



ELMIRA CORRECTIONAL FACILITY

The Correctional Association (CA) visited Elmira Correctional Facility, a maximum security prison for men located in Elmira, New York, on March 10 and 11, 2010. Often referred to as “the Hill,” Elmira opened in 1876 as the country’s first “reformatory” and is today a general confinement facility and reception center. At the time of our visit, the facility was at capacity with 1,796 inmates, including 429 beds in its reception center. Of these inmates, 1,323 were confined in general population. The facility also maintains a Special Housing Unit (SHU) for inmates in disciplinary confinement, which was at its capacity of 54 inmates at the time of our visit. The CA last visited this facility in 2005.

Elmira offers a range of therapeutic, vocational, and educational programs, including a residential Alcohol and Substance Abuse Treatment Program (ASAT) and a mental health unit. Recent construction projects included a new perimeter fence, renovation of the kitchen and consolidation of mess halls (from four to three), and renovation of the Residential Crisis Treatment Program. At the time of our visit, the facility was installing handicap-accessible bathrooms in the visiting area. Elmira was the first DOCS facility to install the new civilian personal alarm system, which immediately identifies the wearer’s location within the facility if he or she pushes the alarm button.

The primary objectives of our visit to Elmira were to assess the programs, physical facilities, and conditions for both staff and inmates within the prison, with particular emphasis on observing its mental health and substance abuse treatment programs. The CA obtained surveys about general prison conditions from 176 general population inmates, as well as 21 surveys from inmates housed in the SHU. We also obtained surveys from 30 inmates in the reception unit and 84 surveys from inmates in mental health and substance abuse treatment programs. 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 many prison programs, security staff, 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 February 23, 2011. Their comments and updated data have been included in this final report.

Summary of Findings and Recommendations

As a reception and general population prison with an expansive mental health unit, Elmira provides an impressive array of services. We were pleased with the apparent low level of tension between staff and general population inmates, and with high program satisfaction among inmates, specifically in the vocational programs. We found high levels of satisfaction among inmates in the Intermediate Care Program and in the Transitional Intermediate Care Program where participants appeared to feel safer and more stable. We also noted a high prevalence of gangs and contraband drugs at Elmira. We observed a high level of tension between staff and inmates in the reception area and the SHU, and problems with doctor-patient confidentiality and medication distribution in the clinic. Finally, inmates appeared to be far less satisfied with the food services at Elmira than at other CA-visited facilities.

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

- Permit inmates enrolled in GED classes who are close to completing their course work the option of an administrative hold to prevent transfer until after these inmates have taken the GED exam.
- Ensure that all inmates scheduled for a clinic call-out are promptly seen in accordance with their medical needs.
- Increase confidentiality between patients and medical staff during sick call encounters.
- 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.
- Streamline the medication refill process to avoid delays.
- Establish a clear, uniform method of evaluating inmates' substance abuse histories and conducting an accurate assessment of actual substance abuse treatment needs.
- Require specialized training for reception staff so that they can accurately evaluate each inmate's substance abuse treatment needs.
- Expand training of security staff working in the ICP concerning how to recognize inmates who may be suffering from mental illness and how to work more effectively with them.
- Assess the level and causes for tension between staff and inmates, particularly in the reception area and the SHU, and develop a plan to reduce tension and incidents of verbal harassment, including diversity training for staff and inmates.
- Develop and implement additional measures to reduce gang participation and drug use in the prison through non-punitive methods.
- Initiate a system to ensure that mess hall trays are clean, replacing degraded trays as necessary.
- Streamline the special diet collection process so that the inmates required to be on these diets are not improperly or prematurely removed from the special diet list.

Elmira's General Inmate Population

Similar to system-wide averages, 24% of Elmira's inmates identify as white and 55% as African-American, although the Hispanic population is slightly lower than at other prisons, at

19%.¹ The median age of the population is 35 years old and 45% of the inmate population is from New York City and its surrounding suburbs, significantly lower than the Department-wide average of 63%. The median minimum sentence for the inmate population at Elmira is 8.6 years, compared to 5.2 years for all male facilities.² Sixty percent of Elmira inmates face their earliest release date within four years, compared to 77% system-wide. Sixty-eight percent of the population was convicted of a violent crime and 14% had a drug conviction, compared with 58% and 21% Department-wide, respectively. Somewhat lower than the New York prison system averages, only 49% of the inmates have their high school diploma or GED, compared to 54% throughout the state prisons. Four percent of the inmate population is Spanish-speaking with limited or no ability to speak English, slightly lower than the system-wide average (6%). Consistent with the system-wide average, 83% of Elmira's population was identified by DOCS as having a substance abuse history.

Programs

The Visiting Committee toured the prison's academic, vocational, and industry programs. According to the data we received from the facility, 830 inmates were occupied with a job or program for the full day, while 277 had half-day program assignments. Similar to rates we have found at other prisons, 128 inmates, or 10% of the general population, were idle or did not participate in a program at the time of our visit. However, compared to other prisons, Elmira had a larger percentage (21%) of general population inmates who were only programmed for half the day. We are concerned about the large number of idle inmates who are missing opportunities to develop job skills or further their education.

Of the inmates we surveyed, 77% had a job or program and 45% were on a waiting list for jobs or programs. Seventy-one percent of the survey participants were satisfied, at least somewhat, with their job, similar to the 70% average satisfaction rate at other facilities we have visited. We asked inmates what they liked about their current programs or jobs and those inmates who were satisfied with their programs stated that they liked being busy during the day, enjoyed working with other people, and enjoyed learning skills that would help them find work after release. Other inmates with whom we spoke noted that idleness is a problem throughout the facility, along with a lack of engagement in meaningful programming. Inmates complained that some jobs, including porter positions, did not provide enough work to keep them busy and did not teach them productive skills that would help them find jobs outside of prison. Compared to other facilities, the percentage of inmates assigned to porter positions was relatively low, with Elmira ranking 6th lowest out of 16 correctional facilities for which we have data.

Consistent with prisons throughout New York State, Elmira inmates receive limited wages for their work. The rate of pay is set by DOCS Central Office and has remained largely unchanged for approximately 20 years, despite an increase in the cost of commissary items due

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

to inflation. Inmates with whom we spoke complained about their increasing inability to afford commissary goods.

At the time of our visit, there were twelve volunteer-run programs offered at Elmira, largely religious in nature. Programs included those run by the Prison Fellowship, Jehovah's Witnesses, 7th Day Adventists, Buddhists, ACTS (English and Spanish), Alternatives to Violence, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Veterans Group, AIDS Education, and Spanish and Protestant Bible Studies.

Academic Program

The Visiting Committee toured the academic program and found the classrooms to be clean and well organized, with motivational and educational posters on the walls. Elmira offers Adult Basic Education (ABE), Pre-General Equivalency Diploma (pre-GED), and GED classes, in addition to individual cell study for inmates in general population, disciplinary confinement, and the Intermediate Care Program (ICP). At the time of our visit, Elmira maintained a staff of 10 instructors and had two vacancies that the facility was not authorized to fill due to budgetary concerns. The facility had recently hired a new Educational Supervisor. We learned during our February 2011 call with staff that the facility had filled one of the instructor vacancies but had not yet received authorization to fill the second vacancy.

The facility offers three sections each of the ABE, Pre-GED, and GED classes. At the time of our visit, 98 students were enrolled in ABE with 80 students on the waiting list, 107 were enrolled in the Pre-GED class with 46 on the waiting list, and 70 inmates were enrolled in the GED class with 21 on the waiting list. Elmira inmates needing an educational program may wait a substantial time before they can enroll. Each class contains approximately 20 students and has one inmate program assistant (IPA). The ratio of GED class capacity to the total number of Elmira inmates without a GED and the ratio of GED class enrollment to the number of Elmira inmates without a GED are in the bottom half of all CA-visited facilities. Filling the vacant staff position would allow Elmira to fulfill the DOCS mandate that all inmates hold a GED or equivalent upon release.

There were 56 students enrolled in the cell study program at the time of our visit and 90 inmates enrolled in the program as of February 2011. Staff informed us that the cell study program expanded prior to our visit to include inmates removed from the classroom academic program for behavioral reasons. Previously, only inmates in the SHU, keeplock, or the infirmary were eligible for cell study. Staff explained that many of the newly included inmates were making academic progress since being permitted individual study. We commend the academic administrators for making cell-study available to these students and look forward to seeing how this change will be reflected in future GED passage rates.

Elmira previously offered an English as a Second Language (ESL) class but the teacher retired in 2003 and was not replaced. Staff informed us that there was no Spanish-language instruction and that Spanish-speaking inmates used the *Rosetta Stone* computer program to learn English. None of the teachers spoke Spanish. We observed that several native Spanish-speaking inmates placed in the ABE class did not appear to be engaged in the lesson. We are concerned

that without a Spanish-speaking instructor or an ESL class, students who have limited English skills will not have a meaningful learning experience and will not progress academically. We recommend that when authorized to fill positions, the facility actively seek bilingual teachers, even if this requires offering a higher salary for teachers with this important skill.

Elmira offers the GED test three times a year. According to data provided by the facility, 76% of students who took the GED test in 2007 passed (63 out of 83 students), 84% of students passed in 2008 (56 out of 67 students), and 65% of students passed in 2009 (56 out of 86 students). These rates place Elmira in the middle of all CA-visited prisons. GED staff told the Visiting Committee that the biggest challenge in teaching GED students and obtaining high passage rates is the high student turnover rate due to transfers between facilities. According to Department statistics, nearly 50% of inmates at Elmira do not have their GED, compared to an average rate of 43% of inmates system-wide who do not have their GED. Of the inmates without their GED at Elmira, only 38% of them were enrolled in an academic program at the time of our visit. Although Elmira inmates needing an educational program may wait a substantial time before enrolling in a program and earning their GED, the percentage of eligible inmates enrolled in these programs places Elmira in the top half of all CA-visited prisons. While it appears that the facility is more successful than many other facilities in placing inmates without a GED in educational programs, we are concerned about the large number of inmates without degrees and low enrollment rates throughout New York State prisons. We recommend that the Department make academic enrollment a priority and increase academic staffing at all of its facilities.

The Visiting Committee was pleased to learn that Bard College runs a college program at Elmira and that 14 students were enrolled at the time of our visit. Bard College interviews and accepts a small number of students who take initial courses at Elmira, and after successful completion of these courses, may transfer to Woodbourne, Eastern, or Green Haven Correctional Facilities to complete their degrees. The program cannot be completed at Elmira. Courses offered during the spring 2010 semester were Grammar II, Composition II, and The Hero in Modern Culture.

Fifty-eight percent of inmates we surveyed were satisfied at least somewhat with Elmira's educational program, similar to other CA-visited prisons. Inmates with whom we spoke complained that the high transfer rate of students in the middle of the terms makes it difficult for students to progress. They also noted the lack of educational resources for Spanish-speaking inmates.

Vocational Programs

Elmira offers 10 vocational programs in the following areas: Building Maintenance, Carpentry, Custodial Maintenance, Electrical Trades, General Business, Plumbing, Paintbrush, Printing, Welding, and Painting. At the time of our visit, 352 inmates or 20% of the population were enrolled in one of the 10 programs, and 239 inmates were on the waiting list. The facility had offered Computer and Small Engine Repair, however those programs closed when the instructors retired in July and October 2008, respectively. In addition to those two vacancies, Elmira had 11 vocational instructors working at the facility. There were no Spanish-speaking vocational instructors and no written materials in Spanish.

