

# The Correctional Association of New York

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## **Clinton Correctional Facility**

Clinton Correctional Facility, a maximum-security prison located near the Canadian border, is the largest prison in the New York's system with approximately 2,900 inmates, and is one of the oldest, having opened in 1845. It consists of two components, Clinton Main, which is composed of cells, and Clinton Annex, which is rated as maximum security but consists of dorms and room-style housing similar to that found in medium security facilities. The Correctional Association visited the prison on December 14, 2004.

At the time of our visit, Clinton Main had 2098 inmates, including 254 inmates in the Assessment and Program Preparation Unit (APPU) for victim-prone inmates, and 60 inmates in the Intermediate Care Program (ICP), an inpatient facility for inmates suffering from mental illnesses. The Main building also has a SHU, in which 34 inmates were housed, and the 12-cell death row unit (officially known as the "Unit for Condemned Persons"), which was opened in 1996 and had two occupants. Clinton Annex had 828 inmates, including 199 inmates in the Merle Cooper program, which houses inmates who have had difficulty adjusting to the prison environment.

We were pleased to find an improvement in some aspects of the prison since our last visit, including an apparent reduction in unusual incident reports, reflecting a decrease in the number of inmate-staff confrontations. We were impressed with some of the facility's special programs, such as the APPU, Merle Cooper and ICP. These programs permit vulnerable inmates to be housed in a safe and supportive environment where they can address their mental health and other needs and are given an opportunity to develop skills and be involved in activities that may improve their lives both during their incarceration and after release.

However, problems still exist at the prison, including poor inmate-staff relations, an ineffective grievance system and excessive inmate idleness due to the lack of adequate programs for the entire population and insufficient program staffing. The prison's health services also suffer from inadequate staff, resulting in extensive delays in service.

### **Correction Officer–Inmate Relations**

Inmates repeatedly expressed complaints about the relations between inmates and correctional officers (COs) at the prison. They described a general lack of respect by COs, verbal harassment and retaliation by staff if an inmate files a grievance against staff. They stated that the officers acted as if they run the facility, and the inmates felt that there was no accountability for CO misconduct. The inmates conceded that the level of physical inmate-staff violence is down from years ago, but this decline has not resulted in any significant improvement

in the attitude of COs about those under their charge. The inmates also acknowledged that the senior officers are more reasonable and approachable. However, we received numerous reports of significant CO abuse of authority in terms of unauthorized denial of necessities and services. We heard complaints of COs turning off water or lights in an inmate's cell without an order or refusing to let inmates out for programs or essential services. Finally, inmates expressed concerns about the significant loss of property at the prison, which they attribute, in part, to thefts by correctional staff.

In summary, with the exception of the special units removed from general population, the inmates were consistently critical of correctional staff and felt that there was no effective mechanism to address their concerns about CO misconduct.

### **Medical Care**

Members of the visiting committee met with medical staff at Clinton, toured the medical area and infirmary and spoke with inmates about their concerns with health care at the prison. Inmates consistently stated that there were lengthy delays in accessing their providers. The facility reported that there was an unfilled part-time physician position, and this vacancy undoubtedly contributes to the delays in access. However, even if Clinton were fully staffed with physicians, we are concerned that there would still be an insufficient number of medical providers for a population of more than 2,800 inmates, including many in special housing categories, such as inmates with mental illnesses and in the SHU, Merle Cooper and APPU units. The medical staff in the clinic confirmed that routine medical appointments can take 30 to 45 days to accomplish, a delay that is unacceptable.

We were also concerned about the low number of general population inmates attending sick call. The medical staff stated that at daily sick call in the Main Building (Main) only 20 to 40 inmates are seen during each of the four days sick call is conducted. This figure is very low for a population that exceeds 2,000. Inmates reported that some correctional staff discourage inmates from going to sick call, and we are concerned about whether sick call is being conducted in all housing areas. We urge the Facility Health Services Director to investigate the situation and to compare utilization of sick call at Clinton to other maximum security prisons in the state to determine if Clinton's usage is significantly below other institutions. Some inmates complained that they are not told what medications they are taking and the potential side effects they may experience. We were also told that there is a lack of confidentiality in the distribution of medications, particularly for inmates receiving psychotropic medications.

