



COXSACKIE CORRECTIONAL FACILITY

The Correctional Association (CA) visited Coxsackie Correctional Facility, a maximum security prison for men located in Greene County, approximately 120 miles north of New York City, on May 26 and 27, 2010. At the time of our visit, the facility had a capacity for 1,074 individuals and confined 1,029 inmates. Of these inmates, 969 were housed in general population. The facility maintains a Special Housing Unit (SHU) for inmates in disciplinary confinement, which had a capacity of 32 inmates, and a Regional Medical Unit (RMU), which includes an in-patient unit for 60 patients and an out-patient unit providing specialty care services to inmates from Coxsackie and other prisons in the region. The CA last visited this facility in 2004.

Coxsackie offers a range of therapeutic, vocational, and educational programs, including a residential Alcohol and Substance Abuse Treatment (ASAT) program. The prison was built in 1935 and confines its inmate population in cells. The prison completed a renovation of the heating system in the administrative area shortly before our visit and the facility was in the process of renovating plumbing fixtures and some roofs.

The primary objective of our visit to Coxsackie was to assess the programs, physical facilities, and conditions for both staff and inmates within the prison, with particular emphasis on observing the medical areas and substance abuse treatment programs. The CA obtained surveys about general prison conditions from 229 general population inmates, as well as 20 surveys from inmates housed in the SHU or keeplocked in their cells for disciplinary reasons. We also obtained surveys from 21 inmates in the prison's ASAT program, 64 surveys from inmates who were waiting for, or had completed, substance abuse treatment, and 11 surveys from inmates in the residential unit in the Regional Medical Unit. We base this report on data supplied by the facility prior to our visit, findings from surveys, conversations with the Superintendent, the Executive Team, program and security staff and inmates, written correspondence with inmates, meetings with staff union representatives and members of the Inmate Liaison Committee (ILC) and the Inmate Grievance Resolution Committee (IGRC), and observations made 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 May 9, 2011. Their comments and updated data have been included in this final report.

Summary of Findings and Recommendations

Coxsackie provides an impressive array of services. We found high levels of satisfaction among inmates in some of the academic and most vocational programs. The inmates we surveyed were more satisfied with medical services than at most other CA-visited prisons. Many of the participants in the ASAT program expressed a more favorable assessment of their program than treatment participants at other prisons we have visited. Inmates also appeared to be more satisfied with the food services at Coxsackie than at many other CA-visited facilities.

In contrast, many inmates were not satisfied with their jobs and expressed dissatisfaction with commissary, visiting, and mail services, the general library and some of the Transitional Services classes. Our most serious concern was the high level of tension between staff and inmates in general population, the Regional Medical Unit and the SHU, resulting in many inmates feeling unsafe in the prison. Survey participants and inmates with whom we spoke repeatedly asserted that they were verbally harassed by staff and were retaliated against if they filed complaints about staff conduct. Some reported physical abuse by staff and others asserted they received false misbehavior reports. Overall, survey participants reported unacceptably high levels of staff abuse and expressed fears of retaliation and a lack of trust that many prison staff would treat them fairly.

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

- Assess the level and causes for tension between staff and inmates, including inmates in general population, the Regional Medical Unit and the SHU, and develop a plan to reduce tension and incidents of verbal harassment, including diversity training for staff and inmates.
- More closely monitor allegations of sexual abuse and abusive pat frisks, and develop a corrective action plan where necessary.
- Develop and implement additional measures to reduce gang participation and drug use in the prison through non-punitive methods.
- 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.
- Fill all educational and vocational vacancies, and prioritize the hiring of teachers and instructors who are bilingual.
- Provide more meaningful prison job opportunities that will permit inmates to develop skills and experiences that will enhance their ability to find employment upon release.
- Reduce the number of inmates waiting for educational and vocational programs.
- Improve library, mail and commissary services and the Transitional Services programs.
- Renovate the children's visiting area, and modify procedures for parental access to the area.
- Extend the time inmates are permitted to eat their meals in the mess hall.
- Provide enhanced clinical supervision of the treatment staff in the ASAT program and improve the discharge planning for inmates who will need treatment upon release.
- Fill the vacant nursing position and increase the salary if the position cannot be filled.
- Ensure that all inmates scheduled for a clinic call-out are promptly seen by a provider.
- Ensure that all inmates are offered HIV and hepatitis C tests and that infected patients are thoroughly evaluated for treatment.

- Improve the provision of reading materials, mail and food services to in-patients in the Regional Medical Unit.
- Review the provision of services in the SHU, with a focus on recreation, library services and the cell-study program, to ensure that all SHU inmates promptly receive required services.

Coxsackie's Inmate Population

Similar to system-wide averages, 20% of Coxsackie's inmates identify as white, 53% as African-American and 24% as Hispanic.¹ The median age of the population is 34 years old, and 63% of the inmate population are from New York City and its surrounding suburbs, identical to the Department-wide average. The median minimum sentence for the inmate population at Coxsackie is 10.25 years, compared to 5.2 years for all male facilities.² Forty-three percent of Coxsackie's inmates face their earliest release date within four years, compared to 77% system-wide.³ Seventy-seven percent of the population were convicted of a violent crime, and 13% had a drug conviction, compared with 58% and 21% Department-wide, respectively. As of April 2010, 58% of Coxsackie inmates had their high school diploma or GED, compared to 54% throughout the state prisons. Five percent of the inmate population were Spanish-speaking, with limited or no ability to speak English, slightly lower than the system-wide average (6%). Consistent with the system-wide average, 82% of Coxsackie's population were identified by DOCS as having a substance abuse history.

Prison Violence and Safety

Inmate-Staff Relations

Overall, Coxsackie inmates expressed significantly negative opinions about their relationship with the security staff at the prison. Sixty-two percent of survey participants said inmate-staff relations were very bad, 16% assessed it as somewhat bad, and less than 4% of the respondents reported the relationship as good or somewhat good. These figures are substantially worse than most of the 27 prisons for which we have comparable data concerning staff relations; the data places the prison in the bottom 10% of CA-visited prisons for poor staff relations. Similarly, when asked to compare their experiences at Coxsackie to other prisons in which they had been confined concerning the level of overall staff abuse of inmates, 78% of survey participants said Coxsackie was much or somewhat worse, a response rate that places the prison in the bottom 20% of CA-visited prisons for this indicator. Coxsackie survey respondents were clearly fearful in the prison; 51% of the participants reported they felt *very unsafe* in the prison, the fourth highest unsafe rate among the 27 prisons we have surveyed on this topic. It seems there is a significant problem at the prison that should be addressed by the prison administration and Central Office staff.

¹ System-wide averages are: African-American (51%), Hispanic (26%) and white (21%). State of New York Department of Correctional Services, *Hub System: Profile of Inmate Population Under Custody on January 1, 2008* (2008) [Hereinafter *DOCS 2008 Hub Report*].

² DOCS, *Table 8: Median Minimum Sentence by Gender, Inmates Under NYSDOCS Custody as of April 1, 2010* (prepared by S. Maruniak, 5/25/2010).

³ *DOCS 2008 Hub Report* at 42.

Survey participants reported frequent physical confrontations between inmates and staff; 46% of respondents said these occur very frequently and 37% reported them as frequent occurrences. These figures represent a perception among the Coxsackie survey participants that the level of physical confrontation at prison was more serious than that reported by survey participants at 90% of CA-visited prisons. Although this data suggests violence at the prison is a serious problem, only 16% of survey participants reported that they personally had been in a physical confrontation with staff, a rate lower than most CA-visited prisons. Clearly, Coxsackie inmates have significant concerns about the level of inmate-staff violence, even if the prison might not have the highest rates for such incidents.

Despite survey participants' personal experience with violence at Coxsackie, data provided by the Department reinforces the conclusion that physical confrontations between inmates and staff are a problem. We examined the Unusual Incident Report data for assaults on staff for 2007 through 2009, which placed Coxsackie in the top third of maximum security prisons for frequent assault-on-staff incidents.⁴ Disciplinary data for 2008, the latest year for which we have such data, revealed that Coxsackie had a rate for assault-on-staff misbehavior reports that was in the middle of all maximum security prisons, but also a rate much higher than the rates at most medium and minimum security facilities.

Coxsackie survey participants were also very concerned about verbal harassment and other forms of intimidation by prison staff. Sixty-two percent of respondents reported that staff verbal harassment was *very frequent* and an additional 27% said it was *frequent*, rates that are worse than 80% of the other CA-visited prisons for which we have comparable data. Unlike the experiences with physical confrontations with staff, survey participants often personally experienced verbal harassment; 83% of the respondents said they had experienced verbal harassment in the prison, an unacceptably high rate similar to rates at most of the CA-visited prisons. When asked how common certain types of staff misconduct were within the prison, Coxsackie respondents uniformly reported very high incidents of verbal harassment, threats by staff, retaliation for filing complaints, and false misbehavior reports. The Coxsackie survey participants had the highest percentage of inmates reporting as *most common* acts of false tickets and retaliation by staff of any CA-visited prison; the rate for threats and intimidation by staff was the third highest for all prisons we have visited. Similarly, when asked to estimate the percentage of security staff who do a good job and those who engage in serious misconduct, Coxsackie survey participants estimated that 75% of staff were involved in misconduct and only 25% did a good job. These median figures represent very negative views of staff behavior and place the prison in the bottom 10% of all CA-visited prisons for inmates' perception of staff conduct.

