



## CAYUGA CORRECTIONAL FACILITY

The Correctional Association (CA) visited Cayuga Correctional Facility, a medium security prison for men in Moravia, NY, on July 14 and 15, 2008. At the time of our visit, Cayuga had a total inmate population of 1,015 men, and a capacity of 1,082. The facility contains a 200-bed S-Block and a 32-bed Special Housing Unit (SHU) to house inmates in disciplinary confinement. At the time of our visit, 175 inmates were held in Cayuga's S-Block and its SHU was at capacity. The facility also operates an Alcohol and Substance Abuse Treatment (ASAT) program and a variety of educational and vocational programs.

The primary objective of our visit to Cayuga was an assessment of facilities and programs. The CA obtained surveys about general prison conditions from 171 men. We also received 45 surveys from inmates housed in the facility's S-Block and 19 surveys from inmates in the SHU, 44 surveys from inmates specifically concerning substance abuse programs, and 70 surveys from inmates about their need for substance abuse treatment. We have not included here the results of the substance abuse treatment surveys or our evaluation of the substance abuse treatment program at Cayuga, as these observations and recommendations will be published in a subsequent report about substance abuse treatment in New York State prisons. We have based our report on findings from these surveys; conversations with the executive staff, program staff and inmates; written correspondence with inmates; meetings with staff union representatives and members of the Inmate Liaison Committee and Inmate Grievance Resolution Committee; and observations during our visit.

In May 2009, we spoke with the executive team from Cayuga and officials from DOCS Central Office concerning a draft of this report detailing our preliminary findings and recommendations. We found the discussion informative and useful in finalizing this report, and have included information we learned during that conversation.

### **Summary of Findings and Recommendations**

The Visiting Committee was impressed with many areas at Cayuga: that the facility is operating some college courses in conjunction with Cornell College, that it has included more two-person tables in its visiting room, and that it has not used restricted diets in its SHU over the last several years.

We also noted some problems: the level of verbal harassment between inmates and staff and physical confrontation among inmates; treatment of inmates in the SHU; limited vocational programming; and lack of Spanish-speaking staff and materials.

Our recommendations include that state policy makers should work with the Department and facility on implementing the following:

- Increase the diversity of staff;
- Increase the number of vocational programs and hire bilingual vocational staff;
- Institute a training program for staff to increase sensitivity in working with people from diverse backgrounds;
- Install cameras in the SHU;
- Review procedures to ensure SHU inmates have access to library materials; and
- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare;

### **Cayuga's Inmate Population**

Varying from state-wide averages, 23% of Cayuga's inmates identify as white, 55% identify as African-American, and 19% identify as Hispanic.<sup>1</sup> The median age of the population is 33 and 45% are from New York City and its surrounding suburbs, compared to 63% throughout the state's prison system. Fifty-two percent were convicted of a violent crime and 24% had a drug conviction, compared with 58% and 21% statewide, respectively. Similar to other medium security-prisons throughout the state, 91% of the inmates reach their earliest release date within four years. Fifty-eight percent of the prisoners have their high school diploma or GED, a rate slightly higher than the statewide average of fifty-two percent. Consistent with the state-wide average, DOCS reports that 5% of Cayuga's inmate population is Spanish-speaking, with limited or no ability to speak English. Eighty-four percent of the prison's population was identified as having a substance abuse history by the Department, a slightly higher rate than the state-wide average of eighty-three percent.

### **Programs**

According to data we received from the facility, 55 inmates – only 7% of Cayuga's general population – are idle, or without any program or job assignment. A total of 752 inmates were in programs or jobs for the whole day, with 47 inmates having half-time program assignments. At a rate higher than at other prisons we have visited, 347 inmates, or 34% of the general population, were assigned to jobs as porters, which involve performing maintenance and cleaning tasks for the prison and do not generally help individuals to develop transferable skills. Of the inmates we surveyed, 71% were at least somewhat satisfied with their job, a rate consistent with that which we have found at other prisons we visited.

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<sup>1</sup> According to DOCS' 2008 Profile of the Inmate Population, system-wide averages are: White (21%); African-American (51%); and Hispanic (26%).

Like other prisons throughout the state, Cayuga inmates receive limited wages for paid modules. The rate of pay, 10 to 45 cents per hour, has remained unchanged for approximately 20 years, though the cost of items in the commissary has increased with inflation to rates comparable to charges for goods in the community. Inmates at Cayuga, and throughout the state, consistently complain about their inability to afford commissary goods. Of the inmates we surveyed at Cayuga, 75% were dissatisfied with the commissary.

We noted few Spanish-language materials in the facility, particularly in the facility's vocational program. Some Spanish-speaking inmates informed us that other bilingual inmates translate for them. Using inmate-translators can be particularly problematic in program areas because it might interfere with the inmate-translators' learning and because inmate-translators are not necessarily qualified to instruct on the topics they are still learning. For these reasons, we encourage Cayuga to acquire more Spanish-language materials for programs.

