

The Correctional Association of New York

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WENDE CORRECTIONAL FACILITY

The Correctional Association (CA) visited Wende Correctional Facility, a maximum security facility for men operated by the Department of Correctional Services (DOCS) and located in Western New York in the town of Alden, on January 27 and 28, 2009. At the time of our visit, Wende had a population of 914 inmates, close to its capacity of 961. The prison offers a variety of treatment, vocational and educational programs, including substance abuse treatment, a Special Needs Unit (SNU) for inmates with developmental disabilities, and resources specific to the physically and sensorially disabled. The prison also has several different mental health programs, including an Intensive Intermediate Care Program (IICP), a Transitional Intermediate Care Program (TICP), and a Group Therapy Program (GTP) for inmates in disciplinary confinement. There is also a Protective Custody (PC) unit for inmates determined to be at risk in general population and a Regional Medical Unit, providing in-patient care for chronically ill inmates.

Facility administrators had an opportunity to review a draft of this report and provided the CA with additional information and comments by phone on April 30, 2010. Their comments and updated data have been included in this report.

Wende was built as a county jail in 1923 and converted into a maximum security state prison in 1983. The Visiting Committee was particularly concerned with the physical condition of the facility and recognizes that the Wende administrative staff faces challenges in maintaining the building. At the time of our visit, we were informed by staff members that future construction projects include refurbishing showers, making the entire facility handicapped accessible, building a new program space for the academic programs and library, and creating a new food preparation area and service lines in the mess hall. Completed projects at the time of our visit included a new heating installation, new windows, and two new visiting units within the Family Reunion Program.

In our April 2010 conversation with facility administrators, the CA was pleased to learn that 90% of the facility showers had been refurbished, the process of making the facility handicapped accessible had begun, and construction of a new building for programs and two new buildings for the Family Reunification Program had started. All projects are planned to be completed in January 2011. Administrators also told the CA that they were in the planning stages of renovating the food service preparation area.

The primary objective of our visit to Wende was to assess the programs, physical facilities, and conditions for both inmates and staff within the prison. The CA obtained surveys about

general prison conditions from 162 inmates. We also received surveys from 41 inmates specifically concerning substance abuse treatment programs and surveys from 62 inmates about their need for substance abuse treatment. We have not included the results of the substance abuse treatment surveys or our evaluation of the substance abuse treatment program at Wende, as we will publish them in a subsequent CA report. We base this report on data supplied by the facility prior to our visit; findings from surveys; conversations with the Superintendent, the Executive Team, program staff, and inmates; written correspondence with inmates; meetings with staff union representatives, staff of the many prison programs, security staff, and members of the Inmate Liaison Committee (ILC) and the Inmate Grievance Resolution Committee (IGRC); and observations made during our visit.

Summary of Findings and Recommendations

The Visiting Committee was impressed with the increase in the number of inmates taking and passing the GED exam; the sign language classes offered to general population inmates; the expansion of the Family Reunion Program; and generally positive reviews from inmates about the mental health programs. We also noted some problems: the high level of tension between staff and inmates, and among inmates; insufficient staff training, particularly regarding mental health issues; complaints about the quality of medical care; and significant delays with mail delivery.

Our recommendations are that state policy makers should work with DOCS Central Office administrators and facility officials on implementing a range of measures, including:

- Fill all program staff vacancies and hire Spanish-English bilingual program staff.
- Expand the on-site post-secondary education program for inmates who have earned their GED or high school diploma.
- Initiate additional vocational programs and jobs that more closely reflect work opportunities in the community.
- Initiate monitoring measures to prevent delays in the delivery of mail and packages to inmates and to reduce destruction or loss of items contained in packages.
- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.
- Assess the level and causes of tension within the prison and develop a plan to reduce tension and verbal harassment, including diversity training for staff and inmates.
- Review grievances and pat frisk practices to assess the prevalence of sexual or abusive conduct by staff toward inmates and to identify measures to reduce this behavior.
- 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.
- Establish regular meetings that foster dialogue between inmates and security staff.
- Promptly fill all vacant nursing items.
- Improve access to sick call and clinic call-outs, and assess whether additional nurses should be assigned to the sick call process.
- Review the quality of medical encounters at sick call and clinic call-outs to ensure that all patients are receiving timely and appropriate care.
- Enhance efforts to identify and treat HIV-infected inmates.
- Assess the need for additional residential mental health treatment beds for general population inmates with serious mental illness to determine whether DOCS and OMH

should expand the IICP program at Wende and/or Intermediate Care Programs at other DOCS facilities.

- Increase the amount of mental health training for DOCS program and security staff.

Wende's General Inmate Population

Similar to system-wide averages, 23% of Wende's inmates identify as white, 54% as African-American, and 26% as Hispanic.¹ The median age of the population is 38, and 46% of the inmate population is from New York City and its surrounding suburbs, lower than the Department-wide average of 63%. The median minimum sentence for the inmate population at Wende is 14 years. Forty-six percent of inmates face their earliest release date within four years, compared to 77% system-wide. Eighty-two percent of the population was convicted of a violent crime and 7% had a drug conviction, compared with 58% and 21% Department-wide, respectively. Somewhat lower than the New York prison system averages, only 48% of the prisoners have their high school diploma or GED, compared to 53% throughout the state prisons. Five percent of the inmate population is Spanish-speaking with limited or no ability to speak English, similar to the system-wide average (6%). Eighty percent of Wende's population was identified as having a substance abuse history by DOCS, slightly lower than the system-wide rate of 84%. Of the 502 Corrections Officers (COs) employed at the facility, 203 identify as African-American (40%) and 50 as Hispanic (10%), rates substantially higher than at other state prisons.

Programs

Wende Correctional Facility provides a variety of educational classes and vocational programs. At rates similar to other prisons we have visited, 120 inmates (13% of the population) are idle, or without any program or job assignment. A total of 681 inmates were in programs or jobs for the whole day, and 97 inmates were occupied for half the day. Of the inmates we surveyed, 65% of the population responded they were at least somewhat satisfied with their jobs, while 35% reported that they were dissatisfied with their assigned positions, rates similar to those we found at other prisons. Thirty-one percent of survey respondents were on a waitlist for a job or program. Many inmates complained of delays in being assigned to the programs they requested.

With few Spanish-speaking staff, program instructors reported that they rely on inmate aides to translate educational material. Many Spanish-speaking inmates with whom we spoke expressed frustration with understanding course material.

Consistent with prisons throughout the state, inmates earn between 10 and 45 cents an hour for paid modules. This rate of pay has remained unchanged for approximately 20 years, although the cost of items in the commissary has increased with inflation, and commissary prices are comparable to charges for goods outside the prison. In addition, inmates may only purchase a limited dollar amount of goods at one time, a restriction that has not changed concurrently with the rise in cost. Inmates throughout DOCS have a \$55 per month spending limit for the commissary. Many survey respondents complained of the high prices at the commissary and their inability to access necessary items. Eighty-one percent of those we surveyed stated that they were not

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

satisfied with the commissary program at the facility. This number is significantly higher than the average dissatisfaction rate (65%) of inmates surveyed across the state. During our April 2010 conversation, staff informed us that tobacco and other “special purchases” such as electronics are no longer included in the \$55 per month limit, and inmates now rarely meet the \$55 per month spending limit.

Academic Programs

Wende offers Adult Basic Education (ABE), pre-General Equivalence Diploma (GED), GED and special education classes. Cell study programs are available for Spanish speakers; however, there are no English as a Second Language, ABE, or GED programs available for Spanish speakers. At the time of our visit, there were only three instructors working at the prison out of five authorized DOCS academic positions. Staff members explained that one teaching position had been vacant since July 2008 and that one instructor had been on temporary leave since January 2009. Academic program capacities were as follows: 26 students in Special Education, 60 in ABE, 20 in pre-GED and 40 in GED. Despite these classes running at almost full capacity at the time of our visit, the waiting lists totaled 263 inmates. The academic program capacities at the time of our visit did not meet the needs of the inmate population, and it is likely that many inmates will never have the opportunity to enroll in a class at Wende.

