



MOHAWK CORRECTIONAL FACILITY

The Correctional Association (CA) visited Mohawk Correctional Facility, a medium security male prison located near Utica in the city of Rome, New York on July 12th and 13th, 2010. Situated on the southern portion of the Mohawk-Oneida campus, a 150-acre complex that originated as a residential center for the developmentally disabled, Mohawk was converted into a prison in 1988. Mohawk held 1,167 inmates at the time of our visit, with 1,117 of those in general confinement. Due to the recent closing and consolidation of several dorms, the facility's capacity was 1,184 inmates, a decrease from the previous capacity of 1,417. The Walsh Regional Medical Unit (RMU), a 112-bed maximum security skilled nursing facility for inmates from DOCCS facilities in the central and western portions of the New York State, is located on Mohawk's grounds. Mohawk also maintains a 48-bed Special Housing Unit (SHU) for inmates in disciplinary confinement, which held 20 inmates at the time of our visit. Thirty additional inmates were in medical keeplock in the Walsh RMU.

Mohawk offers a range of therapeutic, vocational, and educational programs to inmates in general population, including a residential Alcohol and Substance Abuse Treatment Program (ASAT) and a non-residential Sex Offender Program (SOP). Limited programs are also available to inmates in the Walsh RMU. The facility offers a horticulture course as one of its vocational programs, resulting in well-manicured grounds and a wide variety of plants decorating classrooms and offices.

The Correctional Association visited Mohawk to assess the services and conditions at the prison and in the Walsh RMU. The Visiting Committee obtained surveys about general prison conditions from 152 inmates in general confinement and 30 surveys from inmates in the Walsh RMU. Additionally, we received surveys from inmates specifically concerning alcohol and substance abuse treatment, the SOP, and the SHU. We have based this report on findings from data provided by the facility prior to our visit; inmate surveys; conversations with the Superintendent, executive team, program staff, and inmates; observations during our visit; correspondence with inmates; and meetings with the staff union representatives and members of the Inmate Liaison Committee (ILC) and Inmate Grievance Resolution Committee (IGRC). 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 August 25, 2011. Their comments and updated data have been included in this final report.

At the time of our conversation, Mohawk was in the process of receiving a large number of inmates, programs, and staff due to the anticipated October 1, 2011 closure of nearby Oneida C.F. As a result of the prison closures, Mohawk opened six formerly closed dorms and its total population increased to 1,417 inmates. Mohawk also gained 40 new security staff and 13 civilian staff, in addition to taking over DOCCS' central food processing plant and the regional pharmacy, both of which had formerly been under the purview of Oneida. The facility also submitted a request for Central Office for authorization for two new vocational programs, floor covering and painting, and for one additional full-time academic program, either ABE or Pre-GED, to be determined by inmate need.

Summary of Findings and Recommendations

The Visiting Committee was impressed with the quality and quantity of programmatic offerings at Mohawk Correctional Facility, particularly given the strict financial constraints under which state agencies were functioning during the summer of 2010. The facility had a low number of vacancies for programmatic staff and offered multiple educational and vocational programs, in addition to ASAT, the Sex Offender Program, and a variety of volunteer electives. We were particularly pleased with the quality of the materials in the academic program, although we encourage facility staff to examine ways for inmates to pursue post-secondary educational opportunities.

Mohawk ranked in the middle of all CA-visited facilities for staff-inmate relations and reported low levels of violence throughout the facility; however, inmates reported high levels of staff harassment, particularly in the SHU, the visiting room, and had significant complaints regarding package and mail services and the grievance process. Additionally, inmates in the Walsh RMU rated services lower than services at the Coxsackie RMU, citing variability in care, delays in provider access, and problems obtaining medication.

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

- Assess the level and causes for tension between staff and inmates in the SHU and assess current callout system to ensure that showers, recreation, and other services are clearly announced.
- Examine the grievance process to ensure that all grievances are being properly reviewed via the formal administrative system and take steps to ensure that all staff understand the importance of the grievance system as the only means of redress for inmate complaints.
- Expand the post-secondary educational opportunities for inmates who have earned their GED or high school diploma.
- Expand training of security staff concerning the intricacies of integrating sex offenders into the general population and how to protect their confidentiality.
- Assess the effectiveness of the ASAT program and curriculum, improve clinical supervision of the ASAT staff and reduce the number of program participants who are removed from the program.
- Review the utilization of sick call services to ensure that all inmates are getting timely access to sick call.

- Review the quality of medical encounters between inmate-patients and clinic providers to ensure that inmates' medical conditions are promptly diagnosed and properly treated.
- Review the care being provided to Walsh RMU patients to enhance patient satisfaction and explore methods to reduce the tension between RMU patients and security staff.
- Review the processing and treatment of visitors to ensure courteous and professional treatment by the visiting staff.
- Implement measures to prevent delays in outgoing mail and the delivery of mail and packages to inmates.
- Make efforts to clarify exactly what types of items are permitted in packages and to explain to inmates the reasoning behind the denial of certain items.

General Inmate Population & Officer Data

The median minimum sentence at Mohawk at the time of our visit was three years, less than the 3.6 year median at medium security facilities state-wide.¹ As of October 1, 2010, Mohawk's inmate population was significantly different than system-wide averages, with 44% of the population identifying as African-American, 28% as Hispanic, and 26% as White, compared to department-wide figures of 52% African-American, 23% Hispanic and 23% White. Mohawk has a somewhat younger population than the system-wide figures. The median age for Mohawk inmates was 35 years old, slightly less than the department-wide median age of 36, and 34% of the inmates at the facility were under the age of 30, compared to 31% statewide. Forty-nine percent of Mohawk inmates were convicted of a violent felony, and 30% were convicted of a drug offense.² Forty-two percent of inmates at Mohawk have been there for more than one year, and the median time at Mohawk is 6.8 months. Eighty percent of the population was identified as having a substance abuse history, only slightly lower than the system-wide average of eighty-four percent.

Fifty-six percent of the population had their high school diploma, General Equivalency Diploma (GED), or higher education degree, slightly lower than the system-wide average of 57%.³ Ten percent of the inmates are Spanish speaking with limited or no proficiency in English.

According to facility data provided during our visit, of the 380 correctional officers (COs) employed at Mohawk, eight were African American, two were Hispanic, and 24 were female. Mohawk reported having nine vacant CO positions. According to facility staff, the facility lost 16 CO positions with the closing of several dorms approximately six months prior to our visit. As stated above. Mohawk gained 40 COs in September 2011, resulting in a total of 420 COs at the facility.

Physical Plant

Originally constructed in 1894 as the Rome State School, the Mohawk-Oneida campus has grown with the addition of new buildings periodically throughout its existence. With the

¹ According to DOCCS system-wide data as of April 1, 2010.

² Compared to an average of 58% of inmates convicted of a violent felony and 21% convicted of a drug offense, statewide.

³ According to DOCCS system-wide data as of April 1, 2010.

exception of the multi-story ASAT dorm built in the 1930s, a significant portion of Mohawk's sprawling physical plant was constructed in the 1960s and consists of one-story buildings. Several "cookie cutter" structures were added in 1990, including the administration building, visiting room, visitor's center, education building, laundry/commissary, and food service building. The Walsh RMU was built in 1991 and expanded in 1997.

Future construction projects included an expansion of the Walsh RMU to 150 beds. According to staff, the expansion plans for the Walsh RMU were approved and construction was expected to take three years. Other planned projects included expansion of the facility's above-ground heating system and installation of new windows for the ASAT dorm. The mess hall had been renovated shortly before our visit and had new floors, four new kettles, and new serving lines. During our August 2011 conference call, facility administrators informed us that the planned RMU expansion was in the final design stage and that the project would go out for bidding in October 2011.

Safety

Inmate-Staff Relations

Overall, Mohawk inmates' assessment of all aspects of inmate-staff relations was largely average compared to all CA-visited prisons, although system-wide data for Unusual Incident Reports (UIRs) and misbehavior reports for physical confrontations between inmates and staff ranked the facility better than the vast majority of medium-security prisons throughout the state. Inmates' rating of inmate-staff relations was similar to the response of inmates at other prisons we have visited, with 66% of Mohawk survey respondents describing inmate-staff relations as bad, 26% as equally good and bad, and 9% as good. Similar to other facilities, inmates estimated that a median of 30% of Mohawk COs do a particularly good job and 49% engage in serious misconduct. The most common forms of abuse cited among survey respondents were verbal harassment, false tickets, and threats and intimidation. Retaliation for complaints or filing grievances was also common. Seventy-nine percent of the respondents said the Mohawk administration does very little or nothing to prevent abuse.

Survey results indicated a lower rate of physical confrontations between staff and inmates than at other facilities, with 23% of respondents stating that they had experienced a physical confrontation with staff at least once while at Mohawk, compared to 26% at all CA-visited prisons. Only 37% of respondents stated that physical confrontations were frequent throughout the facility, which is significantly lower than the average of 57% at all CA-visited prisons, placing Mohawk in the bottom third of all CA-visited prisons. Inmate perception of safety was slightly lower than at other facilities, with 39% of surveyed inmates reporting that they frequently felt unsafe at Mohawk and 39% reporting they felt very unsafe. Inmates stated that staff assaults occurred throughout the prison and during all shifts, but stated that staff abuse was more frequent in the mess hall during dinner, when entering and leaving the yard, and in the SHU.

A review of all Unusual Incident Reports (UIRs) for assaults for all medium-security male prisons places Mohawk 30th of all 34 facilities for frequency of unusual incidents in 2007

through 2010.⁴ According to data provided by the Department, one staff-inmate assault occurred in 2007, zero assaults took place in 2008 and 2009 and two incidents occurred in 2010. Mohawk ranked 30th out of 34 male medium security prisons for frequency of issuing misbehavior reports for assault on staff in 2008, the most recent year for which we have data.

While actual violence at Mohawk was lower than at other CA-visited facilities, some inmates with whom we spoke described the environment at Mohawk as “almost like a max,” stating that verbal harassment was common and that some officers retaliate against inmates by destroying inmates’ property if they do not like them or issuing false tickets to keep inmates nearing the end of their sentences from going home. Sixty-seven percent of survey respondents stated that video cameras throughout all areas of the prison would reduce abuse at least somewhat.

We held a meeting with staff union representatives to learn staff’s perspectives on inmate-staff relations; however, the correctional officers union (NYSCOPBA) chose not to attend. The other union representatives who were in attendance had been at Mohawk since it opened and appeared to have a strong sense of pride in their jobs and of the facility. Major concerns were low staffing levels and limited hiring and purchasing power due to the New York State budget crisis at that time.

