA-visited prisons. Survey respondents reported that physical confrontations occur on all shifts and throughout various locations in the facility, but the survey respondents stated that higher rates of confrontation with staff occurred during the 3:00 p.m. to 11:00 p.m. shift.

Sixty-eight percent of the inmates surveyed also reported that racial harassment was at least fairly common at Washington, higher than the average of 52% of survey respondents reporting that racial harassment was at least fairly common at other prisons we have visited. Additionally, 81% think that race contributed at least somewhat to staff abuse. Some inmates said in their surveys that some officers in particular encouraged and perpetuated racial tensions. The security staff detail at the time of our visit included only one Latino and three African American correction officers out of a security staff of 243, which may exacerbate racial tension between staff and inmates, of whom 51% are African American and 26% Hispanic.

Although the number of inmates who reported experiencing abusive pat frisks by staff is similar to the data we have found at other prisons, more inmates said such conduct occurred frequently or very frequently at Washington (62%) than at other prisons we have visited (48%). Ten percent of inmates reported that sexual abuse by a staff member occurred frequently or very frequently at Washington, a rate similar to the average we have found at other prisons we have visited.

Although we heard many complaints of mistreatment by security staff during our tour, the inmates were generally satisfied with the administrative staff. While they praised the administrative staff's efforts to provide programs and their positive interactions with the inmate population, survey respondents were not confident in the prison administration's ability to prevent the ongoing abuse. Seventy-seven percent of the inmates believed that the administration can do very little or nothing at all to prevent abuse, slightly more confident than

other prisons we have visited. Fifty-five percent of inmates believe that the installation of video cameras would help prevent staff abuse, while 29% think that it would only help very little or not at all.

Inmates indicated in letters and surveys that Washington's relatively young population contributes to poor staff-inmate relations because staff members are more apt to use greater physical force to control or intimidate younger inmates. Inmates stated that the overall attitude of the staff towards inmates was disrespectful, and that, "because they were convicts," they were treated badly and as if they had no rights.

We received a number of complaints of staff abuse from inmates in the ASAT residential housing units. Successful completion of the ASAT program, for many inmates, is an important factor in determining whether they will be approved for conditional release. Completion of ASAT is contingent upon certain levels of cleanliness, attention and discipline, however if an inmate receives a ticket while in the program, he may be dismissed and not permitted to complete the program. This issue arose frequently in letters we received from inmates, reporting that some officers wrote tickets for petty violations such as having a wrinkled bed or not lining one's shoes perfectly in a row. Several inmates also reported in letters that some COs had, on occasion, planted weapons in inmates' bunks.

Inmates also indicated that being on poor terms with one officer could lead to problems with other COs. We were informed that for many inmates this leads to a general fear of all security staff, especially when moving between areas such as recreation, messhall, or classrooms. Thirty-two percent of inmates reported feeling very unsafe, somewhat higher than the average of 25% from other prisons we have visited. When asked how unsafe they feel, 46% of inmates at Washington reported feeling very unsafe.

We reviewed DOCS computer records concerning Unusual Incident Reports (UIRs) at Washington 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. The rate at which Washington issued misbehavior reports for assault-on-staff is the second highest of all medium security prisons in the state for the entire period 2003 through 2008. Similarly, the UIR rate for assault-on-staff during the entire 2003-2008 period placed the prison as the highest of all medium security prisons; however, during 2007 and 2008, Washington's UIR rate dropped somewhat to being in the top 25% of all medium security prisons.

We discussed our concerns about inmate-staff relations with Washington's executive team during our November 2010 conversation and despite our findings, staff believe that there was not as much tension in the facility as this data would suggest. Following these discussions, the prison provided us with UIR and disciplinary data for calendar year 2009. There were only three assault-on-staff UIRs per year in 2008 and 2009, whereas during the period 2003 through 2007, the prison averaged seven such incidents per year. In contrast, there were 25 assault-on-staff misbehavior reports in 2009, an increase from 22 such reports in 2008 and an average of 16 per year during the 2003 through 2006 period. This data suggests that serious assaults-on-staff have apparently declined in the past two years, but the level of physical confrontations between inmates and staff in general, reflected in the disciplinary data, still remains high.