### *Academic Program*

Cayuga's academic courses include Adult Basic Education (ABE), Pre-General Equivalency Diploma (Pre-GED), GED, and English as a Second Language (ESL). We were pleased that in addition to college correspondence courses inmates may purchase, the facility offered two free-of-cost college-level courses (Expository Writing and International Relations) in conjunction with Cornell University Prison Education Program, which operates the Cayuga program in addition to a program at Auburn Correction Facility. The credits inmates earn in these courses may be used toward obtaining an Associates degree. The classes are especially important, considering the facility has a higher number of inmates with their GED (59%) compared to the statewide average (53%). However, these classes have limited capacity, allowing only 17 inmates per class. At the time of our visit, 13 inmates were enrolled in the Writing class and 17 in the International Relations class. When we spoke with a Cornell University representative in March 2009, we learned that there was only one Introduction to Ancient Philosophy class operating with 14 students enrolled. When we spoke with facility staff in May 2009, we were told that only one class would be offered in the fall due to fiscal limitations of the Cornell program. Considering the high number of inmates at Cayuga who have their GED, the facility would greatly benefit from an expanded college program, particularly given that higher education fosters a more manageable prison environment and is proven to reduce recidivism.

At the time of our visit, of the ten full-time and one part-time academic instructor positions at the facility, one full-time position had been vacant since March 2008. This position was still vacant when we spoke with facility staff in May 2009. Two hundred and eighty-two inmates were enrolled in the academic program, and none of the classes were at capacity. At the time of our visit, 37 inmates were waiting to enter the academic program. While we were impressed with the number of inmates in school overall, we are concerned that the Pre-GED classes, with a capacity of 136, had only 116 inmates enrolled while 24 inmates were on the waiting list. When we spoke with staff in May 2009, we learned that most of the inmates on the waiting list were ineligible for the class because they were serving disciplinary sentences.

Members of the Visiting Committee toured the classrooms at Cayuga and were impressed with the small sizes of the classes and the bright and engaging atmosphere. We were pleased to learn that the Academic Director and the ESL instructor speak both Spanish and English, and there are ABE and GED courses specifically for Spanish-speakers.

While GED passage rates at Cayuga have improved over the last few years, passage rates are still below the statewide average of seventy-one percent. In 2006, 31 inmates (54% of test-takers) received their GED, and in 2007, 46 inmates or 68% of test-takers passed the exam. At the time of our visit, 19 inmates had earned their GED in 2008, a passage rate of seventy-nine percent. While we are pleased that a greater percentage of test-takers are earning their degree, we note that the number of inmates taking the test is lower than at other prisons of comparable size.

Consistent with other prisons we have visited, 59% of survey respondents stated they were satisfied with the academic program, at least some of the time. While many inmates were pleased with the instruction and opportunity to complete their GED, some complained that ABE and GED classes were closed frequently or that instructors behave in disrespectful or threatening ways.

### ***Vocational Program***

At the time of our visit, 301 inmates were enrolled in one of Cayuga's 11 vocational programs, which include building maintenance, computer repair, custodial maintenance, drafting, electrical trades, floor covering, two general business classes, horticulture, masonry, and small engine repair. At the time of our visit, some classes were closed for the summer. There was one temporary vacancy among Cayuga's eleven full-time vocational staff, but we were informed that it would be filled by September. When we spoke with facility staff in May 2009, we learned that the horticulture position was still vacant, though it would be filled for the summer. In addition, staff told us at that time that the facility planned to close two vocational classes (electrical trades and masonry) for the 2009 summer, as the instructors, who have a ten-month contract for the academic year, did not want to accept a summer position for these classes.

The Visiting Committee toured the vocational program. Teachers seemed generally enthusiastic about their classes and dedicated to helping inmates succeed, with some teachers having assisted inmates find jobs in the community. Inmates expressed a greater satisfaction with the program than inmates at other prisons we have visited, with 74% of survey respondents stating they were satisfied with the program, at least some of the time. Some inmates expressed frustration that they could not receive Department of Labor (DOL) apprenticeship certificates more easily. There are seven DOL apprenticeships available at Cayuga. Only two inmates received DOL certification in 2007, while none earned certification in 2006 or 2008.

### **Libraries**

The Visiting Committee toured the general and the law libraries. The general library is staffed by one part-time librarian and one full-time librarian, who was on temporary leave at the time of our visit. Staff informed us that the library remains open more than 40 hours a week

when both librarians are working. Staff maintain a cart of about 100 books in the S-block, with a separate cart in the SHU that holds week-old periodicals, including local as well as national newspapers and a variety of magazines. The library had a very organized collection of books that included both fiction and non-fiction, including 1,208 Spanish-language materials. The library participates in an inter-library loan program, allowing inmates to request materials from public libraries. We were pleased to hear that inmates enrolled in the college-level academic courses have priority access to newspapers, as these resources are a crucial part of their educational experience.

During our visit, the general library was busy with inmates reading magazines and periodicals. It had a vibrant atmosphere, with many posters on the wall. Inmates seemed generally satisfied with the library, though some expressed frustration that the general library closes frequently. Spanish-speaking inmates with whom we spoke were dissatisfied with the limited amount of material in Spanish. They also said that it is difficult to request materials in Spanish when all the library clerks speak only English. When we spoke with facility staff in May 2009, they reported that there is a Spanish-speaking general library clerk on every shift and that the senior librarian speaks Spanish. Forty-six percent of survey respondents were at least somewhat satisfied with the general library, a rate much lower than at other prisons we visited. Although we did not visit the law library at the facility, we were told it is open Monday through Friday and on Saturdays. A greater percentage of survey participants were pleased with the law library than the general library, with 52% reporting they were at least sometimes satisfied with law library services.