We also asked survey participants about racial tension and their perceptions of whether racial discrimination contributes to staff abuse. Twenty-five percent of Coxsackie respondents said racial tension with staff was *widespread* and an additional 35% felt it was *fairly common*. Similarly, 46% of respondents expressed the view that racial discrimination contributed *a lot* to staff abuse. These figures suggest that the Coxsackie survey participants had a more negative assessment of racial tension in the prison than at two-thirds of the prisons we have surveyed. In

⁴ Following our conversation with facility staff in May 2011, we received UIR data for October 2009 through October 2010 that revealed 22 UIR incidents of assault-on-staff, a rate comparable to that for the prior three years.

their comments, some inmates reported that some staff use racial epithets and many expressed concern that some staff exhibit racist attitudes toward inmates of color.

Survey participants were also concerned about sexual abuse by staff and abusive pat frisks. Nine percent of respondents reported sexual abuse by staff as a *frequent* or *very frequent* occurrence, 31% felt it happened *once* or *once in a while* and 60% said it *never* happened. These figures are about average for the 27 prisons for which we have data. Concerning abusive pat frisks, 45% of survey participants reported them as a *frequent* or *very frequent* occurrence, 38% felt they happened *once* or *once in a while* and 17% said they *never* happened. Again, these rates are about average for all CA-visited prisons. We also obtained data from the Department on all complaints filed pursuant to the Prison Rape Elimination Act (PREA) concerning sexual abuse by inmates and/or staff for all state facilities for the period 2007-2010. The rate of complaints from Coxsackie inmates about inappropriate staff conduct was high for this three-year period, placing the prison in the top 20% of all male state prisons for high rate of sexual misconduct complaints. Survey participants' comments about sexual abuse by staff focused on what they perceive to be sexually abusive pat frisks by staff.

Overall, the information contained in the inmate surveys strongly suggests there is a significant problem at the prison with staff-inmate interactions. The written surveys confirmed the many comments we received from inmates during our tour about staff mistreatment. In addition, we receive a substantial number of letters from inmates describing their alleged mistreatment by security staff and echoing concerns raised in the surveys. Inmates believe that many staff are verbally and, at times, physically abusive and that routinely, threats and intimidation are used to control inmate behavior, followed by actual retaliation and false tickets for those the staff dislike or inmates who are raising complaints with the administration. Although it is impossible to precisely quantify the level of such abuse, we urge the prison administration to investigate these allegations and to take meaningful action to improve staff-inmate interactions.

Inmate-Inmate Relations

The information we obtained about relations among inmates stands in marked contrast to staff-inmate relations at Coxsackie. Survey participants consistently reported lower levels of inmate-on-inmate violence and the independent DOCS data appears to confirm these results.

Only 16% of the Coxsackie survey participants reported personally being involved in a confrontation with another inmate at the prison, the third lowest rate for the 27 prisons we have surveyed and almost half the percentage (29%) for all CA-visited prisons. Sixty-three percent of respondents said Coxsackie had fewer inmate confrontations than other prisons at which they had been confined, and only 5% said it was worse at Coxsackie, rates that again place the facility in the top 40% of CA-visited prisons for less inmate-on-inmate perceived violence. An analysis of Unusual Incident Reports for assault-on-inmate data for 2007 through 2009 reveals a low rate for such incidents at Coxsackie, and supports the conclusion that the prison is in the top 25% of the maximum-security prisons in the state for fewer serious inmate-on-inmate incidents. Similarly, inmate disciplinary data indicates the prison has fewer inmate confrontations. In 2008, Coxsackie's rate for inmate-on-inmate misbehavior reports was less than 13 of the 16 maximum-security prisons and the rate for inmate fighting was in the lower half of all

maximum-security prisons. Data supplied by facility staff following our May 2011 conference call revealed similarly low rates of inmate-on-inmate confrontations for the period October 2009 through October 2010.

We also asked inmates about overall gang activity and drug usage in the prison and whether they have a nexus to violence. Fifty-two percent of Coxsackie survey participants said gang activity was *very common* and an additional 24% reported it as *common*. These are average rates for the 27 prisons we have surveyed. When asked to compare gang activity at Coxsackie to other prisons at which these inmates had previously been confined, 18% of respondents said it was more prevalent, while 61% assessed it as less prevalent. This data supports the conclusion of somewhat less gang activity than at other CA-visited prisons. Twenty percent of Coxsackie respondents said gangs contribute *a lot* to prison violence and 31% assessed gangs are *somewhat* the source for violence, rates that are less than the average for all CA-visited prisons. Twenty-seven percent of respondents reported drug use as *very common* in the prison and 28% said it was *somewhat common*, rates slightly less than the average for all CA-visited prisons. Slightly less than the average for all CA-visited prisons, 13% of Coxsackie survey participants said drug use contributed *a lot* to prison violence and 17% felt drug use contributed *somewhat* to the violence within the prison. Overall, all these indicators suggest that gangs and drug activity and associated violence are about average at this prison compared to all CA-visited prisons.

Inmate Grievance Program

The Visiting Committee visited the grievance office and met with a civilian grievance officer. Inmates can file grievances by placing them in drop boxes located throughout the facility. Staff members collect grievances in general population twice daily and less frequently though regularly in the SHU and long-term keeplock. The grievance officer typically attempts to informally resolve a grievance, however if this is not possible, the grievance is reviewed by staff and department heads, and heard by the grievance committee made up of inmate-representatives and staff. If the grievance committee cannot resolve the matter, it is referred to the Superintendent. Grievances related to staff abuse are not investigated by the grievance committee; instead, these grievances go directly to the Captain's office for investigation.

Coxsackie inmates filed a total of 858 grievances in 2009, a slight increase from the 820 grievances in 2008. In 2009, the most grieved issues were staff conduct (32% or 278 grievances), medical (16% or 126 grievances), mess hall (6% or 48), and housing/internal block (5% or 44). We are concerned by the high percentage of grievances involving staff conduct.

Inmates reported a general mistrust of the grievance process and complained that staff retaliated against inmates who file grievances. Thirty-eight percent of survey respondents said that they had used the grievance system at Coxsackie, and 80% of those who used it viewed the system as poor, while 15% rated it as good. This places Coxsackie in the bottom half of CA-visited prisons in terms of overall effectiveness of the grievance process.⁵ Fifty-six percent of surveyed inmates who had filed a grievance reported that staff retaliated against them at least once for filing a complaint, slightly higher than the 54% average at other CA-visited facilities.

⁵ An average of 75% of surveyed inmates at all CA-visited facilities rated the grievance system as poor, 19% rated it as somewhat effective, and 6% rated it as good.

Sixty-nine percent of survey respondents who had used the grievance system and had been in other prisons reported that the grievance system was worse at Coxsackie than at other prisons. As a result, Coxsackie ranks in the bottom half of CA-visited prisons in comparing grievance systems. Inmates at Coxsackie have significant concerns with the prison's grievance process. We urge the prison administration to review the grievance process with the ILC and IGRC and to undertake measures to increase inmates' confidence in the grievance system. We recommend that the prison administration reassess allegations that staff retaliate against inmates for filing grievances and that they respond promptly to any substantiated allegations of staff retaliation.

Programs

The Visiting Committee toured the prison's academic, vocational, and industry programs. At the time of our visit, 876 inmates had full-time program assignments and 72 had part-time assignments. According to information provided by the facility, 81 inmates (8% of the prison's total population) were not enrolled in any programming at all. Of the inmates we surveyed, 79% had a job or a program; however, 57% of survey respondents reported being on a waiting list for a program. This is considerably higher than the 42% average for survey respondents from all the prisons we have visited. However, since inmates can already be enrolled in a program while they are on a waiting list for a different one, overall, the percentage of inmates enrolled in a program at Coxsackie was similar to many other CA-visited prisons.

Job Opportunities

When we visited Coxsackie, 231 inmates, reflecting 24% of the general population, worked as porters. Porter positions involve performing maintenance and cleaning tasks, and generally do not help individuals develop skills transferable to a career outside of prison. Additionally, 205 inmates, making up 20% of the general population, had non-porter job assignments. Forty-three percent of survey respondents who worked reported that they were not satisfied with their jobs at Coxsackie. This satisfaction rate is in the bottom quarter of all prisons visited by the CA.

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 those of goods purchased outside the prison. Inmates at Coxsackie, 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 amount of goods at one time, a restriction that has not changed as much as price inflation. Staff also reported having problems keeping items in stock. At a rate well below most of the other prisons we have visited, only 26% of surveyed Coxsackie inmates said that they were satisfied at least sometimes with the commissary.

Academic Programs

Coxsackie offers Adult Basic Education (ABE), pre-General Equivalence Diploma (pre-GED), GED, English as a Second Language (ESL), and Special Education classes. The Visiting Committee found, in general, that the classrooms were not particularly welcoming in that they were very hot, had noisy fans that made it difficult to hear and had some posters on the walls, but

otherwise contained limited educational materials. As the table below illustrates, the educational program was in great demand, with 191 inmates enrolled in classes and 365 inmates on a waiting list. The Visiting Committee was concerned about the limited class size, but noted especially large waitlists for pre-GED, ESL and special education courses. As of 2010, 42% of the general population at Coxsackie did not have a GED. Of those without their GED, only 7.5% of them were enrolled in a GED class, which ranks Coxsackie in the bottom third of CA-visited prisons for GED enrollment. Given the substantial unmet demand for education services, additional resources are needed if all inmates are to have the opportunity to obtain their GED prior to release. In addition to classes, Coxsackie had a cell study program, and at the time of our visit, 57 inmates, including SHU inmates, were participating in this program. The facility does not offer post-secondary school education, and inmates may only participate in college correspondence courses if they pay for the courses themselves.