Inmates also complained that some providers were dismissive or disrespectful during the medical exams. However, several inmates expressed a favorable opinion about Physician Assistant Miller and the care she provides her patients. Inmates also reported that results of laboratory tests are not promptly reported to the patients and that the inmates are not called out to the clinic for these results, but must pursue them through the sick call procedure.

We received several complaints about delays in access to specialty services. In particular, inmates noted difficulties in getting providers to issue consultations for MRIs and reported that long delays occur in getting an MRI once it has been requested.

Inmates also asserted that correctional staff interfere with medical care. In particular, they reported that correction officers refuse to honor medical orders or impede inmates' access to such services.

### **Mental Health Care**

We toured the mental health area, the observation cells and the Intermediate Care Program (ICP). The Office of Mental Health (OMH) staff refused to talk to us during the visit based upon instructions from OMH counsel, and therefore, we could not obtain their perspective on the nature of the services provided. Inmates reported that general population inmates with mental illnesses experience difficulties in accessing appropriate mental health care and that these patients must exhibit behavior suggesting they are seriously ill before they are seen. Inmates also reported a lack of confidentiality in the distribution of medications and the failure of mental health staff to inform patients fully about the medication they are receiving and the side effects they may experience on those drugs. Inmates in keeplock reported that there were limited routine mental health services available for them and that they received no or delayed responses to their requests to see mental health providers.

In contrast, we were favorably impressed by the treatment and conditions in the ICP. The residents consistently reported that the correctional and mental health staff were respectful and generally responsive to their needs. They felt safe on the unit and contrasted their treatment in the ICP to problems they encountered in general population. Although some patients had problems with their medications, several stated that they had not raised these concerns with the mental health staff and felt that they could see a mental health counselor when they needed services.

We also toured the observation areas. The observation cells had several patients, some of whom had been there for up to five days. These cells were rather dark and the patients were not easily observed. It was unclear how much access to mental health services the inmates had; one patient had been on the unit for two days, was having problems with his medications and still had not been seen by a psychiatrist. We were also concerned that the inmates were not promptly transferred to a more appropriate residential program, either to the ICP or Central New York Psychiatric Center.

### **Programs**

We visited several program areas, spoke with staff and participants and reviewed data supplied by the prison summarizing the type of programs, the number of participants in each program and those on waiting lists. As is detailed below, there are insufficient program slots for this population resulting in significant waiting lists and an unacceptably high number of idle inmates. In addition, the types of programs available are limited and not best suited to provide inmates with a meaningful job experience, more advanced educational opportunities or vocational training that will enable discharged inmates to obtain meaningful employment.

### ***Substance Abuse Programs***

The prison has an RSAT program in the Main Building with an enrollment of 94 inmates, an ASAT program in the Annex with 17 participants and a rotating 6-month ASAT program for the APPU or Merle Cooper programs with 15 participants. There is insufficient staff for substance abuse programs for a population of more than 2,800 inmates. There is only one RSAT counselor, two RSAT aides and one ASAT aide. Due to insufficient program staff, there is a waiting list of 632 inmates for the Main RSAT program, 351 inmates for the Annex ASAT program and 107 inmates for the APPU and Merle Cooper ASAT programs. Given the current enrollments, it would take several years for the inmates on these waiting lists to get substance abuse treatment.

Although the substance abuse program is limited, the inmates did speak favorably about the staff. They felt the instructors were effective and attentive to the participants.

### ***Vocational Programs***

The vocational programs that are offered are very limited, particularly for the general population inmates in the Main. We were pleased to learn that there were no vacancies for the 15 vocational instructor positions and that new vocational shops had been opened or are planned, including small engine repair, which is not yet operational, and masonry shop in the Main. In the APPU, a building maintenance shop was recently added and in the Annex there are plans for a computer operator class. But even though all the prison's vocational instructor positions are filled and new programs have been added, the vocational program is still inadequate.

