Fishkill Correctional Facility

Fishkill Correctional Facility is a medium-security prison for men located in Beacon, New York, about 70 miles north of New York City. It has a population of approximately 1,730 prisoners, including a general population, a traditional Special Housing Unit of single-cell disciplinary confinement with a capacity of 84 and an S-Block with double-cell confinement with a capacity of 200. The facility has a Regional Medical Unit with a capacity of 30 inmates, a Mental Health Unit, an Alcohol and Substance Abuse Treatment program, a work release program and a variety of vocational programs. The Correctional Association visited Fishkill on February 15, 2005.

Our overall impression of Fishkill was that it is a well-run facility that manages an exceptionally wide range of programs and services, including an S-Block, a non-S-Block SHU, ASAT, ART, sex offender training, an RMU, a broad range of vocational and educational options, transitional services and work release. With the notable exception of the nursing staff, there were few vacancies, an achievement that the staff with whom we spoke credited to the proactive hiring practices of the Superintendent. In spite of some maintenance problems, such as nonworking toilets and showers and poor heating, the dorms and program areas were clean and bright. We were encouraged to hear that renovation projects are being planned to address some of the physical plant problems.

However, we did identify some troubling problems, particularly with regards to the treatment of inmates by correction officers. There is a widespread view that the officers on the 3:00 to 11:00pm shift, who tend to be inexperienced, are prone to abusive behavior and intimidation of inmates. Moreover, we found that many inmates regard the grievance process as ineffective, especially in addressing complaints about officer treatment; we heard reports from inmates that their complaints are simply disregarded at best, and at worst they fear retaliation.

The medical services at Fishkill are characterized by problems with staffing and scheduling, which frustrates some on the nursing staff and makes it difficult to provide consistent, attentive care. Additionally, we found that inmates with mental illness are often treated with psychotropic medication rather than individual or group counseling and have insufficient access to mental health professionals. Consequently, officers and medical staff with limited training in working with individuals with mental illness say that they are not prepared to address the needs of or to treat this population. The inmates and staff agree that individuals with mental illness are misunderstood and poorly cared for.

Grievances in 2004 increased 6.4% since the previous year. Medical was the most highly
grieved issue, but grievances in this area have decreased 21.7% since 2003. Staff conduct is the second most highly grieved issue, and complaints in this area have increased 21.3% since last year. The third most highly grieved area was the Special Housing Units, including a 27.3% increase since 2003.

The following is a summary of the Prison Visiting Committee’s observations and recommendations:

**Medical**

Significant changes have occurred in the composition of the medical staff during the last year, with the hiring of several new physicians and many nurses. Although the facility is fully staffed with physicians, it recently lost a nurse practitioner and is missing 6.5 full-time registered nurses (RNs) of the 28.5 authorized RN positions, representing a 23% vacancy rate for RNs. The facility is also missing 3.0 full-time licensed practical nurses (LPNs), representing a 75% vacancy rate for the four authorized LPN positions. To cover for this missing permanent staff, prison nurses are performing extensive overtime, and contract and per diem nurses are hired to fill in for vacant slots. Shortages in staff inevitably have negative consequences on the delivery of medical services.

The numerous nurse vacancies are having a significantly negative impact on the existing nursing staff. Some nurses said that their ability to schedule family and personal obligations was severely hampered by unpredictable scheduling changes that commonly arise, compelling them to work unexpected overtime and preventing them from scheduling vacations. Moreover, the lack of staff prevents them from adequately addressing patients’ needs. With exceptionally high caseloads, the nurses worry about making mistakes. They urged that mental health nurses be assigned to the facility to care for inmates with mental illness, a task the medical nurses must now perform and for which they are insufficiently trained.

We received mixed reviews of the medical care at the facility; some inmates described the care as good or average, while almost half characterized it as poor. It appears that an inmate’s experience is very dependent upon the provider to whom he is assigned. For example, the new Facility Health Services Director Edward Sottile, is highly regarded by inmates who describe him as attentive and helpful. Some inmates also spoke favorably about the other recently hired doctors, but other inmates had less favorable comments about some other providers. It appears that the reduction in medical grievances in 2004 is a result of the hiring of this new staff. Inmates were also pleased that regular medical screenings have become more comprehensive. One inmate told us, “they now ask good questions, do colonoscopies and diagnose new things.”