Inmate-Inmate Relations

At a rate similar to other prisons, 27% of survey respondents reported having a physical confrontation with another inmate at least once. Nineteen percent of surveyed inmates stated that physical confrontations between inmates were frequent throughout the facility, far lower than the average of 38% at all CA-visited facilities. Inmates indicated that personal conflicts and the stress of being in prison were major contributing factors to violence among inmates at Mohawk; however, gang activity was also a significant source of violence.

According to data provided by the Department, Mohawk recorded 11 assaults on inmates in 2007, eight such assaults in 2008, seven such assaults in 2009, and 10 in 2010. Compared to all male medium-security prisons system-wide, Mohawk ranks in the top quarter for frequency of inmate assaults during 2007 through 2010.⁵ We also reviewed DOCCS disciplinary data for 2008, which places Mohawk in the middle of all male medium-security prisons for issuing disciplinary reports for assaults-on-inmates and fighting.

Gangs and Drugs

In general, gang activity and drug use at Mohawk appear to be average compared to all CA-visited prisons. Seventy-two percent of survey respondents stated that gang activity is common at the facility, and 20% of them said that gangs were a significant source of violence at

⁴ The UIR data utilized for this analysis is for the Mohawk prison and does not include UIR data for the Walsh RMU, which is separately reported by DOCCS and discussed later in this report.

⁵ Mohawk ranked 9th out of 34 male medium-security prisons in New York State.

the facility.⁶ At rates lower than the average for all CA-visited facilities, 27% of surveyed inmates stated that contraband drug use was common among inmates, and 8% stated that contraband drug use was a significant source of violence.⁷ Mohawk ranked 14th out of the 34 medium security prisons for issuing disciplinary reports for drug use or possession in 2008. According to data provided by the facility, Mohawk issued 47 such disciplinary reports in 2008, 31 in 2009, and 35 in 2010.

Discipline and Disciplinary Housing (SHU)

Over half of general survey respondents reported having received a misbehavior report while at Mohawk, and 38% said they had been in Mohawk's SHU, which held 20 inmates at the time of our visit.⁸ The SHU has a capacity to house 48 inmates in 23-hour disciplinary confinement and consists of three wings with 16 cells per wing. Of the 48 survey respondents from inmates in general population who had ever been in Mohawk's SHU prior to our visit, 61% reported experiencing problems with staff in the SHU. Inmates described verbal harassment and threats and intimidation as common forms of abuse.

We received surveys from two inmates who were in the SHU at the time of our visit. These inmates had spent an average of one month in Mohawk's SHU and their average total SHU sentence was two months. Mohawk's SHU holds inmates with short-term SHU sentences and those with longer SHU sentences are transferred to facilities which house long-term SHU inmates. We asked survey respondents about locations where staff abuse occurs, and we are concerned that a significant number of inmates reported experiencing or hearing about assaults and harassment in the SHU. We suggest that facility administrators examine these allegations and examine means of reducing violence and ameliorating inmate-staff relations in the SHU.

Mohawk does not offer a cell study program for those in the SHU, but library staff send a book cart to inmates in the SHU every other day, the contents of which are rotated once per month. Inmates also have access to daily recreation and law library services. A common complaint we heard from both surveyed inmates and those with whom we spoke while on the unit was that call outs for showers, recreation, sick call, and law library were conducted in such a way that announcements were easy to miss. We suggest that Mohawk staff review the call out process and consider ways of ensuring that all inmates know when certain SHU programs and services are available. Inmates also complained that mail was not regularly collected from inmates in the SHU.

Inmate Grievance Program

The Visiting Committee visited Mohawk's Grievance Office and met with the Inmate Grievance Program supervisor. In addition to the full-time supervisor, the Grievance Office

⁶ An average of 75% of survey respondents at all CA-visited facilities report that gang activity is common and 33% cite it as a significant source of facility violence; Mohawk ranked 14th of the 28 CA-visited prisons for the percentage of common gang activity.

⁷ An average of 37% of survey respondents cite drug use as common and 15% as a significant source of violence, placing the prison . Mohawk ranked 14th of 28 CA-visited prisons for connection between gangs and violence in the prison.

⁸ Mohawk ranked 22nd out of 34 medium security prisons for total disciplinary reports issued in 2008.

employs two Inmate Grievance Resolution Committee (IGRC) clerks and one IGRC representative. Mohawk inmates filed a total of 332 grievances in 2009, a marked decrease from the 750 grievances filed in 2008. In 2009, the most grieved issues were staff conduct (29% or 97 grievances) and medical (21% or 70 grievances). Inmates filed a total of 266 grievances for all of 2010, representing a significant decrease from previous years.

The grievance supervisor attributed the large decrease in grievances to the fact that he strongly encourages inmates to resolve their problems informally via other channels. Inmates submitted a total of 916 “non-calendared” contacts in 2009 compared to 779 filed in 2008. Non-calendared contacts are essentially grievable issues that are resolved or clarified by staff before inmates complete the formal grievance process. Eight hundred seventy-eight non-calendared contacts were submitted in all of 2010. We agree that staff should encourage inmates to resolve minor issues before resorting to the grievance process; however, we are concerned that a strong emphasis on this approach may discourage inmates in cases where filing grievances may be the appropriate means of reporting serious problems.

Inmates reported a general mistrust of the grievance process and complained that staff often retaliated against inmates who filed grievances, particularly package room grievances. Inmates described the grievance supervisor as a “gatekeeper,” asserting that he screened grievances and often informed inmates that they might face repercussions from staff if they filed certain claims. Inmates also complained that some officers pressured inmates to sign off on grievances, thus marking issues as resolved, by threatening to give them misbehavior reports if they did not do so. Fifty-four percent of survey respondents reported having used the grievance system at Mohawk, nearly a third of whom reported being frequently retaliated against after using the grievance process and an additional two thirds who reported being retaliated against at least once. Three quarters of those who had used the grievance system rated it as poor and 59% rated it as worse than at other facilities, placing Mohawk in the bottom quarter of all CA-visited facilities for the quality of the prison’s grievance program.

We are concerned about the effectiveness of Mohawk’s grievance system and are particularly troubled about inmates’ descriptions of the frequency of retaliation. We recommend that facility administrators examine the grievance process to ensure that all grievances are being properly reviewed via the formal administrative system. Furthermore, we suggest that administrators take steps to ensure that all staff understand the importance of the grievance system as the only means of redress for inmate complaints and explain the seriousness of interfering with this process. We were pleased to learn during our August 2011 conference call that the grievance supervisor runs a “lunch and lean” program once a month whereby he educates facility staff about the grievance process. We commend him for taking the initiative to ensure that all staff understand proper grievance procedure and the significance of this important avenue for resolution of inmate complaints.

Programs

The Visiting Committee toured the prison’s academic, vocational, Transitional Services, and Sex Offender programs (SOP). At the time of our visit, the academic and vocational programs were running on a seven-week summer schedule during which classes were held three days a week instead of five. We observed various class sessions and spoke with staff and inmates

about the programs. We interviewed the Supervising Correction Counselor about the facility's programs and found her to be very informative and knowledgeable about the needs of Mohawk's inmate population.

According to facility data, 30 inmates, or 3% of the population, were idle or did not participate in a program at the time of our visit. Ninety-two percent of surveyed inmates were assigned to a job or program, placing it in the top third of all CA-visited prisons. Of the inmates we surveyed, 78% were satisfied, at least somewhat, with their job, higher than the average of 70% at other facilities we have visited and placing it in the top half of all CA-visited prisons. Forty-one percent of Mohawk inmates, the second highest of all CA-visited prisons, were assigned to jobs as porters, a position where inmates conduct cleaning and maintenance tasks and which typically does not allow inmates to learn productive skills that could help them find jobs outside of prison. We recommend that facility administrators reassess the high number of inmates assigned to porter positions and create other inmate job opportunities.

Each inmate at Mohawk is assigned to a Correction Counselor who is available for guidance and helps determine an inmate's programs in conjunction with the facility Program Committee. Mohawk Correction Counselors have an average of 150 inmates each on their caseloads. Counselors handling inmates with special program needs, such as ASAT or SOP, are assigned 50 to 60 inmates each. Despite higher satisfaction rates with job assignments, we received multiple complaints from inmates that the Program Committee does not take inmate input into account when determining programs and that staff put facility needs over inmates' program needs, assigning inmates to facility jobs instead of required programs. We acknowledge that each Correction Counselor has a large caseload; however, we also suggest that staff explain to inmates why they may be assigned to particular jobs or programs in lieu of others. Furthermore, the rate of pay has remained unchanged for approximately 20 years, despite the rise in cost of items in the prison commissary. We recommend that DOCCS examine the inmate pay scale and raise wages in accordance with the higher commissary prices.

Academic Programs

The Visiting Committee toured Mohawk's academic program area and was generally impressed, finding classrooms to be clean, bright, and cheerful, with educational posters on the walls and plants from the facility's horticulture program. Classrooms contained new books and other educational resources, including the six SMART Board computers available for teacher use. Mohawk offers Adult Basic Education (ABE), Pre-General Equivalency Diploma (Pre-GED), and GED classes, in addition to individual cell study for inmates in disciplinary confinement and one-on-one instruction for inmates in the Walsh RMU. Mohawk maintained a staff of 10 instructors at the time of our visit, two of whom were part-time, and had no vacancies. We were pleased to learn that three of the full-time instructors are bilingual. Due to the summer schedule, many of the teachers with whom we spoke were summer staff rather than full-time employees.

Mohawk offers five sections of ABE classes, four sections of Pre-GED classes, and two sections of GED classes. Additionally, Mohawk holds two sections each of Bilingual ABE classes and Bilingual Pre-GED/GED classes. Each class holds twenty students, including two Inmate Program Assistants (IPAs). With enrollment rates in the middle of those at all CA-visited

prisons, Mohawk had 100 students enrolled in ABE with 19 students on the waiting list, 37 enrolled in Bilingual ABE with seven on the waiting list, 80 enrolled in Pre-GED with 36 on the waiting list, 37 enrolled in the GED class with six on the waiting list, and 40 enrolled in Bilingual Pre-GED/GED with six on the waiting list. Mohawk does not provide college-level courses; however, four inmates were enrolled in college correspondence courses at the time of our visit.