### **Other Programs: Visiting, Mail/Package, Food Services**

The Visiting Committee toured the prison visiting room. We were pleased to see that Cayuga had changed its visiting policies to include more two person tables and to see that the visiting room has an enclosed children's area with carpeting and colorful wall decorations. However, staff informed us that inmates and visitors are not allowed to occupy this area, and that the area is supervised by outside volunteers. The prison executive informed us that adults were excluded from the area because in the past an inappropriate incident occurred in the area, which is difficult for security staff to monitor due to its location. Although we acknowledge the importance of security, we question the need to bar all adults from the child play area. It is sound correctional policy to permit inmates and visitors to play with their children in an appropriate child recreation area rather than requiring the child to leave the incarcerated parent to have access to toys and other child-appropriate equipment. We were pleased to learn about the facility's new policy of offering volunteers compensation for mileage they drive to and from the facility, thereby increasing their participation.

Many inmates were dissatisfied with the visiting program at the facility, reporting that staff often intimidate visitors or treat them disrespectfully. Some inmates explained that visitors are sometimes reluctant to conduct open conversations for fear of invoking a misbehavior report. Inmates also complained that visits are often cut short due to lack of space, a complaint that is consistent with staff reports that there are only 78 visits each weekend. Inmates and staff informed us that the outdoor visiting area had only recently opened, following roof construction

on the outdoor pavilion. Of the inmates surveyed, 58% were dissatisfied with the visiting program.

Seventy-one percent of those surveyed said they were dissatisfied at least somewhat with the mail and package program, with more complaints about packages than mail service. Inmates reported unnecessarily long delays in mail and package delivery and frequent incidents where letters to inmates were returned to senders saying that inmates were not at the prison when, in fact, they were.

In addition, 75% of survey participants were dissatisfied with the food services at the facility. Many complained that the food was cold and of general poor quality.

### **Transitional Services**

The Visiting Committee toured the Transitional Services (TS) area and spoke with staff and inmates working in the program. Cayuga conducts Phase One and Phase Three of the TS programs, but has not held a Phase Two class in several years. The prison hopes to reestablish Phase Two, but does not have space to initiate the program at this time. When we spoke with staff in May 2009, we learned that the facility would reestablish Phase Two once Central Office completed their revision of the Phase Two manual. Phase One is an orientation to DOCS and Cayuga for those newly admitted inmates who never attended an orientation program during their incarceration. Phase One consists of eight classes conducted during two weeks with four half-day sessions per week in the morning program module. Phase One has a capacity for 25 inmates, but the enrollment varies greatly based upon the number of new inmates admitted to the facility.

Phase Three is a reentry program for inmates who are within two months of their release date. This six week course is held in the afternoon from noon to 3:00 pm four times per week or in the evening from 6:30 pm to 8:30 pm three times per week. At the time of our visit there were 51 inmates enrolled in Phase Three, with a capacity for 55 participants. The Phase Three curriculum focuses on developing skills for seeking employment and to a lesser extent discusses issues related to the return of an inmate to his family. The TS staff stated that nearly every inmate leaving the facility attends Phase Three. We visited the afternoon Phase Three class where there were 17 participants. An Inmate Program Assistant (IPA) facilitated the class.

Cayuga also conducts Anger Replacement Training (ART). At the time of our visit, there were 50 inmates enrolled in the program. We did not have an opportunity to observe the program or speak with participants, but were told by staff that two IPAs assist in facilitating the program. In our general survey, we obtained a few responses from inmates in the ART program that were generally positive.

The TS staff consists of a Supervising Corrections Counselor in charge of Facility Volunteer Tutors, and two Corrections Counselors. The Supervising Counselor is also responsible for all prison Inmate Program Assistants. There are 60 IPAs at Cayuga, including eight working in the TS program and two assisting the ART class. It appears that the IPAs are very involved in facilitating Phase One and Phase Three classes. Cayuga conducts IPA training

and issues IPA certificates. Staff encourage IPAs to seek a Department of Labor certification, but said this is very difficult because it requires approximately 1,000 hours of classroom work. We noted that only two DOL certificates have been issued for all Cayuga programs in the last three years.

The TS program also has a pre-release office in which five IPAs were working on the day of our visit, many on computers, to assist soon-to-be-released inmates in identifying community-based programs they may want to attend when they return home. Staff and IPAs told us that inmates can come to the office and request information about community-based substance abuse programs, housing opportunities or other program services in their communities. If the inmate is within 90 days of release or his parole board hearing, the pre-release staff will both identify the community-based programs and prepare letters for the inmate to send to these organizations for information or a letter of assurance that the person is eligible for the program. It is impressive that the facility has a computer-based database on community resources that is used to prepare form letters to community programs for the inmates. Staff told us that in the last year, IPAs sent out 200-300 letters to community agencies to obtain updated data for this computer system. We were also informed that this office writes letters to agencies on behalf of 55 to 70 inmates per month. Each inmate can have up to 15 letters sent to outside agencies seeking information. For inmates who are not within 90 days of their release or parole hearing date, the office provides the relevant data on outside resources, but the inmate is responsible for writing to these organizations on his own. The TS staff estimated that approximately half the inmates get responses from letters of inquiry to community programs.

