



DOWNSTATE CORRECTIONAL FACILITY

The Correctional Association (CA) visited Downstate Correctional Facility, a maximum security reception and classification facility for men operated by the Department of Correctional Services (DOCS) on November 19, 2009. The facility is located in Dutchess County in the town of Fishkill, NY, approximately 60 miles north of New York City. Downstate was constructed in 1979 as the first facility designated entirely to the reception and classification of inmates. At the time of our visit, Downstate housed 1,130 inmates, with a total capacity of 1,234. The facility contains a 36-bed Special Housing Unit (SHU), which held 12 inmates in disciplinary segregation at the time of our visit. While the facility is dedicated to reception and classification, it also maintains a work cadre comprising non-reception inmates who reside at the facility to perform support services. The work cadre capacity is 288 inmates and at the time of our visit housed 274 inmates.

Since Downstate is primarily dedicated to reception and classification, the prison offers a limited array of treatment, educational, and vocational programs that are only available to the work cadre. Reception inmates reside at Downstate for an average of 21 days, where they undergo medical, educational, and mental health evaluations, and are assigned security classifications. Of Downstate's 910 reception beds, 310 beds are in the Extended Classification Unit (ECU), an area with 288 cells and a 22-bed dorm for inmates with mental health and other special needs. Twelve cells are used for the Forensic Diagnostic Unit (FDU), an observation unit for inmates with severe mental illness.

The facility has five buildings or "complexes." Complex one contains the SHU, the FDU, and the ECU. Complexes Two and Three are for general reception inmates. The work cadre resides in Complex Four, and administration is located in Complex Five. Staff informed the Visiting Committee that future construction projects included the rehabilitation of isolation beds in the infirmary, expected to begin in February or March of 2010. Completed construction projects at the time of our visit included the installation of a new energy-efficient facility water heating system, new doors in the SHU, and new glass windows. During a conversation with staff after our visit, we learned that the isolation bed rehabilitation project was under way and was expected to be completed in March, 2011.

The main objectives of our visit to Downstate were to assess the programs, physical facilities, and conditions for both inmates and staff within the prison, as well as to learn about the reception process, with a particular emphasis on screenings conducted to assess need for

substance abuse and mental health treatment. The CA obtained surveys about the reception process from 49 reception inmates, as well surveys from five inmates in the SHU. We also obtained surveys about general prison conditions from 25 work cadre inmates. We were unable to survey the large number of inmates in transit because of their short stay at the facility. 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 staff and inmates; written correspondence with inmates; meetings with staff union representatives, staff of the prison programs, security staff, 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 October 29, 2010. Their comments and updated data have been included in the final report.

Summary of Findings and Recommendations

Downstate is a unique facility because it serves three distinct populations: inmates in reception, in transit, and in the work cadre. While Downstate operates as one facility, the reception and cadre components are very different in function and in character.

The Visiting Committee was pleased with the work cadre's programs and housing and program areas, and the work cadre inmates' comments were generally positive. Throughout the prison, we were impressed with the timeliness of medical treatment and low levels of tension between staff and inmates; however we also noted that the small number of programs available for cadre inmates may prevent some inmates from achieving their educational or vocational goals. The Visiting Committee was generally pleased with the screening process for reception inmates, although there appeared to be high levels of tension between staff and inmates in the reception area. We also observed that reception inmates' satisfaction rates regarding access to medical care, recreation, and library services were far lower than the rates of work cadre inmates.

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

- Permit inmates selected for cadre duty who have strong program desires or needs to decline the selection and transfer to another facility for programming.
- Initiate additional vocational programs and Department of Labor apprenticeships so that work cadre inmates can learn skills that will benefit them upon release.
- Improve general library access for reception inmates by permitting them to visit the library more often and take out a greater number of books.
- Improve law library access and services for reception inmates.
- Increase access to recreation for reception inmates.
- Examine the successful sick-call and medical call-out procedures for cadre inmates and devise similar procedures for the reception population.
- Implement measures to ensure that all reception inmates are offered an HIV test and informed that testing is voluntary and that they may decline.

- Enhance the medical screening process to ensure that detailed medical histories are obtained on all inmates, and that staff and inmates discuss any chronic medical conditions, any immediate medical or mental health care needs, and all medical test results.
- Assess the level and causes for tension between staff and inmates in the reception area and develop a plan to reduce tension and incidents of verbal harassment, including diversity training for staff and inmates.
- Establish a clear, uniform method of evaluating inmates' substance abuse histories and conducting an accurate assessment of actual substance abuse treatment needs.
- Maintain clear, detailed records of each substance abuse evaluation and treatment determination.
- Require specialized training for reception staff so that they can accurately evaluate each inmate's substance abuse treatment needs.
- Explain to all inmates the assessment of their treatment needs and reasons for the recommendation that they participate in a treatment program.

Downstate's General Inmate Population

Similar to system-wide averages, 16% of Downstate's inmates identify as white, 52% as African-American, and 26% as Hispanic.¹ The median age of the population is 33, and 75% of the population is from New York City and its surrounding suburbs, significantly higher than the department-wide average of 63%. The median minimum sentence for Downstate inmates is four years, lower than the system-wide average of about five years. Sixty-five percent of inmates face their earliest release date within four years, compared to 77% system-wide. Forty-nine percent of the population was convicted of a violent crime and 25% had a drug conviction, compared with 58% and 21% Department-wide, respectively. Significantly lower than the New York prison system averages, only 36% of the prisoners have their high school diploma or GED, compared to 54% throughout the state prisons. Five percent of the inmate population is Spanish-speaking with limited or no ability to speak English, similar to the system-wide average of 6%. Sixty-five percent of Downstate's population was identified by DOCS as having a substance abuse history, much lower than the system-wide rate of 84%.² Of the 503 Correctional Officers employed at the facility at the time of our visit, 149 were African American (30% of the workforce), 82 were Hispanic (16%), and 121 were female (24%), rates substantially higher than at other state prisons.

According to facility staff, there has been a drop in the number of new commitments due to legislation mandating the reform of the Rockefeller Drug Laws, and increasing alternative to incarceration programs. Staff told the CA that they have observed a noticeable increase in the age of the inmate population, which is accompanied by a higher prevalence of medical problems among inmates. Staff also noted that a higher number of inmates with mental health issues were being processed at the facility than in past years.

¹ Data contained in this paragraph is based upon DOCS profile of inmates as of January 1, 2008, the last time the Department presented comprehensive prison-specific data about the inmate population. System-wide averages are: African-American (51%), Hispanic (26%) and white (21%). *State of New York Department of Correctional Services (2008). Hub System: Profile of Inmate Population Under Custody on January 1, 2008.*

² This 65% may be misleading given the fact that some of the reception inmates may not have been fully evaluated for substance abuse history yet at the time of the snap shot.

Reception Facility

Downstate's reception facility houses a steady reception population of approximately 300 inmates, with 120 new inmates entering the facility from the 17 counties in the Eastern part of the state and 120 processed inmates leaving the facility each day. While the average reception stay is approximately three weeks long, processing is nearly completed within the first four days an inmate is at the facility. A total of 6,452 inmates passed through reception in 2008. At the time of our visit in November 2009, Downstate had admitted 5,009 reception inmates that year. Reception staff included 14 Correction Counselors, four Correction Counselor aides, six Spanish-speaking Correction Counselors, four Supervising Correction Counselors, one to two psychologists, and two Inmate Record Coordinators. At the time of our visit, there was a Correction Counselor vacancy that had been open since July 2009 and a keyboard specialist position that had been vacant since September 2009. In our October 2010 conversation with staff, we learned that the vacant Correction Counselor position was filled in August 2010 and the facility had recently completed interviewing candidates for the keyboard specialist position.

The reception facility serves not only as a processing center for new admissions, but also as a transportation hub for inmates who are being transferred from one facility to another. These inmates do not go through the reception screening process. According to staff, 55% of the intake population consists of individuals who are in transit to another facility or outside agency, and this percentage is increasing. Staff told the CA that inmates who are in transit generally stay between three and five days, although the duration may be longer depending on the reason for and timing of the transfer. Of the inmates who responded to our survey, the median stay was 28 days, which is higher than the average reception stay of 21 days. Interviews with reception staff resulted in a general summary of the steps included in the reception process but did not provide precise information concerning the timing of the evaluations and screenings conducted. Consequently, the following description is based on information from a printed schedule supplied by the Department and the interviews with staff.