Staff expressed satisfaction with the teaching resources provided by the facility. We asked teachers if they observed any changes in the inmate population, and they noted that the facility population had aged in recent years, particularly the inmates in the ABE classes. The Bilingual Pre-GED/GED teacher explained that Spanish-speaking students may prepare for and take the GED test in Spanish. We were pleased to see the effort put forward to instruct Spanish-speaking students and commend facility administrators for their commitment to ensuring that Spanish-speaking inmates obtain their GED. Cell study materials are available in Spanish.

According to system-wide data, 44% of Mohawk inmates do not have their GED, compared to 57% of all inmates system-wide. The ratio of GED class capacity and enrollment to the total number of Mohawk inmates without a GED is in the middle of all CA-visited facilities. Staff explained that the GED class waiting list fluctuates; however, inmates on the waiting list are given materials to prepare themselves for the GED while they are waiting for class placement. Mohawk offers the GED test three times a year. According to data provided by the facility, 86% of students who took the GED test in 2008 passed (57 out of 66 students), 66% of students passed in 2009 (45 out of 68 students), and 57% of students passed by the date of our visit in 2010 (8 out of 14 students). These rates place Mohawk in the middle of all CA-visited prisons.

Fifty-nine percent of inmates we surveyed were satisfied at least somewhat with Mohawk's educational program, similar to other CA-visited prisons, placing Mohawk in the middle of all CA-visited prisons for satisfaction rates. Survey participants enrolled in an ABE class at the time of our visit generally gave the class positive ratings, while ratings of the Pre-GED and GED classes were more mixed. When asked to comment about the facility's educational program, some inmates said certain teachers did a good job while others stated that teachers were not attentive and inmates had to seek extra help from other inmates. We received numerous complaints that classes were frequently cancelled and are concerned that classes are not being held regularly. Many inmates expressed a desire to take college courses. Staff explained during our August 2011 conference call that the Oneida C.F. educational supervisor had solicited area colleges seeking college programs for the prison in 2009, but unfortunately, all schools declined. We recommend that Mohawk staff continue to pursue participation of area colleges, particularly given the higher percentage of Mohawk inmates who have their high school degree and that higher education fosters a more manageable prison environment and is proven to reduce recidivism.

Vocational Programs

Mohawk offers 10 vocational programs in the following nine areas: Building Maintenance, Custodial Maintenance, Drafting, Electrical Trades, General Business (in general population and in the Walsh RMU), Horticulture, Masonry, Plumbing and Heating, and Small

Engine Repair. At the time of our visit, 348 inmates were enrolled in one of the 10 programs, and 406 inmates were on the waiting list. Mohawk had 10 vocational instructors working at the facility and no vacancies. There were no Spanish-speaking vocational instructors; however, written materials in Spanish were available in the electrical trades, plumbing and heating, and horticulture programs.

No inmates were enrolled in Department of Labor (DOL) or National Center for Construction Education and Research (NCCER) apprenticeships at the time of our visit; however, the facility does offer DOL apprenticeships in Horticulture, Electrical Trades, Masonry, and Drafting, and NCCER apprenticeships in the areas of Horticulture, Electrical Trades, and Plumbing and Heating. According to information provided by the facility, Mohawk awarded 11 NCCER certificates in 2009 and one DOL and six NCCER certificates in 2010, numbers higher than other CA-visited facilities. We commend Mohawk staff for their efforts at encouraging inmates to complete these certification programs, as they can greatly enhance an inmate's ability to find work upon release.

We observed that classrooms appeared clean and well-equipped, and that inmates appeared engaged. Of the inmates who responded to our survey, 69% were satisfied with their vocational program at least sometimes, placing Mohawk in the top third of all CA-visited prisons. We received many positive comments from inmates about the vocational program, with many stating that it is the best part of this particular prison. Inmates complained that some of the equipment was outdated, particularly computers in the Drafting class, and therefore, the systems they were using were less helpful in preparing them for obtaining jobs upon release.

Transitional Services

Mohawk offers Transitional Services (TS) programming for both general population inmates and those in the Walsh RMU, where Correction Counselors run programs for up to 10 inmates at a time. TS programs at Mohawk include Phase I, Thinking for a Change, Phase III, and Anger Replacement Training (ART). At the time of our visit, staff included one full-time Correction Counselor, one Correction Counselor who was on extended sick leave, a full-time Supervisor Volunteer Tutor, one full-time Correction Counselor designated for the Walsh RMU, and 15 IPAs.

All inmates who are new to the facility must undergo a one-week orientation regarding the rules, programs, and services at Mohawk. According to staff, there is orientation class running at all times of the year, and class enrollment varies between six and 15 inmates at a time. Phase I of Transitional Services is for individuals who are new to DOCCS, the goal of which is to help individuals adjust to the prison setting. At the time of our visit, there were 19 inmates enrolled in the general population Phase I program with eight inmates on a waiting list, and nine enrolled in the Walsh RMU program with four on the waiting list.

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 Mohawk staff, T4C lasts for 22 sessions completed in 11 weeks and includes development of social and problem solving skills. At the time of our visit, the T4C program had just begun at Mohawk and T4C training for Correction

Counselors was pending, with 789 inmates on the waiting list in general population and 65 on the waiting list in the Walsh RMU. Eighty-one percent of surveyed inmates who were enrolled in the course at the time of our visit were at least somewhat satisfied with the program so far.

Transitional Services Phase III is required for inmates who are within four months of their earliest possible release dates. Twenty-seven general population inmates were enrolled in the program at the time of our visit with 853 general population inmates and 65 Walsh RMU inmates on the waiting list. Phase III 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 led by one of the 15 IPAs on staff, however a Correction Counselor conducts a lesson on resume preparation and job application. Each inmate leaves Mohawk with a typed resume.

Transitional Services staff assist inmates in identifying community-based post-release resources and obtaining identification documents. Inmates receive birth certificates upon entry to the facility and apply for Social Security cards 120 days before their release. Facility staff do not assist inmates with Medicaid enrollment. According to staff, reentry resources organized by county are available in the TS office and are updated monthly with information from DOCCS Central Office. Staff also told us that inmates are required to browse the DOL computerized job search system during their free modules. We observed a Phase III session on job applications and were impressed with the instruction. Students appeared engaged; however, we noted one student in the class who was to be released the next day and had no post-release contacts or plans. Half of survey respondents who had participated in Phase III were at least somewhat satisfied with the program, lower than the average rate of 66% at all CA-visited prisons.

At the time of our visit, there were 49 general population inmates enrolled in the Aggression Replacement Training (ART) program, with 360 general population inmates and 48 Walsh RMU inmates on the waiting list. The program is facilitated by IPAs who are supervised by a Correction Counselor. The curriculum includes life skills and anger control techniques. We observed a class session where inmates performed skits to demonstrate anger control techniques, and we were pleased to see that inmates appeared positive and engaged.

A quarter of inmate survey respondents had taken ART at Mohawk and 81% of them were at least somewhat satisfied with the program, much higher than the average satisfaction rate at all CA-visited facilities of 64%.

Sex Offender Program

Mohawk runs a non-residential Sex Offender Program (SOP), including two sections for general population inmates and one section for inmates in the Walsh RMU. The two general population sections are for sex offenders assessed as being "low-risk" with 26 and 24 inmates enrolled at the time of our visit.⁹ Inmates in the RMU SOP program, which had 12 inmates, can be any sex offender risk level. Program staff included two correction counselors who led the general population sections, and a social worker who ran the Walsh RMU section and was

⁹ Inmates are ranked on scale using Static-99 and VASOR (Vermont Assessment of Sex Offender Risk) assessment scales. Inmates with scores higher than three are classified as higher risk and must be in a residential SOP.

available to meet with Walsh RMU or general population SOP inmates who require specialized attention. The two correction counselors received two weeks of SOP training when Mohawk initiated the program in January 2008.

We observed both morning and afternoon SOP sections and spoke with staff about the program. SOP curriculum consists of evidence-based practices with an emphasis on personal responsibility and victim awareness. According to staff, there is a high degree of confidentiality in the class and limits upon what each inmate is required to disclose. To maintain anonymity for SOP participants within the greater prison population, course work is completed during class time, and inmates leave their materials in the classroom instead of in their housing units. Inmates must be enrolled in the SOP for a minimum of six months and complete the program based on staff assessment of an inmate's progress. Completion criteria include accepting responsibility for their actions and feeling remorse for victims. Inmates who are failing to progress or disrupting the class must meet with the Retention Review Committee, which consists of the Supervising Correction Counselor, both SOP Counselors, and the social worker. According to staff, three inmates have met with the Review Committee and only one inmate was removed since the program's inception in 2008.

Staff stated that SOP inmates rarely experienced problems with staff or other inmates; however, several inmates complained that security staff did not protect confidentiality in general population and that staff discriminated against them due to their sex offender status. SOP staff told us that Mohawk security staff did not receive any additional training when the SOP began. We are concerned about the risk of increased tension between staff and inmates and among inmates due to potential discrimination and recommend that the facility take steps to protect inmate confidentiality and lessen discrimination. One counselor with whom we spoke told us that she teaches students to not judge others for their particular crimes. We commend this effort and suggest that facility staff extend this technique to the general population.

The three inmates who responded to our SOP survey were satisfied with the program curriculum, stating that it helped them understand their behavior and methods of avoiding potential future conflicts; however, they were concerned about the program structure and stated that it was sometimes difficult for the class to progress due to the variability of participants' offenses. The respondents also expressed a desire for individual therapy sessions, although facility administrators explained to us during our August 2011 conversation that inmates seeking individual therapy may request individual counseling sessions with staff.

In general, inmates complained that the waiting lists were too long for both ART and SOP. Inmates also explained that many inmates who had refused the programs at other prisons for fear of becoming stigmatized wanted to take them at Mohawk because there was more acceptance at the facility, however staff were not placing them in these programs due to their previous refusal.

Recreation and Other Programs

The Visiting Committee was pleased to learn that Mohawk offers an extensive array of voluntary activities, including sports, parenting, and religious programs for both Walsh RMU inmates and those in general population. Other volunteer-run programs include Alcoholics

Anonymous (AA) and journaling. A music room is located in the Program Building, and staff told us that recreation staff have organized rock and reggae bands and a gospel choir. According to staff, the bands play at the three visitor picnics held each year.

Recreation is held Monday through Friday in the morning and in the evening, and according to staff, morning recreation is mandatory. The facility has an indoor gym that is utilized from November through March, although the weight room inside the gym is available to inmates year round. Outdoor organized sports include basketball, Wiffle Ball, kickball, and flag football. We visited the recreation yard and observed that the expansive hilly area contained a track, handball and basketball courts, and picnic tables; however, there was no shaded area. We suggest that the facility provide shelter in the yard to protect inmates from the sun and rain.