We were pleased to learn in our April 2010 conversation with facility staff that both instructor vacancies had been filled, with the return of an absent instructor in September, 2009 and the hiring of one new instructor in April 2010. We hope that the facility can more efficiently meet the academic needs of the inmate population with these new hires.

The number of inmates taking the GED at Wende has increased over the last three years, from 24 in 2006 to 54 in 2008, an increase of 83%. Eighteen, 21, and 29 inmates passed the GED exam in 2006, 2007, and 2008, respectively. Though the passage rates decreased from 75% in 2006 to 54% in 2008, we commend the facility for increasing its number of students taking and passing the GED. Due to the increased interest within the student population to take the GED, filling the vacant academic teaching positions would surely help accommodate the educational needs of the inmate population.

During our April 2010 conversation with prison administrators, staff told us that the facility increased GED test-takers to 68 in 2009, with a passage rate of 46 % (33 passed). We were pleased to learn that the inmates who passed the GED test in 2009 included one RMU inmate, one SNU inmate, and one IICP inmate. The facility held a special graduation ceremony for them in February, 2010. We commend facility staff for their attention to education, and particularly for extending their efforts to these special populations.

Four inmates are enrolled in post-GED correspondence courses; however, Wende does not offer post-secondary education. Considering the rising number of inmates acquiring their GED, the facility would benefit from a college program, particularly given that higher education fosters a more manageable prison environment and is proven to reduce recidivism. Facility administrators explained to the CA that they have asked several area colleges to offer programs inside the facility, but since they do not have the funding to pay for these college programs, their efforts have so far been unsuccessful.

Additionally, Wende offers a sign language class so that inmates can learn to be translators for the deaf and hard-of-hearing. Some staff members have learned sign language to better communicate with their students. The academic staff reported feeling generally satisfied with their positions, though they voiced concerns that inmates with mental health issues had specific needs that they could not address in the classroom. Staff also reported that they lacked sufficient materials, particularly books in Spanish.

In the surveys we conducted, 49% of inmates reported being at least somewhat satisfied with their academic program, a significantly lower rate than we have found at other prisons we have visited, where the comparable average satisfaction rate is 59%. Several inmates expressed concern about the classrooms feeling outdated and noisy. Some suggested that the inclusion of computers would contribute to classroom instruction that is more relevant to the job market.

Vocational Programs

Wende offers four vocational programs: custodial maintenance, plumbing, heating, and building maintenance. In November 2008, the general business program was closed for the general population, though the class remained available to inmates in the prison's Regional Medical Unit (RMU). The facility does not offer Department of Labor (DOL) apprenticeships or the opportunity to volunteer as an Inmate Program Associate (IPA). Wende's vocational program is authorized to employ five instructor positions, one of which was vacant at the time of our visit. None of the teachers speak Spanish and instead rely on bilingual inmates to translate materials.

At the time of our visit, some staff believed that the vocational courses were overenrolled. The longest waiting lists were for building maintenance and custodial maintenance, with 208 and 193 inmates, respectively. When the Visiting Committee toured the facility, inmates expressed their frustration with the unavailability and small selection of vocational courses. Of the survey respondents, 45% reported that they were at least somewhat satisfied with their vocational program. Many inmates commented that the vocational classes are enjoyable and useful, although the enrollment waiting period was too long. During our April 2010 conversation, facility staff told us that the vocational staff vacancy had not yet been filled and that the program was disrupted due to the construction of the new program building. They assured us that the program will be fully functioning again once the building is completed in 2011 and that the program will have a total capacity for 160 inmates, with 20 inmates per class. We look forward to the completion of the new program building.

Libraries

The Visiting Committee toured the general and law libraries. At the time of our visit, the general library had been without a librarian for the previous six months; however, staff informed us that a new librarian would be assigned shortly. In the librarian's absence, two inmate clerks were performing general library duties. During our April 2010 call, staff informed us that a new librarian had been hired on January 29, 2009.

Staff reported that the open-stack general library can accommodate 25 inmates per session. Inmates in the SNU, mental health units, PC, and RMU receive weekly library cart service. Out of the library's 10,727 books, 432 are in Spanish. About 60% of inmates we surveyed found the library at least somewhat satisfactory, a rate comparable to the responses of inmates at other

prisons. Some survey respondents complained of the failure to receive books that they have ordered from the general library. At the time of our visit, staff informed the committee that the library was in the process of acquiring new computers, allowing clerks to more easily locate requested books. We were pleased to learn during our April 2010 conversation that the library had installed two computers since our visit.

The law library, open daily for two modules, has a capacity of 20 people. Six clerks are available to assist inmates. Inmates outside the general population are not allowed to visit the law library, though they can request books and assistance from the law library, and are permitted to keep two law books in their cells. At the time of our visit, inmates stated that there had been no new law journals since September 2008 and that it took a long time to get desired materials. About 46% of surveyed inmates found the law library at least somewhat satisfactory, a percentage notably lower than the average satisfaction rate of 57% from survey respondents at the other prisons we have visited. Inmates suggested that introducing the Westlaw program would keep the law library updated with current information while reducing costs.

Other Programs: Visiting, Mail/Packages, Food Services

The Visiting Committee toured the prison visiting room. We were pleased to see that the visiting room includes an enclosed children's area with clean carpeting and colorful walls. At the time of our visit, Wende was in the process of building new visiting units for its Family Reunion Program (FRP) and increasing inmate access to trailers. Staff informed us that the old FRP unit will continue to be used for special populations only.

There is a free bus service once a month from New York City, as well as local buses from Buffalo to the facility. The Wende Visitors' Center is staffed by volunteers from the community. About 57% of survey respondents found the visiting program to be at least somewhat satisfactory, notably higher than the average of 42% for all the prisons the CA has visited. During our April 2010 conversation, facility staff told us that a tele-visiting service had been implemented and in use for approximately two years. The service allows family members who live in New York City to come to the DOCS office in Harlem to visit with RMU inmates remotely. Facility staff told us that the tele-visiting service is used two to three times a week.

Comparable to other prisons we have visited, 61% of inmates were dissatisfied with the mail and package program. Survey respondents raised concerns about the failure of staff to see mail delivered to its proper recipients and in a timely manner. In our April 2010 conversation, staff told us that mail goes out every day, although some inmates who are suspected of drug use may have their mail and packages held for a day before it is sent out or distributed.

At the time of our visit, staff informed us that about 40% of mess hall food is provided to the facility as "cook-chill" items, food partially-cooked at DOCS's central food preparation facility and then sent to Wende for reheating. Seventy-three percent of survey respondents were dissatisfied with the food services at the facility. Many inmates complained that they did not receive sufficient fruits or fresh vegetables and that the food was of poor quality. The Visiting Committee observed that Corrections Officers carried their batons unsheathed while in the mess hall, contributing to an uncomfortable eating environment.

Medical Care

The Visiting Committee met with several members of the medical staff and toured the medical unit. We appreciate the extensive information provided by the staff both prior to our visit and during our meeting concerning medical care at the prison.

The prison has a medical unit for outpatient services, an 11-bed infirmary, and a Regional Medical Unit (RMU) that provides inpatient services for 80 inmates and outpatient specialty care services for Wende inmates and inmates from other prisons in the region.

Inmates who responded to our survey provided a somewhat more positive assessment of Wende's healthcare system than inmates at many of the other prisons we have visited. Sixteen percent of the 151 survey participants rated the overall quality of medical services as good, 42% of the respondents said it was fair, and 42% assessed medical care as poor. The average rating by inmate survey participants at the 17 prisons for which we have similar data was 9% of respondents rating healthcare as good, 36% assessing it as fair and 55% reporting it as poor. This data places Wende in the top third of the prisons we have visited. Wende survey participants also reported more frequent use of medical services, both for sick call and clinic call-outs. Wende inmates responding to the question about frequency of clinic appointments reported the second highest utilization rate among the prisons we have visited.