Elmira offers Department of Labor (DOL) apprenticeships in Electrical Trades, Computer Repair, Plumbing, and Painting. The Electrical Trades and Computer Repair DOL programs take approximately two years to complete, and the Plumbing program takes one year to complete. National Center for Construction Education and Research (NCCER) certification programs are offered in Custodial and Building Maintenance. Two inmates can be enrolled in this program at a time, and materials are only available in English. We are pleased that the facility offers DOL and NCCER certification, as these programs can greatly enhance an inmate's ability to find work upon release. We recommend that facility expand its certification offerings, both in the types of programs offered and the number of inmates eligible to participate.

Of the inmates who responded to our survey, 71% were satisfied with their vocational program at least sometimes, higher than the average at other CA-visited facilities. We received many positive comments about the vocational instructors, particularly the Welding instructor. Inmates expressed concern about the long waiting list for vocational programs. Inmates also complained that many of the programs did not teach skills that would lead to jobs within the facility or post-release, and that much of the equipment, including computers, was outdated. Inmates we surveyed said they would like more DOL and NCCER certification opportunities. We were pleased to learn during our February 2011 conversation that facility administrators take inmates' preferences into account when assigning vocational programs; however, this may account for long waiting lists for more popular programs. According to facility data, of the 102 inmates waiting for programs in February 2011, the longest waiting lists were for Custodial Maintenance (23 inmates) and Electrical Trades (17 inmates). We commend the facility for promoting inmate choice; however, several inmates had been waiting for these two programs for over a year, three for two to three years.

Industry

Elmira offers six industry programs, including Asbestos Removal, Foundry, Print, Administration, Food Training, and Food Service. At the time of our visit, 204 inmates, or 11% of the population, were enrolled in one of the six programs, and 222 inmates were on the waiting list. According to data provided by the facility, with the exception of Administration, none of the programs were operating at full capacity.

Libraries

General Library

The Visiting Committee toured the general library, which is housed in the academic building and has a capacity to accommodate 30 inmates at a time. Elmira employed one civilian librarian, who had worked at the facility for nearly five years, and 15 inmate clerks with full and part-time shifts. The library had a vacancy for a part-time civilian clerk, but the facility was not authorized to fill the position. There were no outside volunteers. The library is open on Mondays, Thursdays, and Fridays from 8:00 a.m. to 11:00 a.m. and 1:00 p.m. to 3:00 p.m., and on Tuesdays and Wednesdays from 1:00 p.m. to 3:00 p.m. and 7:00 p.m. to 9:00 p.m.

The library maintains a collection of more than 10,000 books, in addition to current periodicals and newspapers. The library's holdings include approximately 360 books in Spanish and smaller collections of books in other languages. Elmira participates in the Inter-Library Loan program so that inmates can obtain materials from other libraries. Inmates may check out books for two weeks at a time and may renew each book twice. Staff informed the CA that book theft is a significant problem. Forty-five percent of inmates who responded to our survey were at least somewhat satisfied with the library, lower than the 62% average at the other CA-visited prisons.

Staff sends a book cart to inmates who cannot visit the library in the SHU, long-term keeplock, ICP, Protective Custody (PC), and the hospital. The cart is also sent to mental health observation cells upon request. The periodicals on the cart are rotated every two to three weeks, and books are rotated every other month.

We were pleased to learn in our February 2011 conversation with staff that Elmira had recently opened a new general library where the law library had previously been housed. Inmates are permitted to browse the holdings of the new library, and the space contains new furniture and more modern equipment, including three new computers for the Transitional Services program. The facility also has permission to purchase five industrial quality typewriters.

Law Library

The Visiting Committee toured the law library, which is located in a separate building from the general library, and met with the civilian librarian. In addition to the librarian, the library is staffed by a total of 12 to 14 inmate clerks who have legal research training. Some correctional officers serve as notaries. The law library is open from 9:00 a.m. to 9:00 p.m., Monday through Sunday, and 20 inmates are permitted to use the library at a time. To visit the library, inmates must submit a request at least three days in advance, and inmates are only eligible for a law library call out if they are not scheduled for programs. Legal materials are available to inmates in the SHU upon request. At the time of our visit, there were nine typewriters available for inmate use, but no computers. Thirty-eight percent of the inmates who responded to our survey were at least somewhat satisfied with the law library, compared to an average of 45% at all CA-visited facilities, placing Elmira in the lower 20% for satisfaction rates for all surveyed prisons.

We were also pleased to learn in our February 2011 conversation that the facility had installed a computerized law library system with 24 computers and purchased two microfiche machines. Staff underwent a two day training to learn how to operate the system which was up and running by the date of our conversation and, according to staff, working well.

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

Visiting Area

Elmira's visiting area, which consists of two rooms on the second floor of the main building, is accessible through a stairwell within the main building. On the day of our visit, construction was underway to install handicap-accessible restrooms. The first visiting room

contains 30 tables, while the second overflow room has 17 tables and is only used on weekends. According to staff, the total visiting room capacity is 248 people. The visiting area also contains a small legal visit room, a non-contact visiting booth, and a vending area adjacent to the visiting rooms with vending machines, change machines, and a microwave for visitor use. The visiting area is open from 9:15 a.m. to 3:15 p.m. and visiting is permitted seven days a week for general population inmates, but only on weekends for reception inmates. There is a free bus that brings visitors from New York City four to six times a month, mostly on weekends. Inmates at Elmira are eligible to participate in the Family Reunion Program.

Visitors must go through a metal detector prior to entering the visiting area and are permitted to bring in only religious items and a deck of cards. An ion scanner is used periodically at the facility. There is no time limit on visits, although if the visiting area is at capacity, staff will ask certain visitors to leave in order to make room for new visitors. In this case, visitors who have visited twice that week must leave first, followed by visitors who live within 100 miles of the facility. On weekends, visitors enter through a visiting pavilion that is staffed by outside volunteers who assist visitors prior to processing.

Both visiting rooms contain children's play areas, however they were sparsely decorated, appeared worn, and contained no toys on the day of our visit. Inmates are not permitted to join their children in this area. A bookshelf containing board games and books available for visitor use was located near the entrance of the visiting room, but these materials appeared to be in very poor condition. The Visiting Committee noted that the visiting area appeared dirty and staff expressed having difficulty keeping the area clean. Fifty percent of inmate survey respondents stated that they were at least somewhat satisfied with the visiting program at Elmira, slightly higher than the 48% average at the other CA-visited facilities. Inmates with whom we spoke complained that staff were not always respectful to visitors, and that inmates could not sit next to female visitors at the visiting tables, including female family members.

We were pleased to learn during our February 2011 conversation with staff that the main children's play area had been renovated and redecorated, including two new televisions with DVD players, and that two baby changing stations had been installed. Facility staff had also purchased new backgrounds for "Click-Click" program photographs. Additionally, staff informed us that they had clarified with inmates and staff the rules pertaining to seating arrangements for female visitors, which had been a source of confusion at the time of our visit. We recommend that administrators examine the policy prohibiting inmates from joining their young visitors 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.

Mail/Packages

Elmira is designated by DOCS as a "TV Facility," whereby all inmates are permitted to purchase personal television sets from the commissary. In exchange for this privilege, there is a facility-wide limit on packages. Each inmate may receive two packages per year, weighing up to 20 pounds each. A facility is designated as a "TV Facility" by a majority vote of the inmate population. This vote occurs once, and according to DOCS directive, cannot be reversed. We observed during the visit that many inmates possessed television sets, however we also received

complaints from inmates who did not participate in the vote that they could not afford to purchase a television but were still limited to two packages a year. We also received complaints from inmates who did not understand the reasoning behind the package limitation. We recommend that the Department examine the television policy and consider reversing the designation if there is no longer a majority of inmates who desire televisions. We suggest that facility staff ensure that all inmates in the facility understand the reasoning for the package limitation.

Forty-five percent of inmates who responded to our survey stated that they were at least somewhat satisfied with Elmira's mail and package system, compared to 35% at other CA-visited prisons. Forty-four percent stated that they had experienced problems receiving mail or a package in the prison, and inmates with whom we spoke expressed concern that outgoing mail was unnecessarily delayed.

Food

The Visiting Committee toured the mess halls and the kitchen and met with the supervisor of the Food Service area. Elmira had recently renovated the kitchen and mess halls, installing new appliances and constructing an observation box that overlooks the three mess halls. Officers can release chemical agents from the observation box into the mess hall in the event of a violent outbreak. The facility maintains a large staff of inmate workers, requiring 70 workers during the morning shift (5:00 a.m. to 1:00 p.m.) and 70 inmates in the evening shift (1:30 p.m. to 6:30 p.m.), five to 10 of whom stay until 8:00 p.m. Meals are served in shifts, with breakfast beginning at 6:30 a.m., lunch at 11:00 a.m., and dinner at 3:30 p.m. for reception and 4:15 p.m. for the general population.

According to staff, an average of 400 reception inmates and 830 general population inmates come to the mess hall for each meal. Staff estimated that they serve 450 inmates per meal remotely, transporting meals to the SHU, BHU, and other areas in locked carts. Elmira typically serves 68 Cold Alternative Diets (CAD) and 73 Kosher diets. Thirty of the inmates who responded to our survey were on alternative diets, including 13 who were on Kosher diets. Kosher meals are served individually wrapped on separate trays and are prepared in a separate Kosher food preparation room in Elmira's kitchen. A rabbi comes to the facility once a month to inspect this area, in addition to the Health Inspector who visits the facility once a year to inspect the entire kitchen.

Staff told us that meals cost approximately \$2.65 per inmate per day, although the CAD and Kosher diets are slightly more expensive. According to staff, the vegetable serving for all inmates recently increased from one to two scoops. Staff told the CA that the majority of the food served comes from Oneida Correctional Facility's Food Production Center, where it is partially prepared ahead of time. 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 heated and served. Other foods are delivered from the local Sysco supplier. Produce is delivered once a week and milk is delivered every day.

Inmates raised concerns regarding special diets, including the CAD, the Kosher meal, and medical diets. The facility has a policy stating that if an inmate misses three special meals in seven days, he will be removed from the special diet. Several inmates voiced problems with the diet removal policies. Inmates told the CA that inmates who take the special meal but fail to sign-in often are taken off the list. Inmates also stated that the trays for the special diets are not clearly marked, and it is often difficult to tell which tray to take. We suggest that Elmira staff look into ways of clarifying the special diet policies and procedures and ensuring that inmates who are eligible for these meals are not denied access to them.

Overall, surveyed inmates were less satisfied with the food than at the other CA-visited facilities, with 24% at least somewhat satisfied with the food service.³ Forty-two percent of surveyed inmates were at least somewhat satisfied with the quantity of the food served, while 49% were at least somewhat satisfied with the temperature and 44% were at least somewhat satisfied with the nutritional value of the food served. Several inmates served in remote locations such as keeplock complained that the food was often cold and that meal components were often missing from the tray. Other complaints common among survey respondents were that food was frequently undercooked or overcooked, and that they were rarely served fresh fruits and vegetables.

Thirty percent of surveyed inmates were at least somewhat satisfied with the cleanliness of trays and eating utensils, with many inmates complaining of dirty or broken serving trays. Staff informed us that the minerals in the hard facility water collect on the trays, giving the appearance that they are not clean. We suggest that facility staff explain this issue to the inmate population and explore means of keeping the trays clean and clean looking, periodically replacing them if necessary. We learned in February 2011 that facility staff attempt to replace especially worn trays on occasion and had replaced all 1,200 cafeteria trays in May 2010. We commend staff for these efforts and hope that they continue to inspect and replace trays frequently enough to alleviate the inmates' concerns.