Coxsackie Educational Program Capacity, Enrollment and Waiting List

	ABE	Pre-GED	GED	ESL	Spec. Ed.	Total
Capacity	68	32	34	16	48	198
Enrollment	65	32	32	16	46	191
Waiting List	109	123	38	36	59	365
Total Enrolled + Waitlist	174	155	70	52	105	556

Although Coxsackie had a small GED program, it appeared to be more aggressive in encouraging inmates to test for their GED. In 2008, 85 inmates took the test and 54 passed, in 2009, 65 inmates tested and 33 passed, and as of May 2010, 23 inmates took the GED test and 14 passed. Compared to other prisons we have visited, a higher percentage of Coxsackie inmates tested and passed the GED than inmates in two-thirds of the CA-visited prisons. The aggressive testing program, however, resulted in somewhat lower passing rates. For the period 2008 through May 2010, Coxsackie’s overall GED passage rate was 58%, significantly below the statewide average of 70%.⁶

There were 14 available teacher positions at Coxsackie, but only seven of them were filled at the time of our visit. Staff informed us that Coxsackie had authorization to fill several of these positions and had just hired a new staff member who was scheduled to begin working the week after our visit. These vacancies occurred in December 2008, June 2009, and December 2009. The number of teacher vacancies is a concern to us, as this was the highest number of vacancies in the academic programs of any correctional facility that we have visited since 2007. We learned during our May 2011 call with staff that the facility had received authorization to fill one of the vacant instructor positions in January but was unable to find a candidate to fill the position.

The ESL class was not operating at the time of our visit, but we were informed that it is typically a multi-level class. Staff told us that the teacher does not speak Spanish, however Spanish-speaking Inmate Program Assistants (IPAs) help to fill this void. Coxsackie did not

⁶ DCJS, *New York State Criminal Justice 2008 Crimestat Report*, p. 54 (2009).

employ any Spanish-speaking teachers and would benefit from actively searching for that skill when filling the vacant academic teacher positions.

Of the inmates we surveyed, 58% were at least somewhat satisfied with their academic program, a rate identical to the 58% average for survey respondents from all CA-visited prisons. We also asked inmates to assess the educational class they were currently taking or had just finished. The majority of survey respondents who were most recently enrolled in the pre-GED or ABE program at Coxsackie rated the program either good or fair. In contrast, half of the survey respondents who were most recently enrolled in the GED program rated it as poor. We urge the prison to review the performance of teachers in each of these programs to determine whether they could improve student engagement and satisfaction.

In general, we were impressed by the enthusiasm and level of engagement of the teachers. Many of our survey respondents' complaints focused on the inability of inmates to enroll in an educational program that fit their needs. Additionally, 49% of survey respondents reported that educational classes were sometimes cancelled. Several teachers reported they lacked access to sufficient educational resources and that they purchased some class materials themselves to augment those available in the facility.

Vocational Programs

We toured the vocational facilities during our visit and spoke with staff. According to data provided by the facility at the time of our visit, 162 inmates, representing 17% of the general population, were enrolled in one of seven vocational programs: Custodial Maintenance, Electrical Trades, Food Service, Masonry, Plumbing and Heating, Mess Hall, and Welding. Staff informed us that the Welding program was temporarily closed; however, a Computer Operating program was running at the time of our visit. Environmental Remediation and Garment Shop, both industry programs, were also available. According to the information provided by the facility prior to our visit, there were no Department of Labor (DOL) apprenticeship programs at Coxsackie and no inmates received a DOL certificate in 2008 or 2009. During our visit, however, vocational staff informed us that the Electrical Trades program had a DOL apprenticeship program for one inmate at a time, and the Masonry program had recently been approved to get a DOL apprenticeship program. Additionally, the Environmental Remediation program was overseen by the DOL and the Department of Health (DOH), which can certify inmates who complete the program as licensed New York State environmental handlers.

Coxsackie had seven DOCS-authorized vocational instructor positions available and one vocational supervisor, none of whom spoke Spanish. One instructor had been on temporary leave since April 10, 2010, and another instructor position had been vacant since June 2009, leaving five full-time instructors at the facility. The Computer Operating program instructor reported that teaching Spanish speakers was not a problem, while the Plumbing and Heating instructor reported that he did not have the necessary materials to teach the two Spanish speakers in his class. This is unfortunate, since 5% of the Coxsackie population can only speak Spanish. Acquiring additional Spanish-language materials and hiring bilingual instructors when positions become authorized to fill would benefit the Spanish-speaking inmates in vocational classes. We learned during our May 2011 call with staff that the facility had received authorization to fill one

of the vacant vocational instructor positions in February but was not able to find a candidate to fill the position.

We were pleased to meet with enthusiastic and experienced vocational instructors. The vocational facilities were generally well-equipped,⁷ and 70% of the inmates surveyed were at least somewhat satisfied with their vocational programs, higher than the 64% satisfaction rate reported by survey participants from all the prisons we have visited. Although some inmates complained about the length of the waiting period for assignment to a vocational class, the comments we received from inmates were generally positive, referencing the importance of developing skills and the appreciation of having a variety of programs available.

Libraries

We toured both the general and law libraries at Coxsackie. The general library could accommodate 24 inmates at a time and was open Monday and Tuesday from 12:30 p.m. to 2:20 p.m. and 6:00 p.m. to 8:30 p.m., and Wednesday, Thursday, and Friday from 7:20 a.m. to 10:20 a.m. and 11:20 a.m. to 2:20 p.m. On Saturday, a book cart with limited materials was available to the general population, and on Sunday, the library was closed. A library cart was available to inmates in the Special Housing Unit. Inmates could gain access to books at other libraries at New York State prisons through the interlibrary loan. The library collection included 1,000 books but had limited Spanish resources. Inmates must submit a written request for library access and typically wait two to four days to after submitting a request; however, inmates are only allowed access once a week. There was one full-time librarian and seven inmate clerks. The library was equipped with desks, chairs and two computers, which staff told us needed to be upgraded. Forty-eight percent of inmates surveyed were at least somewhat satisfied with the library, a rate worse than at all other CA-visited prisons.

The law library, staffed by a Corrections Officer and seven inmate clerks, was open seven days per week from 1:00 p.m. to 5:30 p.m. and 6:00 p.m. to 8:30 p.m. To access the law library, inmates must submit a written request. According to the law library clerks, it could take as long as 12 days to get into the library, although the clerks try to adjust access to the library based upon who most needs access to the resources. This delay is too long as it is extremely important for inmates to have timely access to legal resources. Only 18 inmates were allowed in the law library at a time, and staff informed us that the law library is regularly filled to capacity. Inmates were not allowed to browse the stacks in the law library; instead, they had to ask for help from one of the clerks in order to access any materials. Staff reported that they had more books than available space, and therefore, some of the books were stored in boxes instead of on the shelves. Six typewriters were available to inmates and four desktop publishers were available to the law clerks. Sixty-one percent of survey respondents who had attended the law library were satisfied with it, a rate comparable to the other facilities we have visited.

We learned during our May 2011 call with administrative staff that Coxsackie is scheduled to install the computerized law library system that is being rolled out throughout State correctional facilities, but the facility's electrical wiring must first be updated to handle the new system. Staff informed us that the facility had recently completed the first phase of installing

⁷ We were concerned, however, to hear reports of overcrowding in the Masonry program.

new electrical wiring and was about to begin installing the second phase. Staff expect the law library system to be installed after the third and final phase of electrical wiring updates.

Other Services: Visiting Area, Mail/Packages, Food, Commissary

Visiting Area

Coxsackie's visiting area consisted of a main room containing 42 tables with a capacity of 140 people and an outside pavilion. According to prison staff, the pavilion was open on Saturdays and Sundays in manageable weather, typically from the months of May through October; however, inmates reported that the pavilion was rarely open. The visiting area included a children's playroom and a vending area, which contained seven vending machines and two microwaves for visitor use. As with all maximum security prisons, visiting is available seven days a week for general population inmates, during which they are allowed to have four visitors during the week and two on the weekend. Due to the high numbers of visitors on the weekend, inmates with last names beginning with A through L are allowed to see visitors on one day, and inmates with last names beginning with M through Z are allowed to see visitors on the other day. Free buses, available through the Department's Family Visiting Program, generally bring visitors from New York City, Buffalo, Rochester, Syracuse, and Albany, on weekends. The Family Reunion Program is not available at Coxsackie.

Coxsackie visitors are processed in the visiting center, which is separate from the main building, and are then brought into the visiting area. Visitors must place personal items in lockers and go through a metal detector prior to entering the visiting area. There is no time limit for visits, although, if the visiting area is at capacity, staff will ask visitors who have been there the longest to leave in order to make room for the new visitors.

The Visiting Committee noted that the children's play area was dirty, small and unstaffed. The only toys available were a play kitchen set and a play toolbox. Inmates were not permitted to join their children in this area. We recommend that administrators examine the policy prohibiting inmates from joining their children in the children's play area. The opportunity for fathers to interact with their children in a play environment is essential to establishing and strengthening family bonds.

Only 16% of inmate survey respondents were completely satisfied with the visiting program at Coxsackie, while 20% were somewhat satisfied with the program, ranking Coxsackie in the bottom quarter of CA-visited prisons in overall visiting area satisfaction. Inmates with whom we spoke complained that staff sometimes were disrespectful to visitors and that families were made to wait a long time between arrival and actual visit start time.