Although we found some inmates with urgent medical needs who did not complain about their access to care, other inmates reported that the wait to see a doctor for those with ongoing but debilitating problems often was delayed and could be as long as three to four months, an inappropriately long period of time during which health problems can significantly worsen. The medical staff confirmed that routine appointments with providers can take several weeks to a month to schedule. Moreover, inmates reported significant delays in accessing specialty care
and a perceived reluctance by the medical staff to provide costly but valuable services, such as MRIs.

The inmates also reported a problem with the distribution of insulin to diabetics. They are often made to wait for hours, which could result in dangerously low blood sugar levels. Moreover, inmates indicated that some staff are unfamiliar with the problems caused by low-blood sugar for individuals with diabetes and mistake their behavior for mental health problems.

**HIV/AIDS and Hepatitis C**

The medical staff reported that it has about 100 HIV-infected inmates under its care and that about 70% of the patients are on therapy. We were also informed that there are more than 100 inmates infected with Hepatitis C (HCV) and that 17 inmates are receiving HCV therapy. The numbers of inmates infected with HIV and/or HCV who are receiving therapy are higher than at most facilities we visit. The staff told us that many inmates infected with HIV and/or HCV are seen by Dr. Rush, an infectious disease specialist who holds a clinic at the prison each week. We believe that the increased rate of HIV and HCV therapy may be due to the monitoring by this specialist, and we commend the prison for its efforts in this area. The PACE program, an effective measure in promoting awareness and prevention of HIV and Hepatitis C, is highly regarded by inmates and staff.

**Mental Health**

Fishkill has a mental health caseload of 373 inmates, 49 of whom were in disciplinary segregation and some of whom were in the Mental Health Unit (MHU) on the day of our visit. We understand that a Mental Health Satellite Unit is being designed, but no construction has begun and no date has been set for its completion. The Mental Health staff was at full capacity at the time of our visit, and most inmates we interviewed spoke positively of the counseling and individual therapy they received. While the staff was highly regarded, we heard complaints about the scarcity of mental health personnel, both among inmates with mental illness who told us they had insufficient individual therapy, as well as among some civilian and correctional staff who felt inadequately trained to work with this population. Additionally, the only Spanish-speaking member of the mental health staff was on leave at the time of our visit, seriously compromising services for Spanish-speaking inmates in need of mental health treatment.

Officers, medical staff and inmates reported that medication is commonly used to treat inmates, with limited individual counseling. Consistent with this practice, several inmates told us that when they are confined in disciplinary segregation, they are immediately asked if they would like to be on psychotropic medication. Mental health encounters were described as cursory, sometimes taking no more than five minutes.

Some members of the correctional staff told us that there is insufficient mental health staff to assist inmates with mental illness, and they feel unprepared and poorly trained to provide appropriate services or ensure safety. It was also reported that COs with less experience tend to have the most difficulty working with inmates with mental illness, often treating them with insensitivity and aggression.
Currently, psychotropic medications are distributed late in the evening. This practice necessitates waking up inmates, who may find it difficult to return to sleep, creating a tense and disturbing environment in the dormitories. The ILC has requested that medications be distributed at an earlier hour, and we urged the Superintendent to seriously consider their request.

**Mental Health Unit**

The MHU consists of four observation cells, two of which were occupied when we visited, and a series of dormitories with open bed arrangements. The visitors to the unit included a psychiatrist, Dr. Gail Allen.

The MHU was bright and clean. We spoke with six inmates in the dorms, most of whom reported positive interactions with correctional and mental health staff. The COs in the MHU struck us as well-trained and seemed to maintain positive relations with the inmates on the unit. Additionally, the inmates reported that the mental health providers were professional and helpful. Although the staff was highly regarded, some inmates complained about insufficient individual therapy. They meet with a counselor only once every two to three months, and a psychiatrist once a month. Aside from their concern about limited one-on-one or group treatment, the inmates on the unit had few complaints about their conditions.

**Inmate Officer Relations**

While many of Fishkill’s seasoned officers have the experience to maintain safe and positive relations with inmates, there is a significant problem with younger, less experienced COs who tend to be unnecessarily strict and sometimes abusive. About half of the inmates with whom we spoke rated inmate-officer relations as poor; staff conduct is the second most highly grieved issue at the facility. Inmates across the facility told us that the officers who work on the 3:00 to 11:00pm shift tend to be younger and more aggressive than the earlier shift, which consists of a greater number of experienced officers, a problem we have seen at facilities throughout the state. Moreover, the lack of programs in the evening means that many inmates are idle during that shift, and therefore there is a greater opportunity for conflicts with staff. While inmates reported some problems with physical abuse, including aggressive frisking in which inmates are assaulted after being provoked to come off of the wall, we were told that the majority of abuse is verbal, including racial slurs. Moreover, we heard reports of officers taunting inmates, provoking them to violate rules so that they could be sentenced to disciplinary segregation.