We received 159 supplemental surveys from Cayuga inmates seeking information about inmates' experiences with re-entry, their ability to get information about community-based resources and the responses they received from outside agencies. Very few had received any reentry assistance; less than 12% of our survey participants had been in the Phase Three program and only 10% of the respondents, half of whom had not been in Phase Three, reported getting assistance from the TS program for community-based substance abuse treatment program or housing assistance. The few inmates who had gotten a referral contacted some of these outside agencies and most received a response. Although the CA data was from inmates who had not been in the Phase Three program and therefore would not have received the more intense services offered by the pre-release office, it appears greater outreach efforts are needed to support inmates in seeking reentry assistance.

Overall, we were impressed by the pre-release office. The staff has made a significant effort to keep up-to-date data on community resources and has developed a system that permits more inmates to get assistance than at many other facilities. It would provide system-wide benefits if the Department developed a computer-based system similar to Cayuga's that all prisons could use containing updated data on community resources.

## Safety

### *Inmate-Staff Relations*

At rates lower than other prisons we have visited, 45% of inmates responding to our survey characterized relations with staff as bad while 14% said they were good. Forty-seven percent said relations were worse at Cayuga than at other facilities where they had been incarcerated. Comparable with rates we have found at other facilities, 94% of respondents said there are COs who do a good job and 76% said that there are COs who engage in serious misconduct. Cayuga inmates we surveyed estimated that more COs do a good job than at other prisons we have visited, with respondents estimating that 50% of security staff do a good job. Similar to other prisons, respondents estimated that 30% of COs engaged in misconduct.

Both inmates and staff reported low levels of violence at the facility compared to other prisons we have visited. Nineteen percent of survey participants said they had experienced a physical confrontation with staff at least once while at Cayuga, a rate better than most other visited prisons. Similarly, only 27% of surveyed inmates said that physical confrontations occurred frequently throughout the facility, with another 21% of respondents saying they never occur; these rates are half those we have found at other prisons. Relative to other facilities, fewer Cayuga inmates feel unsafe, with 26% of respondents saying they frequently felt unsafe. When we asked inmates how unsafe they felt, 32% reported they felt very unsafe.

While the levels of physical confrontation appear lower than at other prisons, inmates pointed to verbal harassment as a problem at the facility. Forty-two percent of respondents said they experienced verbal harassment frequently and 74% said that verbal harassment occurred frequently throughout the facility. Many inmates with whom we spoke (42%) said that the prison administration does nothing to prevent abuse, and 36% said that cameras would significantly reduce abuse.

Of the inmates we surveyed, 45% said that racial tension is widespread or common, with 30% saying racial discrimination contributes a lot to abuse. In stark contrast to the inmate population, only one percent of Cayuga's security staff identify as African-American or Hispanic. Recruiting and hiring more African-American and Hispanic security staff could help alleviate tension in the facility.

We reviewed DOCS computer records concerning inmate disciplinary date and Unusual Incident Reports (UIR) for the period January 2003 through August 2006 for Cayuga, excluding incidents from the facility's S-Block, and compared it to system-wide data for assault on staff incidents. The inmate discipline data places Cayuga in the top third of medium and minimum security prisons in terms of the rate of tickets issued for assaults on staff. The prison's UIR rate for assaults on staff is in the lower 40% of all medium and minimum security facilities. While the levels of violence appear lower at Cayuga than at other prisons we have visited, we are concerned about inmates' descriptions of relations with staff and the high number of tickets issued for assault on staff. Regular meetings between the ILC/IGRC to discuss ways staff-inmate relations could be improved in the SHU and throughout the prison could help this problem.

### ***Inmate-Inmate Relations***

Comparable with rates at other facilities we have visited, 25% of survey respondents said they had been in a physical confrontation with another inmate at least once while at Cayuga. However, relative to other prisons, fewer Cayuga inmates, 12%, said that inmate fights were common throughout the facility.

Both inmates and staff reported low gang activity and violence at the prison. Fifty-seven percent of survey respondents said gang activity was common, with only 14% saying that gang activity was a significant source of violence. Reflecting similarly lower figures, 29% of inmates surveyed said that drugs were common, with 12% reporting that drugs were a significant source of violence.

We also reviewed DOCS computer data on inmate disciplinary actions and Unusual Incident Reports (UIR) for assault-on-inmate and fighting incidents at Cayuga, excluding the facility's S-Block, for the period January 2003 through August 2006. Cayuga's rate for assault-on-inmates misbehavior reports was fourth and the rate for fighting tickets was in the top 40% of all medium and minimum security prisons. The rate of UIR incidents from DOCS computer records for assault-on-inmates at Cayuga place it in the bottom 40% of medium and minimum security prisons. As we have found with other prisons and contrary to DOCS policy, the UIR data does not reflect all misbehavior reports for assault-on-inmates incidents.<sup>2</sup> These data revealed a potentially more serious situation than the staff and inmates reported. When we spoke with facility staff in May 2009, staff suggested that in certain instances inmates may be charged with both assault on staff and fighting, thereby inflating some indicators of violence in the facility. We will review more recent system-wide from the Department to monitor this issue.

### **Grievance Program**

Cayuga inmates filed a total of 238 grievances in 2007, down from 445 grievances in 2006 and 345 in 2005. The most highly grieved areas in 2007 were Staff Conduct and Medical, with an increase in Medical grievances from 17% to 19% of all grievances filed in 2006 and 2007, respectively. Medical grievances dropped significantly in 2005 when they comprised 13% of all grievances, a decrease from 20% in 2004. The facility reported that the decrease was due to increased efforts on the part of the medical staff to discuss concerns with inmates prior to grievances being filed. We are concerned why the rates for Medical grievances rose in 2006 and 2007 and urge the facility to discuss this issue with the ILC and IGRC.