### *Inmate-Inmate Relations*

Washington survey respondents reported a high level of violence among inmates. Fifty-seven percent of inmates believe fights among inmates occur frequently, a rate much higher than at other prisons we have visited. Forty-two percent of inmates reported that they had been in a physical confrontation with another inmate at Washington at least once, the second highest rate among the 22 CA-visited prisons. Older inmates cited the young population at Washington as a factor that contributed heavily to the number of confrontations.

Surveyed inmates reported that the major contributing factors to fighting included personal conflicts, stress, theft of property, and gangs, in that order. Eighty-four percent of inmates reported that gang activity was common at Washington, and 64% of inmates identified it as a source of violence. Drugs and gambling were cited as more uncommon factors in inmate confrontations, although 32% of inmates reported that contraband drugs were common and 26% reported that drug use was a source of violence. Inmates also reported that sexual orientation led to conflicts between inmates, and several inmates wrote to us describing the problematic treatment of gay, bisexual, and transgender inmates.

At a rate much higher than at other prisons we have visited, 27% of inmates reported that staff members are frequently involved in inmate fights. Some inmates commented on this issue, saying that members of security staff often incite tension by spreading information regarding an individual's sex offender status.

We also reviewed DOCS computer data concerning Unusual Incident Reports (UIRs) at Washington 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. These data place Washington as the prison with the highest rate of UIR reports for assault-on-inmates of all medium security prisons for this six-year interval. Similarly, the prison's rate for assault-on-inmate misbehavior reports is the second highest rate for all medium security facilities. The rate at which Washington issues disciplinary reports for fighting was the highest of all medium security facilities. This data strongly suggests that Washington had great difficulty for several years in containing inmate-on-inmate violence in the prison.

We learned during our November 2010 conversation that, from the perspective of staff, the younger population at Washington is a significant contributing factor when comparing violence data to other facilities. The prison provided us with UIR and disciplinary data about assault-on-inmate and fighting incidents at Washington for 2009. An analysis of this data reveals that the number of assault-on-staff incidents declined to nine in 2009, in contrast to an average of 15 per year during the prior six years (2003 through 2008). Similarly, disciplinary actions for fighting declined in 2009 from 350 incidents in 2008 to 248 incidents to 2009. Such incidents appear to have steadily declined from an average of 483 per year from 2003 to August 2006. We commend the facility for the recent decline in inmate-on-inmate confrontations and urge that they continue efforts to further reduce such incidents.

## **Grievance Program**

The Inmate Grievance Review Committee (IGRC) informed us that at the time of our visit, 38 grievances had been filed in 2009, at the rate of about six or seven per month. They reported that the volume of medical grievances had dropped significantly since the arrival of a new nurse administrator. According to the IGRC, 75% of grievances had been resolved informally and only 20% are appealed. Grievances do not become formal unless necessary, and the IGRC reported that they do everything possible before that step is taken.

The IGRC collects grievances on Mondays, Wednesdays, Fridays, and in cases of emergency. The head of the grievance office goes to SHU once a week to collect grievances, and SHU inmates may also file their grievances on any day by facility mail. There are three inmate clerks in the grievance office who hold the position for a year, as well as two elected representatives. Elections for the position of representative are held every six months and there is a 40-hour orientation program for inmates working with grievances. The grievance representatives and the head of the IGRC conduct investigations while the clerks do any necessary paperwork. The representatives also conduct a weekly orientation for the benefit of all inmates. Grievances dealing with staff conduct are submitted directly to the Superintendent.

Eighty-three percent of inmates at Washington rated the grievance system as ineffective, and almost two-thirds thought that the prison's system was worse than at other facilities. Forty-four percent of inmates surveyed had used the grievance system at Washington. Eighty-two percent of those who had used the grievance system rated it as poor, somewhat worse than the average of 75% that we have found at other prisons. The complaints we received regarding the grievance program often cited the ineffectiveness of the system and frequently cited the widely-held belief that staff members destroy the grievance documents, often with the assistance of the IGRC.