There were only seven vocational programs in the Main with a total enrollment of 102 inmates, representing just 5% of the Main population. Also, there were only 28 inmates on the waiting lists for these seven programs, meaning that 94% of the Main population is not involved in, or even waiting for, a vocational program. This situation raises concern that the Program Committee is not actively seeking inmates in the Main for vocational services.

In the Annex there are currently five vocational programs, in addition to the computer operator class, which had no participants at the time of our visit. Total Annex enrollment in vocational programs was 98 inmates and there were 136 inmates on the waiting lists for these classes. Given the size of the waiting lists, it is likely that many prisoners will not get into the vocational program to which they are assigned. Moreover, there is an insufficient number of vocational programs in the Annex since the capacity of the Annex vocational classes can accommodate only about 12% of the total Annex population at any one time. Clearly more instructors and more classes are needed.

The APPU has two programs: building maintenance and drafting. We had an opportunity to visit the drafting class and were very impressed with the course materials and the work product of the students. However, there are only 35 APPU inmates in vocational classes and 24 are waiting for a vocational slot. Given the population of 254 inmates, we believe that only two classes are insufficient to meet the APPU inmates' vocational needs.

### ***Educational Program***

The educational programs in the Main, Annex, APPU and Merle Cooper are insufficient to meet the needs of the prison population. There are some staff vacancies, unacceptably high numbers of inmates on the waiting lists, too few inmates receiving their GED and little opportunity for inmates with a high school diploma or its equivalency to participate in advanced educational activities. There are two vacant teacher items in the Main and one in the APPU; these positions should be filled as soon as possible.

In the Main, there were 175 inmates in ABE, pre-GED, GED and ESL classes. Three hundred Main inmates were on the waiting list for these classes. Given the fact that 48% of the Clinton population does not have a high school degree, representing about 970 Main inmates, the number of educational slots is insufficient. In particular, there are only 25 inmates enrolled in the GED class, far less than what is needed to prepare the nearly 1,000 inmates who need this program. Although there is an ESL class, there are no ABE or GED classes in Spanish.

In 2003 only about 30 Main inmates received their GED, only 1.5% of the Main population. Given the importance of obtaining a GED to qualify for some early release programs and, more importantly, to find a job when discharged, it is clear that the educational program at Clinton is not adequately serving the prisoners' needs.

The Annex had 100 inmates enrolled in educational programs with waiting lists for these classes of 169 inmates. As with the Main building, the capacity of the educational program is insufficient to meet the needs of the 828 inmates in the Annex. Fifty-seven Annex inmates took the GED exam in 2003 as compared to only 39 in the Main, even though the Annex had less than half of the Main population. But with only 35 Annex inmates in 2003 passing their GED exam, greater efforts must be made to ensure that more inmates attain this minimal level of educational competency.

### ***Prison Industries and Inmate Employment***

Employment at Clinton can be divided into three categories: prison industries, porter positions and other employment opportunities. As with other programs at the prison, the inmates felt that there were insufficient meaningful jobs available at Clinton. The prison reported that 473 inmates were idle and 200 were programmed only half-time. But the figures provided to us for jobs, vocational training and education programs suggest that a greater number of inmates may not be fully occupied.

The primary prison industry is the tailor shop, which employs 386 inmates. Inmates questioned the benefit of this job since they believe it will be difficult to apply the skills learned in the tailor shop to any job they might seek once released. The population's lack of enthusiasm for a position in the tailor shop is illustrated by the fact that there are no inmates on the waiting list in the Main for this job and only 10 inmates on the waiting list from other areas in the prison. The only other prison industry is a small asbestos shop that employs only eight inmates. Given the large population at Clinton, there is a need for developing additional industry programs.

There are 319 inmates assigned to porter positions. More than 20% of the Annex inmates not in the Merle Cooper program are employed as porters, a problematic situation since porter positions tend to be menial jobs that do not foster or provide the skills or meaningful work experience that will help inmates be employable when released.

The prison reported significant numbers of inmates employed at other positions: in the Main there were 768 jobs, in the Annex there were 338, in Merle Cooper there were 181 and in the APPU 93. Some of these jobs are in the kitchen or assisting in one of the program areas. However, we suspect that many of the other positions are half-day assignments. Even with these additional job assignments, we believe that there are inadequate opportunities for meaningful employment at Clinton.