The medical staff consists of 3.5 full-time doctors, one physician's assistant (PA), 1.5 full-time nurse practitioners (NPs), 40 registered nurses (RNs), 29 licensed practical nurses (LPNs), two pharmacists, two pharmacy aides, and approximately 38 nursing assistants in the RMU. At the time of our visit, there were no vacancies in the clinical staff of doctors, PA, and NPs. However, five full-time nurse positions and one part-time nurse position were vacant, and two nurses were on long-term leave. For LPNs, the prison had one full-time and one part-time LPN vacancy and two LPNs were on extended leave. Many of the nurse vacancies had existed for many months; two had been vacant for more than 10 months, and one for more than six months. The medical staff told us that although they had authorization to fill these positions, they were experiencing great difficulty in identifying appropriate candidates due to the low state salary in comparison to the higher wages available in the community. To fill in for the vacant nursing items, the prison employs one part-time and two full-time contract nurses; multiple per diem part-time nurses working, in total, the equivalent of one full-time nurse; and significant amounts of overtime by the permanent staff. For example, during the two-week pay period prior to our visit, permanent nurses worked 126 hours of overtime. Although the medical staff told us that most of the overtime is voluntary, this amount of overtime is taxing for the permanent prison staff. The use of many temporary nurses, and substantial overtime hours, undermines continuity of care for the prison's patients and places great stress on the existing permanent staff. The prison also informed us that four nursing assistant positions were vacant and two assistants were on leave. The staff told us, however, that they did not need all the nursing assistants and preferred to use LPNs or RNs in the RMU. Overall, the prison is missing a significant number of medical staff and greater efforts are needed to fill vacant positions, including augmenting state salaries to recruit qualified candidates to these jobs.

During our April 2010 conversation, facility administrators told us that they are still actively trying to recruit medical staff, however they continued to experience difficulty in hiring because DOCS salary is not competitive with salaries available in the community. Specifically, in

May 2010, there were five full-time and two part-time nurse II vacancies, four full-time and one part-time LPN vacancies, and five nursing assistant vacancies. Although the prison had received authorization to fill most of the nurse II items, it had not received approval to fill many of the LPN and nursing assistant vacancies.

Sick call is conducted four days per week—Monday, Tuesday, Thursday, and Friday—beginning at 5:30 am for SHU inmates, and then general population inmates are seen until approximately 11:30 am. Sick call is suspended for the general population during breakfast, when the sick call nurse goes to the SNU and protective custody. If the nurse finishes with these special units during the breakfast hour, he or she resumes sick call for the general population. Additionally, emergency sick call is available at all times. According to information provided by the facility, no inmate who submits a request for sick call goes unseen. Approximately 700 inmates attend sick call each month.

Inmates responding to our survey had a somewhat negative view of the prison's sick call services. Concerning access to sick call, 51% of survey respondents reported that they can get to sick call when needed, 31% of the respondents stated that they sometimes have adequate access, and 18% said that they did not have access when needed. These rates are average for the prisons we have visited. Concerning the quality of the sick call encounters, however, 20% of the survey participants said the sick call nurses were good, 39% rated them as fair, and 40% said they were poor. These rates place Wende in the lower third of the prisons we have visited. With only one sick call nurse, the sick call process can take hours to complete, running from 5:30 am in the SHU until 11:30 am. The sick call process could be improved if more nurses were assigned each day to this aspect of the medical care system.

The prison has six clinic providers, including doctors, a PA and nurse practitioners. Clinic call-out appointments are held five days per week from 7:30 am to 3:30 pm. The medical staff estimated that approximately 225 patients are seen for call-outs each month. Wende inmates responding to the CA survey reported more frequent use of the clinic providers than the average for other prisons we have visited. Concerning access to clinic call-outs, 49% of survey participants reported frequent delays, 31% said they experienced delays once or once in a while, and 20% stated that they never experienced delays. These figures are worse than the average rates for other prisons visited by the CA and place Wende in the lower third of the prisons for which we have comparable data. When asked how long it takes to see a doctor, the median time provided by the survey respondents was 30 days, a delay that also places the prison in the lower third for CA-visited prisons. In contrast, however, Wende survey participants rated the quality of the clinic providers better than the average rates at other prisons. Twenty-one percent of the respondents rated the doctors as good, 34% said they were fair, and 45% stated that the doctors were poor. The average rates for survey participants at the prisons we have visited were 11% rating doctors as good, 34% evaluating them as fair and 55% stating they were poor. The Wende data places the prison in the top third for quality of the call-outs with the prison's clinic providers.

There were some common themes in the explanations provided by survey participants for why they rated healthcare as good or poor. A significant minority of respondents wrote that their clinician provided appropriate care in a timely manner, with a few inmates stating they received excellent care. The frequency of these positive comments about the prison's clinicians was greater than at most prisons we have visited. A majority of respondents, however, expressed some reservations about the medical care they received. The most prevalent complaint about the clinic

providers was delay in access. Second, survey respondents repeatedly stated that the care they received was very dependent upon the provider who examined them; some providers were good, while others were poor. A significant number of survey participants who rated medical care as poor stated that their provider did not care about them, had a poor attitude toward their patients, and/or did not properly address their medical condition. Overall, these comments reflect a significant variability in clinic care. Consequently, the prison should institute quality assurance procedures to ensure that all of its clinicians are meeting the standard of appropriate care for all of the prison's patients.

Not surprisingly given its RMU, the prison has many inmates with chronic medical problems, including 135 inmates with hypertension; 116 asthmatic inmates on treatment; 84 inmates infected with hepatitis C (HCV); 61 diabetic inmates on daily medication; and 28 HIV-infected inmates.

We are concerned that the prison has identified only 28 HIV-infected inmates in its population, particularly since there are usually eight to 10 HIV-infected patients in the RMU, indicating that there were approximately 20 HIV-infected inmates in Wende's prison population of 834 inmates, a rate of 2.4%. This figure is well below the estimated HIV infection rate of approximately 6% for all DOCS male inmates. The staff stated that many inmates are reluctant to get tested or reveal their HIV status. We are concerned whether the prison is aggressively seeking to identify its HIV-infected population, including the use of HIV peer educators who can be effective in convincing inmates to get tested and seek HIV care if infected.

Of the 28 identified HIV-infected inmates, 20 were on treatment and 13 were diagnosed with AIDS. The medical staff informed us that the infectious disease (ID) specialist, Dr. Moorjani, who conducts regular HIV clinics in the RMU, sees most HIV-infected Wende patients every one to three months. Data on access to infectious disease specialists from fiscal year 2006-07 reveals that Wende inmates see an ID at a rate comparable to the department-wide average.

The prison reported that there are 84 inmates infected with hepatitis C (HCV), 72 of whom are chronically infected with HCV. The number of HCV patients is consistent with department-wide rates, and the percentage of inmates diagnosed with chronic infection is higher than at most prisons we have visited. Of this latter group, nine inmates were on HCV treatment at the time of our visit. This rate of HCV treatment is better than the rate at most prisons we have visited and above the department-wide rate. The staff also reported that the facility has had up to 12 inmates on HCV therapy, and that, historically, the lowest number of patients on treatment has been six to eight. We commend the prison for having what appears to be an aggressive program of providing HCV therapy. The staff also reported that although 80% to 90% of the inmates on treatment experience some form of adverse side effects, the prison estimates that only less than 10% of those initiating therapy have not completed the full course of treatment. This completion rate is commendable and suggests that the medical staff are assisting inmates on therapy to overcome the often difficult side effects associated with HCV treatment. The staff reported that they are not experiencing delays in obtaining liver biopsies or appointments with gastroenterologists for their patients in order to assess whether to initiate HCV therapy. Wende's use of these specialty services is above the department-wide average, confirming the staff's meaningful efforts to evaluate inmates for HCV therapy.