Mail/Packages

Only 9% of inmate survey respondents stated that they were satisfied with the mail/package program at Coxsackie, with 20% of the respondents somewhat satisfied, ranking Coxsackie in the bottom quarter of all of CA-visited prisons for mail/package satisfaction. Fifty-nine percent of inmate survey respondents stated that they had experienced problems receiving and sending mail or packages in the prison, higher than other prisons and placing Coxsackie in

the bottom half of CA-visited prisons. Inmates with whom we spoke expressed concern that outgoing mail was unnecessarily delayed, and we received many complaints that inmates experienced problems receiving packages their families had sent them. We urge the prison to review the grievances filed by inmates concerning the mail/package room to assess whether measures can be taken to reduce the frequency of such complaints.

Food

The Visiting Committee toured the mess halls and the kitchen and met with the supervisor of the Food Service area. The Coxsackie kitchen was renovated in 2000. Breakfast, lunch and dinner are served Monday through Friday, while on the weekends, only brunch and dinner are served. Breakfast and brunch are mandatory, while lunch and dinner are not. The facilities are inspected monthly by DOH and DOCS food administration, and the county health department visits quarterly.

According to staff, an average of 800 general population inmates come to the mess hall for each meal and typically, between 2,000 and 2,700 meals are served each day at Coxsackie. Staff estimated that they serve approximately 200 inmates per meal remotely, transporting meals in locked carts to the SHU, RMU, keeplock and other areas. One hundred and twenty inmates receive special dietary meals, which include low-sodium, low-fat, low-cholesterol and kosher diets. Kosher meals are served individually wrapped on separate trays and are prepared in a separate Kosher food preparation room in Coxsackie's kitchen. A rabbi inspects the kitchen quarterly. According to facility rules, if an inmate receiving a special diet misses a meal, he is issued a warning, and if he misses the subsequent meal, he may no longer receive the special diet.

Facility staff explained that it costs \$2.20 to \$2.30 per day to feed each inmate, although the Kosher diet is slightly more expensive. The food preparation process is called cook-chill, whereby the food is prepared at the production center and then immediately frozen before it is transported to prisons throughout the state, where it is reheated and served. Fruits and vegetables are delivered from local suppliers once a week and milk is delivered every day.

Coxsackie ranked 11th out of 27 CA-visited prisons in survey respondents' overall satisfaction with their food; 37% of Coxsackie survey participants were at least somewhat satisfied with the food service.⁸ Forty-four percent of surveyed inmates were at least somewhat satisfied with the quantity of food served, while 66% were at least somewhat satisfied with the temperature and 38% were at least somewhat satisfied with the nutritional value of the food served. Additionally, 46% of surveyed inmates were at least somewhat satisfied with the cleanliness of their tray and utensils. Only 29% of surveyed inmates were at least somewhat satisfied with the amount of time that they had to eat their food, with only 1.4% of them very satisfied. Overall, these figures were similar to data we obtained from recent visits to four prisons, with the exception that more Coxsackie respondents were dissatisfied with the time they were given to eat. We suggest that the facility consider providing inmates with more time to finish their meals.

⁸ Survey respondents reported an average 31% food satisfaction rate at other CA-visited facilities.

Commissary

The Visiting Committee toured Coxsackie's commissary, which was staffed by two civilians and two inmates. Inmates in general population are able to order from the commissary once every two weeks. Officers deliver commissary orders to inmates who are unable to visit the commissary due to medical limitations, and some inmates in the SHU can receive monthly commissary deliveries.

Twenty-five percent of inmates who responded to our survey were at least somewhat satisfied with the commissary, lower than the 36% average at other CA-visited facilities and placing Coxsackie in the bottom third of all CA-visited prisons for satisfaction with this service. According to Department rules, inmates are permitted to spend up to \$55 a month on goods and \$22 on stamps. This \$55 limit does not include cigarettes or special purchases, such as appliances and electronics, on which an inmate may spend up to \$93 at a time. According to staff, inmates often reached the purchasing limit. We are pleased that the cigarettes and special purchases are no longer included in the \$55 limit; however, the CA urges the Department to increase the limit, given the continued increase in commissary prices and the fact that inmates are often prohibited from buying products due to the spending limit.

Transitional Services

The Visiting Committee toured the Transitional Services program, which included a facility orientation, Phase I, Thinking for a Change (T4C), Phase III, and Aggression Replacement Training (ART) classes. At the time of our visit, staff consisted of two part-time Correction Counselors and four IPAs. Inmates who work as IPAs may earn higher wages than many other inmate workers, but must have a high school diploma or the equivalent and enter an IPA training program.

All inmates who are new to the facility must undergo a one-week orientation regarding the rules, programs, and services at Coxsackie. Phase I of Transitional Services is a program for individuals who are new to DOCS, the goal of which is to help individuals adjust to the prison setting. At the time of our visit, there were 34 inmates evenly split into two Phase I classes, one scheduled in the morning and one in the afternoon.

T4C is a new cognitive behavioral program developed by the National Institute of Corrections (NIC) that has been replacing Phase II of Transitional Services throughout New York State prisons. According to NIC, T4C lasts for 22 sessions (completed in 10 to 12 weeks) and includes "cognitive restructuring, social skills development, and development of problem solving skills." Students at Coxsackie were provided with workbooks that follow the NIC's curriculum. The classes were facilitated by a Correction Counselor who was assisted by an IPA. At the time of our visit, 13 students were enrolled in the program, and 14 students had completed the program so far in 2010.

Transitional Services Phase III focuses on preparing inmates for life outside of prison and is required for inmates who are within four months of their earliest possible release dates. Topics include searching for employment and job application skills, finding post-release social services, gaining housing information and preparing to return to one's family. The classes at

Coxsackie were facilitated by an IPA who was supervised by a Correction Counselor. The Phase III curriculum requires 22 sessions and is generally completed in four to six weeks. There were 17 inmates enrolled in the program at the time of our visit. Staff informed us that classes typically included resume building, mock job interviews and a review of neighborhood resources.

Transitional Services staff provided inmates with information about community-based resources, such as housing and job referrals, while the Division of Parole was largely responsible for finding community substance abuse treatment services for Phase III inmates who need them. For post-release services, inmates could use materials from Central Office and the *Connections* handbook. Staff told us that inmates mostly contacted these services via mail, however, staff did not know the rate at which inmates received positive responses from outside organizations. Inmates on the Office of Mental Health (OMH) caseload received many of these services with assistance from OMH staff.

Twenty-six Coxsackie survey participants had taken T4C, and 45% of them reported being satisfied with the program, 25% somewhat satisfied and 30% not satisfied. Although we have limited comparative data for the new T4C program in other prisons, the satisfaction rate for Coxsackie's T4C participants is high compared to other TS programs at other CA-visited prisons. In contrast, 21 survey respondents had taken Phase III at Coxsackie, and 76% of them were not satisfied with the program, ranking Coxsackie in the bottom quarter of the 12 CA-visited facilities for which we have comparable data.

At the time of our visit, 58 inmates were enrolled in ART, which operated three days per week. The program was facilitated by IPAs who were supervised by a Correction Counselor and the curriculum included life skills and anger control techniques. Thirteen percent of inmate survey respondents had taken ART at Coxsackie and 46% of them were at least somewhat satisfied with the program, ranking the prison in the bottom quarter of the 12 CA-visited facilities for participant satisfaction with ART.

Substance Abuse Treatment Programs

At the time of our visit, Coxsackie operated an 88-inmate capacity Alcohol and Substance Abuse Treatment (ASAT) program in general population and a 15-inmate capacity ASAT program for inmates housed in the Regional Medical Unit. The ASAT program for general population was at capacity, while the ASAT program in the RMU reported having seven inmates enrolled. There were 524 people on the waiting list for the general population ASAT program and six people on the waiting list for the RMU ASAT program. According to facility data, 165 inmates completed ASAT in 2008, 163 in 2009, and 71 at the time of our visit in 2010, while seven inmates had been removed from the program in 2008, nine in 2009, and three at the time of our visit in 2010.

Additionally, Coxsackie offers weekly Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, with a typical attendance of 20 to 22 inmates each. AA meets once a week, while NA meets bi-weekly. Both groups were facilitated by civilian volunteers. Inmates in the RMU were not allowed to attend AA and NA meetings.

Alcohol and Substance Abuse Treatment (ASAT) in General Population

Coxsackie runs a residential Therapeutic Community (TC) ASAT program for general population inmates that generally lasts six months and includes half-day activities most weekdays, with half of ASAT participants attending morning group sessions and the remaining half attending afternoon sessions. At the time of our visit, program treatment staff consisted of three full-time Program Assistants (PAs), two of whom were Certified Alcohol and Substance Abuse Counselors (CASAC), but none of whom spoke Spanish. An ASAT Correction Counselor position had been vacant since April 2008. The facility requested permission to hire a replacement counselor, but in August 2008 DOCS Central Office denied its request and the item has remained frozen since then. The average staff-to-inmate ratio for each general population ASAT class was one to 24. We were informed that all three PAs met with the Supervising Correction Counselor once a month for supervision. When asked about training opportunities, treatment staff stated that they thought all security staff would benefit from attending Therapeutic Community training.