Commissary

The Visiting Committee toured Elmira's commissary. The commissary is staffed by two civilians during the day, and one regular and two "fill-in" staff at night, in addition to four to five inmate workers in the morning and three to eight inmate workers at night. Most of the inmates working at the commissary live in G Block. At the time of our visit, there were three staff vacancies and the prison was authorized to fill only one of the vacancies. We learned in February 2011 that Elmira filled the vacancy for which it had received authorization; however, the other two positions remained vacant and without authorization. Staff explained that staff in other areas were paid overtime to complete the work left by the vacant positions.

The commissary operates from 8:00 a.m. to 10:00 p.m., Monday through Friday. Each housing block visits the commissary once every two weeks. The commissary is open for inmate purchases every night of the week beginning at 6:00 p.m., with the exception of one night a month when the commissary is closed for inventory. Inmates with mandatory evening call-outs are eligible to visit the commissary beginning at 3:00 p.m. Officers deliver commissary orders to

³ Survey respondents reported an average 31% food satisfaction rate at other CA-visited facilities.

inmates who are unable to visit the commissary due to medical limitations, and inmates in the SHU receive commissary deliveries once a month. During the visit, we observed an apparent lack of sufficient storage space, with many boxes placed in the middle of the room, however we were pleased to learn during our February 2011 conversation that the facility had recently expanded the storage area, including freezer space, to keep more items in stock.

Fifty-three percent of inmates who responded to our survey were at least somewhat satisfied with the commissary, higher than the 36% average at other CA-visited facilities. 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 reach the purchasing limit. We are pleased that the cigarettes and special purchases are no longer included in the \$55 limit, however the CA is concerned that if inmates are often reaching this spending limit, then the limit remains too low.

Reception/Draft Processing

Elmira has a 429-bed reception center where new commitments from 30 counties in Central and Western New York are admitted, screened, and classified before being sent to their permanent facilities throughout the state. According to staff, Elmira receives and processes approximately 150 inmates per week, and reception inmates reside at Elmira an average of three weeks while they are processed. Inmates arrive and leave the facility four days a week, on Monday, Tuesday, Thursday, and Friday. Inmates arrive at the facility starting at 9:00 a.m., and those sent to other facilities leave Elmira beginning at 2:00 p.m. Elmira is not a major transportation hub through which inmates are transferred from around the state, though the prison sometimes accommodates transfer inmates who must stay overnight. Reception inmates who responded to our survey stayed at Elmira for a median of three weeks.

The 429-bed reception and draft processing center contains 28 extended classification cells for inmates who are identified as at-risk. This unit is discussed further in the Mental Health section of this report. The Visiting Committee observed that the reception housing units were far more tense and noisy than the permanent housing units. The distinctive tone in the reception units can be attributed to the impermanent and unsettled nature of the reception population, many of whom are new to the system.

Screening Process

Upon arrival at Elmira, inmates first meet with reception staff and are then given a Department Identification Number (DIN) according to the order in which they are received at the facility, sized for uniforms, required to shower with a lice shampoo, and given regulation-length haircuts. Inmates then meet with officers who fill out initial paperwork and distribute rulebooks, suicide and AIDS prevention pamphlets, and explain procedures regarding personal property and correspondence. Inmates are also issued a Department identification card.

During their relatively short tenure at Elmira, new commitments are given medical and mental health screenings, called out for interviews with counselors, and undergo testing to

evaluate their educational and substance abuse needs in order to determine the programs they will be required to take during their sentence. According to staff, interviews with counselors last approximately 15 minutes. Reception survey respondents estimated that interviews lasted a median of eight minutes. Written tests include IQ, basic education, Michigan Alcohol Screening Test (MAST) and the Screening Instrument for Outreach for Alcohol and Other Drug Abuse (SSI-AOD). These tests are given in a classroom setting with approximately 30 inmates at a time. Some tests are available in Spanish. Returned parole violators are not retested.

The DOCS Office of Substance Abuse Treatment Services does not appear to have a clear and comprehensive screening process for alcohol and substance abuse history in place. Staff whom we interviewed explained that questions include whether inmates have used drugs or alcohol throughout their lives or in the six months prior to their incarceration and what substances they have used. Fifty percent of reception survey respondents stated that screening staff did not ask them about their substance abuse histories, compared to 26% of reception inmates at Downstate C.F. We asked survey respondents to describe the topics discussed during the initial screening interview, which were far more limited than at Downstate, focusing almost exclusively on the inmate's security classification and time to be served. We are concerned about the lack of a comprehensive screening process considering that the information gathered during the reception process is used to determine an inmate's required programs, particularly whether an inmate is required to complete the Alcohol and Substance Abuse Treatment (ASAT) program prior to release.

Medical and Mental Health Screenings

Elmira maintains a separate medical unit for the reception inmates, with two full-time nurses. Additional medical staff are present at reception from 12:00 p.m. to 1:30 p.m. every day. According to staff, approximately one-quarter of all reception inmates must receive some form of follow-up after the medical screening and inmates are often sent directly from reception to the infirmary.

Overall, survey respondents rated the medical screening more favorably than at the other reception facility we visited, with 47% rating it as good, 23% rating it as fair, and 30% rating it as poor. Ninety percent of reception survey respondents reported being asked about chronic problems, 83% being asked if they needed immediate medical or mental health care, and 67% reporting that staff discussed inmates' medical problems with them. Thirty-four percent of survey respondents stated that an HIV test was offered to them, and three respondents (10%) received an HIV test.

Reception survey respondents generally rated the mental health screening as fair, with 32% rating it as good, 48% rating it as fair, and 20% rating it as poor. Eighty-three percent of survey respondents stated that staff asked them about their prior mental health history and 82% were asked if they were on mental health medication. Twenty-one percent of survey respondents said that staff recommended they receive mental health services while incarcerated.

We were pleased to learn during our February 2011 conversation that the facility had installed a new medical intake area in the draft processing unit in July 2010. The new area

includes six examination rooms and permits medical staff to conduct evaluations in the reception area and minimizes the transportation of new inmates to the infirmary. New equipment included X-ray and dental equipment. We commend the facility for taking this step to promote greater efficiency in the medical screening process.

Safety

Inmate-Staff Relations

General population inmates at Elmira inmates had a somewhat more positive view of inmate-staff relations than at other prisons we have visited, although inmate perception of overall relations did not precisely mirror actual inmate experience. Survey results indicated a higher rate of physical confrontations between staff and inmates than at other facilities, with 35% of respondents stating that they had experienced a physical confrontation with staff at least once while at Elmira.⁴ Only 37% percent of survey respondents stated that physical confrontations between staff and inmates were frequent throughout the facility, which is significantly lower than the average of 58% at all CA-visited prisons. Inmate perception of safety was slightly higher than at other facilities, with 24% of surveyed inmates reporting that they frequently felt unsafe at Elmira and 41% reporting they felt very unsafe.⁵

Forty-four percent of survey respondents described inmate-staff relations at Elmira as bad, 37% as equally good and bad, and 19% as good.⁶ Eighty-three percent of respondents believed that there are some Correctional Officers (COs) at Elmira who do a good job; however, 58% said that there were COs who engaged in serious misconduct. Inmates estimated that 30% of Elmira COs do a poor job and 50% do a good job, more positive than at other facilities.⁷ Seventy-five percent of the respondents said the administration at Elmira does very little or nothing to prevent abuse.

At rates lower than other facilities, 78% percent of survey respondents said they experienced verbal harassment at least once at Elmira and 62% said it occurred frequently throughout the facility.⁸ Thirty-three percent of survey respondents described racial tension between officers and inmates as widespread or common and 27% believed that racial discrimination contributed significantly to abuse, rates far lower than at other CA-visited facilities.⁹ Forty-nine percent of survey respondents stated that they had their property destroyed or stolen by staff at least once at Elmira, slightly lower than the average rate for all CA survey participants. Inmates reported that the most common forms of officer abuse at Elmira were

⁴ An average of 26% of survey respondents at all CA-visited prisons reported experiencing a physical confrontation at least once.

⁵ An average of 25% of surveyed inmates frequently feels unsafe at the CA-visited facilities. With regards to level of safety, an average of 44% of surveyed inmates feels very unsafe.

⁶ At all CA-visited facilities, an average of 62% of survey respondents view inmate-officer relations as bad, 28% as equally good and bad, and 10% as good.

⁷ Survey respondents at all CA-visited facilities estimate that 51% of COs did a poor job and 30% do a good job.

⁸ At all CA-visited facilities, an average 80% of survey respondents reported hearing of verbal harassment frequently throughout the facility, and 84% had experienced verbal harassment at least once.

⁹ An average of 51% of survey respondents at all CA-visited facilities reported racial tension as widespread or common and 40% reported that it contributed significantly to abuse.

verbal harassment and threats and intimidation, however false tickets and retaliation for complaints were also common. When asked if there were certain shifts or locations where abuse was more likely to occur, survey respondents stated that abuse often occurred during the 3:00 p.m. to 11:00 p.m. shift and in unmonitored areas. Fifty-three percent of survey respondents said that video cameras would significantly reduce abuse.

When we asked inmates how often they hear about sexual abuse by staff occurring throughout the prison, 11% of survey respondents said they had heard about such incidents frequently, and an additional 22% of survey participants reported it occurring at least once. The response rate for incidents of sexual abuse places Elmira in the top third of all CA-surveyed prisons for frequency of sexual abuse, signifying that the inmates perceive more abuse at Elmira than at other prisons we have visited.¹⁰ In reviewing disciplinary actions for sex offenses, Elmira had the fifth highest rate of all male state prisons from 2003 through August 2006, and was the ninth highest for such incidents in 2008. Fifty-eight percent of survey respondents reported experiencing an abusive pat frisk at least once, similar to the average at all CA-visited facilities. We suggest that facility administrators examine this high rate of sexual abuse between staff and inmates and among inmates to determine its root causes and explore methods of prevention.

According to Unusual Incident Report (UIR) data provided by the facility, Elmira recorded 35 assaults on staff in 2007, 18 assaults on staff in 2008, and 20 assaults in 2009. The CA reviewed DOCS computer records concerning UIRs at Elmira for 2003 through 2008 and disciplinary data for 2003 through 2006 plus 2008, and we compared this data to system-wide records for all state prisons. The UIR rate for assault-on-staff during this five-year period placed the prison in the lower half of all maximum security prisons; however, for only 2007 and 2008, Elmira was in the lower quarter of all maximum security prisons, signifying a rise in assault-on-staff incidents during those years. An analysis of the rate for misbehavior reports for assault-on-staff reveals that Elmira had a moderate-to-low rate for maximum security prisons for 2003 through 2006, but had a higher rate for 2008, placing it in the bottom quarter of maximum security prisons for that year. According to data provided after February 2011 conversation, the facility recorded 23 UIRs and 27 disciplinary reports for assaults on staff, an increase in both categories.

Inmate-Inmate Relations

At a rate similar to other prisons, 28% of survey respondents reported having a physical confrontation with another inmate at least once. Sixty-three percent of surveyed inmates stated that physical confrontations between inmates were frequent throughout the facility, far higher than the average of 38% at other CA-visited facilities. Inmates indicated that gangs, personal conflicts, and the stress of being in prison were major contributing factors to violence among inmates at Elmira.