Given that the Regional Medical Unit is at Wende, which includes out-patient clinics for specialty care services, it is not surprising that Wende inmates have greater access to, and utilization of, specialists than inmates at other prisons. An analysis of specialty care data for fiscal year 2006-07 indicates that Wende uses specialty services at a rate nearly three times the department-wide average. This figure seems reasonable given the facility's 80-bed in-patient unit, which is close to the prison's specialty care clinics. The data from our inmate surveys confirms this higher utilization rate. Fifty-seven percent of the Wende survey respondents reported seeing a specialist in the last two years compared to an average of 35% of the survey respondents from the 17 prisons for which we have comparable data; Wende's rate was the highest for these 17 prisons. Wende survey participants were also more favorable about the response of prison providers to specialists' recommendations; 52% of the respondents said the prison provided good follow-up, the highest rate of any prison we have visited.

Wende has its own pharmacy and has the new computerized pharmacy program DOCS has been installing throughout state prisons. The medical staff reported no problems with the pharmacy staffing or difficulties getting medications to the inmate population. Forty-five percent of survey participants who were on medications at the prison reported that they did not have any problems getting their drugs, a rate that places the prison in the top third of the facilities we have visited.

The prison has both an infirmary, with a capacity for 17 patients, and a Regional Medical Unit, with a capacity for 80 in-patient residents. At the time of our visit, the infirmary had 11 inmates, and the RMU was at full capacity. The average length of stay in the infirmary is only 12 days, while the length of stay in the RMU is approximately three years. The RMU is akin to a skilled nursing care facility, with patients admitted for post-operative recuperation, patients with major disabilities or long-term nursing care needs, and patients in need of end-of-life care. The facility reported to us about its palliative care program in the RMU, which has served two to three inmates in need of hospice services. As part of that program, 12 inmates have been given a 40-hour training course to be hospice aides to assist the hospice patients; at present, there are not enough hospice patients to keep all the inmate aides busy. The RMU employs civilian nursing assistants; at the time of our visit, there were four vacancies for nursing assistants, but the staff said they generally do not have difficulties in finding individuals to fill these positions. It appeared that the medical staff were not aggressively recruiting for these positions, and staff said they prefer to have nurses working in the RMU instead of nursing aides because the nurses can perform any function, while the duties of the assistants are more limited.

The prison has a facility-based RMU quality improvement (QI) committee that meets quarterly and apparently monitors healthcare for the entire prison. We received meeting minutes from four meetings: July and October 2008, and January and April 2009. Although the minutes do not contain extensive details about the several activities of the QI committee, it is clear that the prison has an active QI program. We commend the prison for its QI efforts, which are comprehensive and address 12 areas, including administrative reports, fire and safety, primary care audits, inmate complaints, mortality reports, infectious disease outbreaks, medication errors, health services outcome measures, specialty care, admissions and discharges from the RMU, and medical education. It would be useful to provide more information in the minutes because these records are reviewed by DOCS's Central Office QI Committee, and it would be difficult to determine from the minutes what additional actions should be taken to address any identified issues or concerns. In particular, the April 2009 minutes did not contain a summary of any of the

audits—asthma, hypertension, diabetes, and chronic care—that were conducted during that audit period.

Dental Care

Overall, 31% of the inmates surveyed by the CA rated dental care as good, 37% said it was fair, and 32% reported it as poor. These rates are above average for the prisons we have visited. Although many inmates were satisfied with the services they received, inmates repeatedly noted significant delays in getting dental services. The median delay time reported by the survey participants was 60 days, a delay period higher than at many other prisons we have visited. Another complaint voiced by many inmates was the concern that extractions were performed rather than restorative work. The facility has a dental hygienist, and we were pleased that many inmates reported that they had received a dental cleaning while at the prison. We were pleased to learn from facility administrators in April 2010 that there was no waiting list to see the dental hygienist at that time.

Mental Health Services

Wende is an Office of Mental Health (OMH) level one facility, requiring that mental health personnel be present in the prison at all times and signifying that the prison is capable of treating inmates with the greatest need for mental health services. While other prison programs and security are the responsibility of DOCS staff, prison mental health services are provided by OMH staff. Throughout the Department, the percentage of inmates receiving OMH services has increased over the last several years. As of April 30, 2009, there were 257 inmates on Wende's OMH caseload, or 28% of the prison's total inmate population. Of the inmates on the OMH caseload, 49% were in the general population, 7% in keeplock, and 5% in the SHU, with the remainder of the inmates on the OMH caseload in a mental health program or in other special housing areas. As of April 30, 2009, Wende housed 125 inmates designated with an "S" OMH classified mental illness, signifying that they meet the definition of an inmate with serious mental illness as provided in the settlement agreement resulting from the Disability Advocates Inc. (DAI) litigation.² Of those "S" designated inmate-patients, six were in the Special Housing Unit (SHU) Group Therapy Program (GTP), one was in the SHU, 14 were in keeplock, and 45 were in general population housing.

In April 2009, 38 inmates were in the Intensive Intermediate Care Program (IICP), 15 were in the Transitional Intermediate Care Program (TICP), six inmates were in the SHU GTP, and four were in the Residential Crisis Treatment Program (RCTP). At Wende, OMH is authorized to employ six psychiatrists, eight nurses and nurse administrators, four psychologists, 13 social workers, a forensic unit chief, and four secretaries and support staff. There were no vacancies at the time of our visit. There are two Spanish-speaking OMH staff at Wende. Staff members also reported that they use the AT&T translation service, as well as an occasional interpreter from the community for the hearing-impaired.

² Disability Advocates, Inc. v. NYS Office of Mental Health, 02 Civ. 4002 (SDNY), was resolved by a Private Settlement Agreement in April 2007 and requires DOCS and OMH to provide a heightened level of care for all state inmates with serious mental illness in disciplinary confinement and includes provisions for additional treatment modalities and benefits for persons with mental illness in state prison facilities.

Of the 162 inmates in general population who responded to our survey, 56% reported that they had received or been recommended for mental health services during their incarceration. Thirty-eight percent reported that they were currently on the mental health caseload, and an additional 16% reported being on the mental health caseload at some point at Wende. These ratings are significantly higher than at other state correctional facilities.

The overall satisfaction rates from inmates who have received mental health services at Wende are significantly higher than at other facilities we have visited. Of those we surveyed, 53% rated mental health services as good, 34% rated them as fair, and 13% as poor. Forty-nine percent of Wende's survey participants who were on the OMH caseload reported that they met with OMH staff members many times in the past year, while an additional 31% said they met with mental health staff once in a while. Despite this OMH presence with inmates on its mental health caseload, some inmates complained that they were unable to see OMH staff when needed.

OMH staff members receive training at Central New York Psychiatric Center (CNYPC), as well as an orientation to DOCS with on-site mentors at the prison to facilitate their transition into Wende. OMH staff members informed the Visiting Committee that they hold biweekly meetings with DOCS administrative staff and have access to DOCS records. Not all DOCS security and civilian staff working at Wende, however, have received specialized training to work with inmates on the mental health caseload, many of whom reside in the general population. Security staff receive some mental health training at the Academy and civilian staff receive some training during their orientation to the facility; however, this training may not be sufficient. A lack of understanding of mental disabilities can often lead to misinterpretation of inmate behavior and inappropriate responses by security staff to actions by inmates with mental illnesses. Specifically, the inability of mentally ill inmates to respond promptly and appropriately to direct orders may produce frustration and misunderstanding in Corrections Officers. OMH staff members also expressed concern about the insufficiency of this training. Due to the considerably high concentration of mental health patients within the Wende population, it is important for all security staff to be trained in how to recognize inmates who may be suffering from mental illness and to work more effectively with them. In our April 2010 conversation, we were pleased to learn that DOCS has instituted monthly state-wide trainings on a variety of topics at each facility, including mental health issues. Training topics have included ADA, SHU Mental Health, Sensorially-Disabled, Inappropriate Behavior, Prevention of Sexual Abuse, Suicide Prevention, and Managing a Diverse Population.