Confidence in the grievance system among surveyed inmates at Cayuga was low. Seventy-eight percent of respondents rated the grievance system as poor and 27% said they had been retaliated against for filing a grievance, rates consistent with other prisons we have visited. Inmates complained that staff did not maintain confidentiality when grievances were filed. Some complained about being fined for having a blank grievance form outside the grievance office or infirmary. Speaking with inmates about ways to improve the grievance system could be useful.

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<sup>2</sup> DOCS policy requires that a UIR be written when a misbehavior report for assault-on-staff is issued.

## Medical Care

The Visiting Committee met with the Nurse Administrator and toured the medical facilities. We appreciated the comprehensive responses by the medical staff to our questions and the extensive data provided to us prior to our visit concerning medical care at the prison. The medical department includes a 10-bed infirmary that had four patients at the time of our visit.

The authorized medical staff includes a Nurse Administrator, four part-time doctors, representing the equivalent of two full-time physicians, 13 Nurse IIs, and one Pharmacist.

The prison has had long-term absences in its nursing staff. At the time of the visit, a temporary nursing item had been vacant since 2006, one nurse had just returned from long-term disability, and another nurse, who had been out on long-term disability since April, was still on leave. In addition, in early August another nurse was scheduled to leave. When we spoke with staff in May 2009, we learned that one nurse was scheduled to be on leave for two months, returning in June 2009. We were told that the prison does not have difficulties filling vacant staff positions and that many staff have been at the prison for 10 to 20 years. The prison uses per diems and extra service nurses to fill in for missing staff, and we were told that the prison does not have to use mandatory overtime to provide coverage. In May 2009, facility staff reported that they did not feel the prison needed the additional nurse to appropriately serve its population.

Sick call is run four days a week starting at 6:00 am and ending usually at 8:30 to 9:00 am. Approximately 35 inmates attend sick call each day. Two nurses are usually assigned to sick call; sometimes a third is also used. Inmates participating in the survey had relatively positive impressions of the sick call process. More than two-thirds of the respondents said they could access sick call when needed and only 13% reported access problems, rates that are better than at most other prisons for which we have survey data. More importantly, 25% of the survey respondents rated the sick call nurses as good, 47% said they were fair and only 28% reported them as poor. These figures are significantly better than the average responses we have received from most other prisons.

The medical staff estimated that approximately 130 inmates seek emergency sick call each month, a process used by inmates who have a medical problem after sick call is conducted or on the days when sick call is not run. The staff did not feel that emergency sick call is abused by the inmate population, and the facility has issued very few disciplinary reports for misuse of the process. In contrast to the staff perception, several inmates complained about being threatened with discipline if they sought emergency sick call and a few reported being disciplined. As a practice of corrections principle, it is inappropriate to ever discipline a patient for seeking medical care.

The four part-time physicians split the two full time physician items assigned to the facility. There is a physician at the facility most days and clinic call outs are conducted five days per week. Each doctor sees 10 to 12 patients each day during the four to six hours he is at the prison. Patients with specific conditions are primarily directed to certain physicians: HIV-infected inmates are seen by Dr. Graceffo, who is designated as an HIV specialist by the Department; Dr. Kaiser see diabetics; Dr Bartheson is assigned patients infected with Hepatitis C;

and Dr. Buttarazzi is assigned patients with hypertension. We commend the facility for assigning patients with chronic conditions to a specific provider who has some expertise in treating the illness.

The inmates participating in our survey were relatively positive about access to and services provided by the physicians. Although 30% of the respondents said they frequently experience delays in seeing a doctor, 35% reported that they never or only once experienced delayed access. Overall, these rates are somewhat better than at most prisons for which we have data. When asked the length of the delay, the survey respondents estimated the median time to be 14 days, a time period less than at many other prisons we have visited. When asked to rate the physicians, 16% of the survey participants said they were good, 45% rated them as fair and 39% assessed them as poor. These figures place Cayuga providers in the top third of prisons for which we have data rating prison doctors.

Concerning inmates with chronic illness, Cayuga appears to have somewhat fewer inmates identified with HIV and hepatitis C (HCV) than the average prison in the system. The facility reported only 21 HIV-infected inmates, representing an HIV-infection rate of 2.06% of its total population. This is significantly below the system average of known HIV-infected male inmates of 2.49%, and well below the estimated HIV-infection rate of 6% for all inmates in the system. The question arises whether the prison is aggressively pursuing the identification of HIV-infected inmates. The CA has analyzed the number of infectious disease appointments for Fiscal Year 2006-07 and determined that Cayuga scheduled fewer appointments than other prisons we have visited. Staff informed us that there are four to five telemedicine appointments with an infectious disease (IFD) specialist a month, an IFD utilization rate lower than at other prisons. One of the prison providers, Dr. Graceffo, is designated as an HIV specialist by DOCS. Many of the HIV-infected inmates are assigned to Dr. Graceffo for monitoring, and this practice may explain the lower IFD utilization rate. In addition, we learned that there is a nurse assigned to coordinate services for the HIV-infected population. Finally, we are pleased to note that Cayuga gets significant HIV support services from the outside agency, Center for Community Alternatives, a contractor with the Criminal Justice Initiative of the state's AIDS Institute, which provides HIV counseling and testing, discharge planning, HIV training of peer educators and other HIV education and support services.