Gang activity appears to be a significant problem at Elmira, with 92% of survey respondents stating that gang activity is common at the facility, and 57% of them stating that

¹⁰ In an August 2010 report *Sexual Victimization in Prisons and Jails Reported by Inmates, 2008-09*, the U.S. Department of Justice Bureau of Justice Statistics ranked Elmira with the third highest rate of staff sexual misconduct in all 167 surveyed male prisons in the U.S.

gangs were a significant source of violence at the facility. These numbers are far higher than at other CA-visited facilities, with an average of 75% of survey respondents reporting that gang activity is common and 34% citing it as a significant source of facility violence. Staff corroborated these survey findings, stating that gang activity has escalated in recent years. Staff attributed the high levels of gang activity to the higher population of younger inmates at the facility, many of whom may feel unsafe and join gangs for protection.

At rates higher than other CA-visited facilities, 50% of surveyed inmates stated that contraband drug use was common among inmates, and 26% stated that contraband drug use was a significant source of violence.¹¹ A higher number of Elmira survey respondents reported that they had been disciplined for drugs multiple times during their incarceration than at other CA-visited facilities, however of those inmates, slightly fewer than at other facilities reported receiving a SHU sentence as a result.¹² Inmates with whom we spoke did not generally attribute facility violence to the drug trade, but staff suggested that the drug trade was linked with gang activity, and therefore contributed to facility violence.

According to data provided by the facility, Elmira recorded 64 assaults on inmates in 2007, 68 such assaults in 2008, and 60 in 2009. We also reviewed DOCS computer data for UIRs for assault-on-inmate at Elmira for the period 2003 through 2008 and disciplinary data for assault-on-inmate and fighting for January 2003 through August 2006, and 2008. This data places Elmira with the highest annual rate for UIRs for assault-on-inmate incidents among all maximum security prisons in the state. Similarly, the prison's rate for issuing disciplinary reports for inmate assaults was in the top quarter of all maximum security facilities for the period for 2003 through August 2006, and it had the highest rate in 2008. The rate at which Elmira issued misbehavior reports for fighting was in the top third of all maximum security facilities for the same period. According to data provided after February 2011 conversation, the facility recorded 69 assault-on-inmate UIRs and 41 disciplinary reports for inmate assaults in 2010, an increase in both categories. Overall, violence among inmates at Elmira appears to be very high for a maximum security facility.

Reception Unit Safety

In general, reception survey respondents stated that they felt unsafe in the facility, with 72% feeling unsafe at least once at Elmira, 56% of whom felt unsafe frequently. Forty percent of the survey respondents reported feeling very unsafe. Reception survey respondents' perception of inmate-staff relations was worse than in the general population, with 63% of reception survey participants rating inmate-staff relations as somewhat bad, 33% rating them as equally good and bad, and 3% rating them as good. Thirty-one percent of surveyed reception inmates had experienced a physical confrontation with staff at least once, slightly lower than the general population, however 54% reported frequently hearing about physical confrontations occurring in

¹¹ At all CA-visited facilities, an average of 35% of surveyed inmates reported that contraband drug use was common and 15% of survey respondents felt that contraband drug use was a significant cause of violence at the facility.

¹² Thirty-four percent of Elmira survey respondents reported having been disciplined for drug use while incarcerated compared to an average 19% at all CA-visited facilities. Of the respondents who were disciplined, 75% had been disciplined more than once, compared to 53% at all CA-visited facilities. Seventy-three percent had been given SHU time for drug offenses, compared to 86% at other CA-visited facilities.

the reception area, which is higher than the general population rate. These numbers are particularly disturbing given reception inmates' relatively short length of stay at Elmira. Inmates reported that common forms of staff abuse in the reception area were physical abuse, verbal abuse, and threats and intimidation, with 83% of reception inmates reporting having experienced verbal harassment at least once, also higher than the response of survey participants in general population.

Only 20% of reception survey respondents reported being involved in a fight with another inmate while at Elmira and 42% reported frequently hearing about fights between inmates. These rates are lower than those reported by the general population and can be explained by reception inmates' isolation from each other during the screening process and relatively short duration at the prison.

Medical Care

The Visiting Committee toured the medical facilities at Elmira and interviewed medical staff. We appreciated the extensive information provided by the facility staff during our tour and following our visit. The medical department at Elmira includes a 23-bed infirmary, which held 10 inmates at the time of our visit.

Authorized medical staff positions included two physicians, two nurse practitioners, a nurse administrator and 19 nurses. Elmira had one nurse vacancy, for which the prison did not anticipate any difficulty in filling. The facility did not have an HIV or Infectious Disease specialist on staff, and there were no Spanish-speaking staff. Staff informed us that it had been allocated two new nursing positions about 18 months prior to our visit. Given its current staffing numbers, the prison has one clinic provider (doctor or nurse practitioner) for every 450 inmates and one nurse for 100 inmates, rates that are comparable to many of the other maximum security prisons we have visited. During our February 2011 conversation, we learned that the facility had filled but was again interviewing a candidate for a nurse vacancy, citing a high turnover rate. The facility had also lost one full-time physician in October 2010 and was having difficulty recruiting a replacement, however had received approval to hire two part-time physicians for the position.

Overall, inmates who responded to our survey rated the prison's healthcare system as fair, a more positive assessment than the average rating at the 26 prisons the CA has visited. Eighteen-percent of Elmira survey respondents rated the overall quality of medical care as good, 48% assessed the medical care to be fair, and 34% rated it as poor. These figures place Elmira in the top 20% of CA-surveyed prisons.

Sick Call

Sick call is conducted by three nurses four days a week – Monday, Tuesday, Thursday, and Friday, from 6:00 a.m. to 7:00 a.m. Sick call is conducted every day in the SHU and the mental health units by one nurse for one hour per day. Facility staff estimated that an average of 1,273 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 CO who

will then contact medical staff. Prison staff estimated that approximately 201 inmates attend emergency sick call per month.

Inmates rated their access to sick call at rates comparable to those at other CA-visited facilities, with slightly higher quality of care ratings once inmates received care. Fifty-two percent of surveyed inmates stated that they could access sick call when needed, similar to the 54% average rate at other CA-visited facilities. Forty percent reported that they could only access sick call sometimes, while 6% stated that they could not access sick call, compared to 29% and 18% averages, respectively, at all CA-visited prisons, resulting in Elmira being in the top 40% of all surveyed facilities. Concerning the quality of care at sick call, surveyed inmates were generally more satisfied than at other CA-visited prisons, with 26% rating the overall quality of sick call nurses as good, 40% rating them as fair, and 34% rating them as poor, placing the prison in the top quarter of all CA-visited facilities.¹³ Inmates with whom we spoke stated that if an inmate submits a sick call slip after 3:00 p.m., he would not be seen for two days. Aside from delays in access, the most common inmate complaint about sick call involved sharing medical problems with sick call nurses in the presence of correctional officers. Inmates expressed concerns about confidentiality throughout all aspects of medical care at Elmira, however inmates appeared most concerned about the sick call process. We suggest that facility medical staff explore ways of ensuring patient confidentiality during medical encounters while still maintaining facility safety.

Routine Medical Care

Inmates who require care beyond sick call are seen in the medical area by a nurse practitioner or physician. Clinic call-outs are held Monday through Friday, from 9:00 a.m. to 11:00 a.m. and 1:00 p.m. to 3:00 p.m. The facility estimated that they receive an average of 1,050 inmates for call-outs each month. According to prison medical staff, inmates with non-emergent cases wait an average of 30 to 40 days to see a provider. Inmate survey participants were critical of the call-out system at a rate somewhat worse than the rates at all CA-visited facilities. Forty-one percent of survey respondents reported experiencing frequent delays in seeing a clinic provider, a rate that places Elmira in the lower 40% of surveyed prisons. Similarly, the median wait time to see health care providers reported by survey participants was 21 days, placing the prison in the bottom 40% of all CA-visited prisons.

Overall, inmates rated the quality of medical staff as fair, with a more positive rating than at other CA-visited facilities. Twenty-eight percent of survey respondents rated medical staff as good, 41% as fair, and 31% as poor, compared to 14%, 36%, and 50% averages, respectively, at all CA-visited facilities. Overall the rating of Elmira's clinic providers was third highest of the 26 prisons for which we have comparable data. Inmates who rated medical staff favorably said that the staff were caring, and that care provided was fair. Among reasons why inmates were dissatisfied with the quality of medical staff were that the quality of care was unpredictable, cases were sometimes misdiagnosed, and some nurses and doctors did not treat inmates in a respectful manner and did not appear to care or listen to patients' complaints.

¹³ The average sick call quality rates at all CA-visited facilities are: 14% rating quality as good, 36% rating it as fair, and 51% rating it as poor.

Chronic Care

According to information provided by the facility, Elmira housed 36 HIV-infected inmates, 20 of whom were receiving therapy at the time of our visit. Of these 36 HIV-infected patients, 19 had progressed to an AIDS diagnosis. Although there were no Elmira physicians qualified as HIV specialists under DOCS protocols, HIV-infected inmates received treatment from one outside Infectious Disease (ID) specialist. Staff informed us that the ID specialist regularly held clinics twice per month at the facility, and saw an average of four patients for ID specialty appointments per month. This appears to be a substantial increase from data we received in the past concerning Elmira inmates' access to an ID specialist. In fiscal year 2006 to 2007, there were only 19 ID appointments, representing a rate that was less than one-sixth of the department-wide utilization rate. Inmates with HIV and hepatitis C (HCV) are routinely assigned to specific providers.

Staff had identified 130 inmates with HCV, representing 7% of the prison population. This figure is lower than the average of 9% throughout the Department. Staff explained that inmates are only tested for HCV if they are part of a "high-risk" population. It appears that Elmira may not be aggressively evaluating its inmates to determine whether they are infected with HCV. According to facility data, only five of the 130 HCV-infected inmates were receiving treatment for the disease. This represents a rate of treatment that is below the system-wide average of 5% of known HCV-infected inmates receiving HCV therapy. We are concerned that of the nine inmates who are co-infected with HIV and HCV, only one was receiving HCV therapy. At some prisons, HCV-infected inmates are evaluated by a gastroenterologist (GI) specialist to determine if they are appropriate candidates for treatment, but this is not necessarily the case at every facility. Elmira medical staff reported that only inmates who are co-infected with HIV and HCV are evaluated by a GI. While DOCS medical staff in general are not referring patients to a GI as frequently as in the past, Elmira's GI referral rate was very low, and its liver biopsy rate was 64% of the system-wide average. It would be useful to review HCV treatment records to discern whether staff are being aggressive in inmate-patient HCV evaluations and treatment.

Elmira houses many inmates with other chronic medical conditions. Staff explained that the statewide prison population has gotten older, and an aging population is afflicted with a higher number of chronic conditions. Inmates are frequently newly diagnosed with diabetes, and staff estimated that they diagnose reception inmates with cancer at least once a month. At the time of our visit, there were 192 inmates with asthma (275 active prescriptions), 263 inmates with hypertension (587 active prescriptions), and 82 inmates with diabetes (120 active prescriptions). Sixty-one percent of Elmira survey respondents stated that they suffered from a chronic medical condition, including six inmates with HIV or AIDS (6%), 11 inmates with hepatitis A, B, or C (10%), 36 inmates with asthma (30%), 14 inmates with diabetes (13%), and 28 inmates with hypertension and other heart problems (24%).

Inmates with chronic medical conditions are routinely evaluated by medical staff every three to four months, and more frequently if necessary. Inmates with chronic conditions are not assigned to specific providers; however medical staff told us that they try to assign inmates to the same providers for every appointment.

Elmira is one of a small number of prisons that maintains a dialysis unit in the clinic to provide services for inmates with kidney function loss. At the time of our visit, there were 23 inmates receiving dialysis. These inmates are all housed on the same block for ease of treatment. Inmates on dialysis receive special discharge planning in conjunction with the Division of Parole that includes submission of a Medicaid application and housing placement before release. Inmates with whom we spoke were satisfied with the dialysis unit, however many reported having difficulty obtaining ice chips to ease hydration balance after treatments.