Outdoor recreation at Mohawk has forever been tarnished by a 1997 riot in the west recreation yard during which inmates assaulted staff with baseball bats and weights and left 11 employees injured. As a result, Mohawk inmates are not permitted to use weights or to play baseball. We appreciate the safety precautions taken by facility administrators; however, we do not understand the continued prohibition of these objects considering that inmates at other facilities are permitted to use them and that Mohawk's current inmates were not at the facility at the time of the riot since the average stay at Mohawk is three years. We encourage the facility to review these prohibitions and permit inmates to use weights and play baseball.

Substance Abuse Treatment Programs

At the time of our visit, Mohawk operated a 110-inmate capacity residential Alcohol and Substance Abuse Treatment (ASAT) program for general population inmates and a 10-inmate capacity ASAT program in the Walsh RMU. Both programs were at capacity, with staff reporting waiting lists of 149 and 13 inmates, respectively. The facility also reported running a voluntary Alcoholics Anonymous (AA) group with approximately 10 inmates participating on a regular basis. As a result of the long waiting list for Mohawk's ASAT program, inmates are sometimes transferred to Marcy Correctional Facility in order to participate in that facility's ASAT program. We obtained 21 surveys from treatment participants describing their experiences in Mohawk's ASAT program and 30 surveys from individuals waiting to enroll or who had already completed the program.

Alcohol and Substance Abuse Treatment (ASAT)

ASAT participants at Mohawk are housed together in two dorms of 55 inmates each, located on opposite ends of the building. Inmates must maintain their cubicles up to the ASAT Therapeutic Community (TC) standard¹⁰ and treatment staff make two rounds of the housing area daily to check for cubicle compliance. In addition, staff conduct a general inspection of the dorm areas every Friday. Group sessions with up to 55 participants are held in the ASAT building, specifically in the hallway area connecting the two sides of the dormitory. The program area was bright and decorated with motivational posters, but four pillars blocked views for many participants. Noise appeared to be a problem, as the bathroom was located immediately behind

¹⁰ 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.

this area, and participants could hear frequent flushing during the sessions. Additionally, we observed porters cleaning the dorm areas during the session, which also proved to be a distraction, making it difficult for participants to focus on the treatment session. While the Visiting Team did not find the program area to be ideal, 80% of treatment participants we surveyed described the general quality of the building as either adequate or very good.

At the time of our visit, Mohawk's ASAT program treatment staff included one full-time Correction Counselor (CC) and two Program Assistants (PAs). We were pleased to find no staffing vacancies. The facility reported the staff to inmate ratio in the ASAT program as approximately one staff for 37 inmates, but given that the PAs are the staff who primarily facilitate the sessions, the daily staff to inmate ratio was closer to one staff for every 55 inmates.

The ASAT program at Mohawk appears to operate as a modified TC. Typical TC elements include community meetings, the use of push-ups and pull-ups, and some type of structured hierarchy.¹¹ We observed a detailed board in the ASAT area describing the hierarchy positions. The program had nine main hierarchy positions and the remaining inmates were assigned to service crews under each of the nine positions. In order to move into the peer counselor hierarchy position, an inmate must have been in the program for at least two months. Treatment staff reported that the hierarchy positions rotate every six weeks. Community meetings facilitated by hierarchy members are held twice a week and these can include the use of skits as well as push-ups and pull-ups. Inmates stated that they were required to submit two push-up or pull-up slips every week. Each full dorm gathers for a meeting every Friday, but no push-ups or pull-ups are given at this time.

DOCCS' 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. Treatment participants ranked their satisfaction with the Therapeutic Community approach in the bottom three out of 29 facilities visited by the CA. Similarly, Mohawk survey participants' satisfaction with CBT was in the bottom third for all CA-visited treatment programs. Though overall satisfaction for the 12-Steps modality was higher than the other two approaches, a higher percentage of treatment participants (38%) were *very dissatisfied* with the use of this approach as compared to all CA-visited facilities (27%). When asked to rate the importance of specific elements of each treatment modality, participants at Mohawk found CBT to be most important and 12-Steps least important; however, for each of these treatment modalities, Mohawk inmates assessed them to be less important than survey participants at most of the other programs we have visited.¹² It appears that Mohawk's treatment program has experienced difficulties in engaging all participants to utilize these concepts in their treatment.

In addition to the elements described above, treatment staff conduct Learning Experience (LE) seminars as an alternative response to misbehavior. The use of LEs allows treatment staff to

¹¹ 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. DOCCS *ASAT Program Operations Manual*, 2002.

¹² Mohawk ranked near the bottom of all CA-visited treatment programs for adherence to TC elements, was in the middle of the rankings for adherence to CBT elements and was in the bottom quarter of the ranking for 12-Step elements.

develop a therapeutic response such as writing an essay, in lieu of a more punitive response to negative behavior. Every inmate entering Mohawk’s ASAT program is assigned a “big brother” who assists in orienting the new member during his first week. Facility staff reported that for inmates who are having difficulty participating in the large group setting, they will have an opportunity to speak in smaller group sessions, which are held twice a week. Staff also assign treatment participants homework approximately twice a week.

Mohawk treatment staff evaluate participants each month and the program has a Treatment Plan Removal Committee (TPRC) that meets monthly. If an inmate has received three pull-ups he automatically receives a failed monthly evaluation. Treatment staff will often respond to problematic behavior by drafting a contract with the inmate, placing him on probation and/or requiring a 30 to 90 day extension of the program. Any inmate who has received a negative monthly evaluation must appear before the TPRC.

Inmates can be dismissed from the program because of: (1) a disciplinary removal—when an inmate is convicted of violating important prison or program rules and/or are given more than 30 days of keeplock; (2) an inadequate program performance removal, e.g., if an inmate fails to participate in the program or receives more than two negative program evaluations; or (3) an administrative removal, e.g., if an inmate is discharged or transferred to another facility unrelated to his performance in the program. *Table 1 – Summary of Completions and Removals in Mohawk’s ASAT Program* shows the numbers of graduations and removals for Mohawk’s ASAT program. We are concerned by the high number of administrative removals at the facility and encourage facility staff to put a hold on individuals in the ASAT program so they are able to complete the treatment program.

Table 1 – Summary of Completions and Removals in Mohawk’s ASAT Program

	2008	2009	2010
Completions	149	162	163
Total Removals:	149	117	100*
Disciplinary	18	6	12
Program Performance	84	33	27
Administrative	47	78	61

* In addition to the 100 removals, treatment was suspended for 33 participants.

The Visiting Committee observed portions of ASAT group sessions in the morning and afternoon, and spoke with program participants. During this time, we observed a community meeting led by inmate hierarchy members where inmates were being given push-ups for staying out of trouble and pull-ups for not doing laundry and other negative behaviors. We also observed a group session with 49 inmates sitting in chairs facing the PA who was discussing the relationship between addiction, criminality and selling drugs. Participants were responding to the PA’s questions and were naming various ways they could stay positive.

Treatment participants appeared to have different perceptions of the ASAT program based on the dorm in which they were housed, reporting that one side runs more smoothly and that the treatment staff on the other side frequently becomes angry with participants and gives pull-ups for trivial things. Participants reported that some treatment staff are very quick to

remove inmates from the program and the high removal rates the facility reports appears to support this assertion.

Survey responses also reflected serious concerns about participants' relationship with staff and the ability of the prison to create a safe and effective treatment environment. A higher percentage (60%) of treatment participants we surveyed stated it was *not true* that people in the program are interested in helping them compared to the response rate (39%) from all CA-visited facilities. In addition, 45% of treatment participants believed they had no influence on what happens in the program compared to 28% at all CA-visited facilities. Satisfaction with the treatment process was low at Mohawk, with 41% of participants stating they were *very dissatisfied* with the process compared to 26% at all CA-visited facilities. Combining survey responses to several questions about staff-related services, we calculated a composite staff assessment score that placed Mohawk in the bottom quarter of all CA-visited treatment programs. Similarly, when assessing the quality of the discussions that occur in the treatment program in terms of how secure participants feel to freely express themselves and how open the group is to frank opinions or contrary views, Mohawk ranked in the bottom third of all CA-visited treatment programs.¹³ Combining several survey responses by Mohawk treatment participants concerning questions about their overall commitment to and involvement in the program yielded a score that places the prison in the bottom quarter of all CA-visited programs. Overall, there was a significant level of dissatisfaction with the program and its ability to address participants' treatment needs.

Many inmates expressed concern with the discharge planning offered in the ASAT program, ranking Mohawk in the bottom fifth of all CA-visited facilities with regard to satisfaction for discharge planning. Every treatment participant we surveyed responded that there were no meetings with aftercare providers. Of those participants we surveyed who had previously completed Mohawk's ASAT program and expressed that they were moderately, considerably or extremely interested in community-based treatment after release, none stated they had received assistance from DOCCS staff to connect to community-based treatment. Inmates also stated they would like to be able to reside in some type of ASAT aftercare dorm upon completion of the program, rather than return to general population which lacks the support they need to maintain their recovery.

Medical Care

The Visiting Committee toured the medical area and spoke with the nurse administrator and prison physician. We appreciated the extensive information provided by the facility prior to our visit, during our tour of the medical areas, and over the course of meetings with the executive team and medical staff. The facility has a medical area for Mohawk inmates, called the primary care unit (PCU). In addition, on the prison grounds is the Walsh Regional Medical Unit (Walsh RMU), a separate building that services inmates from prisons throughout New York state and includes both an in-patient unit similar to a skilled nursing care facility and an outpatient area in

¹³ We calculated a composite communication score for the program based upon the responses of treatment participants to nine statements in question 20 of the MQA treatment survey which relate to how secure program participants feel in freely communicating with other members in the program. See Correctional Association of NY, *Treatment Behind Bars: Substance Abuse Treatment in New York State Prisons, 2007-2010* at pg. 111 and Appendix B, pg. 11 (2011).

which specialty care services are provided. This section of the report evaluates the medical care provided in the primary care unit and the next section contains an evaluation of the Walsh RMU.

Mohawk inmates expressed mixed views of the prison's healthcare system. Of the 138 inmates who responded to survey questions concerning overall medical care, 14% rated it as good, 41% said it was fair, and 34% reported it to be poor. These ratings place Mohawk slightly above the average for medical care satisfaction for the 27 CA-visited prisons, ranking it 12th in overall satisfaction. As noted below, Mohawk survey participants expressed differing views concerning several aspects of the healthcare system.