At the time of our visit, the facility reported 53 inmates infected with hepatitis C, representing a known infection rate of 5.22% of its population, a figure significantly below the department-wide average rate of 9.0% for male inmates known to be HCV-infected. Based on New York State Department of Health studies of newly admitted inmates, we estimate that approximately 13% of the total state's male population is HCV-infected. It appears that Cayuga is identifying less than half of its HCV-infected population, and consequently, the question arises about whether the medical staff is sufficiently aggressive in diagnosing inmates infected with the disease. Moreover, at the time of our visit, only one HCV-infected inmate was on therapy. Even with its low number of known HCV-infected inmates, treating only one inmate for this illness in a population of over 1,000 is extremely low compared to the department-wide average of approximately 5.3% of the known HCV-infected inmates on therapy. During our visit we spoke with the nurse who is coordinating HCV care and she informed us that in the past the prison had up to four patients on HCV therapy and that 80% of the inmates who initiate HCV therapy

respond favorably to the treatment. She also told us that the prison does not have a problem scheduling liver biopsies or appointments with a gastroenterologist. We commend the prison for assigning a nurse to coordinate HCV care.

In May 2009, we spoke with prison staff who reported improved data for the care of inmates with hepatitis C. Facility staff reported 69 inmates infected with HCV, of whom 43 were chronically infected. This is a significant increase from the July 2008 figure. Of these 43 inmates, 17 had already been on therapy, five had refused treatment, four had previously failed therapy, six had liver biopsies that indicated no fibrosis, four were awaiting records or diagnostic results to determine their eligibility for treatment, three were unavailable for treatment or treatment was contraindicated and three were on treatment. These recent records indicate a reasonable effort by the medical staff to evaluate and treat the prison's HCV-infected population. We urge the prison to remain vigilant in diagnosing and treating its HCV-infected patients.

The CA analyzed the use of specialty care services in Fiscal Year 2006-07 and noted that only four liver biopsies were performed for Cayuga inmates, an essential diagnostic tool in determining whether to initiate HCV therapy. This rate is almost one-quarter the rate of liver biopsies throughout the Department. During our discussion with prison staff in May 2009, however, they reported that 32 liver biopsies were performed and suggested that the records we obtained from the Department under-reported liver biopsies because of a problem with DOCS computer coding of this procedure. Our review of DOCS records also revealed that the rate the prison referred its inmates to a gastroenterologist, another essential component of evaluating a patient for HCV therapy, was less than 75% of the system-wide rate.

The prison obtains its medication from the Auburn regional pharmacy; it last had a prison pharmacy in 1991. The facility will receive a prescription the same day if its order is placed by 11:30 am, otherwise the medications are delivered the next business day. Inmates are told to make a request to get a refill three days before their supply of medication will run out. Newly admitted inmates who are on medications generally do not come to the facility with a prescription that Cayuga can use to obtain the patient's medications. Consequently, the prisoners are told to see the medical staff within their first five days to get a prescription issued by Cayuga staff. When we asked Cayuga inmates if they experienced problems in getting their medications, 56% of those who were taking medications said they sometimes had a problem. This figure is lower than the average for the thirteen other prisons for which we have data, but still suggests that there may be a problem with inmate access to medication. In comments to our survey, several inmates noted that they had problems getting their refills or getting the proper medication. In addition, we received reports of inmates being provided the wrong medication. The facility should investigate inmates' concerns about the distribution of medications.

The CA analyzed department-wide specialty care appointments for Fiscal Year 2006-07 for several important specialty care services. Concerning Cayuga's specialty care services, the prison refers its patients to outside specialists at a rate that is slightly less than the system-wide average. In addition to the low utilization rates for infectious disease, gastroenterology and liver biopsies noted earlier, we observed particularly low utilization rates for nephrology, which was only 45% of the system-wide rate. The prison staff informed us that they generally do not experience difficulties scheduling specialty care services except for periodic problems with

neurology. When we asked inmates about their experience with specialty care, they reported problems with access to and follow-up from specialty care appointments, but their responses were somewhat more positive than the results from surveys of inmates at other prisons we have visited. Specifically, 55% of the survey respondents said that they experience delays, at least sometimes, in seeing a specialist, a rate below the 67% figure for all CA visited prisons. Similarly, 57% of the Cayuga survey participants reported problems with follow-up by prison providers after a specialty appointment, a figure below the 68% of inmates who reported poor follow-up at the prisons the CA has visited. Although the Cayuga responses are better than the data we have received from other prisons, they reveal that inmates at the facility perceive significant problems with special care services.

Overall, the Cayuga inmates we surveyed expressed more satisfaction with medical care than inmates at many of the other prisons we have visited. Although only 13% of the Cayuga survey participants rated the prison's medical care as good, 53% reported it to be fair and 35% said it was poor. For the 13 prisons from which the CA obtained similar data, only 9% of the inmates found healthcare to be good, 34% said it was fair and 57% rated it as poor. The somewhat more positive response by Cayuga survey participants about the prison's medical care is reflected in the low number of medical care grievances filled at the prison during the last few years. For example, in 2007, only 47 medical grievances were filled, placing Cayuga's rate of medical grievance filed per 100 inmates in the lower 30% of all medical class one prisons in the state. We also noted that the number of medical grievances at the prison has declined from 70 in 2005 and 64 in 2006. It should be noted, however, that Cayuga inmates file fewer grievances overall than inmates at many other prisons and that the percentage of the Cayuga grievances that relate to medical concerns is consistent with the system-wide average of 19%.