Facility administrators reported 13 inmate deaths at Elmira since 2007. Medical staff explained that one of these deaths resulted from improperly tracking patients on Coumadin, however a tracking system was later instituted. Elmira has had an unusually high rate of inmate suicides. From 2004 through 2009, 19% of all DOCS suicides occurred at Elmira, even though it confines only 2.8% of the Department population. This rate is seven times higher than the system average. Many of these occurred while the inmate was in Elmira's reception area. In an effort to lower the reception suicide rate, Elmira developed an Extended Classification Unit (ECU) in the reception area where unstable reception inmates can be constantly monitored. The utilization of this unit has succeeded in decreasing the number of suicides at the facility.

Specialty Care

Inmates who require specialty care services are sent to outside specialists or are seen at the prison in specialty care clinics. Specialty care clinics available at Elmira include orthopedics, urology, ophthalmology, audiology, dermatology, and general surgery. Some infectious disease specialty appointments are conducted via teleconferencing with the outside provider. According to staff, there is a significant need for orthopedic services. Staff also explained that inmates requiring physical therapy must be taken to Five Points C.F. and the delay for these services is approximately two months. The CA evaluated utilization of specialty care services for all state prisons for Fiscal Year 2006 to 2007 and Elmira use was only 75% of the average rate for all prisons. Of particular concern were the low utilization rates for infectious disease (14% of department-wide average), nephrology (15%), gastroenterology (19%), dermatology (41%), and physical therapy (51%). We urge prison medical staff and DOCS Division of Health Services to review the recent utilization of specialty care at the facility to determine if all inmates in need of further evaluation and care are promptly referred to and seen by a specialist.

Thirty-two percent of survey respondents reported seeing a specialist in the past two years, with 65% of these inmates experiencing a delay at least sometimes. Overall, Elmira was in the bottom 40% of CA-surveyed prisons concerning specialty care delays. In contrast, 61% of the inmates who had seen a specialist stated that facility medical staff provided good follow-up to the specialist's recommendations, placing the prison in the top 10% of all CA-visited facilities for responsiveness of prison medical staff to these recommendations.

Pharmacy

Elmira has its own pharmacy, which at the time of our visit was staffed by a pharmacy supervisor, a pharmacist, and two pharmacy aides. The pharmacy had recently installed a

centralized computer system to track patient prescriptions, however the system was only partially in use at the time of our visit. According to staff, this new system is very useful for tracking quality of care. We commend the Department for installing this new system, and expect that it is now being fully utilized.

Staff estimated that approximately 180 inmates receive medication every day. While touring the clinic, we observed a long line of inmates waiting for medication. Inmates with whom we spoke reported that there are often long waits outside, even in poor weather, and that it can take as long as 30 minutes to receive one's medication. Forty-five percent of survey respondents who were on medication reported having difficulty obtaining their medications at least sometimes, a rate better than at 70% of the prisons surveyed by the CA. We remain concerned, however, that a majority of inmates on medications reports periodic problems. Difficulty obtaining medication refills was a common complaint among the surveyed inmates. Inmates also complained that staff crush all distributed pain medications as a precautionary measure, which makes it difficult for inmates to identify whether they are taking the correct type and dose. We understand the necessity of crushing medication for some inmates, however we suggest that medical staff reexamine this policy to determine whether it is necessary for all inmates.

The facility has designated specific nurses to distribute psychotropic medications, and at the time of our visit, the prison was in the process of moving distribution of these medications to a separate area where inmates could receive doses on a one-on-one basis with medical staff. Fourteen percent of survey respondents reported that they had problems receiving mental health medications at least sometimes. We commend the facility for instituting a one-on-one distribution system in order to promote patient education about their medications and to prevent prescription drug abuse.

Quality Improvement

Elmira has an eight-member Quality Improvement (QI) Committee comprising medical, administrative, and security staff that meets quarterly to review healthcare at the facility. In the case of an unexpected inmate death, the Committee meets within the week to review the details. The Committee keeps minutes of the meetings which are provided to facility executive staff and the DOCS Division of Health Services (DHS) for review. The facility also conducts quarterly Continuous Quality Improvement (CQI) audits of its HIV care, during which staff review 10 patient charts.

Dental Care

The Visiting Committee toured the dental area and spoke with the dental staff. At the time of our visit, Elmira employed one dentist, one dental hygienist, and once receptionist and had no vacancies. Staff told the CA that approximately 20% of dental work in the facility consists of extractions, and the remaining 80% is restorative care.

According to staff, there is typically a one and a half month wait for non-emergency dental care and staff see one to two emergency cases per day. Inmates must wait two to three

months for a routine cleaning, and two to three months to see an oral surgeon. Dentures are available at the facility and are generally completed in two and a half to three months. Fifty-nine percent of survey respondents reported seeing the dentist at least once in the past two years. When asked to estimate the delay in seeing the dentist, survey respondents said that the median delay was 90 days, the longest median time of the 11 prisons for which we have data and well above the average median delay of 60 days.

Surveyed inmates had a somewhat lower rating of dental care than at other CA-visited facilities, with 20% of survey respondents rating it as good, 36% rating it as fair, and 44% rating it as poor.¹⁴ We asked inmates to explain their ratings of dental care and those who gave positive ratings explained that staff were professional, did a good job, and treated the inmates with respect. Inmates who gave negative ratings complained of the long wait to see dental staff and that staff often pulled teeth instead of attempting restorative dental options.

We were pleased to learn that as of February 2011, the facility had hired an additional dentist and an additional dental hygienist. We anticipate that this increased staffing will cut down on inmate waiting times.

Mental Health

Elmira is an Office of Mental Health (OMH) Level-1 facility, which means that the facility has the capability of treating a “person diagnosed with a major mental illness and/or severe personality disorder[s] with active symptoms and/or a history of psychiatric instability.”¹⁵ All prison mental health services are provided by New York State OMH staff, rather than DOCS staff. At Elmira, OMH is authorized to maintain 30 full-time employees: three psychiatrists, four psychologists, six nurses, a nurse administrator, and the remainder social workers. One psychologist and three social workers are dedicated exclusively to the reception area. Mental health personnel must be present in the facility at all times.

The percentage of DOCS inmates receiving OMH services department-wide reached its peak in August 2008 and has since been slowly declining.¹⁶ At the time of our visit, OMH staff estimated that there were 360 Elmira inmates on the OMH caseload, including 110 inmates in reception, which is slightly higher than the average reception population with mental illness. Of the inmates on the OMH caseload, 140 of them were designated with an “S” OMH classified mental illness, signifying that they meet the definition of an inmate with serious mental illness as provided in the settlement agreement resulting from the Disability Advocates Inc. (DAI) litigation.¹⁷ OMH is responsible for programs and monitoring in several special housing areas,

¹⁴ At other CA-visited facilities, an average of 23.8% of survey respondents rated facility dental services as good, 33.9% rate them as fair, and 42.3% rated services as poor.

¹⁵ *When a Person with Mental Illness Goes to Prison: How to Help*, a 2010 guide published by The Urban Justice Center’s Mental Health Project (MHP) and the National Alliance on Mental Illness – New York State (NAMI-NYS), Appendix A.

¹⁶ NYS Office of Mental Health, Central NY Psychiatric Center, *Patient Demographic and Diagnostic Profile CY 2008*, at 3 (2009).

¹⁷ *Disability Advocates, Inc. v. NYS Office of Mental Health, et al.* 02-CV-4002 (SDNY), was resolved by a Private Settlement Agreement in April 2007 and requires DOCS and OMH to provide a heightened level of care for all state

including a six-bed Residential Crisis Treatment Program (RCTP), a 56-bed Intermediate Care Program (ICP), an 18-bed Transitional Intermediate Care Program (TRICP), a 12-bed Group Therapy Program (GTP) in the SHU, and a 28-cell Extended Classification Unit in the reception area.

Staff told us that there were over 300 inmates on psychotropic medications at Elmira, not including the reception population, whose medication needs changed daily due to the transitory nature of the population. Fifty-four percent of the general population inmates who responded to our survey stated what they had received or been recommended for mental health services while incarcerated, and 50% of surveyed general population inmates stated that they were currently on the OMH caseload at Elmira. Twenty-two percent of surveyed general population inmates reported seeing mental health staff many times in the past year, while 24% reported seeing OMH staff once in awhile and 14% saw OMH staff once. Of the survey respondents who had ever been on the OMH caseload at Elmira, 57% knew their diagnoses, while 38% did not know their diagnoses and 4% stated that they did not have diagnoses. Overall, 44% of general population survey respondents rated mental health care at Elmira as good, 34% rated mental health care as fair, and 22% reported it as poor, the third highest rates for mental health care at all CA-visited facilities.

Reception Extended Classification Unit

Elmira recently designated 28 cells in the reception area as an Extended Classification Unit to house inmates at risk of committing suicide or with a history of mental health problems while they undergo the reception screening process. The development of this unit is a result of a high number of suicide attempts and self-harm incidents among reception inmates. OMH staff suggested that these incidents were related to the stress of the reception process, and often occurred among young inmates and those who are new to the system. Inmates in this unit are observed every 30 minutes. In addition, Elmira recently installed an electronic continuous observation system referred to by staff as “the pipe.”

All suicide attempts are reviewed by OMH staff, and all suicides are reviewed by the Risk Management Unit at Central New York Psychiatric Center (CNYPC). DOCS and OMH formed a suicide prevention workgroup that meets monthly to review suicides and suicide attempts, and to make recommendations regarding preventative measures.

Residential Crisis Treatment Program (RCTP)

Elmira’s Residential Crisis Treatment Program (RCTP) is intended to temporarily house inmates who experience mental health crises and may be a danger to themselves or others, or who otherwise exhibit serious psychological problems and need an assessment to determine appropriate treatment. The inmates remain in observation cells during the crisis until appropriate treatment plans and placements are identified. The OMH RCTP treatment team includes a therapist from the ICP, social workers, a psychologist, and a psychiatrist.

inmates with serious mental illness in disciplinary confinement and includes provisions for additional treatment modalities and benefits for persons with mental illness in state prison facilities.

The newly renovated unit has been operational since November 2009 and comprises six cells that are covered in wire mesh, so that inmates can be observed at all times, in addition to a dorm. Staff reported that inmates typically stay in this unit for three to four days, which is similar to the system-side average of less than four days.¹⁸ Once stabilized, RCTP inmates may be discharged back to their initial placements or transferred to another program. Some inmates may require transfer to CNYPC for in-patient treatment. According to staff, less than 10% of inmates in the RCTP are sent to CNYPC, and those inmates who are sent there typically return to Elmira within six to 10 weeks. OMH staff informed us that the unit occasionally is full, at which time patients are housed in the infirmary.

OMH's 2009 Annual Report on RCTP programs throughout the state noted that Elmira served 526 inmate-patients during that year, 308 in the observation cells and 218 in the dorm area. The average length of stay in Elmira's RCTP for 2009 was three days in the observation cells and a total of four days for the dormitory beds. Of the 56 Elmira RCTP patients who were transferred to CNYPC during 2009, 19 patients (34%) came from general population, 11 patients (20%) were from the SHU, seven patients (13%) were from reception, and only three patients (5%) were from the ICP.¹⁹ We are concerned that SHU inmates are over-represented in those patients who require the most significant mental health intervention.