Intensive Intermediate Care Program

The Intensive Intermediate Care Program (IICP) is a residential treatment program for inmates with serious mental illness (SMI) and is located in a part of the prison that is separate from the Wende general prison population. The unit was well-painted, lit and decorated, giving it a more welcoming environment than other parts of the prison. It opened in November 2006.

Staff members reported that the IICP is primarily an in-depth treatment program for inmate-patients with Axis I or Axis II disorders who were previously unsuccessful in the residential Intermediate Care Programs (ICPs) in other prisons. Priority admissions are given to inmate-patients with SMI who have a history of keeplock or SHU time, with the intention of providing intense mental health intervention that will help inmates avoid future disciplinary

sentences. As a result of the DAI settlement, DOCS must provide “at least two hours of structured out-of-cell therapeutic programming and/or mental health treatment per day, five days a week, in addition to exercise” for inmates with serious mental illness who have more than 30 days of SHU time.³ Wende is the only DOCS facility with an IICP, and, consequently, it receives inmate-patients from all over the state who have displayed mental health needs that cannot be met in the Intermediate Care Program (ICP).

At the time of our visit, the Wende IICP treated 30 inmates with mental illness and had a capacity for 38. We learned that in April 2009, there were 36 inmates in the IICP. In the past three years, 67 inmates were discharged from the IICP. Thirteen percent were discharged to the general population, 27% to an ICP, 10% to the TICP, 10% to the SHU GTP or STP, 12% to the SHU, 7% to the Community Orientation and Re-entry Program (CORP) at Sing Sing C.F., and 19% were released from prison. Staff members informed the Visiting Committee that the average stay ranges from a few months to a year, with the longest stay lasting 18 months. At the time of our visit, staff reported that there were no inmates waiting to enter the IICP and no need to expand the program. Considering there are more than 8,600 inmates on the OMH caseload in the state’s prisons, we question why there are not significantly more inmates with mental illness in DOCS who could benefit from the IICP program

According to the DOCS and OMH IICP Manual, the IICP follows a four-step system to gradually reintegrate IICP inmates into the ICP, TICP, or general population housing. OMH staff members reported that upon entering the program, each inmate is assigned to a primary therapist who conducts assessments and collaborates on a treatment plan with the patient. The therapist assesses behavior, mental health status, skills, participation, and motivation. Inmates are assigned to a treatment team consisting of DOCS and OMH staff who meet with them quarterly to discuss their progress. The treatment team also regularly meets without inmates present as needed to discuss patients’ progress. Staff reported that, at the time of our visit, there were four inmates in Step I, which inmates typically complete within a few weeks.

Once the assessment and orientation are complete, Step II involves work, education, therapy, and other program assignments both in general population and within the mental health unit. Staff estimated that, at the time of our visit, about a quarter of the IICP inmates were in Step II, which inmates typically complete within a couple of months. While in Step III, inmate-patients are enrolled in programs outside the IICP unit for 20 hours each week. Staff explained that they monitor inmates’ progress in those programs. Staff suggested that about 60% of the IICP inmates were in Step III, which is usually completed in a few months. Most of Step IV consists of preparation for integration into ICP, TICP, and general population, and continuance of group therapy within the mental health unit. Staff estimated that only a couple of inmates were in Step IV at the time of our visit.

Staff reported that there are many different IICP treatment groups at Wende, each with approximately six inmates and running for about 45 minutes to an hour. In addition to group therapy sessions, the core IICP curriculum at Wende consists of classes on daily living skills, interpersonal effectiveness, medication education, psychiatric rehabilitation, life skills, socialization, symptom management, communications group, current events, IICP gallery community meetings, anger management I and II, relaxation techniques, structured fitness group,

³ DAI Private Settlement Agreement, § 1.

structured therapeutic recreation, integrated dual disorder group, and self-help/peer facilitated groups. Staff informed us that they have as many as four of these groups running at one time and that an educational tutor is employed specifically for the IICP unit. OMH staff members also allow the IICP inmate-patients to participate in an annual baseball game with the Special Needs Unit (SNU) inmates. The Visiting Committee was pleased to learn during our April 2010 conversation with staff that the facility had started a recycled clothing program where IICP inmates can work and earn wages at institutional levels. Staff also told us that they were in the process of getting the program certified so that participation could have an effect on inmates' merit time.

We conducted written surveys with five IICP inmates and oral surveys with six additional inmates. The median time the inmates who responded to the written survey had been incarcerated was seven years, and the median time they had been in the Wende IICP was five and a half months. The inmates reported that their earliest release dates were within the next three years from the time of our visit. Most of the inmates rated the programs provided by the IICP to be at least fair. More than half of them had a substance abuse history and were waiting for programs such as Alcohol and Substance Abuse Treatment (ASAT) and Anger Replacement Training (ART). Inmates with whom we spoke during our visit commented that they felt safer in the IICP than in general population and generally liked being in IICP programs.

Staff estimated that 90% of inmates on the OMH caseload also have other medical issues. Of the IICP inmates who responded to our survey, most were satisfied with their access to sick-call and had not experienced problems receiving necessary medications. Some IICP inmates, however, reported delays in receiving medical care, and most rated the overall medical care received as poor.

Most of the IICP inmates responding to our survey reported that they had spent time in the Wende RCTP for as long as seven days. Although most of the survey participants reported that they had previously tried to harm themselves while in DOCS custody, none reported attempts since their entry into the Wende IICP, and only one reported an attempt at self-harm since arriving in any DOCS OMH residential mental health program.

As an inmate progresses through the steps of the program, he may earn privileges such as an increase in the length of his phone calls or extra phone calls, increased access to the commissary, or more personal property. Similarly, these privileges can be taken away. OMH staff explained that the treatment teams meet regularly to decide how to respond to an inmate who is not receptive to the program after he has met one-on-one with a therapist. Staff also use "informational reports" as a means to evaluate behavior. According to the DOCS and OMH IICP Manual, these written informational reports recognize both positive and negative behavior and, in the case of undesirable behavior, identify ways the behavior can be modified. While inmates do not receive copies of these reports, staff told us that inmates are aware that the reports are written and that the primary therapist meets with the inmates to discuss the report.

OMH staff on the IICP unit estimated that 90% of the IICP inmate-patients had arrived from disciplinary confinement. At the time of our visit, OMH reported that 19 IICP inmates had been admitted to the program from the SHU. Most of the IICP survey respondents reported that they had spent time in SHUs at other facilities; however, none had been given SHU time since

they entered the IICP. We were pleased to find that a low number of disciplinary tickets were issued to inmates in the IICP, suggesting that staff members use more constructive and effective ways to address inappropriate behavior.

We support the design of the IICP, which seeks to reduce disciplinary actions against individuals with serious mental illness who have not succeeded in the ICP. We were pleased that the day area of the program seems more conducive to a therapeutic environment than other areas of the prison. We are concerned, however, about the limited number of inmates that can be helped by such a small program, and we urge DOCS and OMH to explore the possibility of making the program available to other inmates who might benefit from it.

Transitional Intermediate Care Program

According to OMH and DOCS, the Transitional Intermediate Care Program (TICP) provides heightened mental health services and program hours to general population inmates with mental illness who do not require such intensive services as those provided in programs like the ICP or IICP. The goal of the TICP is to increase an inmate-patient's ability to function in the least restrictive environment. TICP inmates are housed with the general population in regular housing blocks. The program has aspects of intensive case management, psychiatric rehabilitation, crisis intervention, and clinical services. TICP inmates do not work in industry but have jobs or programs in education, mess hall, and recreation.