Schedule for Reception Inmate Processing

Arrival Day

Upon arrival at Downstate, inmates are held in pens in the initial draft processing area, where they are seen by a nurse who conducts a suicide screening and a brief physical assessment that includes eye and ear examinations, but is not yet a full medical examination. Inmates shower with a lice shampoo and receive regulation-length haircuts. Fingerprints and photographs are then taken, and inmates are designated with a Department Identification Number (DIN) according to the order in which they arrive at the facility. Inmates are also issued a Department identification card. Inmates also meet with medical staff to discuss their medical history, including HIV, Hepatitis C (HCV), diabetes and any other chronic medical conditions. Inmates may raise any mental health issues they have during this time. A nurse reviews inmates' charts on the evening after their arrival. Inmates are also shown an orientation video and have their personal property processed on the arrival day.

Day One

The first full day of reception processing is dedicated to medical and security evaluations. At 7:10 a.m., before breakfast, inmates receive blood tests, DNA testing, and dental and chest X-rays. After breakfast, inmates receive their state-issued uniforms. Each inmate then sees a physician assistant at the clinic, where he discusses his medical history, undergoes a dental exam, receives a tuberculosis skin test, and any Office of Mental Health (OMH) referrals. Inmates receive a physical examination after lunch.

Of the reception inmates who responded to our survey, 31% rated the medical screening as good, 46% rated it as fair, and 23% rated it as poor. Ninety percent of respondents reported that staff asked them if they had any chronic medical problems, and 79% reported that staff asked them if they needed immediate medical or mental health care. Only 60% of respondents reported that medical staff discussed their medical problems with them and only 39% reported that staff discussed their test results with them. Half of survey respondents stated that they were offered an HIV test, some of the respondents said that they received an HIV test at the prison, but no respondents were identified as HIV infected during the intake HIV testing process. Two survey participants reported that they had requested the test but had not yet received it. Several survey respondents stated they had been recently tested prior to DOCS reception. Eighty-one percent of survey respondents reported that they knew their HIV status.

Classification counselors also evaluate each inmate's criminal history, using his pre-sentence and probation reports, and sentencing commitment papers. Security classification is based on an individual's risk to the public and risk to the institution. Public risk includes an individual's history of criminal violence (the instant or any other offense), his history of escape and jumping bail, and his earliest time to release. The level of institutional risk is based on an individual's institutional disciplinary history. Security classifications are evaluated according to a point system; however a classification counselor can also use his knowledge of the inmate and his case material to make a classification determination.

In the afternoon, all inmates undergo an initial interview with OMH staff. These interviews last between 10 and 20 minutes, and inmates whom staff identify as having mental health issues are given referrals to see OMH psychiatrists on day five. By the end of the day, an inmate's money is receipted to his commissary account, and inmates are permitted to make their first phone calls. The mental health evaluation process is detailed in the mental health section of this report.

Inmates are given a bar of soap, a comb, a toothbrush, and toothpaste upon arrival, however any other products must be purchased in the commissary. Inmates with whom the CA spoke during our visit told us that personal hygiene products are difficult for reception inmates to obtain since they are not permitted to visit the commissary until their unit is called which occurs every two weeks, and also must wait until they have funds in their inmate accounts, which according to staff takes approximately two weeks. These inmates must shower without shower slippers, adequate soap, or deodorant. During our October 2010 conversation with staff, we were pleased to learn that the Downstate administrators are looking into a means of obtaining

deodorant and shower slippers for reception inmates who do not yet have funds in their inmate accounts.

Day Two

The second day of processing is largely dedicated to the evaluation of inmates' educational and substance abuse treatment needs. At 9:00 a.m., correction counselors conduct orientations and interviews with inmates in English and in Spanish. Interview subjects include questions about enemies, medications, and psychological issues, the reasons why the inmate committed the crime, his vocational and educational needs, and whether he must take the Aggression Replacement Training (ART) course. During this time, counselors also provide inmates with information about the Prison Rape Elimination Act, and inform them of their security classifications, if determined at this time. In the afternoon, inmates are led to classrooms where they take a series of written tests to evaluate their educational and substance abuse treatment needs. Tests include IQ, Testing of Adult Basic Education (TABE) locator, the Michigan Alcohol Screening Test (MAST), and the Screening Instrument for Outreach for Alcohol and Other Drug Abuse (SSI-AOD). Counselors are present in the testing room for clarification of any questions. The results of these tests are included in the inmate report produced at the end of reception process.

Of the 49 inmates we surveyed, nearly all stated that they had met with a correction counselor during the reception process, but only 36% said that they discussed the pre-sentence report or other documents in their files during this meeting. Surveyed inmates identified their sentence, classification, and required programs as common topics of discussion. According to these inmates, these meetings lasted a median of nine minutes.

Day Three

On the third day of processing, additional testing for reading and math is concluded in the morning, and medical staff read inmates' skin tuberculosis tests. In the afternoon, facility chaplains conduct an orientation. Staff also grade inmates' tests on this day and facility staff call back inmates who require additional medical evaluations. Inmates with OMH referrals meet with staff psychiatrists.

Day Four

On day four of reception processing, each inmate's file is completed. Any inmates with information missing from their files are called back for additional testing and interviews with counselors. In the morning, some inmates undergo Woodcock-Johnson testing for cognitive ability. Inmates with pending immigration issues may be required to undergo an interview with Immigration and Customs Enforcement (ICE), which maintains a permanent office at Downstate for interview purposes. Referrals for the work cadre are also made at this time. In the afternoon, staff prepare inmates' records for transfer. According to staff, approximately 80% of inmates are fully processed by day four, but all inmates must remain in the same location through the fifth day after their arrival at Downstate. After day five, staff must make room for new admissions and processed inmates are moved within the facility where they await transfer to another facility.

Returned Parole Violators

Since the Department retains its records on parolees who were previously incarcerated in DOCS facilities, returned parole violators are not required to go through the entire reception process. These individuals meet with a classification counselor and receive suicide prevention, medical and mental health screenings, and other tests and interviews as needed.

Work Cadre

Cadre Selection

The Downstate work cadre is composed of 288 inmates selected by staff during the reception process. Selection criteria include the nature of an inmate's instant offense, institutional disciplinary history, sentence, age, weight, medical condition, and list of required programs. Cadre participation is not optional for maximum security-designated inmates – if they are selected, they must serve. Medium security inmates may refuse to participate. Work cadre inmates who commit disciplinary infractions resulting in SHU time while at Downstate are removed from the cadre and transferred to another facility. According to staff, approximately 75% of work cadre inmates stay at Downstate for more than one year. Many cadre inmates finish serving their sentences at Downstate, while some are transferred to other facilities for required programs that are not available at the facility, such as the Alcohol and Substance Abuse Treatment program (ASAT).

The cadre is directed by a staff Program Committee. The Program Committee meets with new cadre inmates within one week of their arrival to make an initial work assignment, which is determined on the basis of facility needs. The majority of work cadre inmates are assigned to food service duty for their first 90 days at the facility, after which the Program Committee reviews their job statuses, and inmates can request reassignment. Program Committee assignments may be appealed to the Superintendent within three business days. According to data provided by the facility at the time of our visit, 98 cadre inmates were assigned to food service, 42 were assigned to porter positions, and 23 were working outside the prison. A total of 129 inmates were assigned to other jobs other than porter or industry. Of the 98 cadre inmates assigned to food service, one was working on a Department of Labor apprenticeship in food service.