Intermediate Care Program (ICP)

The Intermediate Care Program (ICP) is a residential treatment program for inmates with serious mental illness (SMI). Inmates in the ICP are housed on a 56-bed unit separate from Elmira's general prison population and attend special programs and weekly community meetings in a program area located on the housing unit. Some inmates may also enroll in regular educational and vocational programs away from the unit and have job assignments throughout the facility. The goal of the ICP is to provide inmates with sufficient mental health treatment and support so that they may eventually return to the general prison population, although inmates with chronic mental illness may spend the duration of their prison sentence the ICP. As of December 30, 2009, there were 55 patients in the ICP; 51 were designated as OMH Level-1, signifying they were among inmates with the greatest mental health needs, and four were OMH Level-2. Ninety-three percent of these patients were diagnosed with serious mental illness. During 2009, there were 44 admissions to the Elmira ICP.²⁰

ICP programming at Elmira includes 10 specialized programs, each with a capacity of eight inmates per class, that meet on a weekly basis for eight to 12 weeks, depending on the program topic. In addition to these programs, Elmira is one of three facilities that operates a DOCS-run Sex Offender Program (SOP) in the ICP for inmates who are required to enroll. The SOP meets Monday through Friday for two hours a day, and is run by DOCS social workers and Correction Counselors rather than OMH staff. The SOP takes between nine and 18 months to

¹⁸ According to the DAI Private Settlement Agreement, "OMH will strive to limit observation cell stays to four days, though clinical determinations will guide length of stay. For stays longer than a week, the central New York Psychiatric Center (CNYPC) director or designee must be consulted."

¹⁹ NYS Office of Mental Health, Central NY Psychiatric Center, *Residential Crisis Treatment Program Annual Report 2009*, Tables 1, 3 and 7 (April 2010).

²⁰ NYS Office of Mental Health, Central NY Psychiatric Center, *Intermediate Care Program 2009 Annual Report*, Tables 1, 2 and 3 (March 2010).

complete, depending on how quickly each inmate progresses. According to staff, since Elmira is one of the few facilities offering an SOP in the ICP, many inmates transfer from other facilities to enroll.

We received surveys from 11 inmates in the ICP who had spent a median of eight and a half months on the unit. Most survey respondents had not been in another ICP prior to the Elmira ICP. Nine out of 11 survey respondents said that they knew their diagnoses, which included paranoid schizophrenia, bipolar disorder, depression, anxiety, and post-traumatic stress disorder. Nine out of 11 survey respondents said that they were more compliant with taking their medications than when they were in general population. One survey respondent reported having gone to CNYPC twice while in the ICP. The other respondents had never been to CNYPC while in the ICP, even though four of them had been at least once while incarcerated. All of the survey respondents had been to the RCTP while incarcerated and four of them had been transferred to the RCTP while in the ICP, three more than once. Two survey respondents reported that they had attempted to harm themselves while in the ICP. While we were pleased to learn that in general, ICP inmates appear more stable and are more compliant with their medications while in the unit, since nearly one-third of respondents required transfer to the RCTP while in the ICP, we urge the facility to examine other methods of treating this population.

According to survey respondents, an OMH staff member makes rounds on the unit a median of five times per week. Surveyed inmates told us that they attend group therapy sessions with 10 inmates once per week, and estimated that sessions are 60 minutes long. Survey respondents also reported that they receive individual therapy sessions once a month, for a median length of 18 minutes per session. We asked survey participants if security staff were present in counseling sessions and of the eight inmates who responded to the question, four said security staff were present once in awhile and one said they were present once. Only one survey respondent reported that staff had discussed mental health discharge planning with him. Survey participants rated mental health services in Elmira's ICP slightly higher than in other CA-visited ICPs and TRICPs, with six respondents rating services as good (54%) and five (45%) rating them as fair.²¹

Inmates appeared to feel safer in the ICP than in the general prison population, and had a more positive view of inmate-staff and inmate-inmate relations than in the general population and at other CA-visited ICPs and TRICPs. When asked to rate inmate-staff relations, one respondent rated them as somewhat bad (9%), four rated them as equally good and bad (36%), four as somewhat good (36%), and two as very good (18%).²² Respondents reported generally not being involved in confrontations with staff, although one survey respondent reported experiencing confrontations with staff very frequently and one reported experiencing confrontations once in awhile.²³ Violence among inmates in the ICP also appeared to be low, with one respondent stating that inmate fights occur frequently (9%), seven reporting that fights

²¹ Compared to average mental health ratings of 46% as good, 44% fair, 10% as poor at other CA-visited ICPs and TRICPs.

²² Compared to average rates of 17% very bad, 10% somewhat bad, 30% equally good and bad, 29% somewhat good, and 14% very good at all CA-visited ICPs and TRICPs.

²³ Compared to an average of 3% of survey respondents who reported experiencing confrontations with staff very frequently, 1% frequently, 4% once in awhile, 10% once, and 82% never at all CA-visited ICPs and TRICPs.

occur once in awhile (63%), and three reporting that fights never occur (27%).²⁴ Three survey respondents reported having been involved in fights themselves once in awhile, two respondents stated that they had been in one fight, and six reporting never fighting. We asked survey respondents to quantify how unsafe they feel when they feel unsafe and at rates similar to other facilities, two respondents reported feeling very unsafe (18%), five felt somewhat unsafe (45%), and three felt a little unsafe (27%). At a rate higher than other CA-visited ICPs and TRICPs, of the 11 survey respondents, nine of them (81%) reported feeling safer in the ICP than in general population.²⁵

Generally, ICP inmates were satisfied with the programs in which they were enrolled, significantly more so than at other CA-visited ICPs and TRICPs. Surveyed inmates were enrolled in an average of one educational, vocational, job, or treatment program at the time of our visit, and four were on waiting lists for additional programs. Of the surveyed inmates enrolled in an educational program, six out of seven (86%) were at least somewhat satisfied with the program, compared to 40% at all CA-visited ICPs and TRICPs. Every survey respondent enrolled in a vocational program was at least somewhat satisfied with the program, and 91% of inmates with jobs were at least somewhat satisfied, which included various porter positions, painting, and recycling, compared to 52% and 62% satisfaction rates at all CA-visited ICPs and TRICPs, respectively.

We asked inmates what they liked about the ICP and answers included that they enjoyed the programs, the solitude, the staff availability and staff assistance, and that the program helped keep them focused and protected them from general population. We also asked inmates what they disliked about the ICP and some wanted to learn more about their mental illnesses and others explained that some security staff were threatening and did not interact well with inmates with mental illness. We are pleased that inmates feel safer and appear to benefit from the programs and the therapy in the ICP. We recommend that the facility ensure that all security staff working on the unit receive training in how to recognize inmates experiencing symptoms of mental illness and how to work more effectively with them. We also recommend that security staff conduct is closely monitored to ensure that they maintain a therapeutic approach to inmates on this treatment unit.

Transitional Intermediate Care Program (TRICP)

Elmira's Transitional Intermediate Care Program (TRICP) was initiated in January 2008, and is an 18-cell transitory unit for inmates with mental illness who require a more supportive environment than those in general population, but whose illnesses are not severe enough for placement in the ICP. TRICP inmates are programmed with general population inmates but also receive group and individual therapy. OMH reported that Elmira admitted 34 inmates to the program during 2009.²⁶ The average length of stay on the unit during 2009 was 160 days and at the end of 2009, the unit was full and all the patients were diagnosed with serious mental illness.

²⁴ Compared to an average of 3% of survey respondents reporting hearing about inmate fights very frequently, 14% frequently, 51% once in awhile, 3% once, and 30% never at all CA-visited ICPs and TRICPs.

²⁵ Compared to an average of 73% of survey respondents who felt safer in the CA-visited ICPs TRICPs.

²⁶ CNYPC-OMH, *Transitional Intermediate Care Program Annual Report 2010*, Table 1 (March 2010).

According to staff, inmates who have not progressed sufficiently within six months are transferred to the ICP.

We received surveys from three inmates in the TRICP who said they had resided in the TRICP for two months, three months, and 18 months, respectively. All three surveyed inmates had been housed in general population before entering the TRICP. Mental health diagnoses among surveyed inmates included bipolar disorder, depression, and post-traumatic stress disorder. Two of the survey respondents were enrolled in vocational programs and two had facility jobs, with one respondent holding both a job and a vocational program. The survey respondents gave generally positive reviews of the program, stating that they liked the programs and group and individual therapy, with one respondent explaining that it was a “great program.” One inmate said that he disliked being labeled as someone with mental health problems due to his being housed in the TRICP.

We asked survey participants to assess the quality of the overall mental health services and two inmates rated them as good and one rated them as fair. The survey respondents reported that they attend group therapy sessions twice a week for 60 minutes at a time, and two inmates rated the group sessions as good and one rated the sessions as fair. In addition to the group therapy, two survey respondents reported individually meeting with a therapist four times a month for 15 minutes per session, and one survey respondent said that he received individual therapy once a month for five minutes per session. Two survey respondents said that they were more compliant with taking their medications since in the TRICP, while the third said that he was just as compliant as before. One of the survey respondents had gone to the RCTP three times while in the TRICP and the other two had not gone to the RCTP all while in the TRICP, even though they had gone three times or more while housed in general population. None of the survey respondents reported attempting to harm themselves while in the TRICP.

While it is difficult to accurately assess the level of violence in the TRICP from the small number of surveys we received, those we received indicated a low level of violence on the TRICP, both between staff and inmates and between inmates. All three survey respondents rated inmate-staff relations on the TRICP as equally good and bad, and none of the survey respondents reported ever having been in a physical confrontation with staff. All three survey respondents stated that they experienced verbal harassment from staff once in awhile. Regarding fights among inmates in the TRICP, two survey respondents said that they never hear about them and one survey respondent said that he hears about them once in awhile. One survey respondent reported being in a fight with another inmate once while in the TRICP. We asked survey respondents how unsafe they feel in the TRICP and two said they felt only a little unsafe and one said he felt somewhat unsafe. When asked if they feel safer in the TRICP than in general population, only one inmate responded that he felt safer in the TRICP.

Special Housing Unit Group Therapy Program (GTP)

The Group Therapy Program (GTP) provides psychiatric and behavioral interventions for inmates in the SHU with serious mental illness or “S” designations. The program capacity is 12, and at the time of our visit, there were eight inmates in the program. The GTP offers daily two-hour therapy sessions five days a week, Monday through Friday. These sessions are held in a

room adjacent to the SHU, where inmates are held in individual caged therapeutic cubicles.²⁷ One hour of therapy is run by OMH staff and includes cognitive behavior treatment strategies and anger management. The second hour of therapy is run by a DOCS social worker and is focused on thematic issues relevant to being in the SHU. We have long objected to the use of therapeutic cubicles for group therapy. Using such imposing physical barriers to separate therapists from their patients inhibits the establishment of a therapeutic environment and undermines the trust that should develop between therapist and patient, particularly when these restrictions are imposed throughout the treatment process, which, for some GTP inmates, could extend for years.²⁸ Inmates remain in the GTP until they have completed their SHU sentences.

Substance Abuse Treatment Programs

At the time of our visit, Elmira operated a 122-inmate capacity Alcohol and Substance Abuse Treatment (ASAT) program and an 18-inmate capacity Integrated Dual Diagnosis Treatment (IDDT) program for inmates housed in the ICP. Neither program was at full capacity at the time of our visit, with ASAT reporting 99 enrollments and the IDDT ICP program reporting 11 enrollments.