The ASAT program at Coxsackie operates as a modified Therapeutic Community and included typical TC elements such as community meetings, the use of “push-ups” and “pull-ups,” and some type of structured hierarchy.⁹ DOCS’ ASAT programs generally incorporate elements of TC, cognitive behavioral therapy (CBT), and 12-steps modalities, but the emphasis on these elements varies by facility and treatment staff. Similar to program participants system-wide, Coxsackie participants reported greater satisfaction with cognitive behavior therapy, followed by Therapeutic Community and 12-steps; however, their satisfaction ratings for all of the treatment modalities were significantly higher than the average ratings from other CA-visited facilities. Compared to other facilities visited by the CA, Coxsackie ranked fourth (out of 29) for overall inmate satisfaction with CBT, TC, and 12-steps modalities.

The ASAT schedule at Coxsackie was slightly confusing and differed from many other ASAT programs we visited, which have identical half-day sessions five times per week. According to Coxsackie treatment staff, the schedule specifies on Mondays, a community meeting utilizing “pull-ups” and “push-ups;” on Tuesdays, a didactic group session involving presentations by ASAT staff or outside volunteers; on Wednesdays, one-on-one individual counseling sessions where the participants’ treatment plans are reviewed and updated if necessary; on Thursdays, a group session where participants can address any issues they may be having; and on Fridays, a group session that is more recreational in nature. The program lasts for 24 weeks, during which time each section of the curriculum is covered twice.

Classrooms we visited appeared bright with windows and inmate-made posters on the walls. The rooms also had whiteboards and televisions. The inmates were typically seated in a large circle, but broke into smaller groups during one of the sessions we observed. The sizes of the groups we attended varied from 16 to 23 people and the level of inmate engagement varied depending on the class. We observed a session where a staff member attempted to teach meditation techniques; however the participants were extremely resistant. We later learned that

⁹ Pull-ups are verbal concerns participants or staff give to other participants who may not be appropriately managing emotions, behaviors or tasks. Push-ups are verbal acknowledgements participants or staff give to other participants who have demonstrated good behavior and/or progress. DOCS *ASAT Program Operations Manual*, 2002.

this staff member had previously been a Correction Officer at the facility, and he elicited an antagonistic response from many of the inmates we interviewed. In other sessions, participants seemed enthusiastic and eager to talk in the group. In these sessions, we observed inmates sharing their life stories, discussing ways in which their drug use affected their families, and taking responsibility for their past actions. One counselor had the participants raise their hands if they wanted to speak, and another counselor asked the participants to pass an object around to signify that the person holding the object was the speaker. We found the staff members in these two groups to be engaging and well organized. However, in the third group we observed, a staff member was not participating in or structuring the group, but simply letting the participants speak freely.

Inmates' views on the treatment staff varied depending on the staff member assigned to lead the group session; however, Coxsackie survey participants were far more positive in their overall assessment of the treatment staff than the average response from participants at all CA-visited prisons. According to our composite scoring regarding staffing, participants at Coxsackie rated it 58% out of a possible 100% satisfaction rate, in comparison to the 39% rating for survey respondents at all CA-visited prisons.¹⁰ Additionally, when assessing the overall communication scores for the program based on participant surveys, Coxsackie respondents' satisfaction with communication within the program was at 70% of a possible 100%, a rate significantly higher than average of 56% for all CA-visited programs. Coxsackie participants rated their overall commitment to, and involvement in, the program at a value of 82%, which was only slightly higher than the average of 80% for all CA-visited programs. Overall, it is clear that the survey participants in Coxsackie's ASAT program were more satisfied with staff treatment and the level of group communication than survey participants in most of the CA-visited prisons.

The CA received data from the facility regarding the number of disciplinary, inadequate program performance, and administrative removals from 2008 through 2010 at the time of our visit. In 2008, five participants were removed for disciplinary reasons, six in 2009, and one inmate by the time of our visit in 2010. Disciplinary removal occurs when treatment or security staff—either in the program area or in another area of the prison—determine an inmate engaged in behavior deemed “inappropriate,” generating a misbehavior report. Treatment staff reported that in lieu of writing misbehavior reports, they usually issued a counseling notification and sometimes required the inmate sign a written contract regarding his behavior and read it in front of the ASAT group. Unless an individual violated one of the cardinal rules, which would automatically trigger removal from the program, program staff had discretion to decide whether an individual should be removed. Cardinal rules or standards of behavior include drug use and fighting and are meant to protect the community from the behavior that threatens the therapeutic nature of the community. The data for the past three years illustrated that there were fewer disciplinary removals at Coxsackie than in most treatment programs visited by the CA. We commend the treatment staff for trying to avoid disciplinary removals whenever possible.

¹⁰ We combined the survey responses to seven staff-related questions in the treatment survey to assess program participants' attitudes toward staff. These included questions 16 (b)-(e) and 18(a)-(c). We then converted this combined score to a percentage of the maximum possible score for all the questions, with 0% representing survey respondents answering *not true* to each question and 100% representing a *very true* response to every staff-related question.

In 2008, there were two program performance removals, three in 2009, and two in 2010 by the time of our visit. Removals for program performance usually occur when an inmate receives repeated warnings or infractions for violating program rules. In 2008, four participants were removed for administrative reasons, six in 2009, and none by the time of our visit in 2010. Administrative removals occur when an inmate is transferred to another facility as a result of a transfer request, security reclassification, or need for services not offered at the facility. Overall, we are very pleased by the low numbers of all three kinds of removals at Coxsackie in comparison to removals in other treatment programs the CA has visited.

Treatment staff reported to us that they felt that there was a disconnect between the work that they were doing in treatment groups and the lack of focus on discharge planning and reentry. Most treatment programs the CA has visited make little effort to develop specific in-prison and post-release aftercare recommendations for program graduates. We were encouraged that the staff acknowledged that discharge planning and reentry services needed improvement. However, since this issue has not yet been addressed, we encourage the facility to develop an aftercare plan that the PAs can work on with the ASAT participants.

Regional Medical Unit Alcohol and Substance Abuse Treatment (RMU ASAT)

The RMU ASAT program is facilitated by one of the three aforementioned ASAT PAs and the average staff-to-inmate ratio for this class was one to seven. At the time of our visit, there was only one session of ASAT in the RMU and the class met Monday through Friday from 1:00 p.m. to 2:30 p.m. Unfortunately, we did not have an opportunity to attend an ASAT session in the RMU, however, we spoke to the RMU ASAT facilitator who reported that she held a community meeting twice a week and ran regular group meetings on the remaining days. She reported that the class employed minimal TC elements and no hierarchy and instead, she used some push-ups and pull-ups and reviewed various readings and materials with the participants. The PA said that she provided many of these materials herself. We learned that AA and NA meetings were not available to RMU inmates because they are restricted from leaving the unit.

Medical Care

The Visiting Committee met with the Deputy Superintendent for Health Services and toured the medical facilities. We appreciated the extensive information provided by the facility prior to our visit, during our tour of the medical areas, and over the course of meetings with the executive team and medical staff. The facility has a healthcare area for the prison and a Regional Medical Unit, which is a separate unit within the prison that includes both an inpatient area similar to a skilled nursing care facility and an extensive outpatient area in which specialty care services are provided for inmates from prisons throughout the northeastern section of New York.

Although we received some complaints from Coxsackie inmates regarding their medical treatment, the general satisfaction with the prison's healthcare system was significantly higher than at other facilities we have visited. Of the 200 inmates who responded to our survey questions concerning overall medical care, 24% rated it as good, 53% said it was fair, and 23% reported it to be poor. These ratings place Coxsackie as the second highest prison for medical care satisfaction of the 26 CA-visited prisons.

Staffing

At the time of our visit, the authorized medical staff at Coxsackie for the prison medical department included 1.4 doctors, 2.5 pharmacists, one pharmacist aide, a nurse administrator, and 14 full-time nurses. One full-time nurse position had been vacant since July 2009, and the prison had the equivalent of two full-time per diem nurses. The medical staff indicated that they experienced problems filling the vacant nurse position because the salary they offered was not competitive with the rates in the community. In order to retain nurses and to encourage community nurses to apply for the vacant position, the facility was offering nurses the option of working 12 hour shifts so they would work fewer days. We also learned that the prison had two extra service positions, but that they did not often use these items. When the unit is fully staffed, the nurse-inmate ratio at Coxsackie is approximately one nurse for every 70 patients, better than the state-wide average of approximately one nurse for every 85 to 100 inmates. Staff informed us during our May 2011 conversation that they filled the vacant nurse position in June 2010, but expected two new vacancies due to retirement and extended illness. At the time of our conversation, staff had already requested authorization to fill these positions.

We were informed that medical staff at Coxsackie participate in continuing medical education through teleconferencing services offered through the Erie County Medical Center. Training is also offered by the prison senior medical staff.

Sick Call

Sick call is conducted five days per week, Monday through Friday, starting at 6:00 a.m. and usually ending by 8:30 a.m. Two or three nurses are assigned to sick call each day. The facility estimated that about 1,088 patients are seen in sick call per month, while 88 inmates are seen for emergency sick call.

The levels of satisfaction regarding the sick call services were higher than at other prisons we have visited. Seventy-five percent of survey respondents said that they were able to access sick call when needed, 21% stated they have such access sometimes, and only 4% reported that they were unable to access sick call when needed. These figures place the prison in the top quarter for access to sick call of the 26 prisons for which we have comparable data. Coxsackie inmates were also more satisfied with sick call nurses than what we have found at other prisons, with 28% of the survey participants rating them as good, 49% assessing them as fair, and 23% reporting them to be poor. These figures place the prison as the second highest rating for CA-visited prisons concerning inmates' evaluation of sick call nurses.