Staff members informed the Visiting Committee that the TICP uses the core curriculum established by Central New York Psychiatric Center (CNYPC) and focuses on skill development, self-esteem, transition, integration, and conflict resolution. Staff reported that inmates in TICP have one-hour group sessions four times per week, as well as individual meetings with OMH staff twice per week, though informal meetings can occur daily following group sessions. Inmates see the psychiatrist once per month, but if they are on psychotropic medication, they see the psychiatrist every three weeks. OMH staff said they closely monitor TICP inmates in the general population by visiting program areas and speaking with prison staff.

At the time of our visit, there were 18 inmates in the TICP. The average length of stay in the TICP is nine months. Of the 40 inmates discharged from the TICP in 2008 and 2009, 43% transferred to the general population, 8% to CNYPC, 20% to an ICP, 8% to the IICP, 5% to a GTP, 5% to a SHU, and 13% were released from prison. We are concerned that 10% were discharged to disciplinary housing units (GTP and SHU), where it is likely that the inmates' mental health status could further deteriorate. We question the necessity and efficacy of a punitive response to what could very well be symptoms of mental illness.

We received five written surveys from inmates about the Wende TICP and interviewed two additional inmates during our visit. Most of the survey respondents rated the TICP services at least fair. Some inmates complained of abusive security staff, who fail to understand the needs of mentally ill inmates going through a transitional treatment program. Others preferred residential mental health programs and were unhappy being placed in general population.

Special Housing Unit Group Therapy Program

In the SHU, the Group Therapy Program (GTP) provides psychiatric and behavioral interventions for eligible inmates. The GTP opened in February 2008 for inmates with serious mental illness with disciplinary sentences who have been recommended for a Special Treatment Program (STP),⁴ Behavior Health Unit (BHU),⁵ or CNYPC, or were determined to be disruptive or unsuccessful in the BHU or STP.

GTP inmates daily receive one hour of program time with DOCS and one hour of OMH clinical group time. The GTP group therapy room consists of six white encaged desks and multiple television sets. OMH staff explained that the OMH hour can include groups on anger management, socialization, communication, and current events. As part of the program, staff reported that GTP inmates can “earn” incentives such as SHU time cuts, additional personal property, and additional showers, recreation time, and phone calls. At the time of our visit, Wende’s GTP had a capacity for 12 and a population of six inmates. Facility staff informed the CA in April 2010 that the GTP had recently decreased in size because many of the inmates needing these services are now sent to the new OMH Residential Mental Health Unit at Marcy Correctional Facility. The GTP at Wende currently holds four inmates, with a capacity for six.

The Visiting Committee also learned from prison administrators in April 2010 that there is a 17-year old inmate in the GTP exhibiting severe behavioral problems. Facility staff have devised a special program to help this inmate with his significant emotional and mental health needs. We commend facility staff for their efforts in trying to help this young inmate.

Residential Crisis Treatment Program

The Residential Crisis Treatment Program (RCTP) is intended to temporarily house inmates who experience mental health crises and may be a danger to themselves or others, or who otherwise exhibit serious psychological problems. The inmates remain in observation or dormitory cells during the crisis until appropriate treatment plans and placements are identified. Security staff make rounds every 15 minutes, and nurses and OMH staff make rounds twice per day. Inmates may be discharged to their initial placement, transferred to another program, or transferred to CNYPC.

The Wende RCTP has six observation cells and eight dorm beds used for evaluating and treating patients in crisis. As of April 30, 2009, there were four inmates in the RCTP. Staff reported that the average stay in this unit is four to five days, which is somewhat higher than the

⁴ The STP is a treatment program located in selected SHUs for seriously mentally ill inmates who have disciplinary confinement sentences of 30 days or more. According to the DOCS and OMH STP Manual, enrolled inmates attend two-hour group sessions five days per week. OMH is responsible for 60% of the programming, while DOCS is responsible for 40%.

⁵ The BHU was developed to provide services to inmates with serious mental illness who are serving lengthy SHU sentences. The three-phase program is located in Great Meadow and Sullivan Correctional Facilities in housing units separate from the prisons’ SHUs. It includes 10 to 20 hours of programming per week in addition to individual counseling.

system-wide average of less than four days.⁶ Staff reported that many of the inmates within the RCTP come from other prisons that do not have RCTP units, with a majority coming from in-prison mental health programs at other prisons.

Physically and/or Sensorially Disabled Inmates

Wende holds a large population of inmates who are either physically or sensorially disabled. The Visiting Committee toured the facility's resource room for the visually and hearing impaired. At the time of our visit, there was one sign language instructor and a recently filled teaching position for instruction of the blind. The resource room makes equipment available for sensory-disabled inmates and can accommodate 30 inmates at a time. The resource room had computer audio systems, Braille writing equipment, and American Sign Language information. Staff informed us that sign language equipment was recently ordered for the classroom. Inmates complained that the library does not have vision-enhancing equipment and that there is no equipment for visually impaired inmates to use in their cells. Sensorially impaired inmates voiced concerns that staff do not have sufficient training and understanding of their disabilities and suggested that this lack sometimes resulted in harassment due to communication barriers.

According to facility data at the time of our visit, 28 inmates were wheelchair-bound; however, there were no wheelchair-accessible cells within the general population, and all wheelchair-accessible rooms are located in the RMU. Inmates reported that showers lack grab rails in general population areas and that some disabled inmates are prevented from going to the mess hall because of physical barriers. Some inmates complained of cold meals as a result of eating in their cells. We were informed that the facility's construction projects involve making the entire facility handicapped-accessible. We commend the administration for its plans to accommodate disabled inmates' needs and would further recommend the institution of life skills classes for inmates with sensory disabilities.

Transitional Services

The Visiting Committee toured the Transitional Services (TS) program and spoke with its one full-time TS civilian staff. The program also employs 11 inmates who facilitate TS classes. Wende offers Phase I and Phase III of Transitional Services. Phase III is a daily, six-week, half-day module program with a focus on transitioning and reintegration for inmates approaching their release date. In this phase, inmates learn how to gather their personal documents, write resumes, and research jobs.

TS Phase II is supposed to focus on basic skills needed to live a productive and crime-free life, but at the time of our visit, Phase II was not in operation and had been inactive for at least three years. Members of the Visiting Committee were also concerned that both Phase I and Phase III were running well below capacity. The Phase I program has a capacity of 15 and was running with only two participants enrolled; 80 inmates were waiting for the class. Phase III, also with a capacity of 15, was running with only five participants. Of the inmates we surveyed, 14 reported that they had been in TS Phase III. Five of them said they were satisfied at least some of the time

⁶ According to the DAI Private Settlement Agreement, "OMH will strive to limit observation cell stays to four days, though clinical determinations will guide length of stay. For stays longer than a week, the Central New York Psychiatric Center (CNYPC) director or designee must be consulted."

with the program, with most saying that they were dissatisfied with the program and had to find reentry resources on their own or that they were unable to find sufficient resources in preparation for their release date. Throughout the prison, it seemed many inmates had limited knowledge of how Transitional Services could assist them.

Wende also conducts Anger Replacement Training (ART) four times per week. At the time of our visit, 39 inmates were enrolled in the program, and 362 were on the waitlist. Of the general population inmates we surveyed, 30 said that they had been in Wende's ART program. Seventy-seven percent of the inmates were at least somewhat satisfied with the program, a rate higher than at most other prisons we have visited. We were pleased to learn in our April 2010 conversation with staff that the facility had recently graduated its first Parenting Skills program.

Overall, the TS program received mixed reviews by the inmate population. Increased staffing could allow TS staff to supervise more Inmate Program Assistants (IPAs) and expand classes to operate at full capacity. In our April 2010 conversation with staff, we learned that Wende has replaced Transitional Services Phase II with the new Thinking for a Change program. This is consistent with DOCS policy state-wide. At the time of our conversation, there were 12 to 15 participants in the program. We look forward to observing how this new curriculum enhances Wende's Transitional Services Program.