Additionally, Elmira offers weekly voluntary AA and NA meetings, with 12 to 15 inmates typically attending the weekly AA meeting. Staff reported a lower inmate participation rate for the NA sessions. We were pleased to learn from facility staff that inmates are allowed to facilitate these group meeting if an outside volunteer is not able to attend. Similar to other facilities we have visited, facility staff reported a greater difficulty in recruiting outside NA volunteers. Inmates at Elmira reported a greater need for prison-based substance abuse treatment than at other prisons, with 39% of all inmates surveyed stating it was extremely important for them to get substance abuse treatment while incarcerated, compared to 27% at other CA-visited prisons.

Alcohol and Substance Abuse Treatment (ASAT)

More than half of the treatment participants we surveyed in the ASAT program at Elmira had previously been enrolled in a prison substance abuse treatment program, compared to one-third of treatment participants surveyed at all CA-visited prisons. The ASAT program at Elmira was divided into two sections, ASAT "1" and ASAT "2." Both sections run morning and afternoon sessions. Half of ASAT "1" and ASAT "2" participants attend group sessions in the morning and the remaining half attend in the afternoon. When ASAT participants are not in a group session, they are involved in another prison-based program in the morning or afternoon. All ASAT participants are housed in the facility's E housing block, and are not required to keep their individual cells up to the special Therapeutic Community (TC) standards employed in most other ASAT programs throughout DOCS.²⁹

²⁷ Therapeutic cubicles are 4' wide by 4'8" deep by 7' high.

²⁸ It should be noted that at CNYPC, inmates with more significant mental health problems regularly see their therapist without such physical restrictions being employed.

²⁹ TC cell standards include strict rules describing how an inmate's bed should be made, how shoes must be aligned, and various other regulations regarding how an inmate's possessions must be kept and organized.

Elmira's ASAT program treatment staff include one full-time Correction Counselor (CC) and one full-time Program Assistant (PA). Prior to January 28, 2010, a second PA was employed in the ASAT program, but this position was vacant at the time of our visit. Staff reported that the prison was unable to fill this position as the program was currently at its budget fill level. With this vacancy, the average staff-to-inmate ratio was approximately one to 50. When asked about training opportunities, treatment staff stated that additional training about mental health issues would be helpful. Security staff working in the ASAT units had not attended any TC training.

The ASAT program at Elmira operates as a modified TC. Typical TC elements include community meetings, the use of "push-ups" and "pull-ups," and some type of structured hierarchy.³⁰ We observed and spoke with treatment staff of both the ASAT "1" and ASAT "2" sections and noted considerable differences between the two, with one section relying more heavily on the use of hierarchy than the other, as well as on the use of pull-ups and push-ups. DOCS' ASAT programs incorporate elements of TC, cognitive-behavioral therapy (CBT) and 12-Steps principles, but the emphasis on these elements varies by facility and treatment staff. Similar to treatment participants system-wide, participants at Elmira reported a greater satisfaction with cognitive behavioral therapy followed by therapeutic community and 12-Steps. Compared to the 29 other treatment programs visited by the CA, Elmira ranked 10th for overall satisfaction with CBT and 22nd and 23rd, respectively for satisfaction with the TC and 12-Steps components of the program. When asked to rate the importance of specific elements of each treatment modality, participants at Elmira also found CBT to be most important and 12-Steps least important.

We were able to observe both the ASAT "1" and "2" morning and afternoon sessions. Both classrooms had some motivational posters and other materials up on the walls. The rooms did not have any windows, but the lighting appeared sufficient. We observed one treatment staff member conducting an oral test on decision making. During this session, the participants seemed relatively engaged. We were pleased to see the staff member also appeared engaged and energetic and was acknowledging participants' strengths as opposed to their weaknesses. We observed other sessions where participants appeared less engaged and somewhat detached from the discussion. We also observed inmates sharing their life stories, a session on self-image and how it impacts one's communication, and a community meeting. Treatment staff had some outdated AA/NA books available for inmates use, as well as a community referrals directory, *Connections*, from 2005-2006.

Inmates' views on the treatment staff varied depending on the staff member assigned to lead the group session. Overall, Elmira survey participants were more positive than the average responses from participants at all CA-visited prisons in their assessment of whether the program was well organized, but a higher percentage of participants at Elmira reported that people in the program were not interested in helping them and that staff did not believe in them. In rating ASAT participants' overall satisfaction with treatment staff, Elmira ranked 23rd out of the 29 CA-visited treatment programs. Similarly, the computation of a composite score of survey

³⁰ 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.

participants' responses to all survey questions related to the assessment of treatment staff ranked Elmira in the bottom third of the 29 visited prisons.³¹ Providing clinical supervision for treatment staff could lead to greater consistency among the groups and improve the motivation and engagement of the staff. We urge the facility to consider providing greater clinical supervision for the treatment staff.

A greater percentage of treatment participants at Elmira stated that people are afraid to speak up for fear of ridicule or retaliation, and that individuals who disagree with the majority are likely to have a hard time in the program. When assessing the overall composite communication scores for the program based on participant surveys,³² Elmira ranked in the bottom quarter of all CA-visited treatment programs. Elmira treatment participants also responded to questions about their overall commitment to and involvement in the program, and their responses placed the prison next to last for all visited programs. We urge the facility and Department to provide training for treatment staff in motivational interviewing techniques to increase participants' ownership over the program and, in turn, facilitating their recovery process.

The ASAT schedule at Elmira differs from many other ASAT programs we have visited. Not every participant attends a daily ASAT session Monday through Friday, and ASAT sessions vary between large groups and small groups. If ASAT "1" is running a large group session in the morning and afternoon, then ASAT "2" is running a small group session, and vice versa. On days when small group sessions are conducted, half of the ASAT "1" or "2" participants will attend on one day and the remaining half will attend on the next small session day. Those not in attendance will remain in their housing area and have the opportunity for cell study or to work on homework assignments. Every Wednesday is 'paperwork' day for the treatment staff and no formal session is held; however, if an inmate would like to meet individually with the Program Assistant (PA), the opportunity is available. Wednesday is also the day when PAs may meet with participants in order to complete their monthly evaluations. Once a week, the day differs among the two sections and the large group meets for a community meeting, though treatment staff also described this day as an orientation day for any new group participants. We found the schedule slightly confusing, but it appears that ASAT participants attend formal ASAT sessions only three days per week. It is also our understanding that if a participant is a parole violator, he will attend ASAT sessions twice per day, three times per week.

The CA submitted a request to the facility for data about the number of disciplinary, program performance, and administrative removals at the time of our visit, but had not received this information at the time of publication. Treatment staff reported that the majority of removals from the program tend result from disciplinary issues, however, the staff try to issue counseling notifications or "learning experiences" in lieu of misbehavior reports or tickets. Unless an individual is in violation of a cardinal rule triggering automatic removal from the program, staff

³¹ 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. Elmira's combined percentage was 36%, compared to 39% for all survey respondents.

³² We combined the survey responses to nine statements in question 20 of the treatment survey. Elmira's combined percentage was 50%, compared to 55% for all survey respondents.

make the final decision whether an individual will be removed. Cardinal rules or standards of behaviors include prohibitions against drug use and fighting, and are meant to protect the community from behaviors that threatens the therapeutic nature of the community. There does not appear to be a more formal removal process in place. We were pleased to learn that treatment staff evaluate participants who will be transferred for administrative reasons to ensure that they receive some credit for the time they have already completed in the ASAT program at Elmira.

One member of the treatment staff reported that she requires her group members to complete an aftercare plan during the fourth month of the program and to identify AA/NA programs in the community where they will be released. In order to assist treatment participants in this process, the staff member uses a pre-existing form letter that allows inmates to reach out to AA/NA groups. It was not clear whether these requirements were policies particular to Elmira's program or resulted from the initiative of this individual staff person. Seventy-five percent of the treatment participants we surveyed who had been in the program for at least two months reported that there were no meetings between inmates and aftercare providers in the program and 60% stated that they were very dissatisfied with the discharge planning process, compared to 40% response from survey participants at all CA-visited prisons.

We met with program administrators and asked about the processes by which the program is monitored, however, there did not appear to be a clear process in place. The Supervising Correction Counselor (SCC) ensures the program is full and will unofficially respond to participants' complaints, but does not appear to actively supervise the program or staff. The Superintendent monitors the program through the Deputy Superintendent of Programs (DSP) and the SCC and visits the program regularly. The primary monitoring of the program appears to be conducted by Central Office staff during their annual site visits. The last annual site visit was more than one year before the time of our visit and staff found the program to be in general compliance. It appeared that the Elmira ASAT program had received a negative site visit report from the prior visit, and program staff informed us that they implemented many of the changes requested by Central Office. We encourage the facility and the Department to develop improved mechanisms for monitoring treatment programs and increasing accountability for treatment staff. We were pleased to learn during our February 2011 conversation that the PA vacancy had been filled in October 2010.

Intermediate Care Program Integrated Dual Diagnosis Treatment (ICP IDDT)

The Integrated Dual Diagnosis Treatment (IDDT) program in Elmira's ICP is facilitated by a DOCS ASAT counselor who is often joined by an OMH staff member. Though both staff do not always facilitate together, we believe the collaboration between DOCS and OMH is integral to the success of the program since DOCS staff lacks specific mental health training and OMH staff have received minimal substance abuse treatment training.³³ The ICP IDDT program meets every morning for a group session with six inmates and every afternoon with another six participants.

³³ Some staff members in both OMH and DOCS may have prior experience working in areas of mental health and substance abuse treatment, but this experience is not a formal requirement to facilitate the IDDT programs.

The treatment staff with whom we spoke at Elmira's ICP IDDT program reported that they use the general DOCS ASAT Manual for their curriculum, although they supplement with additional resources they have gathered over time. The program follows the ASAT curriculum, however it moves at a slower pace than the general population program, taking from nine months to one year to complete. Treatment staff explained that the IDDT program uses more of the cognitive-behavioral therapy (CBT) approach. Additionally, the program does not use many of the typical TC elements found in the ASAT program such as a structured hierarchy and push-ups/pull-ups, which are often not appropriate for individuals with co-occurring mental health and substance abuse disorders.

The Visiting Committee observed one ICP IDDT session. The classroom walls had no posters or other decorations. During the session, every participant was reading from a handout about biological and environmental risk factors for substance abuse and mental illness. Even though there were six participants, only two inmates were actively participating, and the remaining participants appeared unengaged. We did not observe participants addressing each other directly or talking about their personal experiences with substance abuse and/or mental illness. The clear lack of engagement in the group session could be a result of the more didactic nature of the session or the rather advanced subject matter. It did not appear that the content of the session or the manner of presentation was adjusted to effectively engage the needs of this unique population.

Special Housing Unit (SHU)

Elmira has a Special Housing Unit (SHU) with a capacity to house 54 inmates in disciplinary confinement. Members of the Visiting Committee toured the SHU, which was filled to capacity on the day of our visit. The atmosphere in Elmira's SHU appeared to be worse than in other CA-visited facilities, and several of the inmates with whom we spoke appeared to be experiencing psychological distress. Twenty-eight percent of the inmates who responded to our general survey reported having been in the SHU at some point while at Elmira.

We received 21 surveys from inmates in the SHU. The median length of time that these inmates had spent in the SHU was one and a half months, and their median total SHU sentence was six months. At a rate higher than other CA-visited facilities, 62% of SHU survey respondents characterized inmate-officer relations in the SHU as bad, with 48% of them reporting it as very bad.³⁴ According to our surveys, the perception of poor staff-inmate relations at Elmira did not translate into a greater number of inmate-staff confrontations than at other facilities, with 17% of survey respondents reporting they experienced a physical confrontation with staff at least once and 60% reporting they experienced verbal harassment at least once, compared to 29% and 75%, respectively, in SHUs at other facilities. Similar to other prisons, three-quarters of the SHU inmates who responded to our survey reported feeling unsafe at least once while in the SHU, with 43% stating that they frequently felt unsafe.³⁵ At a rate lower than the 54% average rate at all CA-visited prisons, 47% of SHU respondents stated they felt very

³⁴ An average of 55% of surveyed SHU inmates at all CA-visited facilities reported inmate-officer relations as bad, with 38% of them reporting relations as very bad.