**The Grievance Program**

Members of the Visiting Committee went to the grievance office and met with the grievance supervisor, who told us that she and the sergeant make rounds throughout the entire facility at least twice a week. The grievance sergeant’s position changes every six months, compromising his or her incentive to find lasting solutions to inmates’ problems. Grievances at Fishkill are written on blank pieces of paper, as there is no grievance form, and they are handed to officers or delivered to the grievance office, as there are no grievance drop boxes in the facility.
While some inmates reported that they have successfully used the grievance process to address an issue, there was a widespread perception that the process is ineffective, particularly in addressing conflicts between officers and inmates. Some inmates reported that they do not bother filing grievances because they do not believe it will resolve their problem and that it would put them at risk of retaliation from officers. About half of the inmates we spoke with stated that they would not feel safe reporting CO misconduct. We heard reports of CO harassment of inmates who file grievances against staff, and of inaction by supervisors when an inmate grieves an officer. Some inmates near the end of their sentences told us that they are especially reluctant to file complaints because they fear that it would jeopardize their chance of being released.

**Education**

There are a wide range of educational offerings at Fishkill, including varying levels of Adult Basic Education (ABE), Pre-General Education Diploma (GED), GED, post-secondary courses and extensive offerings for Spanish-dominant inmates. At the time of our visit there were 452 inmates enrolled in an educational course and surprisingly few on waiting lists. Each of the 11 staff positions was filled, and many instructors spoke Spanish. Class sizes were large, particularly the GED class, which had 40 students in each of two classes. Visitors briefly observed two classes, which were in light-filled, colorful classrooms; most importantly, the teachers and students seemed engaged.

Notable exceptions to the generally extensive educational offerings to Spanish speakers are the lack of an English as a Second Language (ESL) course and a Spanish cell study program for inmates in disciplinary housing. Eleven percent of Fishkill’s inmates are Spanish-dominant and 7% speak no English at all.

Inmates thought that the value of the educational program varied from class to class depending on the teacher. They reported that some teachers are particularly attentive, helpful and invested in assisting the inmates to learn. Other teachers, particularly the GED teacher, were described as uninterested and ineffective, providing only limited individual attention. The ineffectiveness of the GED class is confirmed by the lamentable rate of only 12 students passing the test last year out of 38 who took it, and inmates told us that at least two of the passing students had recently been transferred from other facilities with better GED classes. This passing rate of only 32% is far worse than we have seen at other prisons. Moreover, with 80 inmates enrolled in the program, we would expect more individuals to take the examination during the year. In a facility where 42% of inmates (about 850 individuals) do not have a GED or high school diploma, the number of inmates taking the GED and the low passing rate are particularly troubling. Moreover, it is regrettable that only 31 individuals were enrolled in post-secondary courses, although 58% of inmates have already achieved their GED or high school diploma.

We learned that the department has made it a requirement that all inmates pass the GED exam. The previous rule required inmates to reach a ninth grade reading level before being able to opt out of educational classes. We strongly support the policy of increasing the amount of education inmates receive while incarcerated to improve the prison environment and increase
their chances of success once they are released. But with already large class sizes and an unsuccessful GED program at Fishkill, it will be impossible to accommodate the hundreds of inmates who will be required to take additional courses without substantially increasing the educational staff and number of classes. It will be counterproductive to mandate inmates to take a program that is not realistically available to them.

**Vocational and Job Programs**

Fishkill has extensive vocational and job offerings that provide opportunities for inmates to learn and enhance their skills. While the programs were highly regarded, inmate idleness remains a serious concern. With 291 idle inmates and 459 porters, more should be done to provide opportunities for those who would like to learn skills and trades that could help them find meaningful jobs when they return to their communities. In particular, Fishkill has an unusually high number of porters for a facility of its size, a position that involves low-level maintenance tasks and few opportunities to develop skills.

Fishkill’s vocational offerings include Building Maintenance, Commercial Arts, Electrical Trades, Floor Covering, General Business, Horticulture, Radio and TV and Small Engine Repair. There are nine vocational instructors and no vacancies in the instructor staff. A total of 312 inmates are enrolled in programs, with 31 on the various waiting lists and reportedly many more who would like to be on the lists. Thirty-four inmates participate in the Department of Labor Apprenticeship program, a valuable opportunity for them to gain certification in a trade that is recognized in the outside community. We were pleased to see that 193 inmates work as Inmate Program Associates (IPAs), assisting with programs throughout the facility. A coordinator could provide important assistance and oversight for the high number of IPAs.