Many survey participants spoke positively about the nursing staff, saying that they received quality care from nurses and that for the most part the nurses exhibited a respectful and caring attitude. The primary complaint from the survey participants concerned delays in seeing a doctor following a sick call visit. Several survey participants asserted that they were only provided over-the-counter pain medications, such as ibuprofen, for a variety of ailments. Some survey respondents asserted that the care they received varied based upon the sick call nurse who examined them. Finally, a minority of respondents reported that the nurses were uncaring or exhibited a poor attitude. Overall, the comments we received in the surveys were more positive about the nursing care than at most CA-visited prisons.

Medical staff reported that the prison sees approximately 70-80 inmates per month at emergency sick call, a process by which inmates who are experiencing a medical emergency can be seen by the nursing staff outside the daily sick call procedure. Although the medical staff reported that some inmates will, on occasion, abuse the emergency sick call system, the medical staff does not issue disciplinary actions for this misuse of the procedure. We commend them for dealing with this issue in a non-punitive manner.

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 or afternoon call-outs to the medical area. A few call-outs are done on Mondays; on Tuesdays and Thursdays, call-outs are performed in the afternoon, and on Wednesdays and Fridays, call-outs are conducted in the morning. The facility estimated that staff sees 236 inmates for call-outs each month. Medical staff reported that it can take up to three months for an inmate to see a doctor for a routine follow-up, but patients with more urgent medical needs are seen more quickly.

Coxsackie survey participants presented a mixed view concerning delays in access to prison doctors. At a rate better than at many prisons we have visited, 33% of surveyed inmates at Coxsackie reported that they never experienced a delay in seeing a doctor, compared to 23% at all prisons surveyed. Twenty-four percent of Coxsackie survey participants said they experienced frequent clinic delays, as compared to 42% of all CA-surveyed inmates. In contrast to the inmates' general perceptions of physician delays, the median delay Coxsackie survey respondents reported for access to the clinic was 30 days, compared to a median 21-day delay for responses by survey participants at all CA-visited prisons, placing the prison in the bottom quarter of the 26 CA-surveyed prisons for the lengthy delays in clinic access. Moreover, many survey respondents at Coxsackie raised concerns about delays in access to the prison doctors in their comment detailing concerns about medical care. We urge the prison medical staff to review the length of time it takes patients with non-urgent medical needs to see a doctor and to ensure that all patients are promptly evaluated by a doctor.

In contrast to the problems with access to the prison clinic, surveyed inmates at Coxsackie were particularly satisfied with the level of care they received from the prison physicians, with 29% rating them as good, 49% assessing them to be fair, and 23% reporting them as poor. These figures are significantly more positive than the averages we have found at the 26 prisons for which we have comparable data, and place the prison as the second highest rated facility for physician care. In particular, several inmates stated that the doctors not only provided quality care, but also were receptive and respectful in their dealings with their patients. Although the assessment of the physician care was superior to the ratings at other facilities, some inmates expressed 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.

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

There were 59 Coxsackie inmates identified as infected with hepatitis C (HCV) at the time of our visit, representing 5.7% of the population. This figure is less than the average of 9% of all DOCS inmates who have been identified as HCV-infected. It is unclear why the prison has a lower rate; nothing about the Coxsackie inmate population would suggest it is less likely to be infected with HCV than the patients in other facilities. The facility reported that only 12 (20%) of the 59 inmates were chronically infected with HCV, a rate much lower than the 75% rate in the community.¹¹ We question why this figure is inconsistent with community rates and urge the medical staff to review this data and its efforts to identify chronically HCV-infected patients.

According to data we received from the facility, three patients were receiving HCV treatment at the time of our visit, a treatment rate comparable to other prisons. The facility reported that the number of inmates on HCV therapy ranged between one and six patients. The medical staff explained that approximately half of the HCV-infected inmates whom they had identified as eligible for HCV therapy declined the difficult medication regimen once they learned about the treatment and its potential side effects. The staff said many of those refusing therapy 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 60% to 70% of Coxsackie inmates who began HCV treatment completed the one-year regimen; the most common causes for terminating therapy early were due to side effects of the medication or lack of response to the treatment.

At the time of our visit, there were 19 inmates known to be HIV-positive, 17 of whom were on treatment. Two of the HIV-positive inmates had progressed to an AIDS diagnosis. Staff reported that the number of HIV-infected inmates had remained stable at about 20 patients. The percentage of the prison population (1.8%) identified as HIV-positive was lower than the department-wide average of 2.5% of the DOCS inmates who are known to be infected, and substantially below the estimated 5% to 6% of all men in DOCS custody who are believed to be HIV-infected based upon Department of Health studies of HIV infection rates. It is unclear why Coxsackie has a lower HIV-infection rate, and it is important that the medical staff remain aggressive in attempting to identify its HIV-infected population. None of the inmates who were co-infected with HIV and HCV were receiving HCV therapy.

The medical staff told us that most HIV-infected inmates come to the prison on an HIV medication regimen and that the medical staff refers HIV-infected patients to an infectious disease (IFD) specialist for an assessment if the prison provider is considering a change in the regimen due to resistance or adverse side effects. The staff also informed us that most medically stable HIV-infected inmates are seen every three months by an IFD specialist and that unstable inmates are seen every month by an IFD specialist. At the time of our visit, the most recent HIV Continuous Quality Improvement (CQI) audit, conducted in May 2010, detected no unstable or end-stage HIV-infected inmates during its review of ten medical charts of Coxsackie patients.

Following our conference call in May 2011, we learned from facility staff that both DOCS medical staff and NYS Department of Health (DOH) personnel provide HIV testing. Prison staff also told us that inmates are encouraged to seek HIV and HCV testing during the

¹¹ National Digestive Diseases Information Clearinghouse, *Chronic Hepatitis C: Current Disease Management*, at 1 (2010). (Available at: <http://digestive.niddk.nih.gov/ddiseases/pubs/chronichepc/index.htm>.)

prison orientation program. The AIDS Council of Northeast New York is a contractor of the DOH's AIDS Institute's Criminal Justice Initiative and comes to the prison weekly to provide HIV counseling services.

At the time of our visit, Coxsackie housed 154 asthmatic inmates, 121 of whom were receiving treatment. Staff informed us that the prison conducted three audits of its care for asthmatic patients to ensure that it was fully compliant with the latest DOCS guidelines for the illness. In addition, the prison developed a tool for doctors and nurses at the prison to track chronically ill patients. Although we did not review the results of the asthma audits, we commend both the Department for establishing an updated mechanism to evaluate the care provided patients suffering from asthma and the prison medical staff for aggressively reviewing its care to identify any potential problems. We also learned during our visit that there were 115 inmates with hypertension, 98 of whom were currently being treated. Forty-five Coxsackie inmates were taking daily medication for diabetes out of the 50 who were diagnosed with the condition. Medical staff informed us that diabetics are provided with training to learn how to inject themselves with insulin and then are provided individual syringes at the daily call-out to self inject their medication.

The prison has assigned nurses to assist in the management of many chronic illnesses, including HIV, HCV, asthma, diabetes, and hypertension, by educating patients, coordinating laboratory tests and appointments and routinely monitoring vitals. We were told that the physicians are also involved in educating their chronically infected patients.

Specialty Care

Coxsackie inmates appear to have reasonable access to specialty services. Since much of the specialty care services for inmates in this region of the state are provided for in the out-patient area of the Coxsackie Regional Medical Unit, it is understandable that access to these services is much easier for inmates at this prison. Medical staff reported that the only service they experienced difficulties accessing was rheumatology. The staff said they deal weekly with any questions about the appropriateness of a requested specialty care appointment and that most of the issues concerning approval of a consultation request were resolved by providing additional information to the specialty care scheduler so the appointments could be authorized.

The CA analyzed DOCS data on utilization of department-wide specialty care services in fiscal year 2006-07. The data for Coxsackie reveals that it used specialty care services at a rate that was 125% of the system-wide average for all prisons. During that fiscal year, the utilization rates were low for liver biopsies (73%) and orthopedics (64%), but for most other essential specialty services, Coxsackie had greater utilization rates than the system-wide averages.

The survey respondents had positive views about their access, and the facility response, to specialty care services. Sixty percent of surveyed inmates stated they had not experienced a delay in seeing a specialist, compared to only 35% of all survey respondents at the 26 CA-visited prisons. This figure places the prison in the top 15% of CA-surveyed prisons for prompt access to specialists. Survey respondents estimated the median delay was about 60 days for specialty care services, similar to other prisons. Similarly, the percentage of Coxsackie survey participants

who reported having been seen by specialists in the past two years (34%) was comparable to what we have found at other prisons (35%).

Coxsackie survey participants also had a more positive assessment of the prison providers' response to specialists' recommendations. Sixty-five percent of 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 38% favorable response from survey respondents who had comparable experiences with specialists at all CA-visited prisons. This was the second highest rate for all CA-visited prisons.

Pharmacy

Coxsackie has a regional pharmacy that services this prison and other facilities in the area. Inmates are instructed to submit a slip to request medication refills three days before they run out of their current supply of pills. Seventy percent of Coxsackie survey respondents on medication reported they experienced no problems receiving their medications, a significantly higher percentage than the average of 43% of all survey respondents on medication at all the prisons we have visited. This figure places Coxsackie as the second highest rate for satisfaction with medication access of the 26 CA-surveyed prisons. The medical department is responsible for distributing psychotropic medications because there are no NY State Office of Mental Health nurses assigned to the prison for medication distribution. This requirement places an additional burden on the medical nursing staff and is an additional justification for keeping all nursing positions filled.