Staffing

At the time of our visit, the authorized medical staff for the PCU at Mohawk consisted of 2.5 doctors, a nurse administrator, and seven full-time nurses. There were no vacancies in the PCU medical staff at the time of our visit. In addition to the permanent staff, the PCU has two per diem nurse positions that together amount to another full-time nursing position. These per diem positions were regularly used by the medical staff to fill in for vacations and other absences by nursing staff. The prison also used overtime by nurses, but we were informed that very little of the overtime was mandatory.

Medical staff participate in medical training at the prison and at outside venues. The prison medical department has teleconferencing capabilities and regularly uses these facilities during the lunch time for non-mandatory training sessions that last for an hour to an hour and a half. Staff estimated that approximately 20% of the medical staff members participated in these sessions. According to their contracts, medical staff are also permitted three days for professional development; we were told that staff generally used these days for training outside the facility.

Sick Call

Sick call is conducted four days per week, Monday, Tuesday, Thursday, and Friday, starting at 6:00 a.m. and usually ending by 8:00 a.m. Typically, three nurses are assigned to sick call each day. The facility estimated that about 320 patients are seen in sick call per month, a utilization rate significantly less than at many of the prisons the CA has visited. Mohawk survey participants also reported less frequent use of sick call than inmates at other CA-surveyed facilities. Only 15% of respondents said they frequently go to sick call, compared to 22% of all CA survey participants and ranking Mohawk in the bottom 20% of all CA-visited prisons for utilization of sick call services.

If an inmate has a medical emergency on days when sick call is not conducted or after sick call has been held, he can request emergency sick call. The facility estimated that approximately 95 to 100 inmates are seen monthly for emergency sick call. Although the medical staff reported that some inmates will, on occasion, abuse the emergency sick call system, the medical staff said they did not issue disciplinary actions for this misuse of the procedure. We commend these staff for dealing with this issue in a non-punitive manner.

Mohawk survey participants rated sick call services similar to the average ratings for other prisons we have visited. Fifty-six percent of survey respondents said that they were able to

access sick call when needed, 31% stated they had such access sometimes, and 13% reported that they were unable to access sick call when needed.¹⁴ These figures rank the prison in the middle of the 27 prisons for which we have comparable data. Similarly, Mohawk survey respondents had average ratings for the quality of sick call nurses, with 15% of the survey participants rating them as good, 35% assessing them as fair, and 50% reporting them to be poor.¹⁵

The comments we received from surveyed inmates reflected mixed views of the nursing staff. Some inmates commented that the nurses who assisted them were caring and very patient, with one individual expressing the view that the nurse providing his care was the best in his seven years of incarceration. However, the majority of comments were more negative about the nursing staff. The most critical complaints were that some nurses were uncaring, exhibited a poor attitude, and, at times, were rude or verbally abusive. Several survey participants asserted that they were only provided over-the-counter pain medications, such as ibuprofen, for a variety of ailments. Overall, the comments left the impression that the care Mohawk inmates received was variable based upon the sick call nurse who examined them.

Clinic Call-Outs for Doctor Visits

Inmates requiring care beyond what is provided by nurses during sick call may be scheduled by the nurse to see a doctor during morning or afternoon call-outs to the medical area. At the time of our visit, the prison had two doctors on the day shift and one half-time doctor in the afternoon. We were told by staff that each full-time doctor will typically see 10 patients in a day, and the medical staff estimated that there were 300 to 400 call-outs to the clinic each month. Most clinic visits occurred on Monday, Tuesday, Thursday, or Friday; Wednesday was generally used by the doctors to complete paperwork.

Mohawk survey participants presented a positive view concerning access to prison doctors. At a rate better than at many prisons we have visited, 31% of surveyed inmates at Mohawk reported that they never had a delay in seeing a doctor, compared to 23% at all prisons surveyed, and 25% of Mohawk survey participants said they experienced frequent clinic delays, as compared to 42% of all CA-surveyed inmates. These figures rank the prison in approximately the top third of CA-visited prisons for better access to the clinic. The median delay Mohawk survey respondents reported for access to the clinic was 14 days, compared to a median 21-day delay for responses by survey participants at all CA-visited prisons. Moreover, relatively few Mohawk survey respondents who provided comments about their medical care raised concerns about delays in their care.

A majority of Mohawk survey participants rated the quality of the care they received from the physicians as poor. Seventeen percent of Mohawk respondents rated the doctors as good, 32% assessed them to be fair, and 51% said they were poor. These figures are comparable to the averages we have found at all CA-visited prisons, and place the prison in the middle of visited prisons for quality of physician care. Most of the survey comments concerned problems with the quality of the encounters with prison physicians. The most common complaints were

¹⁴ For all CA-visited prisons, 54% of survey participants reported they could access sick call when needed, 29% said they could access it sometimes when needed, and 17% replied they could not get access as needed.

¹⁵ For all CA-visited prisons, 14% reported the sick call nurses as good, 36% rated them as fair and 51% assessed them as poor.

that (1) some providers were disrespectful, rude or uncaring; (2) the physicians rushed the medical encounter and did not listen to the patient; (3) over-the-counter medications were given for conditions requiring more treatment; and (4) the patient was not given medication prescribed by a consulted specialist or the drugs the patient were receiving for his condition prior to confinement at Mohawk. Several patients expressed the view that the care varied according to provider seen. A minority of survey participants expressed positive views of physician care. Several inmates complimented Dr. Lowenstein for his care and his positive attitude with the patients. Other inmates stated that they received prompt care and that the doctors not only provided quality care, but also were receptive and respectful in their dealings with their patients. Because of the very mixed view of physician care, we urge the Department to review the quality of physician encounters to assess whether each doctor is providing prompt and appropriate care.

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

Ninety-nine Mohawk inmates identified as infected with hepatitis C (HCV) at the time of our visit, representing 8.5% of the population, similar to the average of 9% for all DOCCS inmates who have been identified as HCV-infected. The facility reported that 74 (74%) of these inmates were chronically infected with HCV, a rate similar to HCV-infected patients in the community.

According to data we received from the facility, six patients were receiving HCV treatment at the time of our visit, a treatment rate comparable to other prisons. Staff explained that if an inmate agrees to start therapy, he is put on an 18-month medical hold at the prison until his HCV treatment is completed. The providers reported requesting liver biopsies for all patients they suspect to be potential candidates for treatment. Data from fiscal year 2006-07 demonstrated that the prison was aggressive in ordering this essential diagnostic test. The medical staff explained that 40% or less of the HCV-infected inmates that they had assessed as eligible for HCV therapy accept the difficult medication regimen once they were explained the treatment and the potential side effects of the medication. The staff estimated that 80% or more of Mohawk inmates who started HCV treatment were able to complete the one-year regimen; the most common causes for terminating therapy early were due to side effects of the medication or lack of response. Staff also estimated that a majority of patients treated for HCV respond to the medication and have no detectable virus when they complete therapy.

At the time of our visit, there were 20 inmates known to be HIV-positive, 15 of whom were on treatment. Seven of the HIV-positive inmates had progressed to an AIDS diagnosis. Staff reported that in recent years, the number of HIV-infected inmates had been stable at about a 20-patient level. The percentage of the prison population (1.7%) that had been identified as infected with HIV was lower than the department-wide average of 2.5% of the DOCCS inmates known to be infected, and substantially below the estimated 5% to 6% of all male DOCCS inmates who are believed to be HIV-infected based upon Department of Health studies of HIV infection rates. It is unclear why Mohawk has a lower HIV-infection rate, and it is important that the medical staff remain aggressive in attempting to identify its HIV-infected population. None of the inmates who were co-infected with HIV and HCV were currently receiving HCV therapy. The Center for Community Alternatives (CCA) comes to Mohawk to provide HIV testing, HIV counseling, HIV education, and assistance in discharge planning for HIV-infected inmates.

We were pleased to learn that two of the prison doctors (Drs. Seedat and Lowenstein) have been designated by the Department as HIV specialists. Staff informed us that HIV-infected inmates are divided between these physicians. The medical staff told us that newly diagnosed HIV-infected inmates will be referred to an infectious disease (IFD) specialist for a recommendation for treatment, and patients on HIV therapy who are exhibiting treatment failure may be sent to an IFD for an assessment if the prison provider's change in treatment is not successful. Given the expertise of the prison staff, most HIV-infected inmates who are stable are monitored by the prison providers and not sent to an IFD specialist. At the time of our visit, the most recent HIV Continuous Quality Improvement (CQI) audit conducted in May 2010 detected no unstable or end-stage HIV-infected inmates during its review of ten medical charts of Mohawk patients.

At the time of our visit, Mohawk housed 165 asthmatic inmates, 110 of whom were receiving treatment. We also learned during our visit that there were 201 inmates with hypertension, 188 of whom were currently being treated. Eighty-three Mohawk inmates were taking daily medication for diabetes out of the 87 who were diagnosed with the condition. Staff informed us that they welcomed the change in problem list designations for the status of asthma patients because it improved the monitoring of these patients, and the prison had little difficulty implementing the modifications because Dr. Sadat is a pulmonologist and follows these patients.

For many of the chronic illnesses experienced by Mohawk inmates, including HIV, HCV, asthma, diabetes, and hypertension, the prison has assigned nurses to assist in the management of these diseases through patient education, coordination of laboratory tests and appointments, and preparation and review of medical records. We were told, however, that the physicians are responsible for the examinations of these patients.

Specialty Care

Mohawk inmates expressed positive views concerning access to specialty care services. This result should be expected because Walsh RMU provides most of the specialty care services for inmates in this region of the state, including Mohawk patients. Medical staff reported that most specialty care is provided at the Walsh RMU and that the physicians enter their specialty care requests in the DOCCS computerized system for specialty care (FHS1) themselves. Any requests that are not approved are generally resolved through telephone contact with the reviewing agency. At the time of our visit, the only service inmates experienced difficulties accessing was neurosurgery, although we learned during our August 2011 conference call that a neurosurgeon was added to the facility's consultant list.

Inmate survey respondents estimated that it takes about 30 days to see a specialist, a response time that is shorter than 80% of the prisons we have visited. When we asked Mohawk survey participants who had been to a specialist in the past two years whether they experienced delays in access to specialists, 32% of Mohawk respondents reported their care was not delayed, a rate better than the responses from surveyed inmates at two-thirds of CA-visited prisons.