The Inmate Incentive Allowance, otherwise known as the inmate pay scale, is set by the Program Committee in accordance with the rates set by DOCS. Staff told the Visiting Committee that inmates make between 16 and 45 cents per hour, averaging \$10 every two weeks. The starting wage at Downstate is slightly higher than the wage determined by DOCS Central Office for other prisons throughout the state, which is 10 cents an hour. According to staff, most cadre inmates make 16 cents an hour, though some mess hall workers with many years experience at Downstate earn 45 cents an hour. Despite the higher starting wage at this prison, the rate of pay system-wide has remained largely unchanged for approximately 20 years, although the cost of

items in the commissary has increased with inflation. Inmates with whom we spoke complained about their increasing inability to afford commissary goods.

Seventy-five percent of cadre inmates who participated in our survey were satisfied with their jobs, and an additional 21% were satisfied at least sometimes. Inmates who responded to our survey were employed in the following roles: food service (28%); state shop (16%); laundry (4%); library clerk (12%); porter (16%); grievance representative (8%); administration (4%); and electrical maintenance (4%). Among reasons why surveyed inmates like their jobs were the opportunity to learn new skills and obtain hands on experience, and that they enjoyed helping and working with other people.

Programs

Due to the transitory status of the reception inmates housed at Downstate, most programs are only available to work cadre inmates. However, since work cadre inmates are assigned to job duties for a significant portion of their day, Downstate offers only a limited array of academic and vocational programs. Of the cadre inmates who responded to our survey, 92% said that they had a job or program. Four inmates stated that they were waiting for a program in addition to their jobs: two inmates were waiting for ASAT and two were waiting for Aggression Replacement Therapy (ART).

In addition to facility-run programs, a total of 41 inmates participated in the 11 volunteer-run programs offered at Downstate at the time of our visit. Programs included those run by the Bible Way, the Osborne Association, Gospel Ministry, Vineyard Fellowship, the Gideons, Alcoholics Anonymous, and St. Mary's Mission Church Prison Ministry.

Vocational Programs

At the time of our visit, 13 inmates were enrolled in Downstate's Food Service and Employee Dining Room/Cook Apprenticeship vocational program. This program involves both classroom and on the job instruction and takes four years to complete. Inmates who are interested in participating must apply to the Program Committee. There was one vocational instructor for the program which has a capacity for 14 participants. There were 13 inmates on the waiting list at the time of our visit. Inmates can earn New York State Department of Labor (DOL) certification through completion of this program. A DOL certificate can greatly enhance an inmate's ability to find work upon release. Downstate issued one DOL certificate in 2008 and one DOL certificate in 2009.

Academic Programs

Downstate offers an evening school program that includes one pre-GED and one GED class to accommodate cadre inmates who work during the day. The facility does not offer English as a Second Language (ESL), college or post-secondary courses, nor does it run a cell-study program for inmates in the SHU or keeplock. At the time of our visit, 39 inmates were enrolled in the two academic classes. Classes operate from 6:00 p.m. to 8:00 p.m., Monday through Thursday. At the time of our visit, there were two academic instructors and one vacancy

for a Spanish-speaking instructor, which had opened in June 2006. According to staff, this position is difficult to fill because even though they have authorization to hire someone, prospective employees are reluctant to apply since it is only a part-time position. Each of the two instructors works a total of 27 hours every two weeks.

The pre-GED class had a capacity for 20 students, and, at the time of our visit, contained eight Adult Basic Education (ABE)-level students and 12 pre-GED level students. The GED class also had a capacity for 20 students, and at the time of our visit contained 19 students. In 2008, of the 24 students who took the GED exam, 63% (15 inmates) passed. Of the 13 inmates who took the GED exam in 2009, only 23% (3 inmates) passed. Increasing academic staffing at the facility could help ease the challenge of teaching this diverse group of students.

Inmates had a generally positive view of the educational program, particularly the GED program, and told the CA that the GED teacher gave extra instruction to inmates in need of assistance. Sixty-three percent of the cadre inmates we surveyed were at least somewhat satisfied with their educational program, slightly higher than the system-wide average of 58%. These inmates complained that there was no opportunity to earn college credit. The facility should explore ways for cadre inmates to earn college credit, since many inmates are missing an opportunity to gain a higher education that would benefit them and their communities upon their release.

Libraries

General Library

Members of the Visiting Committee visited the library, which is open Monday through Friday from 8:30 a.m. to 11:30 a.m., 1:00 p.m. to 3:00 p.m., and 6:00 p.m. to 9:00 p.m. At the time of our visit, the library was staffed by one staff librarian and four inmate clerks. Spanish-language materials are available in the library, and its general holdings are augmented by the facility's participation in an interlibrary loan program with Mid-Hudson Correctional Facility. Interlibrary loan books are picked up and dropped off every Thursday morning. Computers are available for inmates to search the catalogue.

Cadre inmates had a generally positive view of the library, with some saying it was the "best thing" about the prison. Of the cadre inmates who responded to our survey, 92% were satisfied with the library at least sometimes, significantly higher than the system-wide average of 63%. Reception inmates did not have such a positive view of the library. Of the reception inmates who responded to our survey, 51% said that they were satisfied with the general library at least some of the time, a rate lower than other prisons we have visited. Reception inmates reported that they are only permitted to take out one book at a time and must wait four days or more before the next library visit.

Law Library

Members of the Visiting Committee also visited the law library. The law library is open every day of the week and operates nearly the same hours as the general library, except that it is

closed on Sunday mornings. At the time of our visit, the law library was staffed by four inmate clerks. One typewriter is available for legal work. Remarkably, 88% of cadre survey participants were satisfied with the law library at least some of the time, in contrast to 35% of reception survey participants who reported satisfaction, a rate below the 45% average satisfaction rate at other prisons we have visited. During our October 2010 conversation with staff, we learned that Downstate installed the new computerized law library system in August 2010 and the program was being fully utilized by mid-September of the same year.

Facility Services

Visiting Room

Members of the Visiting Committee toured the visiting area, which is open seven days a week, from 8:30 a.m. to 3:15 p.m. The visiting area is composed of two rooms, each with a capacity for 108 people, although according to staff, the second room is only available for use when the first room is filled to capacity. Inmates are permitted to have three visitors at a time. The visiting area contains two small rooms for legal visits, and vending machines and a microwave that are available for visitor use. At the time of the CA's visit, there was no area designated for children, but there was a small bookshelf with children's books and some games in the general visiting area. Similar to many of the facilities the CA has visited, Downstate does not conduct non-contact visits.

Downstate does not offer a free Family Visiting Program bus for visitors from New York City, as do several other facilities. The Family Reunion Program is available for cadre inmates, but they must be in cadre for a minimum of six months in order to apply for the program. Cadre inmates who have transferred from another facility where they participated in the program may apply immediately.

Seventy-four percent of the cadre inmates who participated in our survey stated that they were at least sometimes satisfied with the Downstate's visiting program, higher than the system-wide satisfaction rate of 48%. Of the reception inmates we surveyed, half had never used the visiting area, but of those who had used it, 64% said that they were satisfied, at least some of the time, with Downstate's visiting program. Despite the higher than average satisfaction rate, inmates complained that the facility rarely opens both visiting rooms, even if the first room is full. Inmates explained to the Visiting Committee that instead of opening the second room, the facility limits visits to an hour per inmate in order to accommodate all of the visitors. Inmates also reported that there is sometimes a long delay before an inmate is brought down to see his waiting visitors.

Food

Members of the Visiting Committee toured the mess hall, which is staffed by 40 to 50 work cadre inmates per shift. There is a separate dining hall for each complex. Reception inmates are required to come to the mess hall during meal times, however the work cadre is not required to come to meals.

The majority of the food served at Downstate is partially prepared ahead of time at Oneida Correctional Facility's Food Production Center. The process by which this food is prepared is called cook-chill, whereby the food is prepared at the production center and immediately frozen before it is transported to other facilities, where it is heated and served. Foods such as pasta, rice, potatoes, and dairy products are purchased from Sysco and prepared on-site. Fresh produce is purchased from local vendors. At the time of our visit, there were 25 inmates on special (medical) diets, and 25 inmates on alternative diets. Alternative diets include inmates observing Kosher and Muslim dietary restrictions. DOCS Central Office reported that the total cost of feeding each inmate is \$2.52 per day, although alternative diets are more expensive.