³⁵ Seventy-two percent of inmates at CA-surveyed facilities reported feeling unsafe at least once and 47% reported frequently feeling unsafe.

unsafe on the unit. Inmates with whom we spoke reported poor treatment by SHU staff, with physical abuse, verbal harassment, and threats and intimidation as the most common forms of staff abuse.

There were 55 grievances in the SHU in 2009, lower than at other maximum security facilities of similar size and a marked decrease from the 98 SHU grievances filed in 2008.³⁶ At the time of our visit, one inmate was on a deprivation order and one inmate was on a cell shield order. The facility does use restricted diets (“the loaf”) as punishment, but none of the inmates were on a restricted diet during our visit.³⁷ According to data provided by the facility following our visit, a total of four inmates were on restricted diets in 2010. Forty-eight percent of surveyed SHU inmates said that they had received a deprivation order at some point while in Elmira’s SHU, far higher than the 29% average for SHU inmates at other CA-visited facilities. We believe that the use of the loaf is ineffective and inhumane, and should be eliminated throughout DOCS as a form of punishment. Furthermore, we are concerned about the high percentage of inmates who reported having experienced a deprivation order at Elmira and suggest that facility administrators examine other more effective and less degrading forms of discipline.

Staff informed us that Elmira receives a large number of SHU inmates from Southport C.F. because Elmira is equipped with more mental health treatment services. Forty-seven percent of SHU survey respondents reported they were on the OMH caseload and an additional 12% reported having been on the OMH caseload in the past. Sixty-seven percent of survey respondents reported seeing OMH staff at least once while in the SHU, with 28% of them stating that they saw OMH staff many times.

Surveyed Elmira SHU inmates utilized the one-hour per day of recreation at a rate far lower than inmates at other CA-visited facilities, with only 35% going to recreation once in awhile and 65% saying that they had never gone.³⁸ We asked survey respondents to explain the reasons why they do not often go to recreation and answers included that the sign-up is too early in the morning and the officers come by too quickly, that officers enter inmates’ cells while they are out in the pens, that inmates are not equipped to go outside in poor weather, and that there is nothing to do in the pens once inmates are outside.

Survey respondents were slightly less satisfied with SHU programs and services than at other CA-visited facilities, but appeared more satisfied with medical services. Thirty-eight percent of respondents were at least somewhat satisfied with access to reading materials and 43% were at least somewhat satisfied with access to law library materials.³⁹ Similar to other prisons, 57% were at least somewhat satisfied with the mail services, however only 24% were at least

³⁶ In 2009, inmates at Five Points C.F., Great Meadow C.F., and Wende C.F. filed 79, 85, and 86 SHU grievances, respectively. In 2008, inmates at these same facilities filed 79, 104, and 105 SHU grievances, respectively.

³⁷ 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. DOCS claims that regimen meets nutritional standards, however many inmates do not eat it because it is unpleasant and difficult to digest.

³⁸ At all CA-visited facilities, an average of 37% of SHU inmates reported going to recreation frequently and 76% reported going at least once.

³⁹ An average of 44% of surveyed SHU inmates were at least somewhat satisfied with access to reading materials and 58% were at least somewhat satisfied with access to law library at all CA-visited facilities.

somewhat satisfied with the food, lower than the average satisfaction rate of 34% for all SHU respondents at CA-visited prisons. At rates higher than other CA-visited facilities, 86% of survey respondents said that they could access sick call when they needed it at least sometimes, and 72% reported experiencing delays in seeing a health care clinician at least once.⁴⁰ Twenty percent of survey respondents participated in Elmira's cell study program, lower than an average participation rate of 25% at all CA-visited facilities.

Inmate Grievance Program

The Visiting Committee visited the Grievance Office and met with the Inmate Grievance Program Supervisor. In addition to the full-time supervisor, the Grievance Office employs four inmate staff members. Inmates can file grievances by placing them in drop boxes located around the facility or in the mail. Staff members collect grievances in the ICP, SHU, and long-term keeplock once a week. The Grievance Committee holds hearings three days a week and hears approximately three to five cases per session. The hearings are not taped.

Elmira inmates filed a total of 1,350 grievances in 2009, a marked decrease from the 1,528 grievances filed in 2008 and 1,842 grievances filed in 2007. In 2009, the most grieved issues were medical (16% or 216 grievances), staff conduct (14% or 190 grievances), and housing/internal block (8% or 119 grievances). The Grievance Supervisor estimated that between 15 and 30 grievances per month are informally resolved.

Inmates reported a general mistrust of the grievance process and complained that staff retaliate against inmates who file grievances. Fifty-four percent of survey respondents said that they had used the grievance system at Elmira and 59% of those who had used it viewed the system as poor, 29% viewed it as somewhat effective, and 12% viewed it as good, more positive ratings than at other CA-visited facilities.⁴¹ Fifty-one percent of inmates who had used the grievance process reported that staff retaliated against them at least once for filing a complaint, slightly lower than the 54% average at other CA-visited facilities.

Transitional Services

The Visiting Committee did not have the opportunity to tour the Transitional Services program area, however, we discussed the program with the Supervising Correction Counselor. Transitional Services programs at Elmira include a facility orientation, Phase I, Thinking for a Change, Phase III, and Anger Replacement Training (ART). At the time of our visit, staff included two full-time Correction Counselors, neither of whom spoke Spanish, and 15 IPAs. Inmates who work as IPAs may earn higher wages than many other inmate workers. Inmates must have a high school diploma or equivalency and go through 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 Elmira. Phase I of Transitional Services is a program for

⁴⁰ An average of 79% of SHU survey respondents at all CA-visited prisons were able to access sick call when they needed it and 68% experienced delays in seeing a health care.

⁴¹ 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.

individuals who are new to DOCS. The goal of Phase I is to help individuals adjust to the prison setting. At the time of our visit, there were no inmates enrolled in the program. According to staff, there is not a significant demand for the program because the majority of inmates at the facility transferred from other prisons.

Thinking for a Change (T4C) is a new cognitive behavioral program developed by the National Institute of Corrections (NIC) that is replacing Phase II of Transitional Services in all New York State correctional facilities. 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.” At the time of our visit, the program had 13 students and had been running for two months. There were 1,034 inmates on the waiting list for the program.

Transitional Services Phase III is required for inmates who are within four months of their earliest possible release dates. This program focuses on preparing inmates for life outside of prison. Topics include searching for employment and job application skills, finding post-release social services, and preparing to return to one’s family. The class is run by a Correction Counselor and an IPA. Some outside groups conduct presentations on topics such as HIV and AIDS services. There was no Phase III class running at the time of our visit. Staff explained that they ran the program with inmates who had no set release date, and therefore were ahead of schedule.

Transitional Services staff assist inmates in identifying community-based resources. The Division of Parole is largely responsible for finding community substance abuse treatment services for Phase III inmates who need them. For post-release services, inmates may use materials from Central Office and the *Connections* handbook. Staff told us that inmates mostly contact these services via mail, however staff did not know the rate at which inmates received positive responses from outside organizations. Inmates on the OMH caseload receive many of these services with assistance from OMH staff.

Ten percent of inmate survey respondents had taken Phase III at Elmira and 62% of them were at least somewhat satisfied with the program, higher than at other CA-visited facilities. Twelve percent said that they had received a substance abuse referral from staff, and 3% said that they had received a housing referral from staff. At many other CA-visited facilities, counselors assist inmates with resume preparation and every inmate is required to produce a written resume. Elmira staff informed us that they will help an inmate write a resume upon request, however it is not a requirement. We recommend that Transitional Services staff consider making resume preparation a required component of the Phase III program, as this will significantly aid individuals in the post-release job search.

At the time of our visit, there were 58 inmates enrolled in the Anger Replacement Training (ART) program, which operates in morning and afternoon modules. The program had a waiting list of 778 inmates and is facilitated by IPAs who are supervised by a Corrections Counselor. The curriculum includes life skills and anger control techniques. Twenty-two percent of inmate survey respondents had taken ART at Elmira and 86% of them were at least somewhat satisfied with the program, higher than the average satisfaction rate at other CA-visited facilities.

Recommendations

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

Programs

- Hire one additional teacher, preferably who speaks Spanish, and decrease the number of inmates on the waiting list for academic classes.
- Permit inmates enrolled in GED classes who are close to completing their course work the option of an administrative hold to prevent transfer until after these inmates have taken the GED exam.
- Reinstigate the Computer and Small Engine Repair classes by hiring two new vocational instructors.
- Initiate additional vocational programs and Department of Labor and NCCER apprenticeships so that inmates can learn skills that will benefit them upon release.
- Ensure that industry programs are operating at full capacity.
- Hire a part-time clerk to assist the librarian with administrative duties.
- Permit inmates to interact with their children in the children's play areas in the visiting rooms.
- Initiate a system to ensure that mess hall trays are clean, replacing degraded trays as necessary.
- Streamline the special diet collection process so that the inmates required to be on these diets are not improperly or prematurely removed from the special diet list.
- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.
- Raise the limit on the amount inmates can spend at the commissary.
- Implement measures to prevent delays in outgoing mail and the delivery of mail and packages to inmates.
- Ensure that all inmates receive assistance preparing a resume in Transitional Services Phase III and that all inmates leave the facility with a typed resume.

Safety

- Assess the level and causes for tension between staff and inmates, particularly in the reception area and the SHU, and develop a plan to reduce tension and incidents of verbal harassment, including diversity training for staff and inmates.
- Develop and implement additional measures to reduce gang participation and drug usage 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.

Medical Care

- Ensure that all inmates scheduled for a clinic call-out are promptly seen in accordance with their medical needs.

- Increase confidentiality between patients and medical staff during sick call encounters.
- 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.
- Improve quality assurance protocols for treatment of patients with chronic medical conditions.
- Review the recent utilization of specialty care services at the facility to determine if all inmates in need of further evaluation and care are promptly referred to and seen by a specialist.
- Streamline the medication refill process to avoid delays.
- Reassess the policy of crushing pain medications for all inmates.

Mental Health Care

- Expand training of security staff working in the ICP concerning how to recognize inmates who may be suffering from mental illness and how to work more effectively with them.
- Provide the inmate population with more information about mental illness to improve the interaction between the general inmate population and inmates with mental illness.
- Enhance discharge planning for inmates with mental health services.

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.
- Require specialized training for reception staff so that they can accurately evaluate each inmate's substance abuse treatment needs.
- Provide additional mental health training for ASAT treatment staff.
- Require security staff working in the ASAT program and housing areas to participate in Therapeutic Community (TC) training.
- Develop and implement a formal removal policy and process for participants in the ASAT program.
- Provide clinical supervision to treatment staff in the ASAT program to ensure greater consistency in services provided among the two ASAT groups.
- Provide training for treatment staff in motivational interviewing techniques.
- Utilize the new IDDT manual rather than general population ASAT manual for the IDDT program.
- Make the IDDT program more interactive and ensure materials are appropriate to engage the population.

Special Housing Unit

- End the practice of punishing inmates with restricted diets in the SHU.
- Limit the use of deprivation orders and examine alternative forms of discipline.