Although the ratings of the inmate surveys were somewhat better than the average prison response, inmates still expressed serious concerns about the healthcare system. Many inmates reported that some, but not necessarily all, of the medical staff exhibited a poor attitude to their patients by being dismissive or disrespectful, by not responding to their complaints or by failing to demonstrate a caring demeanor. Inmates raised these concerns specifically about some of the nurses. In addition, numerous inmates complained that non-prescription analgesics such as Tylenol or Ibuprofen were prescribed for many medical problems that they believed required more attention or treatment. In comments to the survey, many inmates expressed concern that their medical problems were not adequately being addressed. It should also be noted, however, that some survey respondents, though in the minority, stated that the care they received was good or even excellent. We conclude from this spectrum of comments that some of the patients are receiving quality care, but that the facility needs to make progress so that level of care becomes available to the entire inmate population.

The prison has a quality improvement (QI) committee that meets every three months and includes the medical administrators and security staff. We were informed that the committee recently reviewed the intake process and enhanced the data it was collecting. They have also reviewed the process for issuing medical clearances for programs and reduced the number of inmates who have been medically exempt from programs. They recently have also done a review of infirmary charts. Although the Visiting Committee has not reviewed any

documentation of the prison QI committee, it appears that it is making a concerted effort to assess, and where appropriate, improve the healthcare systems at the prison.

### **Dental Care**

The Visiting Committee toured the dental area and spoke with the dental staff. There are three dental positions: dentist, dental hygienist and a dental assistant. The prison has a vacant dentist II position vacant since 2001. When we spoke with facility staff in May 2009, the position remained vacant and the facility administration said that additional dental staff was not needed.

The dental staff reported that the facility has approximately 4,000 dental appointments per year with an average of 20-30 patients seen per day. They estimated that the dentist does about 150 extractions per month, a couple of hundred restorative procedures per month and approximately 100 dentures per year. However, during our conversation in May 2009, executive staff reported that their dental team performs only about 50 extractions per month, making extractions only 15% the prison's dental care and restorative procedures 85% of the dental work. Concerning dentures, the staff estimated that for a patient who requires extractions prior to the fitting for dentures, the entire process could take about 16 weeks, including time for healing between the extractions, the measurement process and the eight weeks to prepare the dentures. We were impressed with the dental facilities and found the staff to be concerned with providing appropriate care to the inmate population.

Although we did not ask specific questions in the survey about the dental program, during the visit and in inmate survey comments, we received mixed reviews of the dental program. Some inmates complimented the work of the dental staff, while others raised concerns about the tendency to extract teeth rather than perform restorative procedures.

### **S-Block**

We collected surveys from 45 inmates in the facility's S-Block, who had been there for a median time of three months. At the time of our visit, 175 inmates were housed in the 200-bed unit. We were pleased to learn that the facility did not place any S-Block inmates on restricted diets from 2006 to the time of our visit. Most surveyed inmates were dissatisfied with services in the S-Block; for example, 62% were dissatisfied with the cell-study program, many saying they were frustrated that there were no academic options for those who had already received their GED. Some praised the instruction they received, while others said they would benefit from seeing the teacher more frequently. During our conversation in May 2009, staff reported that the cell study teacher makes several visits to the unit each week and that the average number of inmates enrolled in the S-Block is 66 per month. Staff also reported that the facility's library staff makes books and periodicals available to inmates in disciplinary confinement through a book cart that circulates once per week. However, at rates significantly higher than those at other S-Blocks we have visited, 84% of the survey respondents said they were dissatisfied with their access to reading materials and 52% reported dissatisfaction with their access to law library materials. Over half the survey participants also noted problems with their access to mail, and a majority were dissatisfied with the food services.

At the time of our visit, six inmates in the S-Block were on the Office of Mental Health caseload. The number of Cayuga S-Block inmates on the OMH caseload was small and significantly less than the numbers of inmates on the OMH caseload in the S-Blocks at Gouverneur (45) and Greene (33). However, of the Cayuga S-Block inmates responding to our survey, 43% reported that they had received, or had been recommended for, mental health services since they were incarcerated, and 29% of the survey participants had received some mental health services since in they had been in disciplinary housing. While all surveyed inmates may not have received mental health services at Cayuga, many have demonstrated a need for these services while at the facility. A few of them had sufficiently severe episodes of mental deterioration in prison that they needed to be hospitalized at Central New York Psychiatric Center or placed in a Residential Crisis Treatment Program. Clearly inmates with significant histories of mental illness are in the Cayuga S-Block, even if they are not actively receiving mental health services. Of the inmates we surveyed, most (43%) said mental health services were poor, with 39% rating services as fair and 18% rating them as good, rates comparable to other S-Blocks we have visited.