### ***Assessment and Program Preparation Unit (APPU)***

The APPU had 254 inmates in the program on the day of our visit. It is a program to assess and treat inmates who may be vulnerable in general population due to their crime, their personal characteristics or the presence of enemies. It is the program's stated intent to prepare inmates for return to general population, but many of the residents cannot be safely confined in other housing units. The staff stated that 60-70% of the current participants were sex offenders.

The APPU inmates were generally complimentary of the staff, educational programs, and religious and library services. We observed the drafting program and were impressed by the instructor and the students. Although we received several complaints about the food and lack of variety in the commissary, the APPU inmates were uniformly pleased to be on the unit instead of in other housing areas. It is clear that the level of services and attention from staff is greater than in general population, and the APPU inmates justifiably feel safe in this environment.

The unit is continuously filled, and in the past, there were few discharges (10 or less per year). Recently, the prison has changed its practice of permitting most inmates to remain indefinitely on the unit, and as a consequence of a more aggressive screening process, there were 61 transfers in 2004. Despite these transfers, there is a waiting list of 34 inmates for the program. Current residents expressed anxiety about the assessment process and the prospects of getting transferred off the unit. But APPU staff reported to us that of the last 40 APPU inmates transferred, there had been only one misbehavior report by a discharged inmate and only one transferred inmate had requested placement in protective custody. If these data accurately reflect the status of other inmates discharged from the program, it appears that the discharge process is making appropriate decisions concerning who can safely leave the program. However, we believe it is crucial that the APPU staff continues to monitor the progress of discharged inmates to be certain that they do not transfer individuals who can not safely be housed in other prison settings. We also recommend that they share with the APPU population information about the successful experiences of past APPU inmates who have been discharged from the unit.

### ***Merle Cooper Program***

We visited the Merle Cooper program in the Annex, a voluntary program containing 210 inmates, many of whom suffer from antisocial personalities or tendencies. Merle Cooper

participants are required to discuss their crimes and examine their patterns of criminal behavior. Inmates throughout the system are eligible for the program and are generally referred by their correctional counselor. Inmates participate in group therapy three times per week and individual counseling twice a week. The program is demanding in that it requires participants to discuss sensitive issues, such as their family, their background and the factors that lead to their criminal behavior. This group examination process creates a strong sense of community, and the inmates we met expressed both pride in their accomplishments and commitment to the process of self-examination and group support.

We were favorably impressed by the program and believe that it is a model that should be employed in other prisons throughout the Department. Emphasis is placed upon education; nearly half the participants were in an educational program and there was almost no waiting list. Participants expressed favorable views of both the correction officers and the staff. Unfortunately, there have been significant reductions in the counseling staff; in the 1980s there were four psychologists and three counselors and now there are only two counselors and one psychologist. Long-term residents can become aides in the program, and it appears that inmate assistance, both in education and one-on-one counseling, is a major component of the program. Although a very effective and impressive program, there were six vacancies on the day of our visit. We urge that greater outreach be made to other correctional counselors in the state to seek referrals to the program.

### ***Grievance Program***

Inmates consistently reported that the grievance system was not effective in addressing many of their complaints. Specifically, several inmates stated that filing grievances has resulted in retaliation from the staff. As a consequence, some inmates are deterred from filing a grievance because the small likelihood of a positive result is outweighed by the negative consequences resulting from staff retaliation. We noted that for many categories of grievances, the numbers in 2003 were less than in 2002. But given the frustration of inmates with limited positive outcomes and their fear of retaliation, it is difficult to interpret the significance of this decline. It does appear that meaningful reductions occurred concerning medical care. In contrast, complaints about staff misconduct increased in 2003. The inmates lamented the transfer of Deputy Superintendent Brown, who they praised for proactive efforts to resolve inmate concerns informally and who was promoted and transferred to another facility. During our meeting with the current grievance staff, we felt that the supervisor was committed to using the non-calendared contact process to resolve inmate complaints informally. However, the uniformity of complaints about the grievance process leads us to conclude that it must be significantly improved and that staff retaliation must be controlled in order for the inmates to develop confidence in the system.