Inmates with whom we spoke during our visit complained of small portions and the low nutritional value of the food served. Fifty-two percent of cadre survey respondents were at least somewhat satisfied with the food, higher than the average of 30% for prisons visited by the CA. Of the reception inmates who responded to our survey, 59% said that they were satisfied with the food served at least sometimes, but only 48% indicated that they were served enough food, 54% said that the food was sufficiently hot when served, and 49% said that the food service area was clean. These numbers suggest that a significant portion of the population is not satisfied with food services at the prison.

Mail and Packages

According to Department regulations, reception cannot receive packages until 30 days after admission. Since most reception inmates reside at Downstate for an average of 21 days, the majority of reception inmates do not receive packages at this facility. Inmates can receive mail immediately upon arrival at the facility; however, there is sometimes a delay due to complications of forwarding the mail from the transferring county jails.

Surveyed inmates expressed some dissatisfaction with the mail and package system at Downstate, however they generally were more satisfied than at other facilities the CA has visited, placing Downstate in the top third of the surveyed facilities. Fifty-two percent of the cadre survey respondents were satisfied at least sometimes with the mail and package system, higher than the average of 35% for all CA-visited prisons. Forty-four percent of cadre respondents reported having experienced a problem with mail or packages while at Downstate, rates comparable to responses we have received at other prisons. Of the reception inmates we surveyed, over half said that they were dissatisfied with the mail and package system, and 37% of them stated that they had experienced problems receiving mail and packages due to staff harassment.

According to inmates with whom we spoke, it takes one to two weeks for inmates to receive mail; however they said that legal mail is generally delivered on a regular mail schedule. Inmates also told the Visiting Committee that inmates can wait for packages for as long as one to two months, and that determinations regarding permissible and prohibited items are made arbitrarily, with no clear guidelines.

Recreation & Religious Services

Members of the Visiting Committee visited the recreation areas, which are open seven days a week and available for inmate use at times when they are not required to work. The indoor recreation area is open in the morning, afternoon, and evening, until 8:45 p.m. and includes a gym with a basketball court and a weight room. The facility also maintains an outdoor recreation area that consists of a courtyard, an outdoor weight area, and a baseball field. The outdoor area is open in the afternoon and evening, and is utilized between April 1st and December 1st.

Inmates with whom we spoke during the visit expressed a positive view of the recreation areas, stating that the facility provided good equipment; however they expressed concerns that reception inmates are not permitted a sufficient amount of recreation time.

On staff at Downstate are one Protestant Chaplain, one Muslim Imam, one Rabbi, and two Catholic Chaplains. The Chaplains' offices are located in the Guidance and Counseling Unit. Inmates must submit a written request to meet with any of these individuals for religious counseling. The facility offers one Protestant, one Muslim, one Jewish, one Catholic, and one Rastafarian service per week. Special services are held periodically, and the time and location are posted in a public space.

Commissary

The Visiting Committee did not visit the commissary, however we were informed by staff that it is open to cadre inmates from 9:00 a.m. to 11:30 a.m. and 1:00 p.m. to 3:30 p.m. every Thursday. As determined by DOCS Central Office, inmates may purchase up to \$55 worth of goods at a time. 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. While we are pleased that the cigarettes and special purchases are not included in the \$55 limit, therefore increasing the amount of goods inmates can purchase, we are concerned that this spending limit has not changed in several years, despite the rise in cost of many goods. Forty percent of cadre survey respondents were satisfied at least sometimes with Downstate's commissary, slightly higher than state-wide averages.

Reception inmates are permitted to visit the commissary for a limited buy every two weeks until transfer to their permanent housing facility. In contrast to the more positive cadre ratings, only 25% of reception survey respondents were satisfied at least some of the time with the commissary.

Safety

Staff-Inmate Relations

The CA observed a significant difference between cadre and reception inmates' perceptions of staff-inmate relations. Twenty percent of cadre survey respondents described staff-inmate relations as bad, in contrast to 55% of reception survey respondents who described relations as bad. Forty percent of cadre respondents described inmate-staff relations as good, whereas only 7% of reception respondents described relations in these terms. However, only 32% of surveyed cadre inmates believed that inmate-staff relations were better at Downstate than at other facilities. In general, 60% of surveyed cadre inmates stated that the overall level of staff abuse at Downstate was about the same as at other facilities.³

In describing percentages of good and bad staff, however, the two groups were very similar. Cadre and reception survey respondents stated that 50% and 47% of Correctional Officers (COs) did a good job, respectively, and 50% and 40% of COs engaged in serious misconduct. Similar to the average at the 24 prisons visited by the CA, 80% of the cadre respondents said the administration at Downstate does very little or nothing to prevent abuse, in contrast to 61% of surveyed reception inmates.

Only 4% of cadre survey respondents stated that they had ever experienced a physical confrontation with staff while at Downstate, compared to 21% of reception survey respondents. While these numbers are both lower than the average of 27% at the other facilities the CA has visited, they may not be a good measure of the level of violence in the facility, considering that any cadre inmate convicted of assaulting staff would no longer be eligible for the work cadre and would be transferred to another facility. Thirty-six percent of surveyed cadre inmates stated that physical confrontations were frequent throughout the facility, in contrast to 51% of surveyed reception inmates and an average of 57% at the prisons visited by the CA. Almost twice as high as the average at the CA-visited prisons, 41% of surveyed reception inmates said that they frequently felt unsafe at the facility. Slightly lower than the average for surveyed prisons, 21% of cadre inmates reported feeling unsafe.

Slightly lower than other facilities, 72% of cadre survey respondents and 78% of reception survey respondents reported having experienced verbal harassment from staff at least once, and 79% of reception inmates said it occurred frequently throughout the facility. Fifty-four percent of cadre inmates said it occurred frequently throughout the facility. Twenty percent of cadre and 34% of reception survey respondents described racial tension between officers and inmates as widespread or common. Similar to other facilities, 43% cadre survey respondents believed that racial discrimination significantly contributed to abuse. Only 14% of reception respondents believed so. Seventy-one percent of cadre and 52% of reception said that video cameras would significantly reduce abuse.

Of the inmates who completed our survey, 20% in the work cadre and 21% in reception reported that they had heard about sexual abuse by staff, and 35% in the work cadre and 54% in reception reported that they had experienced an abusive pat frisk. Nineteen percent of reception and 21% of cadre survey respondents reported that staff destroyed or stole their property, and 27% of reception but only 9% work cadre respondents reported that staff had shut off lights or water in their cells as a form of harassment. Reception inmates reported that verbal harassment,

³ At the 24 prisons visited by the CA, an average of 41% of inmates describe inmate-staff relations as very bad, 20% as somewhat bad, 29% as equally good and bad, 8% as somewhat good, and 2% as very good.

physical abuse, and false tickets were the most common forms of staff abuse. In contrast, cadre inmates reported that false tickets, retaliation for complaints and grievances, and threats and intimidation were the most common forms of abuse.

Reception survey respondents reported that of the physical confrontations that occurred between staff and inmates, they did not occur during all shifts or in all locations, but often in the mess hall or during the 3:00 p.m. to 11:00 p.m. shift. A majority of cadre inmates (56%) reported that physical confrontations occurred in the reception draft processing area. Others indicated that if confrontations occurred in the work cadre areas, they were not limited to any particular shift or location.

According to Unusual Incident Report (UIR) data provided by the facility, Downstate recorded 15 assaults on staff in 2007, 17 assaults on staff in 2008, and seven assaults in 2009 through the date of our visit. The CA reviewed DOCS computer records concerning UIRs at Downstate for the period 2003 through 2008 and disciplinary data for the period 2003 through August 2006 and 2008, and we compared this data to system-wide records for all state prisons. The UIR rate for assault-on-staff during this period placed the prison in the lower quarter of all maximum security prisons; however, during 2007 and 2008, Downstate was in the lower half of all maximum security prisons. An analysis of the rate of misbehavior reports for assault-on-staff reveals that Downstate had a low rate among maximum security prisons for 2003 through 2006, but the rate for 2008 placed it in the top quarter of maximum security prisons for that year.