Given the inclusion of the Walsh RMU specialty care clinics within the prison, we were surprised to learn from the responses of Mohawk survey participants that the percentage of inmates reporting that they were seen by a specialist in the past two years (29% of respondents)

was lower than the percentage for three-quarters of the CA-visited prisons. This may not mean, however, that Mohawk patients have less access to specialty services. The CA has reviewed DOCCS data from 2006 and 2007 that suggests that Mohawk was utilizing specialty care services at a rate similar to other prisons. Specifically, the CA analyzed DOCCS data on utilization of Department-wide specialty care services in fiscal year 2006-07, which revealed Mohawk usage of all specialty care services was at a rate slightly above the system-wide average rate for all prisons during that year. The Mohawk's utilization rates for 2006-07 were only low for gastroenterology (35%) and infectious diseases (10%), but for most other essential specialty services, Mohawk had greater utilization rates than the system-wide averages. The low utilization of infectious disease specialists may be due to the fact that two prison providers were designated HIV specialists. Data provided by the facility prior to our 2010 visit also suggests that use of infectious disease services had increased in 2010 from the 2006-07 rates. We suggest that the prison medical staff review utilization of the major specialty care services to ascertain if the prison is referring its patients to these services at a rate comparable to other prisons.

Mohawk survey respondents had mixed views of the facility's response to specialist recommendations. Fifty-six percent of Mohawk surveyed inmates who had seen a specialist in the past two years stated there was not good follow-up to the specialists' recommendations, a rate comparable to the average rate for survey respondents at all CA-visited prisons.

Medication

At the time of our visit, Mohawk received its medications from the regional pharmacy at Oneida CF; however, with the October 2011 closure of Oneida, the regional pharmacy was now assigned to Mohawk for supervision. Inmates are told that they should submit medication refill requests seven days before their drugs run out and they will be called down to the clinic when their medications are available. The medical staff estimated that approximately 50 inmates are on one-to-one medications with 30 inmates being called to the clinic during the day shift for medications and 20 to 25 inmates called during the afternoon shift. For inmates on chronic medications, DOCCS policy permits prescriptions to be issued for a total of six months, with a one month supply of medication provided initially and authorization for five refills. At the end of that six-month interval, the facility provider will have to reissue the prescription. We were told that inmates are not generally seen by the provider when their medications are renewed, but providers review patients' medical charts before authorizing refills. At the time of our visit, 47% of survey respondents reported that they sometimes experience problems getting their medications, a rate that is better than responses from inmates at almost three-quarters of CA-visited prisons. We hope that assigning the regional pharmacy to supervision by Mohawk will further decrease delays and increase inmate satisfaction ratings.

Quality Improvement Program

Mohawk's Facility Quality Improvement (QI) Committee meets quarterly to review medical care in the primary care unit and Walsh RMU. We reviewed the minutes from the two most recent meetings prior to our visit: October 6, 2009 and January 20, 2010. These reports indicated that audits were conducted for diabetes, which the minutes stated found eight of 10 charts in compliance, and an HIV Continuous Quality Improvement audit, which was reported in the minutes to find that all indicators were over 80% compliance. The minutes contain

summaries of many elements of the prison's QI activities but provide few details about the specific activities. Overall, we were impressed by the breath of activities of the QI committee and would urge greater supporting documentation of its activities. During our August 2011 conversation, facility administrators stated that they would work to enhance their documentation.

Walsh Regional Medical Unit (RMU)

The Walsh RMU was the Department's first regional medical unit intended to provide skilled nursing care to DOCCS patients who were confined in a prison infirmary or outside hospital. Walsh opened in 1991 with 60 in-patient beds and subsequently was expanded to its current capacity of 112 beds. The unit was full at the time of our visit. The in-patient unit provides skilled nursing care, geriatric care, hospice services and post-operative care. The Walsh RMU also contains an out-patient unit where patients from Mohawk, the Walsh RMU and many of the prisons in the central and western New York region are seen for specialty care services. We met with the Walsh RMU medical staff, toured the unit and spoke with several of its patients. In addition, we obtained written surveys from 30 Walsh patients.

During our visit, we learned about plans to rehabilitate two of the three units in the Walsh RMU and to expand the entire facility. We were informed that the plans are not finalized, but the facility hopes to include expanded program space, including a chapel and room for video teleconferencing for inmates with their families. The staff estimated that the complete project would take three years once started, but we were not provided with a time frame for the construction.

Medical Staff

The Walsh RMU is staffed by DOCCS employees and the unit has been allocated the following full-time equivalent (FTE) positions: 3.5 physicians, one nurse practitioner, five nurse administrators, one nurse III, 38.5 nurse IIs, two nurse Is, 28 licensed practical nurses (LPNs), and 49 nursing assistants. There were a few vacant positions, including a half-time physician, one nurse III, and three nursing assistants. The staff informed us that they have few vacancies and generally do not experience difficulties filling positions, although the half-time doctor position had been vacant since March 2009 and the nurse III position was vacant since June 2009. We were pleased to learn during our August 2011 conference call that the vacant Nurse III position was filled in September 2011. We were informed by the prison administration that the half-time physician position was eliminated in July 2010 due to DOCCS' workforce reduction plan.

Walsh RMU In-Patient Population

Admission to the Walsh RMU in-patient unit is determined by officials in DOCCS's Central Office. Once a patient is identified for transfer to Walsh RMU, a summary describing his medical condition is sent to the facility for review. If facility staff believe the individual is not an appropriate candidate for the unit, the staff can raise their concerns with Central Office. Very few inmate admissions have been challenged by The Walsh RMU staff; the most recent example was an individual who had significant cognitive impairment who the staff felt would be better served at Fishkill's unit for cognitively impaired inmates.

The Walsh RMU in-patient population differs substantially from the general DOCCS population in several respects. The Walsh RMU patients are significantly older; the median age of The Walsh RMU patients was almost 56 years old compared to the department-wide median age of 36. Forty-two percent of the Walsh RMU patients were 60 or more years old and less than 40% were under 50. The ethnic/racial makeup of The Walsh RMU also is substantially different. Forty-four percent of the Walsh RMU population is Caucasian, 37% are African-American and 19% are Hispanic, in comparison to department-wide figures of 23% Caucasian, 52% African-American and 23% Hispanic. Although we would anticipate the significant age difference for the Walsh RMU population, given their serious medical conditions, it is unclear why there are substantial deviations in the percentages of the ethnic/racial categories with the percentage of Caucasian inmates nearly doubling the Department-wide figures. Given the older population, it is not surprising that Walsh RMU patients also have longer prison sentences. The median time to their earliest release data was 11.6 years, compared to 4.6 years for all DOCCS inmates. Similarly, the median time Walsh RMU patients had been in DOCCS was 6.1 years compared to 2.2 years for all inmates.

Walsh RMU patients generally remain on the unit for an extended period of time. The prison reported that the average length of stay in 2009 was 468 days. There were 76 and 82 admissions and 78 and 81 discharges, respectively, in 2008 and 2009. Of the discharges, 32 and 39 patients were discharged from DOCCS custody in 2008 and 2009. Twenty-seven inmates died on the unit in 2008, 17 died in 2009 and nine had died in 2010 by the time of our visit in June 2010.

Many of the Walsh RMU patients suffer from chronic medical problems. The staff estimated that there were approximately 19 patients with HCV and eight patients who were HIV-infected. Although we did not receive a precise figure, we were told many patients also suffer from diabetes. Typically, the HIV-infected population ranges from 10% to 15% of the census, down substantially from a decade or more ago when it represented 80% of the patient population. The number of patients infected with HCV has increased during the last decade, and some of these HCV-infected patients are no longer eligible for treatment. Walsh RMU staff will evaluate HCV-infected patients for a liver transplant, but no Walsh RMU patient has had a liver transplant in at least the last 15 years.

Programs and Services for Walsh RMU In-Patients

The Walsh RMU offers several programs for in-patients who are capable of participating in activities on the unit. These include: educational program, General Business class, Transitional Services, ART, ASAT, SOP, patient groups, Bible study class and recreational therapy. Overall, Walsh RMU program participants rated the programs more favorably than inmates in general population at most prisons. ***Table 2 – Summary of Walsh RMU In-Patient Programs and Services*** (page 24) details data we received about Walsh's programs and other essential services, and Walsh RMU survey respondents' assessment of these programs and services.

Table 2 - Summary of Walsh RMU In-Patient Programs and Services

Program	Capacity	Census	Satisfied	Dissatisfied	Good	Fair	Poor
Education	-	43	71%	21%			
ASAT	10	10	54%	39%			
ART	10	0			50%	25%	25%
SOP					75%	25%	-
Gen. Business	14	12			75%	-	25%
Trans. Services	20	9			89%	-	12%
Library			39%	32%			
Law Library			48%	44%			
Commissary			28%	48%			
Visiting			47%	37%			
Food Services			17%	63%			
Mail/Packages			23%	57%			

The educational program is multi-level, and the teacher works primarily one-on-one with the students. Although most participants were satisfied with the program, some expressed the desire to have more time in the classroom and to work individually with the teacher. Survey respondents enrolled in the General Business class had favorable comments about the instructor and their access to computers, but expressed some concerns about the lack of more current and sophisticated resources for the program. Participants were also generally favorable about the instructors for ASAT and SOP. ASAT participants noted, however, that some of the materials and videos were outdated.

The survey participants were less complimentary of some of the services provided to the in-patient population. In particular, Walsh RMU respondents criticized the mail and package services, with several inmates asserting that items in packages were missing or broken/tampered with, packages were sometimes delayed up to two weeks, and some mail was missing or improperly opened. Walsh RMU inmates also expressed concerns about the food services. Some survey respondents said their food was delayed or cold, and others were concerned about the quality and nutritional value of the meals. Survey participants also were mixed in their review of library services, asserting that inmates were allowed to borrow only four books for a week and that the selection of materials was inadequate.

Overall, we commend Walsh RMU for providing a number of programs conducted by instructors who appear interested and dedicated to assisting program participants. Some of these programs would benefit from more updated materials and resources. It appears, however, that some other services for Walsh RMU patients are not as effective, and we urge the prison to review the provision of mail, library services, commissary and food services. Facility administrators explained during our August 2011 conversation that RMU patients' dissatisfaction with commissary services is due to their reduced commissary portions, which were imposed on RMU patients because of some patients' dietary restrictions and all patients' inability to refrigerate food. We encourage prison administrators, however, to continue to explore ways of improving the provision of services to RMU inmates.