### ***Recreation***

With sheds assigned to inmate groups to be used as they see fit, the yard at Clinton is unique in the Department. Inmates had a variety of concerns about the recreational program. In particular, they asserted that recreation time has been reduced by officers who delay distribution of equipment when inmates go to the yard. The yard contains telephones to be used by inmates,

and they reported that some are inoperable making it difficult for many inmates to make phone calls. Generally, inmates must take their showers during the recreation period at the bath house. We were told that some inmates, particularly those who are programmed, have difficulties getting a shower. Similarly, we were told that night workers are not able to access recreation on Tuesdays. Given the frequency of the complaints we received, we believe that better access to showers and telephones must be developed.

### ***Visiting Program***

Inmates reported that visitors have experienced long delays in getting processed for visits and that on occasion, visits are terminated early. In particular, they told us of a recent religious festival in which family members had to wait up to six hours to come inside. There were also reports of some harassment of visitors. Finally, the inmates objected to the new policy that would alter the process by which contributions are made to inmates' commissary accounts. Whereas previously, visitors were given receipts for their deposits into inmates' accounts, the proposed change would replace this process with a new procedure that requires visitors to place their money in an envelope that is sealed and given to the correctional staff. The inmates were justifiably concerned that no record is made of the amounts deposited, and therefore, if funds are missing, there is no way to prove how much money was left by the visitor. We learned from the Superintendent that this change is being instituted system-wide, but we question the new policy. Dealing with cash requires appropriate accounting procedures so that both the facility and visitor can confirm what monies have been transferred. The new procedure fails to include such protections, and we anticipate that many disputes will occur over how much money was left by visitors.

### **Special Housing Unit (SHU) and Unit for Condemned Persons (UCP)**

We toured the Special Housing Unit, which contained 34 inmates. We found the SHU to be quiet, and most inmates did not complain about the staff on the unit. We did receive several complaints about the quality of the health care, including from an inmate who asserted he was not receiving appropriate treatment for his multiple chronic illnesses. In addition, the inmates said that there was a lack of confidentiality in their medical encounters. Concerning mental health services, the SHU inmates had mixed responses. Some expressed displeasure with the care they were receiving, while others seemed to appreciate the regular presence of the mental health staff member who comes to the unit.

Concerning library services, the SHU inmates consistently complained that they did not have access to sufficient and timely reading material, and several had problems with access to legal materials. The SHU inmates were also unanimous in their criticism of the grievance system, asserting that the grievance officer did not routinely come to the unit and that they were not comfortable with submitting grievances while they were in the SHU. Finally, several SHU inmates did not regularly participate in recreation in part because of the cold weather and the refusal of the facility to provide gloves.

Nearly all the SHU inmates we interviewed believed that their physical and mental health had deteriorated since they were in the SHU.

We toured the Unit for Condemned Persons, which contained only two inmates. It appears since our last visit that the restrictions on UCP inmates have been somewhat reduced, although we believe that the protocols for the unit are still overly restrictive in terms of visitors, isolation and access to materials and programs. The two inmates did not express problems with the UCP staff or concerns about the unit. Since New York's death penalty law has been declared unconstitutional by the Court of Appeals, it appears that this unit will likely be closed. We welcome this development.

### **Meeting with Correction Officers**

We met with more than ten experienced members of the correctional staff who spoke passionately and frankly about their experiences at the facility. They felt there was great camaraderie among the staff, with officers supporting and protecting one another. However, it appeared there was some tension with the current prison administration; in fact, we were informed by the executive staff that the correction officers had participated in a job action the previous week, an assertion the NYSCOPBA representatives disputed. They acknowledge there were points of contention between the union and the executive staff, but said that they were working on resolving these issues with the administration.

The officers declared that the level of violence between inmates and staff was down from a decade ago. They attributed this reduction in part due to the expansion in the number of disciplinary segregation cells throughout the state with the construction of the S-Blocks. The COs believe the additional disciplinary segregation units have deterred misbehavior because inmates fear the possibility of being transferred to facilities such as Southport and Upstate. Moreover, the COs reported that many SHU inmates are transferred from Clinton to these other Special Housing Units, thereby removing potentially disruptive inmates from the prison.