Inmates with whom we spoke stated that officers treat cadre inmates fairly; however physical confrontations with staff are a significant issue for reception inmates. These statements are largely supported by our survey data. Inmates we interviewed suggested that officers in reception often believe that they must “set the tone” and act verbally abusive in order to intimidate the new inmates. We are concerned about the increase in assaults on staff in 2007 and 2008, however based on the data we received it appears that the total may have decreased in 2009. We recommend that the Downstate administration closely monitor staff-inmate relations and continue to find ways to reduce the level of tension between inmates and staff in the reception area of the facility.

Inmate-Inmate Relations

At a rate lower than at other prisons, 11% of reception survey respondents said that they had experienced a physical confrontation with another inmate at least once while at Downstate; however, 20% of cadre inmates reported having a physical confrontation with another inmate at least once, lower than the 30% average at the other prisons the CA has visited. While no cadre inmates stated that physical confrontations between inmates were frequent throughout the facility, 12% of reception inmates reported these occurrences as frequent. Ninety-two percent of surveyed cadre inmates stated that inmate confrontations occurred once in awhile, far lower than the other facilities the CA has visited. Surveyed reception inmates indicated that gangs, the stress of being in prison, and personal conflicts are major contributing factors to violence among inmates at Downstate. Cadre inmates cited personal conflicts and the stress of being in prison as reasons why inmates fight.

There were large disparities between cadre and reception survey respondents' perceptions regarding both gangs and drug activity in the prison, however both groups reported numbers significantly lower than at the other facilities the CA has visited. Twenty-three percent of cadre respondents stated that gang activity was common at Downstate, and 14% said that gangs were a significant source of violence at the facility. In contrast, 64% of reception survey respondents reported that gang activity was common and 23% said that gangs were a significant source of violence. Twenty-six percent of surveyed reception inmates, but only 9% of surveyed cadre inmates, said that contraband drugs were common. Neither group reported drugs to be a significant source of violence (3% of reception inmates and 7% of cadre inmates).⁴

According to data provided by the facility prior to the CA's visit, Downstate recorded six assaults on inmates in 2007, six such assaults in 2008, and five through the date of our visit in 2009. We also reviewed DOCS computer data for UIRs for assaulting an inmate at Downstate for the period 2003 through 2008 and disciplinary data for assaulting an inmate and fighting for January 2003 through August 2006 and 2008. These data place Downstate in the bottom quarter of all maximum security prisons for the rate at which it issues tickets for assault-on-inmates. Similarly, the prison's UIR rate for assault-on-inmate is in the bottom quarter of maximum security facilities. The rate at which Downstate issues misbehavior reports for fighting is in the lower quarter of all maximum security facilities for the period for 2003 through August 2006 and 2008. Overall, violence among inmates at Downstate appears to be low for a maximum security facility.

Medical Care

The Visiting Committee met with the Nurse Administrator and toured the medical facilities. We appreciated the comprehensive responses by the medical staff to our questions and the extensive data they provided concerning medical care at the facility.

At the time of our visit, the permanent medical staff included: two doctors, four physician assistants (PA), one nurse practitioner (NP), and 17 full-time nurses. One of the nurses speaks Spanish. In addition, Downstate employs two pharmacists and one pharmacist aide. The facility does not have HIV or Infectious Disease specialists on staff. Downstate has an infirmary with a capacity to accommodate 14 inmates. According to staff, the average daily population of the infirmary is between eight and 10 inmates. During our October 2010 conversation with staff, we learned that the NP position was vacant, but the facility had submitted paperwork to hire a replacement and was awaiting approval from Central Office.

Overall, both cadre and reception inmates who responded to our survey rated the prison's healthcare system as fair, a far more positive assessment than the average rating at the 24 prisons the CA has visited. The average ratings among all the prisons for which the CA has data are: 10% of survey participants considered healthcare good; 38% rated it as fair; and 52% found it poor. Forty percent of cadre and 21% of reception survey respondents rated the overall quality of medical care as good, far higher than the 10% average for the CA-surveyed prisons. Only 12% of

⁴ At the CA-visited facilities, an average of 76% of survey respondents reported that gang activity is common and 35% identified it as a significant source of violence at the facility. An average of 37% of survey respondents reported that drug activity was common and 16% identified it as a significant source of violence at the facility.

cadre inmates rated medical care at Downstate as poor, as did 26% of reception inmates. Survey respondents commented that treatment was fair and effective, however they complained of delays and insufficient staffing.

Two PAs conduct sick call four days a week – Monday, Tuesday, Thursday, and Friday, from 9:00 a.m. to 11:30 a.m. in the Core Building. In order to access sick call, an inmate must fill out a sick call slip during the 3:00 p.m. to 11:00 p.m. shift and give it to an officer the day before he wishes to be seen. The following morning, staff notify inmates what time they should report to sick call. Facility staff estimated that approximately 1,425 inmates per month are seen at regular sick call. An inmate who experiences a medical emergency after regular sick call hours may request emergency sick call by notifying a Correctional Officer of his condition, and he will contact the Medical Department. Prison staff estimated that approximately 178 inmates attend emergency sick call per month.

While inmates who participated in our survey were far more positive about sick call at Downstate than at the other facilities the CA has visited, they expressed significant concerns regarding access and overall quality. Three quarters of cadre survey respondents and 65% of those in reception reported that they could access sick call when needed, compared to an average of 53% at all the prisons the CA has visited. Four percent of cadre survey respondents and 8% of reception respondents stated that they could not access sick call when needed. Concerning the quality of care at sick call, the majority of cadre (52%) and reception survey respondents (56%) rated the sick-call nurses as fair, with 30% of cadre and 19% reception respondents rating them as good, and 17% of cadre and 25% of reception respondents rating them as poor. These rates are more positive than we have found at the 24 prisons the CA has visited, where 13% of inmates rated the sick-call nurses as good, 35% reported them as fair and 53% rated them as poor; however, the discrepancy between reception and cadre perceptions of the sick-call process must be noted.

Inmates receive care from the doctors, PAs, and NP in the clinic area following sick call encounters or a previous clinic visit. According to the facility medical staff, there are approximately 10 to 50 medical call-outs per day. The inmate satisfaction rates regarding the physician call-out system were higher than the average rates at the 24 facilities for which the CA has data. Twenty-six percent of cadre survey respondents reported experiencing a delay in seeing a doctor at least once, while almost three quarters of the cadre respondents stated that they never experienced delays. Reception inmates reported experiencing far more delays, with 14% of the survey respondents stating that delays were frequent, and 21% stating that delays occurred once in a while. At the facilities the CA has visited, an average of 47% of inmates reported experiencing frequent delays and 27% reported that delays occurred once in awhile.

The median wait times at Downstate for both reception and cadre inmates to see doctors were far below the average median wait time of 21 days at the CA-surveyed facilities, with cadre survey respondents estimating that the median wait time was one day, and reception survey respondents estimating that the median wait time was 11 days. The CA commends the prison's medical staff for the efficiency with which doctors see cadre inmates, however there is no apparent reason that there should be such a difference in wait time for reception inmates. We

suggest that the medical staff examine the successful call-out procedures for cadre inmates and devise similar procedures for the reception population.

Overall, inmates rated the quality of clinic medical staff (doctors, PAs and NP) as fair, however cadre survey respondents were far more positive about the quality of these providers than reception survey respondents. Thirty-eight percent of cadre survey respondents stated that the quality of clinic staff was good and only 19% rated it as poor, compared to 23% of reception survey respondents who rated staff as good and 23% who rated it as poor. These ratings of the clinic medical staff are far more favorable than the average ratings at the facilities the CA has visited, where only 13% of inmate survey participants rate clinic staff as good and 52% rate them as poor.

When asked the reasons why they rated medical staff in this way, the majority of cadre staff described medical staff as fair, professional, and efficient. Among complaints were perfunctory examinations and that the quality of encounters varied depending on the clinician. The comments of surveyed reception inmates largely mirrored those of the cadre population, however many complained of the delays in being seen.