Quality Improvement Activities

The prison has a quality improvement (QI) committee that meets quarterly and includes both medical and prison staff. The medical staff reported that in the two years prior to our visit the QI committee had regularly reviewed chronic care for hepatitis, HIV, hypertension, asthma and diabetes. In addition, they reviewed general medical processes, such as sick call documentation, health appraisals, specialty consultations, and emergency equipment and emergency responses. They also informed us that Regional Medical Unit staff reviews the medical records on behalf of the committee. Although we have not reviewed the documentation for these QI activities, we commend the prison for its QI efforts to address both chronic care and routine medical procedures.

Regional Medical Unit (RMU)

Coxsackie's Regional Medical Unit has a capacity to house 60 inmates in its in-patient medical area and extensive out-patient facilities used for specialty care appointments for Coxsackie inmates and inmates from other facilities in the region. The RMU opened in 1996 and since its inception, its in-patient unit has been staffed by medical personnel employed by an outside contractor.

The medical staff in the Coxsackie RMU are employees of Correctional Medical Services (CMS). CMS has had the contract with DOCS for the in-patient unit since 1998. The contract in

existence at the time of our visit was for the period from February 1, 2005, through January 31, 2011, with a total payment of \$5,419,000 according to DOCS records.¹²

The Visiting Committee met with CMS and DOCS staff during our tour of the unit and was generally impressed with the medical staff's professionalism and their description of the RMU medical program. We also toured the facility, and interviewed many of the in-patient residents. We appreciated the cooperation of the medical and prison staff in providing detailed information about the unit. In addition to the tour and interviews with the patients, we received 11 written surveys from RMU residents, who sometimes also included letters and comments about the in-patient program.

The in-patient unit is similar to a skilled nursing care facility; it treats patients with serious medical conditions, such as cancer, who require significant routine nursing care, patients with long-term disabilities who require rehabilitation or long-term care, patients recovering from a recent hospitalization, and patients with terminal conditions who may participate in the facility's palliative care program. Most residents of the RMU are there for a long time; the average length of stay is 637 days. The medical staff estimated that only a few patients (less than 2%) are residents for under two months and that more than 60% are on the unit for more than a year, some for several years. Given the serious medical condition of most RMU patients, it is not surprising that this population is substantially older than the average age (36) of DOCS population. The median age of the residents as of October 2010 was 50 years old and approximately one-quarter of RMU patients were 65 years or older. The racial composition of the RMU is also somewhat different from the total male DOCS population with the ethnic/racial distribution of RMU residents as of October 2010 being 48.3% African American, 32.8% Caucasian and 19.0% Hispanic, compared to the Department-wide figures for incarcerated men of 51.3% African American, 21.4% Caucasian and 25.3% Hispanic.¹³ It is unclear why these racial/ethnic differences exist for this population.

The RMU regularly experiences deaths of its residential patients. During the three-year period prior to our visit, the RMU averaged 17 deaths per year, with 19, 15 and 16 deaths in 2007, 2008 and 2009, respectively.

RMU Programs

The in-patient unit conducts a series of programs for RMU residents who are able to participate in educational or other treatment-related programs. These include an alcohol and substance abuse treatment program, a computer-based educational program, a men's health group, a diabetics group and a "Get the Facts" group on health issues. The RMU residents who responded to our survey were asked to rate each of these programs. Almost all of the survey participants said these programs were good or fair, and 71% of respondents reported that the programs in which they were involved were good. These ratings were more favorable than the responses we receive from most general population programs we visit at other prisons.

¹² DOCS, Contracts Reportable Under Executive Order No. 6 (available at <http://www.docs.state.ny.us/contracts.asp>)

¹³ The RMU racial breakdown was derived from DOCS computer records of its in-custody population as of October 2010. The Department-wide data was obtained from the DOCS Under Custody report for 2010. DOCS, *Under Custody Report: Profile of Inmate Population Under Custody on January 1, 2010* at 3.

In addition to specific educational/health programs, RMU residents also are provided essential services available to the general prison population. The majority of RMU survey participants were not satisfied with their access to materials from the general library, but most were satisfied with access to law library materials. Similarly, the majority of survey respondents were satisfied with the visiting program and commissary. However, most were dissatisfied with their access to mail and packages. RMU survey participants were also somewhat displeased with food services; more than 60% expressed overall dissatisfaction with the food. Most of their complaints focused on the quantity and nutritional value of the meals and expressed much fewer concerns about the cleanliness of the eating utensils or the time they have to eat their meals.

RMU Medical Care

RMU residents generally had favorable comments about the quality of the medical care they received. Forty percent of the survey participants rated care as good, 50% said it was fair and only one patient rated it as poor. These figures are substantially better than the ratings we received at Walsh Medical Center.¹⁴ Although these figures are generally favorable, the RMU survey participants distinguished the care provided by nurse's aides, registered nurses (RNs) and physicians.

Of the 10 RMU residents who provided information about the nurse's aides, three rated their care as good, five said it was fair and two reported it as poor. Most survey respondents reported seeing an aide three to five times a day. Concerning the RNs, the survey participants were generally positive about care with some reservations; specifically, four rated nursing care as good, four assessed it as fair, and two reported it as poor. Four of the respondents said they could see the RNs promptly, four reported that they had prompt access only some of the time and two reported they did not have prompt access. In their comments, some survey participants complained that they had to repeatedly request nursing assistance and consequently had to wait for care. Several respondents expressed concern about the close relationship between the nursing staff and security personnel, asserting that security staff sometimes inappropriately initiated disciplinary actions when a patient was having a dispute with the nurses. Concerning the quality of care, several survey participants expressed the view that the level of concern varied among the nursing staff, with some being caring and attentive to their medical needs, while others were rude or uncaring.

The RMU survey participants also had primarily positive assessments of the RMU doctors and nurse practitioner. Three respondents rated these providers as good, four said they were fair and three assessed them as poor. Several patients were particularly complimentary of the nurse practitioner. Although somewhat satisfied with the quality of the care provided, 80% of RMU survey participants reported that they could not always get prompt access to their provider. Several commented that nurses sometimes acted as barriers to physician care, rigorously asking patients why they needed to see the doctor. No RMU survey respondent expressed any serious problems with access to their medications.

¹⁴ At Walsh, 28% of CA survey participants rated overall medical care as good, 28% said it was fair and 45% reported it as poor.

The RMU survey participants also were positive about access to specialty care. All but one said they did not experience delays in seeing a specialist, and seven of nine respondents said that the medical staff provided good follow-up to the specialists' recommendations. These figures are substantially better than comparable data for patients at Walsh and in other prisons.

RMU patients were generally complimentary of the quality of dental care, but raised concerns about delays in access. Two RMU survey participants said dental care was good, three reported it as fair and two assessed it as poor. Most survey respondents who had seen the dentist estimated it takes 30 days to schedule an appointment, although some reported even longer delays. When asked to explain their rating of dental services, the respondents' primary complaint was the delay in addressing their dental problems.

RMU Staff Relations and Inmate Safety

In contrast to the views of services and medical care, the RMU survey participants were much more critical of the interactions with security staff. When asked about their relationship with the security staff, four of the participants said it was very bad, one reported it as bad, three assessed it as equally good and bad and two said it was somewhat good; no one reported it as good. Sixty percent of the survey respondents said that inmate-officer relationships were worse at this RMU than at the other prisons in which they were confined. These figures are comparable to the rates we see for prisons, but worse than the data for Walsh Medical Center and some other prison units designed for special populations. Of particular concern is the contrast between these assessments and the ranking for other RMU services by the same individuals.

In analyzing the nature of problems with the security staff, RMU survey respondents expressed several consistent complaints. Half of the participants stated that they frequently, or very frequently, experienced verbal harassment by RMU security staff and most said that verbal harassment was common on the unit. This is in contrast to physical confrontations with staff, which few RMU inmates reported personally experiencing and most reported as not a common occurrence, although several survey respondents reported that such confrontations occur at least once in a while in the RMU. Nearly all survey participants said that threats and intimidation by the security staff were common on the unit. Similarly, most respondents said retaliation for filing a complaint and false disciplinary actions were common occurrences. Many RMU residents told us that disciplinary actions were frequently issued on the unit for behaviors that these inmates asserted were not serious violations of prisons rules. Four of eight residents who responded to the question said they had been placed in keeplock while in the RMU. A majority of the RMU survey participants asserted that overall staff abuse was worse on the unit than in other prisons in which they had been confined. Two thirds of the respondents reported that some security staff engaged in misconduct, with survey participants estimating that 70% of the security staff did a poor job and only 30% did a good job. The inmates also expressed a lack of trust in the grievance system, which six of ten respondents rated as poor and one asserted was effective.

Given the serious nature of these inmates' illnesses, the obvious physical impairments from which many of these patients suffer and the length of time these patients had been on this relatively isolated unit, we are very disturbed by the magnitude of allegations of staff misconduct, the level of mistrust that apparently exists between inmates and staff, and the apparent frequency of disciplinary actions that are issued for these patients.

Following our May 2011 conference call, we learned that 20 tier III misbehavior reports, the most severe response to inmate misbehavior, were issued in 2009 to RMU patients, but only three were issued in 2010. We are pleased to learn of this reduction in the frequency of writing disciplinary tickets for these patients.