The major complaint of the staff focused on the current pension system. They asserted that there is little incentive for most officers to stay with DOCS beyond twenty-five years because they will receive little increase in their retirement package after that period. As a result, they anticipate that a significant number of COs will retire in the next few years, leaving the facility with more junior officers. The COs acknowledged that senior COs are an important element in keeping the prison safe and in reducing staff-inmate confrontations. The senior officers can more effectively communicate with inmates and can mentor junior staff and reign them in when they rigidly apply technical rules or are too aggressive in their approach to inmates. The problem of potential retirements at Clinton appears to be more serious than at other prisons since many staff come from the community and have been at the prison many years. The correction officers also expressed concerns about the lack of a contract and the inadequate pay they receive compared to positions in other criminal justice positions in the state.

Correction officers were also concerned about several other issues. They believe that the prison is less safe due to reductions in staff, particularly during the night shift when the security staff in the housing areas is greatly reduced. They also felt that substance abuse by inmates was a problem and that drugs were being introduced through the visiting process, despite the efforts of security staff to detect these narcotics during the search process. They also stated that double-bunking increases security problems and urged that it be terminated.

The COs acknowledged the difficulties they experience with the many inmates at the prison who suffer from mental illness. They said that inmates with mental illness are vulnerable in general population and reluctantly acknowledge that there have been problems in providing the inmates with mental health services. But the officers did not demonstrate an appreciation for the complexity of the problems arising from the incarceration of inmates with mental illness or how confinement could exacerbate their condition and contribute to their inability to conform to the rigid rules in prison. The COs repeatedly referred to the highly vulnerable inmates as “criminally insane,” suggesting to us that they believed them to be inherently violent and uncontrollable, rather than acknowledging that their illness can contribute to the inmates’ difficulties in complying with the prison rules. These officers would clearly benefit from greater training on the impact of incarceration on individuals with mental illness and how staff could more effectively interact with this inmate population.

### **Discussions with the Superintendent**

Due to one of our visitor’s medical problem, we could not meet with the Superintendent and the executive staff at the end of the day. Consequently, we had a in a conference call with the Superintendent and executive staff a few days later, during which we had a very useful interchange.

We raised our concerns about the problems with the inmate-staff relations. The Superintendent acknowledged the benefits of senior correction officers in fostering better inmate-staff relations and the difficulties that inmates sometimes have with junior staff. The Superintendent also acknowledged the importance of training regarding communication skills. Concerning the officer’s assertion that there was inadequate staff to maintain safety, the Superintendent asserted that the budget fill levels have remained the same for three years.

We discussed the problems experienced by inmates with mental illness, particularly in general population. The Superintendent stated that the quality and number of mental health encounters have increased but also that the facility could benefit from more mental health staff, which would serve both inmates and the correctional staff by more effectively addressing the inmates’ needs. We also raised several issues about medical care, including delays in getting access to providers, the poor attitude of some providers in their interaction with inmates, problems with access to specialists, the lack of privacy during medication distribution and the failure to promptly inform inmates about the results of their laboratory tests.

In response to inmates’ reports that significant delays have occurred in processing visitors, the Superintendent informed us that he is assigning as much staff as he can to the processing. Concerning the refusal to permit inmates to redeem bottles and cans used by visitors to collect funds for the ILC, the Superintendent confirmed that these items are being thrown away because there was no one available to collect and transport the bottles and cans to a redemption center. We also voiced the inmates’ concerns with the new procedure in which visitors wishing to give money to an inmate’s commissary account must place the funds in an envelope and the prison will no longer accept money directly from the visitor and will not give the visitor a receipt for the funds provided. The Superintendent informed us that this was a new policy for the department and not just instituted at Clinton. In response to the complaint about

the commissary and the processing of packages, the Superintendent acknowledged that the commissary is limited in size and has experienced some problems in getting commissary items, but did not agree that there is a significant problem with lost items from the package room.