Safety

Staff-Inmate Relations

Overall, inmates reported poor relations with staff and administration. The dissatisfaction reported in survey responses, however, did not exceed the average rates we have obtained from survey respondents at other prisons we have visited. Over half of survey respondents, 56%, rated their relationship with officers to be somewhat or very bad, less than the average of 64% found at other CA-visited facilities.

Only 13% of inmates said that staff relations were good. Fifty-three percent of inmates also reported that inmate-officer relations are at least somewhat worse at Wende compared to other facilities. Seventy-eight percent of inmates reported that there are Corrections Officers (COs) who engage in serious misconduct. Survey respondents estimated that about half the COs do a good job while the other half do a poor job. While touring the facility, the Visiting Committee noted that Correction Officers occasionally had their batons unsheathed, a practice that is not required by DOCS policy and can be intimidating and threatening. Similar to other facilities, 44% of surveyed inmates reported frequently feeling unsafe. Of those who felt unsafe, 40% said they felt very unsafe. Inmates frequently reported that problems with staff occurred in areas lacking surveillance cameras. Fifty-five percent of inmates believed that cameras would reduce abuse significantly. We were pleased to learn that the facility has many video cameras, and we encourage the further use and supervision of video surveillance in unmonitored areas.

Inmates described staff misconduct as largely involving verbal harassment, threats and intimidation, and physical confrontations. Of those we surveyed, 82% said they had experienced verbal harassment, similar to rates at other prisons we have visited. However, at a relatively higher rate than we have found at other facilities, 46% of these inmates said that they experienced verbal harassment frequently. Seventy-eight percent reported that verbal harassment occurred

frequently throughout the prison. Twenty-nine percent of survey respondents had experienced physical confrontation at least once, a figure that is worse than at most of the prisons we have visited. We are particularly concerned that 60% of inmates reported that their lights or water had been improperly shut off as a form of harassment or intimidation, a rate that is significantly higher than the average for other visited prisons. Considering that a greater percentage of staff identify as African-American or Latino at Wende compared to other facilities, it is surprising that 73% of survey respondents believed that racial discrimination contributed to Wende's abuse problems.

We are concerned that 17% of inmates reported that sexual abuse by a staff member occurs frequently at the facility and that an additional 23% believe that it occurs once in a while. These rates are significantly higher than we have found at other prisons we visited, where the averages were 9% reporting it occurs frequently and 19% saying it happens once in a while. We also received inmate correspondence describing sexual abuse by staff members. Seventy percent of survey respondents said they had experienced at least one abusive pat frisk, and 31% reported experiencing them frequently, figures much higher than the average responses of 56% and 24%, respectively, from inmates surveyed at other prisons we have visited. We reviewed computer data summarizing appealed grievances from all prisons during the period January 2003 through August 2006. We found that allegations about abusive frisks and other acts of inappropriate sexual behavior by staff were higher for Wende than other prisons. We have requested from DOCS, but not yet received, comparable data for the period 2006 to the present. In interpreting this data, we bear in mind that there is a variety of behavior that can be categorized as "sexual abuse," including aggressive pat frisks that inmates may perceive as sexually motivated. The facility and DOCS central office staff should carefully review grievances, other documents, and pat-frisk procedures and practices at the prison to assess the prevalence of sexual or abusive conduct by staff toward inmates and to identify means to reduce this behavior.

We also reviewed inmate disciplinary data concerning sexual offenses in 2008. Wende had one of the highest rates of all prisons for these misbehavior reports. In particular, the rate for other sexual offenses, representing activity such as exposing oneself, was one of the highest rates. In discussing this data with prison administrators in April 2010, they noted that Wende has a much higher percentage of female officers than most other prisons, and these female officers may be more prone to issue misbehavior reports for this type of conduct than their male counterparts. During this same conversation, prison administrators told CA staff that they will not tolerate sexual abuse in the facility and are taking steps to deal with any allegations of sexual abuse or misconduct.

We also reviewed DOCS computer records concerning inmate disciplinary data for the period January 2003 through August 2006 and calendar year 2008 and data about Unusual Incident Reports (UIRs) for 2003 through 2008 for Wende inmates and compared it to system-wide data. The data places the prison sixth among all prisons in terms of the rate of tickets issued for assault-on-staff. The prison's UIR rate for assaults-on-staff is similarly high, placing the prison in the top 10% of all prisons. Following our April 2010 discussion, we received UIR data for assault-on-staff reports in 2009; the number of such incidents was at a rate comparable to the average rate for the previous three years.

We are concerned about the apparent high level of tension and staff intimidation reported by inmates. Inmate-staff relations could be improved with increased administrative oversight; 91% of survey respondents believe that Wende's administration does very little or nothing to

prevent staff abuse of inmates. Increasing communication between staff and inmates, improving the grievance system, and providing staff training on nonviolent conflict resolution and working effectively with people from different backgrounds could reduce the levels of tension and violence. The CA staff were pleased to hear during our April 2010 conversation with facility administrators that they are actively attempting to deal with the high levels of inmate allegations of abuse and that the Superintendent himself is taking the initiative to investigate allegations of abuse. They attribute the high levels of violence in the facility to a large inmate population with past disciplinary issues.

Inmate-Inmate Relations

Significantly higher than the average of 25% we have found at other CA-visited facilities, 42% of Wende survey participants reported having been in at least one physical confrontation with another inmate. Most inmates identified gangs, drugs, stress, and gambling, in that order, as the contributing factors to inmate confrontations. Additionally, although facility staff members told the Visiting Committee that only a “handful” of inmates test positive on random drug tests, 50% of inmates believed contraband drugs were at least somewhat common and are a contributing source to the high level of inmate-inmate violence.

We also reviewed DOCS computer data on inmate disciplinary actions for inmate assaults and fighting during the periods January 2003 through August 2006 and calendar year 2008 and data about Unusual Incident Reports (UIRs) for assault-on-inmate incidents during the period 2003 through 2008. The facility’s rate for tickets for fighting is third highest among New York’s maximum security prisons. The prison is highest among all state prisons in terms of the rate at which it issues assault-on-inmate tickets. The rate of UIR assault-on-inmate incidents was also high, placing the prison fifth among all prisons. Following our April 2010 conversation, we received assault-on-inmate UIR incidents for 2009, which was similar to, but slightly less than, the number of incidents for the previous two years. We remain concerned about the high levels of tension indicated by these data and reported by inmates.

We also reviewed the inmate disciplinary data for 2008 concerning sexual offenses and found that Wende had the fifth highest rate for all disciplinary sex offenses of the 65 male prisons. It is unclear why these numbers are so high, and, therefore, we urge the facility to investigate these incidents to determine whether there are circumstances or conditions that resulted in more disciplinary actions. We suggest the facility review its policies and procedures to ensure that all inmates are adequately protected from predatory sexual behavior at the prison.

Grievance Program

Inmates filed a total of 2,026 grievances in 2007, a 9% increase from the 1,817 in 2006. The facility administration reported that 21% of these grievances in 2007 were filed by seven inmates, which may explain the increase. The majority of these grievances concerned staff misconduct (15%), medical care (16%), and housing block concerns (15%). Housing block grievances consisted of complaints by inmates who were not let out for recreation, denied packages, had property removed, were unable to get hot water, denied haircuts, and had legal mail opened by staff. Of the 2,026 grievances filed in 2007, 1,402 resulted in an Inmate Grievance Review Committee (IGRC) hearing, and 1,209 were processed by the Superintendent.

The IGRC includes inmate staff and civilian staff. The IGRC told us that it was overburdened with medical grievances. Many of these grievances complained about DOCS medical providers not following through on specialists' recommendations for treatment. The IGRC stated that it had begun a new computerized program for tracking grievances.