The RMU survey participants consistently reported infrequent confrontations between inmates. The vast majority of survey respondents said they never had been in a confrontation with another inmate on the unit and all said that such confrontation happened almost never or only once in a while. Similarly, all but one respondent said that the RMU was much better than other facilities in which they had been confined in terms of less frequent inmate fights.

We also asked questions about acts of self-harm by RMU residents. Two of seven respondents who answered the questions admitted that during their incarceration they had attempted to harm themselves, including an incident on the unit. Given the often difficult medical conditions these individuals are experiencing, it is crucial that their mental status be closely monitored.

Mental Health Care

Coxsackie is an Office of Mental Health (OMH) Level-2 mental health facility, which signifies that the prison has full-time OMH staff and is capable of providing treatment to people with major mental disorders, but is not equipped to confine patients who need residential mental health care or a crisis intervention unit. At the time of our visit, there were 116 Coxsackie inmates on the OMH caseload, representing 11.3% of the prison population. Seventy-four of these patients were on psychotropic medications. The OMH clinical staff consisted of a unit chief, full-time psychiatrist, an extra-service psychiatrist, a full-time psychologist, two additional part-time psychologists and three social workers. The mental health services included evaluations of referrals to OMH staff, individual therapy, crisis intervention, medication therapy, daily staff rounds in the SHU and keeplock, pre-release coordination, parole evaluations, and mental health assessments of patients who are being evaluated for hepatitis C treatment.

Many of the Coxsackie inmates we surveyed had received mental health services while incarcerated, including at this prison. Thirty-seven percent of all Coxsackie survey participants said they had received mental health care or been referred to OMH during their current incarceration, a rate similar to the average response (38%) for all CA-visited prisons. Of these surveyed patients, 61% had been on the OMH caseload at Coxsackie. Thirty-two percent of these OMH patients said they saw mental health staff *many times* and 60% reported that they knew their mental health diagnosis. Thirty-eight percent of survey participants on psychotropic medications reported experiencing problems, at least sometimes, in obtaining their medications. For Coxsackie survey participants who received mental health services at the prison, 49% rated mental health care as good, 36% assessed it as fair, and 15% considered it poor. These figures place the prison in the upper half of prisons we have surveyed concerning the surveyed population's assessment of mental health care.

Special Housing Unit (SHU)

Coxsackie has a Special Housing Unit (SHU) with a capacity to house 32 inmates in disciplinary confinement on three tiers. The unit was renovated so that eight cells have doors with larger windows that can be opened for SHU residents who are on the mental health caseload. Members of the Visiting Committee toured the SHU, which had 18 residents on the day of our visit.

This SHU generally does not keep inmates with long SHU sentences; staff informed us that inmates with SHU time in excess of 90 days are transferred to an S-Block or SHU in another facility. The high turnover in this SHU is illustrated by the large number of admissions during the last three years: 254 in 2008; 267 in 2009 and 78 as of early May 2010. We received 11 surveys from inmates who were in the SHU on the day of our visit. All except one inmate had a length of stay in this SHU of one to two months, and they had been in Coxsackie for a median time of one year. Four of the 11 were in SHU for assaulting staff, one for fighting with another inmate and one for drugs. We found particularly disturbing that several inmates asserted that they were in the SHU for false misbehavior reports submitted by staff in retaliation for filing grievances. Although we could not investigate these individual claims, the frequency with which we heard such allegations at Coxsackie was much higher than similar complaints by inmates at other SHUs. Two survey respondents reported receiving deprivation orders, one for recreation and one for showers. We were pleased to learn that the prison had not placed anyone on a restricted diet (the “loaf”) in the SHU during the past three years.¹⁵

The survey participants were somewhat less satisfied with many of the services in the SHU than inmates in other SHUs we have visited. Only one inmate was satisfied with the cell study program, no inmate was fully satisfied with the reading materials distributed in the SHU, and only two were satisfied with the law library services. Coxsackie SHU inmate responses concerning these programs were less favorable than most SHU inmates we have surveyed. Only one SHU inmate said he frequently went to recreation, three others said they went once or once in a while, and four others (50%) reported they never went. This participation rate is significantly less than the average for other SHUs we have visited in which 24% of the SHU inmates report never going to recreation. Some of the survey respondents explained that they did not participate in exercise due to concerns about confrontations with staff and the requirement that they be handcuffed to be taken to the exercise area; others said they refused recreation due to the small size of the exercise area and the fact that no equipment is provided.

SHU survey participants had a mixed view of healthcare on the unit, although it was more positive than SHU survey participants at many other SHUs visited by the CA. Overall, one inmate described the care as good, three inmates reported it as fair and three said it was poor. Although this data reveals significant dissatisfaction with the healthcare, these figures rank the prison in the top third for SHU inmates' perception of medical care in the 25 CA-visited SHUs. Coxsackie SHU respondents had a more favorable view of the physician care, with three reporting it as good, one saying it was fair and four rating it as poor. In comparison to other CA-visited SHUs, this data places the prison in the top third for all SHUs in survey participants'

¹⁵ 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.

perception of physician care. The Coxsackie survey participants were less satisfied with nursing care; two assessed the nursing care as good, two rated it as fair and five said it was poor. These figures are about average for all CA-visited SHUs. Several SHU survey participants raised concerns about delays in seeing the physician, with some asserting it can take weeks.

Coxsackie SHU survey participants had a negative assessment of their relationship with the security staff on the unit. Five respondents (46%) said relations were very bad, three rated them as somewhat bad, one reported relations as equally good and bad and three assessed them as somewhat good. These figures are about average for the 25 SHUs we have visited. Forty-six percent of Coxsackie survey participants reported a physical confrontation with SHU staff, a rate higher than survey participants at most SHUs. Two-thirds of the respondents said they had experienced verbal harassment on the unit, a rate worse than two-thirds of the CA-visited SHUs for this indicator. Nearly all of the respondents reported that verbal harassment, threats and retaliation were common occurrences in the SHU, assessments that are less favorable than most SHUs we have visited. We urge the prison administration to review the complaints about officer harassment on the unit and take corrective action if problems are identified.

Recommendations

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

Safety and Inmate Grievance System

- Assess the level and causes for tension between staff and inmates, and develop a plan to reduce tension 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 continue to reduce violence between inmates and staff.
- More closely monitor allegations of sexual abuse by staff and/or inmates and abusive pat frisks and meet with the ILC and IGRC to explore ways to reduce sexual abuse and how to promptly identify and respond to staff sexual misconduct or abusive pat frisks when it occurs.
- Develop and implement additional measures to reduce gang participation and drug usage in the prison through non-punitive methods.
- More closely monitor allegations of retaliation by staff in response to inmate grievances and assertions that staff are filing false misbehavior reports.
- 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.

Programs

- Fill all vacant educational and vocational positions and prioritize the hiring of teachers and instructors who are bilingual to meet the needs of Spanish-speaking inmates.

- Provide more meaningful prison job opportunities that will permit inmates to develop skills and experiences that enhance their ability to find employment upon release.
- Decrease the number of inmates on the waiting list for academic classes.
- Initiate additional vocational programs and Department of Labor and NCCER apprenticeships so that inmates can learn skills that will benefit them upon release.
- Provide program participants with educational and vocational materials in Spanish.
- Improve access to the general library and the law library by expanding their capacity and/or hours of operation.
- Renovate the children's area in the visiting room and permit inmates to interact with their children in this area.
- Extend the amount of time inmates are permitted to eat their meals in the mess hall.
- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.
- Improve commissary services and raise the limit on the amount inmates can spend at the commissary.
- Implement measures to prevent delays in outgoing mail and improve the delivery of mail and packages to inmates.
- Review the Transitional Services Phase III program and implement measures to enhance inmate engagement in the program and the development of job preparedness skills.

Substance Abuse Treatment

- Establish a clear, uniform method of evaluating inmates' substance abuse histories and conducting an accurate assessment of actual substance abuse treatment needs.
- Fill the Correction Counselor vacancy in the ASAT program.
- Require security staff working in the ASAT program and housing areas to participate in Therapeutic Community (TC) training.
- Provide clinical supervision to treatment staff in the ASAT program to ensure greater consistency in services provided among the two ASAT groups.
- Enhance efforts by treatment staff to assist program participants in developing effective discharge plans for continuing treatment in the community when it is needed.

Medical Care

- Fill the vacant nursing position; if the empty position cannot be filled expeditiously, increase the salary level for this position to be competitive with community salaries for a comparable job.
- Ensure that all inmates scheduled for a clinic call-out are promptly seen in accordance with their medical needs.
- Implement measures to ensure that all inmates are offered HIV and HCV tests and that HCV-infected patients are thoroughly evaluated to determine if they are chronically infected and are appropriate candidates for treatment.

Regional Medical Unit

- Review the provision of general reading materials, mail and packages, and food services to RMU in-patient residents and develop mechanisms to enhance patient satisfaction with these services.

- Implement a mechanism for patients to regularly report on a confidential basis the quality of the care they are receiving from nurse's aides, nurses, nurse practitioners and doctors to ensure that all patients are receiving quality care.
- Meet with RMU residents to discuss ways to reduce tension between patients and security staff and to develop better communication between staff and inmates.

Special Housing Unit

- Review the provision of services in the SHU, with a focus on recreation, library services and the cell study program, to ensure that all SHU inmates promptly receive required services.
- Assess the level and causes for tension between SHU staff and inmates, and develop a plan to reduce incidents of verbal harassment and confrontations between inmates and staff.