We raised concerns about the prison libraries and the need for better access to computers, computerized legal research and improved services for copying legal materials. The Superintendent responded that the prison had concerns about computer access by inmates because of the potential that they could produce fraudulent documents, and he expressed a belief that there were some misuses of the photocopying services by inmates.

Regarding the yard, we mentioned the unavailability of gloves and long john underwear for general population inmates, which the Superintendent confirmed. We also noted the problem with showers for many of the inmates, particularly those who work. Concerning the telephones in the yard, the Superintendent stated he thought that there was a sufficient number of phones.

We also discussed the lack of adequate vocational programs and educational services. Concerning the vocational programs, the Superintendent noted that there had been several retirements and that the prison was trying to increase services, noting the new small engine and masonry shops.

Finally, we addressed concerns raised by some individual inmates we interviewed. We were pleased to note that the Superintendent knew some of the inmates and he was willing to discuss how to address their particular needs.

## **RECOMMENDATIONS**

As a summary of our report, we urge the prison administration to consider the following specific recommendations:

### **Inmate-Staff Relations**

- Sponsor inmate-officer mediation and discussion groups to air problems and identify common solutions. Meetings between correctional staff and the Inmate Liaison Committee should be scheduled to discuss grievances and to identify ways to make prison life more hospitable for those who live or work at the prison.
- Establish a mentoring program in which senior correctional officers are assigned to train and mentor junior officers about ways to more effectively communicate with inmates in a respectful and effective manner, to defuse situations that could lead to inmate misbehavior and to avoid confrontations with inmates.
- Scrutinize, track and address correction officer misconduct. Administrative staff should formally track the number and nature of allegations filed against officers, as well as the location and whether injuries were sustained. Officers with multiple charges of excessive force, verbal harassment or abuse should be more closely supervised and if it is

determined that they have participated in improper behavior, the officers should be terminated, penalized or, at a minimum, reassigned to non-inmate-contact positions.

- Meet with the ILC to discuss their allegations that correctional staff retaliate against inmates who file grievances. Investigate incidents of such retaliation and if the inmates' complaints are confirmed, take appropriate disciplinary actions against staff involved in these abuses.

### **Medical Care Services**

- Fill the vacant physician and pharmacist positions. If these positions cannot be promptly filled because candidates are unwilling to accept current salary restrictions, DOCS central office should request increased compensation for these positions from the Division of Budget.
- Assess whether the current allocation of four physician and 1.5 nurse practitioner or physician's assistant positions for the prison is adequate to meet the needs of the patient population.
- Improve the timeliness of clinic appointments for physicians and other providers.
- Convene a meeting of the Facility Health Services Director, Nurse Administrator and the ILC to discuss the problems with access to health services and the problems inmates have concerning their relationship with some medical providers. In addition, discuss with the ILC their concerns about correction officer interference with medical orders.
- Recruit Spanish-speaking staff in order to serve the large patient population that is Spanish-language dominant.
- Evaluate the operation of the sick call system to assess whether barriers exist that impede prompt inmate access to sick call. As part of this analysis, compare Clinton's sick call utilization to other maximum-security prisons with comparable inmate populations.
- Assess the timeliness of inmate access to specialty care services, such as MRIs. If routine appointments are delayed beyond 30 days, take action to increase the frequency of specialty clinics and/or identify additional specialty providers to improve access to specialty care.
- Ensure that inmates are promptly informed of the results of all laboratory tests and diagnostic procedures and that inmates whose laboratory tests are abnormal are promptly evaluated by a provider to determine an appropriate medical response.
- Assess the procedures for distributing medications to ensure that patient confidentiality is maintained.
- Ensure that inmates are informed about the medications they receive and are instructed about the side effects they may experience from their treatments.

### **Mental Health Care Services**

- Fill the vacant OMH positions as soon as possible.
- Increase the capacity of the Intermediate Care Program (ICP).
- Improve access of general population inmates with mental illnesses to OMH staff and services.
- Assign mental health nurses to distribute psychotropic medications to inmates with mental illnesses, rather than utilizing medical staff.
- Improve the system for distributing psychotropic medications to general population inmates to protect their confidentiality.
- Expedite the transfer of inmates placed in observation cells to an appropriate residential mental health program.
- Provide mental health training to correctional staff to improve their ability to communicate with and understand inmates with mental illness and to enable staff to more effectively deal with these inmates and avoid confrontations.