Medical Care for Walsh RMU In-Patients

Walsh RMU in-patients expressed mixed views about the medical care they received. When asked to rate the overall quality of the medical care on the unit, 28% of the Walsh RMU survey participants said it was good, 28% rated it as fair and 45% assessed it as poor. This is substantially worse than the responses we received from inmates surveyed in the Coxsackie RMU, in which 40% rated medical care as good, 50% as fair and only 10% as poor. We asked Walsh RMU patients to assess several aspects of their care and their responses varied according to whom was providing the care. **Table 3** summarizes the responses of Walsh RMU patients concerning several aspects of the medical care on the unit.

Table 3 - Walsh RMU Survey Responses Concerning Medical Care on the In-Patient Unit

Medical Service	Yes	Sometimes	No	Good	Fair	Poor
Can you see RN promptly	60%	27%	13%			
Rate Nursing care				43%	27%	30%
Rate Nursing Assistant care				25%	39%	36%
Can you see MD promptly	17%	17%	67%			
Rate Physician care				24%	7%	69%
Experience delays in specialty care	30%	35%	35%			
Good follow-up to specialists				38%	-	63%
Problems getting medication	41%	11%	48%			

As **Table 3** illustrates, Walsh RMU survey participants were more positive about nursing care, but more critical of the physician care. Generally Walsh RMU patients reported prompt access to the nurses and assessed nursing care as relatively good. The Walsh RMU patients reported better access to such care than survey respondents from the Coxsackie RMU, but their assessment of the quality of nursing care showed greater variability in care than that reported by Coxsackie RMU patients.¹⁶ Walsh RMU patients also had a mixed view of the nursing assistants at rates somewhat worse than Coxsackie RMU patients. The most frequent complaint about the nursing assistants dealt with poor attitude with their patients and the close relationship between nursing assistants and the security staff.

Walsh RMU survey respondents were more concerned, however, with delayed access to doctors and the quality of care they received from these providers. More than two-thirds of the survey respondents said they experienced delayed physician care and 70% reported that these delays occurred frequently. Coxsackie RMU survey participants also noted delays in care, but at rates somewhat less than at Walsh. More importantly, many Walsh RMU patients were critical of the care they received from the doctors. Sixty-nine percent of Walsh RMU survey participants said the physician care was poor in contrast to only 30% of Coxsackie RMU survey participants.

¹⁶ Only 40% of Coxsackie RMU survey participants said they could promptly access nursing care. Twenty-seven percent of Coxsackie respondents said nursing care was good, 64% reported it as fair and only 9% found it poor.

Some Walsh RMU survey respondents asserted that they were infrequently seen by their physician, that their doctor did not thoroughly examine them during these encounters and that the patients were denied timely and/or adequate care, particularly if it involved pain management. Many survey respondents referred to poor communication between physicians and their patients, including some who asserted the doctors exhibited an indifferent or disrespectful attitude toward the inmates. Not all survey respondents expressed such negative views. A minority of survey participants said they received good care and felt that their doctor was providing quality care.

Approximately half of the Walsh RMU survey respondents on medication reported experiencing some problems obtaining appropriate treatment. This rate is substantially higher than the medication problems reported by Cossackie RMU survey participants. Concerns expressed by Walsh RMU survey respondents focused on not getting the drugs the patient had been receiving prior to incarceration or at another facility, not receiving sufficient pain medication for their condition, having their medication regimen changed without consultation between the doctor and the patient and failing to prescribe medication suggested by a specialist.

Walsh RMU survey respondents also expressed mixed views on access to, and provider follow-up from, specialty care services. Approximately two-thirds of Walsh RMU survey participants reported delays in access to a specialist, substantially higher than Cossackie RMU patients. Similarly, a majority of Walsh RMU patients said there was not adequate follow-up to the specialists' recommendations, a rate substantially worse than that reported by Cossackie RMU patients.¹⁷ Several Walsh RMU respondents raised concerns that they were not being sent to a specialist for significant medical problems.

Relationship between Walsh RMU In-Patients and Security Staff

Walsh RMU in-patients reported a mixed view of the security staff. For some Walsh RMU survey participants, the relationship between patients and security staff was difficult, and some said confrontations with staff were common and incidents of staff mistreatment occurred frequently. Other Walsh RMU patients, however, did not report problems with staff and stated that the relationship with staff was better than at other facilities. For example, 44% of Walsh RMU survey respondents rated relations with security staff as very, or somewhat, bad; 22% said they were equally good and bad; and 33% said they were very, or somewhat, good. Similarly, 46% of survey participants reported overall level of staff abuse was much, or somewhat, worse at the Walsh RMU than at other facilities in which they were confined; 19% said the abuse was about the same; and 35% assessed it as somewhat, or very much, better. The wide spectrum of responses about staff relationships and staff abuse are reflected in the survey results listed in **Table 4** on page 27.

¹⁷ Eighty-eight percent of Cossackie RMU survey participants said they experienced no delays with access to a specialist and 13% reported experiencing delays sometimes. Seventy-eight percent of Cossackie RMU survey respondents reported good follow-up to the recommendations by a specialist, a rate twice that of Walsh survey participants.

Table 4 – Walsh RMU In-Patient Assessment of Treatment by Staff¹⁸

Type of Incident	Personally Experienced	Never Pers. Experienced	Occurs Freq/ Very Freq	Never Occurs	Most Common	Common	Not Common
Physical Confrontation w/ staff	31%	69%	23%	20%	7%	30%	63%
Verbal Harassment by staff	72%	28%	67%	4%	37%	41%	22%
Racial Harassment	-	-	-	-	11%	22%	68%
Property Destroyed	59%	41%	-	-	19%	30%	52%
Threats/Intimidation	-	-	-	-	37%	26%	37%
Retaliation for filing complaints	62%	38%	-	-	26%	33%	41%
False Misbehavior Report	-	-	-	-	30%	44%	26%

The data summarized in **Table 4** reveals high levels of reported inmate-staff physical confrontations and staff verbal abuse. In addition, respondents said retaliation for complaining about their treatment and false misbehavior reports was common. Survey participants did not assert, however, that all or a majority of staff engaged in mistreatment; in fact, Walsh RMU survey participants estimated that 70% of the staff do a good job and only 10% of staff are engaged in *serious* misconduct. Overall, the level of concern about staff relations and abuse at the Walsh RMU were similar to the responses we received from patients in the Cossackie’s RMU.

The level of concern about treatment by staff had an adverse effect on the patients’ sense of safety on the unit. Sixty-eight percent of the survey participants reported they feel unsafe in Walsh, and of those individuals, 43% said they feel very unsafe. In their comments, survey participants most often expressed concerns about disrespect, threats and verbal abuse. We urge the Walsh RMU and prison executive staff to discuss with Walsh RMU patients their concerns about staff relations to identify better the cause for these confrontations and the staff who are most frequently involved in these incidents.

Dental Care

The Visiting Committee visited the dental clinic and spoke with the staff. The prison dental staff includes two full-time dentists, two dental assistants and a dental hygienist. Approximately 300 patients are seen each month. Staff estimated that about 40% of its work is restorative care and 30% extractions; the remaining activities are dentures and other dental procedures. Most oral surgery is done by the prison dentists; the staff estimated that less than 5% of oral surgery patients are sent to an outside oral surgeon. The dentist reported that there is a significant amount of gum disease in the patient population. We were told that a routine care appointment occurs in about a month and that the waiting list for dental cleanings is about five weeks. During the year prior to our visit, the staff informed us that there were several vacancies.

¹⁸ The data in Table 3 is based upon questions about the respondents’ personal experiences and their observations and impressions of treatment of others on the unit. The second and third columns reflect the individuals’ personal experiences in Walsh; the fourth and fifth columns reflect the respondents’ assessment of how frequently these incidents occur on the unit; and the last three columns are the respondents’ assessment of how common these forms of abuse are in Walsh.

One dentist left and it took four to five months to obtain a replacement. Two assistants retired, but less time was required to fill these vacancies.

Mohawk survey participants were very satisfied with the quality of the dental care they received. Sixty-seven percent rated dental care as good, 23% said it was fair and only 11% reported it as poor; this was the highest rating for dental care of the 13 prisons for which we have comparable data. A greater percentage of Mohawk survey respondents (82%) reported using dental services at their prison than all but one of the CA-surveyed prisons. Similarly, the Mohawk survey participants reported the second shortest delay (28 days) to see a dentist of the 13 prisons for which we have such information, well below the median delay of 60 days for all CA-visited prisons. The survey participants' comments about their rating of the dental staff also expressed very positive sentiments about the dental department. Many not only said they received good care that was efficient and thorough, but also noted that the staff treated them with respect and were courteous and informative about the treatment. We commend the dental staff for the quality of their work and, of equal importance, their treatment of the patients with a respectful and caring attitude.

Other Services: Libraries, Visiting Room, Mail/Packages, Mess Hall, & Commissary

General Library

The Visiting Committee toured the general library, which has a capacity to accommodate 50 inmates at a time. Mohawk employed one civilian library clerk, one full-time senior librarian, and 12 inmate clerks with full and part-time shifts. The library is open to general population inmates Monday through Friday from 8:00 a.m. to 8:00 p.m., and on Saturdays from 1:00 p.m. to 8:00 p.m.

The library maintains a collection of more than 10,000 books, including approximately 400 books in Spanish. Mohawk participates in the Inter-Library Loan (ILL) 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. Inmates are not permitted to browse the stacks; however, the library contains three computers that inmates can use to search the catalogue and explore ILL options.

Fifty-nine percent of inmates who responded to our survey were at least somewhat satisfied with the library, placing Mohawk in the bottom half of all CA-visited prisons. Inmates with whom we spoke complained that they were only permitted to visit the library every other day, and that the library was sometimes closed without notice. Inmates also expressed a desire to browse the stacks and stated that many of the books were outdated and often books had pages missing. During our August 2011 conference call, facility administrators explained that despite its limitations, Mohawk's library serves a very high volume of inmates, 919 borrowers a month or 83% of the population, and that these inmates borrow 2,000 books each month.

Law Library

The Visiting Committee toured the law library, which is located in the same area as the general library and is open the same hours. A CO runs the law library with the assistance of five

inmate clerks, two of whom are certified in legal research. Mohawk runs one 11-week legal research certification class per year, in which 21 inmates were enrolled at the time of our visit. Inmates are permitted to check out three books per week, and those who require a notary must be called out for the service, which, according to staff, takes approximately 72 hours. SHU inmates can obtain law library materials seven days a week and may check out up to two books every 24 hours. Processing of these requests generally takes one day.