Forty-five percent of reception inmates and 9% of cadre inmates who responded to our survey reported that they suffered from a serious or chronic medical condition. Medical staff informed the CA that there were 24 HIV-infected inmates identified at Downstate at the time of our visit, representing approximately 2.1% of the prison's inmate population, compared to an HIV-infection rate of 2.5% system-wide. Medical staff informed us that only a small percentage of the prison population is tested for HIV. We urge the prison to undertake additional steps to encourage inmates to volunteer for HIV testing and to reveal their HIV status if infected. Of the inmates known to be infected, 46% (11 inmates) were receiving therapy, and six of them were diagnosed with AIDS. The percentage of HIV-infected inmates on treatment appears low, and we urge the prison medical staff to determine whether some of these patients may be appropriate candidates for HIV treatment.

The prison had identified 28 inmates with Hepatitis C (HCV) at the time of our visit, representing approximately 2.5% of the prison population, a rate significantly lower than the Department-wide average of 9% identified HCV-infected inmates. None of the Downstate HCV-infected inmates were being treated for the disease. There were four inmates co-infected with HIV and HCV. Medical staff informed us that only reception inmates who reveal information suggesting they are at risk for HCV will be tested for the disease. Those who are HCV-infected are not evaluated for treatment at reception but are instead referred to their permanent facility for follow-up. Although we do not object to this policy, it appears the prison could be more aggressive in identifying HCV-infected inmates, given the estimate that approximately 13% of the male prison population may be infected with the disease.⁵

The prison also treats many inmates with other chronic conditions. There were 129 identified asthmatic inmates, 91 of whom were on treatment at the time of our visit. Downstate medical staff had identified 96 inmates with hypertension, 95 of whom were on treatment, and 24 inmates with diabetes, 23 of whom were taking daily medication.

⁵ Correctional Association of NY, *Healthcare in New York Prisons, 2004-2007* at p.46 (2009).

Downstate has its own pharmacy with a computerized prescription-tracking system, which according to survey responses, enables the facility to provide inmates with medications in a timely and efficient manner. Of the 47% of surveyed reception inmates who were on medication at the time they were admitted to Downstate, they stated that it took a median of one day to receive their medication inside the facility. Far below the average rate at the 24 prisons visited by the CA, 10% of reception and 12% of cadre inmates stated that they had at least sometimes experienced problems obtaining their medications.

Inmates who require specialty care services are sent to outside specialists or seen by specialists who visit the facility. Since the majority of the inmate population housed at Downstate is transient, specialty care services are not utilized at a high rate. Inmates in need of these services typically wait until they arrive at their permanent facility for treatment, although inmates with special needs who are housed in the Extended Classification Unit (ECU) may utilize specialty care services while at Downstate.

The CA surveyed only the cadre population about specialty care services. Cadre inmates had far more favorable attitudes toward specialty care than at other facilities the CA has visited, reporting both timelier access to services and proper follow-up to specialists' recommendations. Of the cadre inmates who responded to our survey, 35% stated that they had seen a specialist in the last two years. Twenty-nine percent of those inmates reported experiencing delays in access to specialty care at least sometimes, a rate far lower than other CA-visited facilities (68%). The median estimated delay to see a specialist was 16 days, compared to a median 60 day wait at other facilities. Of the survey respondents who saw a specialist, 71% stated that there was good follow-up to the specialists' recommendations, which is markedly higher than at the other prisons the CA has visited (43%).

The facility has a quality improvement (QI) committee that meets four times a year. A review of the minutes from two meetings in 2009 reveal that limited data was presented on many routine monitoring activities and on disease audits. However, the forms contained more detailed summaries of the QI projects conducted during the year.

Medical staff told the CA that the biggest challenge in serving this inmate population was the high number of inmates who appeared at sick call every day with a variety of medical problems. They added that the number of individuals requesting pain medication has increased, and it is a challenge to determine which patients truly need these drugs. The average age of the inmate population has increased, and the medical staff believe that this is linked to the greater number of inmates with diabetes and obesity problems seen in the facility.

Dental Care

The Visiting Committee toured the dental area and surveyed the inmate population about their experience with dental services. The prison has two dentists, two dental hygienists, and one dental assistant who speaks Spanish. Oral surgery is provided by an outside provider who visits the facility once per month.

Dental staff explained to the Visiting Committee that care differs for the reception and work cadre populations. Every reception inmate receives a dental X-ray on his first full day at the facility. Dental hygienists prepare inmates' charts, and then each inmate sees the dentist the following morning. While dental care for work cadre inmates is largely restorative, involving teeth cleaning and fillings, care for reception inmates results largely in extractions. Staff told the Visiting Committee that approximately 25% to 30% of the inmate population needs dentures.

Cadre inmates expressed a positive view of the dental care at Downstate. Of the inmates who received dental care in the last three years at the prison, 53% rated dental care as good, 32% said it was fair, and 16% said it was poor. These figures are better than most of the six prisons for which we have comparable data. When asked to estimate the delay in seeing the dentist, cadre respondents estimated the median delay was 14 days, far less than the average of 75 days estimated by inmates at the other six prisons. When asked to explain their ratings of dental services, cadre survey respondents stated that staff were skillful and professional, and that wait times were short. Some did complain, however, that staff were not good and preferred extractions to restorative work.

The majority of the reception inmates who responded to our survey reported that they only received dental services during the reception process. Thirteen percent of reception survey respondents rated dental care as good, 39% rated it as fair, and 48% rated it as poor. When asked to explain their ratings, 25% stated that they thought the dental staff did a good job, but others complained that it takes too long to see a dentist, that staff tell inmates to wait for care until they arrive at their permanent facilities, and that staff prefer extractions to restorative care. The median time for reception inmates to see the dentist was estimated by reception survey participants to be 30 days.

Mental Health Services

The Visiting Committee staff met with Office of Mental Health (OMH) staff at Downstate. At the time of our visit, OMH staff included three psychiatrists, three psychologists, three associate psychologists, two psychologist assistants, four social workers, nine nurses, and five secretaries. There were no vacancies.

Downstate's OMH staff began screening all reception inmates in December of 2007. Inmates who are identified as needing mental health services have a minimum of five meetings with OMH personnel, on days 1, 3, 7, 14, and 25 of their stay at Downstate. According to OMH staff, approximately 30% of inmates are identified as individuals who could benefit from some treatment, however only about 20% become active patients. Some inmates refuse mental health services. Staff reported that the percentage of those found to need services had been increasing over time, but the number has leveled off in recent years. At the time of our visit, there were no work cadre inmates on the OMH caseload.

Reception Screening Process

On their arrival day, each inmate undergoes a suicide screening. OMH receives information from DOCS staff prior to an inmate's arrival only if the inmate expresses a desire to commit suicide or if, according to staff, "anything seems amiss."

During the first full day of the reception process (day one), OMH receives a copy of the intake form from the arrival day, containing information about any medication the inmate may be taking and any suicide attempts or mental health treatment history. If an inmate is on medication, he is evaluated in the morning and then given a prescription. All inmates are then comprehensively screened by psychologists and social workers. Interviews with inmates range from about 10 to 20 minutes, and during this time OMH staff makes referrals for those inmates needing further evaluation. On day three, inmates with referrals have appointments with one of the staff psychiatrists.

On day seven, inmates are again seen by OMH staff and their diagnoses are altered if necessary. A psychiatrist follows up with inmates again a week later and again on day 25, if the inmate is still at Downstate. Staff explained to the Visiting Committee that the mental health evaluation is an ongoing process, and a comprehensive bio-psycho-social analysis is conducted.

Of the reception inmates who participated in our survey, 85% reported meeting with OMH staff during reception. Forty-two percent of surveyed inmates rated the mental health screening as good, 54% rated it as fair, and 5% rated it as poor. Regarding the content of the screening itself, 92% of survey participants stated that they were asked about their prior mental health history, 77% were asked about any prior diagnoses, and 80% were asked if they needed medication to treat a mental health condition.