Inmates at Wende had less confidence in the grievance system than we have found at other prisons. Seventy percent of survey respondents had used the grievance system in Wende. Of the inmates surveyed, 78% rated the grievance system as poor, with 34% saying that it was worse than the grievance system at other facilities. At a rate much higher than at other prisons we have visited, 56% of respondents stated they had been retaliated against for making a formal complaint.

According to new data supplied by the facility, there were a total of 2,133 grievances in 2008 and 2,050 grievances filed in 2009. While this is only a slight decline in the total number of grievances, the facility has been making progress in some areas. The number of staff misconduct grievances went down from a 15.2% of all grievances filed in 2008 to 12.5% of all grievances filed in 2009, and while medical grievances constituted 18.7% of all grievances in 2008, medical constituted only 14.3% of all grievances in 2009.

Special Needs Unit

Wende has a Special Needs Unit (SNU) for inmates with developmental disabilities. At the time of our visit, Wende's SNU was operating at full capacity, with 52 inmates. The SNU housing and program areas are located apart from the prison's general population. Typically, inmates placed here have an IQ of less than 70. Staff seemed generally very enthusiastic about the SNU and attested that there was a very low turnover rate. The treatment staff includes a psychologist, two teachers, two aides, the Supervising Correction Counselor (SCC), a recreation leader, Corrections Officers, and trained security staff.

Within the SNU, several programs are available for inmates, including: a nine-month ASAT program, engraving, a sex offender treatment program, and a recycling program. Wende provides the opportunity to SNU inmates to earn merit time as well as participate in an annual baseball game with the IICP inmates. Most inmates were assigned both an academic and job program. We spoke with inmates on the unit who generally were satisfied with the programming, particularly with the school. Staff members said they work with inmates' families to create an aftercare program and report that one of the biggest challenges is getting the SNU inmates prepared for reentry.

The CA obtained written surveys from five inmates and interviewed four additional inmates regarding the general conditions and programs within the SNU. Some SNU inmates complained of miscommunication with sick call nurses and medical staff resulting in untreated medical conditions. Inmates in SNU also expressed the concern that they were receiving inadequate mental health services. The four inmates we interviewed on the unit all said that they felt safer in the SNU than in general population and generally liked the programs available.

Special Housing Unit

Members of the Visiting Committee toured Wende's Special Housing Unit (SHU), which was operating at full capacity, with 34 cells. We received surveys from eight SHU inmates, who

had been on the unit for an average of five months. At the time of our visit, the physical condition of the SHU appeared to be in disrepair and in need of new showers and toilets.

Although none of the SHU inmates were on deprivation orders at the time of our visit, three survey respondents reported experiencing deprivation orders while at Wende. Additionally, while the facility reported that none of the SHU inmates had been on restricted diets for the past three years (2006, 2007, and 2008), two survey respondents reported being assigned a restricted diet (“the loaf”) while in the Wende SHU.

At a rate lower than at the other disciplinary housing units we have visited, only one respondent said he frequently goes to the one hour of allowed recreation per day. Two respondents said they had never gone to recreation, while an additional two others had gone only once. Many inmates explained that they refuse to go to recreation because the areas were very dirty with bird droppings.

At a significantly higher rate than at other facilities, almost all SHU survey respondents reported being unsatisfied with their access to reading materials. At the time of our visit, only one SHU inmate was enrolled in the cell study program, and no inmates were on the waiting list for the program. At a lower rate than at the other disciplinary housing units we have visited, only two inmates were at least somewhat satisfied with the mail services. During our April 2010 conversation with the facility, staff explained that there is a new library and updated library services, and the staff assert that there is no longer a delay in delivering reading material to SHU inmates.

As of April 30, 2009, 12 SHU inmates were on the Office of Mental Health caseload, representing 35% of the SHU population. Of the SHU inmates we surveyed, almost all said they had received mental health services during their incarceration, and nearly half said they were currently on the OMH caseload. All the inmates in SHU who responded to our survey and are on the mental health caseload rated the mental health services they received as fair.

All surveyed SHU inmates reported that relations with SHU staff were bad. Five inmates said relations were very bad, while the other three believed they were somewhat bad. Inmates complained of verbal and physical abuse, spitting, and the issuance of false misbehavior reports. Three inmates reported being in a physical confrontation with staff in the SHU, and three said that they were frequently verbally harassed, with only two saying they were never verbally harassed. Many inmates reported feeling very unsafe and said they experienced spitting, slapping, verbal harassment, and racial and/or religious discrimination by staff members. The majority of respondents reported that they had experienced retaliation, at least once, for filing a grievance.

Surveyed SHU inmates said that they had difficulties with medical care, reporting that doctors, nurses, and medical staff were disrespectful and uncaring. Additionally, sensory-disabled inmates said they had problems functioning in the SHU and were unable to access equipment necessary for communication.

Recommendations

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

Programs

- Expand the on-site postsecondary education program for inmates who have earned their GED or high school diploma.
- Initiate additional vocational programs and jobs that more closely reflect work opportunities in the community.
- Hire Spanish-English bilingual program staff.
- Initiate monitoring measures to prevent delays in the delivery of mail and packages to inmates and to reduce destruction or loss of items contained in packages.
- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.
- Raise the limit on the amount inmates can spend at the commissary.
- Ensure that requested library materials are available to inmates in a timely manner.

Safety

- Assess the level and causes for tension within the prison and develop a plan to reduce tension and incidents of verbal harassment, including diversity training for staff and inmates.
- Review Unusual Incident Reports, grievances and misbehavior reports to assess whether there are patterns of violence within the prison, whether specific staff members are more frequently involved in inmate-staff confrontations, and whether certain areas within the prison are more frequent locations for violence. Following this review, develop a plan, including additional staff training, to reduce violence between inmates and staff and among inmates.
- Meet with the ILC and IGRC to discuss ways to reduce tension at the prison and to improve the effectiveness and credibility among inmates of the grievance system.
- Establish regular meetings that foster dialogue between inmates and security staff.
- Review grievances, other documents, and pat-frisk procedures and practices at the prison to assess the prevalence of sexual or abusive conduct by staff toward inmates and to identify means to reduce this behavior.
- Ensure that inmates' lights and water are not shut off as a means of harassment or intimidation.

- Investigate disciplinary actions for sexual conduct to determine whether there are circumstances or conditions with the facility that result in the higher incidences of this behavior, and review prison policies and procedures to ensure that all inmates are adequately protected from predatory sexual behavior at the prison.

Medical Care

- Promptly fill the vacant nursing items. If the prison is not successful in identifying appropriate candidates due to the inability to pay the nurses at rates comparable to salaries in the community, the Department and other state agencies should take action to augment the authorized salary levels for these positions.
- Review the quality of the sick call encounters and ensure that all sick call nurses adequately address inmates' medical needs.
- Consider assigning more nurses to the sick call process to reduce the waiting time for sick call and to augment the time available to spend with each patient.
- Ensure that inmates scheduled for a clinic call-out are promptly seen in accordance with their medical needs.
- Review the quality of medical encounters with the 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 both volunteer health educators and the medical staff to encourage inmates at risk for the disease to be tested and seek care.
- Conduct regular meetings with the medical staff, ILC and IGRC to discuss the problems inmates experience with prison healthcare and to determine how to provide better medical services.
- Enhance the information provided in the facility's minutes of its Quality Improvement committee to detail the issues it has identified during its QI activities, including the results from all medical chart reviews.

Dental Care

- Reduce the time it takes to schedule patients for dental services.
- Review a sample of dental charts in which an extraction was performed instead of restorative work to assess whether reasonable efforts are being made to avoid unnecessary extractions.

Mental Health Services

- Provide additional residential mental health treatment for general population inmates with serious mental illness by expanding the IICP program at Wende and other DOCS facilities.
- Increase the amount of mental health training for DOCS program and security staff.

Special Housing Unit

- Institute a system-wide policy to provide inmates in SHUs throughout the state with athletic equipment such as balls or chin-up bars when they go to recreation.
- Ensure that SHU inmates have regular access to library materials.