Of the surveyed inmates who had used the grievance system, 79% reported experiencing retaliation from a staff member at least once. It is cause for concern that this overwhelming percentage of inmates reported having experienced retaliation from a staff member as a result of filing a grievance. Thirty-one percent of inmates reported that they experience retaliation very frequently, 15% said it happens frequently, 5% experience it once in a while, and 33% have never been retaliated against. These numbers are significantly worse than the averages from other prisons we have visited, and place Washington as one of the common sites for grievance retaliation.

## **Special Housing Unit (SHU)**

The Special Housing Unit (SHU) at Washington had a capacity to house 32 inmates in disciplinary confinement. Members of the Visiting Committee toured the SHU, which housed 20 inmates at the time of the visit. According to facility data, admittance to the SHU had been decreasing, with 624, 534, and 239 inmates admitted in 2007, 2008, and through July 2009, respectively. According to data we received from the facility, there was only one Unusual Incident Report in the SHU during 2007, 2008, and 2009. Although the facility reported no deprivation orders, restricted diets, or cell shield orders in the past three years, many inmates complained of undocumented cell restrictions, including restriction of food and loss of

recreation. However, we were pleased to learn that none of the inmates surveyed reported receiving additional misbehavior reports since being in the SHU.

We received nine surveys from inmates specifically about the conditions in the Washington SHU. On average, these inmates had been at Washington for 7.5 months and in the SHU for approximately one month. Inmate evaluations of conditions were generally less satisfactory than at the other SHUs we have visited. Six out of the nine inmates surveyed rated the relations with staff in the SHU as very bad. Inmates reported that abuse from staff working on the unit included failing to turn off lights, kicking doors, issuing threats, and intimidation. While most reported never having experienced a physical confrontation, seven of the nine SHU inmates said that verbal harassment occurs very frequently. Although the facility reported that there are not any inmates on a waiting list for educational cell study in the SHU, several inmates reported that they never received their requested cell study resources. Additionally, most inmates were not satisfied with their access to the library services or legal materials. Eight of nine SHU inmates reported that they never or only went once to recreation while in the SHU.

Many inmates in the SHU complained about both their access to mental health services and the quality of the care they receive. Facility officials informed us that two inmates in the SHU were on the mental health caseload at the time of our visit, however, an additional number of surveyed inmates reported being on the mental health caseload at some point during their incarceration, including a number of inmates who reported having attempted to harm themselves since being incarcerated at Washington.

### **Recommendations**

We recommend that state policy makers work with DOCS Central Office administrators and facility officials to implement the following measures:

#### ***Programs***

- Fill staff vacancies in the academic and vocational programs.
- Increase Spanish-language materials in academic and vocational programs.
- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.
- Raise the limit on the amount inmates can spend at the commissary.
- Expand the postsecondary education opportunities for inmates who have earned their GED or high school diploma.
- Ensure that inmates can access current community resources to assist them when they are released from prison.
- Initiate monitoring 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*

- Continue to assess the level and causes for tension within the prison and develop a plan to reduce it and incidents of verbal harassment, including diversity training for staff and inmates.
- Review Unusual Incident Reports, grievances and misbehavior reports to assess whether there are patterns of violence within the prison, whether specific staff members are more frequently involved in inmate-staff confrontations, and whether certain areas within the prison are more frequent locations for violence. Following this review, develop a plan, including additional staff training, to reduce violence between inmates and staff and among inmates.
- Meet with the ILC and IGRC to discuss ways to reduce tension between staff and inmates at the prison and to improve the efficacy and credibility among inmates of the grievance system.

### *Mental Health Care*

- Actively reassess the mental health designation of inmates who display signs of needing mental health care beyond the scope of Washington's outpatient treatment.

### *Special Housing Unit (SHU)*

- Install cameras in the SHU.
- Institute a system-wide policy to provide inmates in SHUs throughout the state with athletic equipment like balls or chin-up bars when they go to recreation.
- Enable SHU inmates who do not pose a risk to other individuals to go to recreation in pairs.
- Promptly reclassify the OMH level of inmates in disciplinary confinement whose mental health status changes to permit their transfer to a facility with more intensive mental health services.
- Assess any inmate in disciplinary confinement with significant mental health needs to determine whether he should be transferred to a prison with comprehensive mental health services, regardless of his mental health classification.