A total of 19% of reception survey respondents reported that OMH staff told them that they needed mental health services. Thirty-one percent of survey respondents stated that they had been diagnosed with a mental health problem during their lifetime, and 24% had previously been on the OMH caseload. Twenty-nine percent stated that they had been told they needed mental health services before entering prison. Ten percent of surveyed reception inmates stated that they saw OMH staff many times, 25% said they saw them once in awhile, 52% reported they saw them once, and 13% said never saw OMH staff. Overall, it appears that OMH staff are screening every inmate, as required by law. We suspect that surveyed inmates who did not report an OMH screening may not recollect the screening, or may be confused due to the large number of meetings and interviews conducted during the reception process.

Fifteen percent of reception survey respondents stated that they experienced problems obtaining their mental health medications at least sometimes. Regarding the quality of mental health care overall, 38% of surveyed reception inmates said it was good, 55% said it was fair, and 8% said it was poor.⁶

⁶ At the other prisons the CA has visited, an average of 24% surveyed inmates rated mental health care as good, 41% rated it as fair, and 35% rated it as poor.

Extended Classification Unit

The reception facilities at Downstate include an Extended Classification Unit (ECU) with 288 cells and a 22-bed dorm for inmates with medical or mental health issues or other unique needs. At the time of our visit, the ECU was full, and staff reported that there is typically a list of inmates waiting to be moved to this unit. ECU designation is generally determined on the day of an inmate's arrival, but could occur at any time during an inmate's stay at Downstate. The objective of the ECU is to give staff the opportunity to observe inmates in order to make a final security classification. OMH counselors meet with inmates on this unit more often than in the prison's general population, particularly if they have concerns about a particular inmate. Additionally, counselors meet with inmates once a week to check in and discuss any issues.

All OMH Level One inmates, the highest of the OMH classifications, are sent to the ECU. Other inmates placed on the ECU have a variety of special needs, including mental health problems, disabilities, and increased security risks. These inmates are awaiting transfer to specially-designated units at other facilities of limited size, such as the Special Needs Unit and the Intermediate Care Unit. An inmate can remain in the ECU awaiting transfer as long as three months or more.

Forensic Diagnostic Unit (FDU)

The Forensic Diagnostic Unit (FDU) consists of 12 observation cells and an outpatient mental health clinic located in the Extended Classification Unit (ECU). The observation cells are used to house reception inmates who are experiencing severe mental health problems, such as homicidal or suicidal behavior. These inmates are identified upon arrival at Downstate or by referral from their previous jail or prison. Staff reported that the typical length of stay for inmates in these observation cells is three days, and that these inmates do not go through the reception process. FDU staff focus on stabilizing individuals in crisis and ensuring compliance with medication. Inmates in the FDU observation cells are offered private interviews with OMH staff daily. If an inmate cannot be stabilized, OMH can refer him to the Central New York Psychiatric Center (CNYPC).

According to staff, there are usually two to five inmates in the observation cells, with a staff of three officers. Inmates on suicide watch (also known as "special watch") are each monitored by one officer, although depending on OMH determination, one officer may monitor two or three inmates at a time. Staff told the Visiting Committee that the majority of security staff working on this unit receive suicide-prevention training, however not all staff receive this training. We are concerned that not every staff member working with this extremely sensitive population is properly trained in suicide prevention techniques.

During our visit, staff told us that modifications were being made to the FDU in response to a significant number of suicides committed in recent years. According to data supplied by the facility, there were three suicides at Downstate in 2007, one suicide in 2008, and no suicides in 2009, and three suicide attempts in 2007, nine suicide attempts in 2008, and three suicide attempts in 2009. The inmate who committed suicide in 2008 was on the OMH caseload but was not in the FDU.

OMH also runs an outpatient clinic in the FDU, conducting outpatient evaluation and treatment for cadre inmates. Facility staff may refer cadre inmates to the FDU, or inmates may refer themselves by writing a note to the OMH staff or by discussing the matter with a correction counselor.

None of the cadre inmates who participated in our survey reported using or being referred to mental health services while at Downstate. Of those cadre inmates who participated in our survey, 33% rated mental health care as good, 44% rated it as fair, and 22% rated it as poor, slightly more positive than other CA-visited prisons.

Substance Abuse Treatment

Due to its primary designation as a reception facility, Downstate has no Alcohol and Substance Abuse Treatment program (ASAT). Work cadre inmates with substance abuse treatment needs can utilize the Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) programs at the facility. These programs are run by a civilian volunteer and led by inmates. If a work cadre inmate has ASAT on his required program list, he must transfer to another facility to complete the program.

Reception Screening for Substance Abuse History

Staff reported that they evaluate inmates' substance abuse histories and treatment needs by considering several factors including self-reported substance use, review of pre-sentencing reports, numerical scores on screening tools, and staff assessment during interviews with inmates. Inmates found to be in need of substance abuse treatment are required to take ASAT at some point during their incarceration.

According to DOCS, pre-sentence report indicators of substance abuse include whether the instant or any previous offence was drug-related, or if the inmate was under the influence of drugs or alcohol at the time he committed the offense. The formal screening tools utilized at Downstate are the Michigan Alcohol Screening Test (MAST) and the Simple Screening Instrument for Outreach for Alcohol and Other Drug Abuse (SSI-AOD). Counselor aides administer these written tests, which are given in a classroom setting of approximately 36 inmates. The tests are scored by computer and inmates with a certain score are identified as needing substance abuse treatment.

According to DOCS policy, reception staff are supposed to question inmates about their substance abuse histories. In our reception survey, the CA asked detailed questions about the substance abuse screening process. Of the reception inmates who answered these questions, 47% reported that the correction counselor asked them about substance abuse in their lifetimes, 6% asked about the past year, and 15% asked about abuse the past six months. Twenty-six percent stated that the correction counselor did not ask them about their substance abuse history. Only 53% said that the counselor asked what types of drugs they used and how often they used drugs.

Forty-three percent of survey respondents said that they reported some form of drug or alcohol abuse to counselors during the screening. This percentage is slightly lower than the 47% of inmates who self-identified drug and alcohol abuse system-wide.⁷ Nearly half (49%) of the survey respondents said that they were not informed whether their counselor determined that they were in need of a substance abuse treatment before release. Of those who knew the counselor's treatment recommendation, half of them were told that they would be required to enroll in the program and the others were told no treatment was necessary; nearly all the inmates agreed with these assessments. Thirty-six percent of surveyed inmates expressed a desire to enroll in substance abuse treatment before or after release, and of these respondents, 63% said they were considerably or extremely interested in receiving treatment. Those who disagreed with the assessment that they needed treatment stated that they did not use or were not addicted to drugs. One inmate who said he had an addiction to drugs stated that he required more intensive substance abuse treatment than what DOCS offered.

The Visiting Committee interviewed reception staff about the substance abuse screening process and answers varied widely among staff, regarding both descriptions of the screening process itself and definitions of the types of behaviors that require substance abuse treatment. We are concerned about the substance abuse screening process, particularly its lack of clarity and uniformity. Furthermore, we are concerned that interviews with correction counselors, which were not limited to a discussion of substance abuse history but included other program needs and security evaluations, lasted a median of only nine minutes, as discussed in the reception schedule section of this report. The absence of a uniform screening process and a clear definition of substance abuse, in addition to the short duration of the interviews, do not allow the Department to make accurate, consistent determinations of which inmates are actually in need of substance abuse treatment. We are also concerned about the lack of communication between inmates and screening staff, indicated by the fact that only half of surveyed reception inmates actually knew whether they were recommended for substance abuse treatment.

The issues that we have identified here are consistent with issues we have identified throughout the Department. We suggest that the Department establishes a clear, uniform method of evaluating inmates' substance abuse histories and conducting an accurate assessment of actual substance abuse treatment needs. We also suggest that the Department require specialized training for reception staff so that they can effectively communicate with each inmate and accurately evaluate each inmate's substance abuse treatment needs. Finally, we suggest that screening staff maintain clear, detailed records of the substance abuse evaluation and treatment determination for each inmate.

Grievance Program

The prison employs one full-time civilian staff to coordinate the grievance program. Grievance forms are available to inmates in the library. Inmates can submit completed forms by depositing them in the general mailbox in the lobby of the core building or by giving them to an inmate grievance representative. At the 24 prisons visited by the CA, an average of 74% of survey respondents rated the grievance system as poor, 20% as somewhat effective, and 6% as good.