At the time of our visit, there were six typewriters and two printers available for inmate use; however, the electrical wiring had been installed for an electronic law library system. According to facility staff, computers were scheduled to be installed in late July, and staff and inmate clerks were scheduled to be trained on the new system in August. We were pleased to learn during our August 2011 conversation that the computerized library system was placed online in September 2010 and the system included 10 computers for inmate access and five computers for the inmate clerks.

Forty-one percent of the inmates who responded to our survey were at least somewhat satisfied with the law library, compared to an average of 58% at all CA-visited facilities, placing Mohawk at the bottom of all CA-visited prisons. Inmates appeared satisfied with the services of the CO; however, they expressed the desire to use more than one book at a time and complained that there were often delays in seeing a notary.

Visiting Room

Members of the Visiting Committee toured Mohawk's visiting area which, like all other medium security prisons in New York State, is open on weekends and holidays. Staffed by three officers, the visit area has a capacity of 305 and is open from 8:30 a.m. to 3:00 p.m. According to staff and inmates, the visiting area rarely reaches capacity, but the facility maintains a "first in, first out" policy when it is full. An outdoor visiting area is operated from April through October. The visiting room contains vending machines, six non-contact booths, and three legal visit rooms; however, two of the legal visit rooms appeared to be used for storage. The children's area contained toys and games. We were pleased to learn that both visitors and inmates are permitted to play with children while they are in this area.

Similar to other CA-visited prisons, half of all surveyed inmates were at least somewhat satisfied with the visiting program. Inmates reported experiencing few delays while being processed for visits and that visitors were rarely asked to leave early. We were concerned to hear from inmates that staff were quite disrespectful to visitors, harassing female visitors, particularly with respect to their clothing, and often yelling at children. Inmates also mentioned that the vending machines did not contain healthy snacks for children, and that there were no eating utensils available, although we were pleased to learn during our August 2011 conversation that facility administrators ordered healthier vending machine food as a result of a series of meetings with the ILC about this issue in June, July, and November 2010.

The Walsh RMU contains a visiting room. Additionally, staff told us that special bedside visits can be arranged for any patient who is unable to go to the visiting room. For inmates nearing death, visits may be prearranged for any day of the week.

Mail/Package Services

Mohawk inmates were generally displeased with the facility's mail and package system, with only 27% of inmates who responded to our survey stating that they were at least somewhat satisfied with Mohawk's mail and package system, placing the facility in the bottom fifth of all CA-visited prisons. Sixty-five 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.

Inmates with whom we spoke complained of delays of at least one week to receive letters. Inmates were particularly critical of package delivery, stating that staff often destroyed package items while searching them, that contents of packages were often missing, and that packages were sometimes given to the wrong people. Inmates expressed confusion about the types of acceptable items pursuant to DOCCS package Directive 4911, and noted a lack of consistency regarding which items were prohibited depending on which officers were staffing the package room. Inmates described incidences of verbal harassment when asking for explanations of package regulations, and we were concerned to receive a significant number reports from inmates who experienced threats and harassment for filing grievances regarding mail and packages, and others who were afraid to do so.

We recommend that staff make efforts to clarify exactly what types of items are permitted and to explain the reasoning behind the denial of certain items. This clarification could alleviate some of the delays and prevent fear of missing items. Furthermore, we are alarmed by the level of staff retaliation for grievances and recommend that the administration will investigate this issue and develop measures to reduce the problem.

Mess Hall

The Visiting Committee toured the mess hall and the kitchen and met with the supervisor of the Food Service area. Mohawk was in the process of installing new flooring in one half of the mess hall during the time of our visit; the installation was completed in October 2010. The prison usually prepares 900 servings per meal since meal attendance is not mandatory except for those on special diets. Inmates have the ability to purchase food from the commissary and many cook meals in their dorms. There were 28 inmates on special diets at the time of our visit, including the Cold Alternative Diet (CAD), Kosher, and medical diets. Inmates who miss three special diet meals in one week are removed from the special diet.

Staff told the Visiting Committee that 50% of the food served comes in the form of cook-chill from Oneida Correctional Facility's Food Production Center. Cook-chill food is partially 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, including produce, dairy, and bread products, are delivered by other suppliers. We were pleased to note that Mohawk composts food waste and maintains a waste receptacle in the dining room designated for composting.

Compared to other CA-visited facilities, Mohawk placed in the top third for satisfaction with food services, with 42% of surveyed inmates at least sometimes satisfied with the food. Mohawk exceeded most other facilities with ratings regarding food temperature and tray and

utensil cleanliness, and was similar to other facilities with regard to quantity and nutritional value. Inmates were generally dissatisfied with the amount of time allocated to eat their meals, with only 32% who were at least sometimes satisfied, compared to an average of 42% at all CA-visited facilities. Staff explained to us that inmates are given 20 minutes to eat; however, inmates with whom we spoke said they were only given six to eight minutes. We suggest that facility staff reassess the amount of time allocated to meal times in order to ensure that everyone has sufficient time to eat their meals.

Commissary

The Visiting Committee toured Mohawk's commissary, where the two civilian staff estimated that an average of 140 inmates visit each day. Commissary staff informed us that they arrange meetings with the ILC once every six months to adjust the items and brands to order. Inmates not assigned to a program may visit once every two weeks during the hours of 9:30 a.m. to 1:00 p.m. and those assigned to a program during those hours may visit the commissary during lunch.

Forty-four percent of surveyed inmates were at least somewhat satisfied with Mohawk's commissary, placing the facility in the top half of all CA-visited prisons. Inmates with whom we spoke complained about the limited commissary operating hours, stating that hours used to run until 4:00 p.m. rather than 1:00 p.m. Inmates also expressed that the waiting room was too small, and that it was often over capacity. Furthermore, according to staff, many inmates reach the Department-imposed \$55 spending limit during each commissary buy. This \$55 limit does not include cigarettes or special purchase, such as appliances and electronics, on which an inmate may spend up to \$93 at a time. Inmates may also purchase \$22 worth of stamps. We are concerned that the spending limit is too low if inmates are often reaching this amount. We were pleased to learn during our August 2011 conference call that the facility had hired a third commissary worker and that all three commissary windows were in operation during buy hours.

Recommendations

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

Safety, Discipline, & Grievance Program

- Assess the level and causes for tension between staff and inmates, particularly in the SHU, mess hall, and yard, and develop a plan to reduce tension and incidents of retaliation and verbal harassment, including diversity training for staff and inmates.
- Meet with the ILC and IGRC to discuss ways to reduce tension at the prison and to improve the effectiveness and credibility among inmates of the grievance system.
- Assess current system for callouts in the SHU and implement a system that clearly announces when inmates are eligible for showers, recreation, and other services.
- Ensure that mail is collected regularly in the SHU.
- Examine the grievance process to ensure that all grievances are being properly reviewed via the formal administrative system.

- Take steps to ensure that all staff understand the importance of the grievance system as the only means of redress for inmate complaints and explain the seriousness of interfering with this process.

Programs

- Reassess the high number of inmates assigned to porter positions and explore jobs that more closely reflect work available in the community for formerly incarcerated individuals.
- Explain to inmates the reasons why they may be assigned to particular jobs or programs in lieu of others.
- Expand the postsecondary education opportunities for inmates who have earned their GED or high school diploma.
- Decrease the frequency of academic class cancellation.
- Expand training of security staff concerning the intricacies of integrating sex offenders into the general population and how to protect their confidentiality.
- Meet with inmates in the sex offender program to discuss measures that could be taken to reduce stigmatization of the unit residents and to enhance their safety throughout the prison.
- Provide shelter in the yard to protect inmates from the sun and rain.
- Review the prohibition of free weights and baseball in the yard and develop a program so that inmates can safely use these items.

Medical Care

- Review the utilization of sick call services to ensure that all inmates are getting timely access to sick call.
- Review the quality of medical encounters between inmate-patients and clinic providers to ensure that inmates' medical conditions are promptly diagnosed and properly treated.
- Enhance efforts to identify inmates with HIV through greater peer education efforts and more outreach by volunteer health educators and the medical staff to encourage inmates at risk for the disease to be tested and seek care.
- Review the utilization of specialty care services and the adequacy of prison follow-up to specialists' recommendations.
- Enhance the minutes of the facility quality improvement committee by including more details concerning chart reviews and other QI activities.

Walsh Regional Medical Unit

- Review the quality of medical encounters between inmate-patients and Walsh RMU clinical providers to ensure that inmates' medical conditions are promptly diagnosed and properly treated.
- Review the quality of medical interactions between Walsh RMU patients and the RMU nurses and nursing assistant staff to identify ways to improve communication and patient satisfaction.
- Review Walsh RMU grievances and disciplinary actions against RMU patients to determine what issues and circumstances are causing conflict between RMU patients and RMU security staff, and develop with the assistance of RMU patients a plan to reduce the level of violence and verbal confrontations between security staff and patients.

Substance Abuse Treatment

- Improve the area in which group treatment sessions are held by reducing the noise levels experienced during the sessions and eliminating seating that has an obstructed view of presenters.
- Reduce the number of inmates participating in the large group sessions.
- Review the treatment program content to enhance its effectiveness and to improve compliance with the treatment modalities being employed by the treatment staff.
- Improve clinical supervision of the treatment staff by facility staff and central office treatment personnel.
- Enhance efforts of treatment staff to assist program participants in developing effective discharge plans for continuing treatment in the community when it is needed.
- Reduce the number of participants who are removed from the program by utilizing non-disciplinary responses to minor misbehavior, more treatment-related responses to poor program performance and measures to reduce administrative removals.

Other Services

- Permit inmates to browse the library stacks and allow inmates to visit the library as frequently as they would like, space permitting, ensuring that proper notice is given for library closings.
- Consider offering a legal research course more than once annually so that a greater number of inmates can be trained in this important skill and authorize inmates to use more than one book at a time in the law library.
- Review notary utilization rates and consider increasing access to the notary so as to prevent delays.
- Review the processing and treatment of visitors to ensure courteous and professional treatment by the visiting staff.
- Implement measures to prevent delays in outgoing mail and the delivery of mail and packages to inmates.
- Make efforts to clarify exactly what types of items are permitted and to explain to inmates the reasoning behind the denial of certain items.
- Reassess the amount of time allocated to meal times in order to ensure that everyone has sufficient time to eat their meals.
- Extend the hours during which inmates can visit the commissary and raise the limit on the amount inmates can spend per visit.