### **Programs**

- Substantially increase program opportunities for the entire inmate population by increasing program staff and by adding additional and more advanced vocational, educational and job programs.

#### ***Substance Abuse Program***

- Hire additional RSAT and ASAT instructors, one of whom should be bilingual.
- Expand the number of participants in the RSAT and ASAT programs to substantially reduce the waiting list for these programs. The APPU and Merle Cooper programs should have continuous ASAT programs and not be required to rotate one instructor every six months.
- Create a follow-up program for RSAT and ASAT graduates and coordinate it with the pre-release program.

#### ***Vocational Program***

- Request staff for several additional vocational programs for inmates in the Main, Annex and APPU areas.

- Expand the vocational program to include offerings such as business skills and computer software training, as suggested by inmates. These shops would better prepare them for meaningful employment in the community.
- Reduce the number of inmates on the waiting list for existing vocational classes by expanding the number of classes and, where appropriate, the number of inmates who can enroll in each class.
- Create meaningful vocational training for the Spanish-speaking population by hiring bilingual instructors or by providing adequate translation services and written materials in Spanish for classes taught in English by monolingual instructors.

### ***Educational Program***

- Fill the two vacant teacher positions in the Main and one vacancy in the Annex and seek funding for additional teachers. Some of the teachers hired should be bilingual.
- Establish ABE and GED classes for Spanish-speaking inmates in the Main.
- Expand the number of inmates in GED classes in the Main and Annex buildings and make efforts to significantly increase the percentage of inmates who earn their GED.
- Create an educational program for the majority of the inmate population who already have a high school diploma or its equivalent and/or college level experience.

### ***Prison Industries***

- Create additional employment opportunities for the inmate population in jobs that will provide them with experience and training that can lead to meaningful employment upon release.
- Reduce the number of idle inmates and inmates assigned to porter positions by offering employment at jobs appropriate for the more mature inmates who have completed their educational and vocational programs.

### ***APPU and Merle Cooper Programs***

- Continue to monitor the adjustment of APPU inmates transferred off the unit to determine whether they have safely integrated into the general population at their destination facility and share these results with the current APPU population.
- Share with the APPU population information about the successful experiences of past APPU inmates who have been discharged from the unit.

- Increase the outreach to correctional counselors throughout the state to identify potential participants to the Merle Cooper program. Recommend that similar programs be established at other facilities, including medium security prisons.

### ***Library Services***

- Allocate more resources to both the general library and the law library. Specifically, for both libraries, computers should be purchased and copying services should be improved. Improve access for SHU inmates requesting law library services.

### ***Recreational Facilities***

- Expand inmate access to telephones and showers and ensure that inmates who are programmed have comparable access to the recreational facilities at the prison.
- Provide inmates with gloves and long johns during the cold months to facilitate their access to the yard.

### ***Visiting Program***

- Improve the processing of visitors to reduce the time it takes for them to get into the visiting room.
- Establish a record-keeping system for visitors giving money to an inmate's commissary account that will generate documentation verifying the amounts deposited by the visitor.

### **Special Housing Unit**

- Provide gloves to SHU inmates going to recreation.
- Improve SHU inmate access to medical care and ensure that medical encounters in the SHU are performed in a confidential manner.
- Ensure that the grievance officer makes regular rounds in the SHU and that SHU inmates can provide the officer with grievances in a confidential manner.

### **Correctional Staff Concerns**

- Assess the impact on the operation of the prison of the retirement of correction officers who reach their twenty-fifth year of service during the next several years. Develop a plan to address the loss of senior officers.
- Evaluate the security staff coverage in the housing areas during the night tour and make appropriate adjustments to maintain a safe environment.

In summary, we were pleased with our discussion with the prison executive staff and appreciate their willingness to have a dialogue about our concerns. We believe there are several valuable programs at Clinton, some of which should be duplicated at other state prisons, and issues, particularly inmate-staff relations, access to medical and mental health services and excessive inmate idleness, that need attention and remediation.