⁷ See Table 1 in *State of New York Department of Correctional Services, Identified Substance Abuse (2007)*.

Work Cadre

Downstate work cadre inmates filed a total of 54 grievances in 2009, a decrease from 57 in 2008. The most highly grieved issues in 2009 concerned medical services (11 filed) and staff conduct (9 filed). Medical complaints comprised 20% of all grievances filed in 2009 and staff conduct comprised 17% of all grievances filed that year.

At a rate far more positive than the other facilities the CA has visited, 36% of surveyed cadre inmates rated the grievance system as poor, while 27% said it was good and 36% said it was somewhat effective. Despite the relatively positive rating, 40% of cadre survey respondents stated that the grievance system at Downstate was worse than at other prisons in which they had been confined, 33% reported it as average, and 28% said it was better. Of those we surveyed, 42% of the respondents had used the grievance system. Eight percent of those who used the system reported that they frequently experienced retaliation for filing a grievance, and 15% reported that they experienced retaliation once in awhile.

Reception

Downstate reception inmates filed a total of 478 grievances in 2009, an increase from 459 in 2008. The most highly grieved areas for reception inmates in 2009 were staff conduct (72), inmate property (50), and medical services (49). Staff conduct grievances comprised 15% of all reception grievances filed in 2009 and inmate property and medical each comprised approximately 10% of all grievances filed that year.

At a rate more positive than other prisons, 43% of surveyed reception inmates described the grievance system as poor, and only 16% of the surveyed inmates said they had filed a grievance while at Downstate. Thirteen percent of reception respondents said that they frequently experienced retaliation for filing grievances.

During our October 2010 conversation with staff, we were pleased to learn that administrators are planning to adopt a policy of quarterly meeting with the Inmate Grievance Committee (IGRC). We commend facility administrators for taking these steps and look forward to learning how these meetings have a positive effect on the atmosphere within the prison.

Special Housing Unit

The Visiting Committee toured Downstate's 36-bed Special Housing Unit (SHU), where 30 inmates were housed. According to staff, this number fluctuates greatly depending on the reception population. For example, staff reported that there were only 12 inmates in the SHU several days before our visit. If a work cadre inmate receives a disciplinary sentence resulting in SHU time, he no longer is eligible for work cadre and is sent to the SHU while he awaits transfer to another facility. There were 36 inmates in keeplock at the time of our visit.

The Visiting Committee observed video cameras located throughout the unit and at the entrance of the SHU. The cells appeared to be the same size as cells in the general population, and the recreation area consisted of nine outdoor pens.

We received five surveys from inmates in the SHU. The average amount of time that these inmates had spent in the SHU was one and a half months, with an average SHU sentence of nearly three months. Two SHU survey respondents described inmate-staff relations as very bad, one stated that relations were somewhat bad, and two inmates stated that relations were somewhat good. Physical assault, verbal and racial harassment, and threats and intimidation were common forms of abuse reported by SHU survey respondents.

At a rate lower than at other disciplinary housing units we have visited, three stated that they went outside once in awhile for their permitted one hour of daily recreation, one said he went once, and one inmate had never gone. Inmates complained that the SHU library services were poor and that they did not receive periodicals. They also noted that food in the SHU was not served at the proper temperatures.

The facility dedicates one OMH staff member exclusively to the SHU who makes daily rounds on the unit. Upon entering the SHU, every inmate is screened by OMH staff. All patients are reviewed twice a month.

According to data supplied by the facility, there were 124 inmates admitted to the SHU in 2009 and 112 inmates discharged or transferred from the SHU that same year, a decrease from the 147 inmates admitted and discharged from the SHU in 2008. We were pleased to find that, at the time of our visit, there were no inmates on deprivation orders, and that the facility does not utilize restricted diets.

Of the inmates who participated in our survey, 18% of reception inmates and 52% of cadre inmates had received a misbehavior report while at Downstate. Thirteen percent of reception survey respondents had been in Downstate's SHU, and three-quarters of them reported having experienced problems with the staff there.

Transitional Services

The Visiting Committee did not have the opportunity to tour the Transitional Services (TS) area, but the Department provided us with information about the program. Downstate provides Phase I and Phase III of Transitional Services, as well as Aggression Replacement Training (ART) for work cadre inmates. At the time of our visit, the TS program was staffed by one full-time civilian TS Coordinator and 13 Inmate Program Assistants (IPAs). Phase I is a two-week orientation program for cadre inmates who are new to DOCS. The program is run by staff and selected cadre inmates, and is held Monday through Friday, from 9:00 a.m. to 11:00 a.m. and from 1:00 to 3:00 p.m. At the time of our visit, there were nine inmates enrolled in Phase I, with a capacity for 10 inmates. According to facility data, 129 inmates completed Phase I in 2008, and 117 had completed the program at the time of our visit in 2009.

There was no Phase III program running at Downstate at the time of our visit. The course is designed for inmates who are nearing their release date and only runs at the facility when needed. Phase III focuses on preparing inmates for the job search, finding support programs in the community, and preparing for parole with instructions on how to follow parole requirements

and avoid re-incarceration. Instructors assist in resume preparation and obtaining drivers' licenses and birth certificates. Seven inmates completed Phase III in 2008 and 12 inmates completed the program in 2009. According to the Cadre Manual, Parole officers visit the program, in addition to speakers from outside agencies providing services related to veteran's benefits, social security, welfare, substance abuse treatment, and employment. In 2009, 117 inmates obtained their Social Security cards in preparation for release, and 26 inmates obtained copies of their birth certificates. Of the cadre inmates who participated in our survey, three had taken Phase III and two reported satisfaction with the program.

While the Visiting Committee did not tour the ART program or speak with staff about the program, we asked work cadre inmates about ART in our surveys. Of those who responded, 54% had participated in ART. According to data supplied by the facility, the program has a capacity for 15 inmates and 12 inmates were enrolled at the time of our visit. Of those survey respondents who had taken ART, 92% were satisfied with the program.

Recommendations

Programs

- Encourage inmate enrollment in college and graduate correspondence courses.
- Raise the limit on the amount inmates can spend at the commissary.
- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.
- Initiate additional vocational programs and Department of Labor apprenticeships so that inmates can learn skills that will benefit them upon release.
- Improve general library access for reception inmates by permitting them to visit the library more often and borrow a greater number of books.
- Improve law library access and services for reception inmates.
- Increase access to recreation for reception inmates.
- Implement measures to prevent delays in the delivery of mail and packages to inmates and to reduce destruction or loss of items contained in packages.
- Ensure that food is sufficiently hot for reception inmates and that food preparation areas are properly cleaned.
- Devise procedures for reception inmates to obtain personal hygiene products free of cost upon entry to the facility.
- Permit inmates selected for cadre duty who have strong program desires or needs to decline the selection and transfer to another facility for programming.

Medical Care

- Examine the successful sick-call and medical call-out procedures for cadre inmates and devise similar procedures for the reception population.
- 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 reception inmates are offered HIV and hepatitis C tests and informed that testing is voluntary and they may decline.
- Re-evaluate inmates with HIV to determine if more patients are appropriate candidates for treatment.

- Enhance the medical screening process to make sure that detailed medical histories are obtained on all inmates, including asking if they have any chronic medical conditions or any need for immediate medical or mental health care, and to discuss all medical test results with inmates.

Substance Abuse

- Establish a clear, uniform method of evaluating inmates' substance abuse histories and conducting an accurate assessment of actual substance abuse treatment needs.
- Maintain clear, detailed records of each substance abuse evaluation and treatment determination.
- Require specialized training for reception staff so that they can accurately evaluate each inmate's substance abuse treatment needs.
- Explain to all inmates the assessment of their treatment needs and reasons for the recommendation that they participate in a treatment program.

Safety

- Assess the level and causes for tension between staff and inmates within the reception area and develop a plan to reduce tension and incidents of verbal harassment, including diversity training for staff and inmates.
- Meet with the ILC and IGRC to discuss ways to reduce tension in the reception area.

Mental Health

- Require suicide prevention training for all staff on the FDU.