The S-Block inmates and general population inmates who responded to our survey described relations with staff similarly. Forty-two percent of the S-Block respondents rated relations with security staff as bad, 49% rated them as equally bad and good, and only 9% rated them as good, rates that are comparable to other S-Blocks we have visited. Similar to the general population survey respondents, S-Block inmates reported relatively little physical confrontation with or verbal harassment from staff. Eighty-four percent had never been in a physical confrontation with staff at the prison and 33% said they frequently experienced verbal harassment from staff. These levels demonstrate less physical violence and verbal harassment than inmate reports at other S-Blocks we have surveyed. Similar to the general population inmates, 78% of S-Block survey respondents said they had never been in a physical confrontation with another inmate. Twenty-six percent of respondents said they frequently felt unsafe, with 36% saying they felt very unsafe. This data also reveal less inmate-on-inmate violence and a greater sense of safety than reported by S-Block residents at other prisons we have surveyed.

Though S-Block inmates rated the grievance system better than general population inmates, confidence in the process was still low, with 65% rating the grievance system as poor. Sixty-one percent said they had been retaliated against at least once for filing a grievance.

Overall, the reports from S-Block residents reveal less violence and fear than opinions expressed by inmates at other S-Blocks we have visited. However, Cayuga S-Block survey participants still reported significant problems with services on the unit and a tense atmosphere with staff.

### **Special Housing Unit (SHU)**

We received surveys from 19 inmates housed in the facility's at-capacity 32-bed SHU – the 19 had been on the unit for a median of three weeks. We were pleased to find that no SHU inmates were on restricted diets at the time of our visit. Most surveyed SHU inmates were dissatisfied with many of the SHU services. Seventy-one percent said they were dissatisfied

with the cell-study program. Half were satisfied at least somewhat with their access to reading materials though 75% were dissatisfied with access to the law library. Most (67%) SHU survey respondents were satisfied with their access to mail, while a majority (63%) was dissatisfied with food services. Many surveyed inmates (41%) said they never go to recreation for the hour per day they are allowed because there were no activities such as pull-up bars or because they experienced harassment from staff. At the time of our visit, while there was only one SHU inmate on the mental health case load, surveyed SHU inmates expressed a negative perception of mental health services, with 64% rating these services as poor.

Similar to other parts of the prison, approximately half the SHU survey participants said relations with staff were bad. Twenty six percent of SHU inmates surveyed reported they had been in a physical confrontation with staff at least once in the prison and 47% said they frequently experienced verbal harassment from staff. Sixty-eight percent reported that they had never been in a physical confrontation with another inmate. When we spoke with staff in May 2009, they said they screen inmates prior to assigning them a double-occupancy disciplinary cell and try to match inmates who will be cellmates in order to reduce tension and potential conflict. The SHU inmates surveyed also had little confidence in the grievance system, with 87% rating it as poor. Sixty percent said that they had been retaliated against at least once for filing a grievance.

### **Meeting with Staff**

Visiting Committee members met with representatives from each staff union, and we appreciated the informative discussion. Staff described a safe and secure work environment, where there is an open-door policy with the Executive team. Unlike most prisons we have visited, staff at Cayuga are not concerned about a large portion of their security staff retiring.

### **Final Meeting with Executive Team**

The Visiting Committee met with the executive team to discuss our initial observations, and appreciated the discussion and the clarifications staff provided. During our meeting, we noted our positive impressions of the vocational, academic, and transitional services programs. We observed that the facility seems clean and orderly and were impressed with the Chaplain's dedication. We raised concerns about limited number of medical staff and its potential negative affect on the quality of medical care provided. In addition, we reported our concern about poor relations and racial tension between staff and inmates.

### **Recommendations**

#### ***Academic and Vocational Program***

- Initiate additional vocational programs that more closely reflect job opportunities in the community.
- Fill vacancies in the academic program.
- Increase Spanish-language materials in academic and vocational programs.

- 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.
- Expand the postsecondary education opportunities for inmates who have earned their GED or high school diploma.

***Packages and Mail***

- 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.

***Transitional Services***

- Reestablish the Phase Two program in Transitional Services.
- Expand the postsecondary education opportunities for inmates who have earned their GED or high school diploma.

***Safety***

- Assess the level and causes for tension within the prison and develop a plan to reduce it and incidents of verbal harassment, including diversity training for staff and inmates.
- Institute efforts to increase the diversity of Cayuga's staff by recruiting and hiring Latino, African-American, and Spanish-speaking correction officers and additional female correction officers.
- 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.

***S-Block and Special Housing Unit***

- Enable SHU inmates who do not pose a risk to other individuals to go to recreation in pairs.
- Review library cart procedures to ensure S-Block and SHU inmates have access to reading materials.
- Install cameras in the SHU.

- Institute a system-wide policy to provide inmates in SHUs throughout the state with athletic equipment like balls or chin-up bars when they go to recreation.

*Medical Care*

- Provide additional education to the medical staff concerning the provision of routine care to emphasize the need for effective communication with the patients, respectful demeanor in all encounters and attention to inmates' complaints and concerns.
- Enhance efforts to identify inmates with HIV and/or hepatitis C 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, the timeliness of access to such services and the adequacy of prison follow-up to specialists' recommendations.
- Renew efforts to open a pharmacy at the prison and install the new DOCS computerized pharmacy system at the prison.
- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare, including problems with access to medications.

*Dental Care*

- DOCS Central Office dental staff should assess whether the vacant dentist position should be filled. If the position is needed and an acceptable candidate cannot be identified in the near future, the Department should seek from the appropriate state agencies authorization to increase the base pay for this position.