Visitors briefly observed a variety of programs in which inmates and instructors were highly engaged and often proud of their work. The General Business program, with computers with Windows 95, was universally praised and had a long waiting list. The Commercial Arts and horticulture programs were also highly regarded. There was widespread agreement that much of the equipment in the programs is old and should be updated. Consistent with most prisons we visit, one of the most sought after job assignments is Corcraft, where inmates manufacture products that are sold to New York State agencies and institutions.

**Transitional Services**

The transitional services office was crowded and busy at the time of our visit. The Inmate Program Associates in the program impressed visitors as being knowledgeable and proud of their work. The program includes three phases tailored for inmates at various stages prior to release on topics ranging from sexually transmitted diseases, hygiene, educational opportunities, goal-setting and employment skills. The services provided to inmate veterans are augmented by a local veteran who regularly comes to the facility to assist them with reentry.

The Department of Motor Vehicles (DMV) runs a program associated with the transitional services office through which inmates field calls for people with questions about the
DMV. Inmates seemed proud of this job and the ability to provide a service to people in the outside community, and we commend the prison for supporting this joint project.

**Disciplinary Housing**

Visitors toured the S-block and one of the Special Housing Units (SHU) and spoke with 11 inmates confined to disciplinary segregation for 23 hours a day. The SHU confines inmates in single cells and in the S-Block or SHU 200 there are two inmates to one cell. Inmates in the SHU reported that the medical and mental health staff are attentive and look into every cell on visits to the units. We were pleased to find that none of the inmates were on deprivation orders.

Mental health counselors visit the S-Block only twice a week. Since Fishkill is classified as a level 2 mental health facility, it is OMH policy to have mental health rounds five days per week in the SHUs, more often than in the S-Blocks. We are concerned that all inmates are screened prior to their placement in disciplinary segregation to ensure that inmates with serious mental health needs are housed in the SHU and not the S-Block. If that screening does not occur, then daily rounds in the S-Block should be instituted. Given the harmful impact of disciplinary segregation on inmates’ mental health, extensive monitoring and treatment of inmates is not only humane, but can ensure safety and decrease future disciplinary problems by addressing underlying psychiatric issues.

The building that houses the SHU was in a deteriorated physical state. Broken windows made the space cold, and there were nonworking toilets. Additionally, we were told by inmates and staff that the temperature in the summer in the S-Block is exceedingly hot, causing at least one medical nurse to pass out from the heat last summer. The Superintendent told us that the air temperature was tested and meets Department of Labor requirements for safety, but the problem continues to cause tension and discomfort among staff and inmates.

**ASAT Programs**

Fishkill’s substance abuse programs consist of a residential ASAT program for 54 inmates and a part-time nonresidential ASAT class containing 37 inmates. Visitors observed the residential program and found the inmates to be actively engaged in group sessions and the teacher to be helpful and concerned about the participants. The residents participate in three hours a day of group therapy as well as voluntary self-help meetings twice a week. Equally important, the residential program strives to develop a therapeutic community in which participants are continuously engaged in addressing their substance abuse issues and in assisting other residents in their therapy. The staff with whom we spoke felt that the residential program was superior to the nonresidential program because it fosters a more supportive and trusting environment among the inmates.

The ASAT programs were coordinated by one instructor and one aide; there were vacancies for an instructor and an aide at the time of our visit, which we understand were in the process of being filled. We urge the facility to have at least one Spanish-speaking ASAT staff member. Filling these items is essential, with a waiting list of 461 inmates. We were also
encouraged to learn that the program is scheduled to be expanded, and we urge that this expansion include the addition of a substantial number of residential treatment beds.

Both ASAT programs are currently limited to inmates nearing the end of their sentence, generally within 18 months of their release. Since addiction affects almost 70% of the inmate population, offering the program soon after individuals come to the facility should be a priority. Moreover, since completing the program is a requirement for parole, individuals who have been on the waiting list for months or years are, in effect, made ineligible for parole simply because they have not been able to participate. This situation is not only frustrating for inmates, but adds to the cost of incarceration by lengthening the time that individuals eligible for release are in prison.

Mailroom and Packages

Most of the inmates with whom we spoke said they were satisfied with the package program at Fishkill. Inmates who were unsatisfied reported that items are sometimes lost without an appropriate accounting by the prison and that it can take up to two weeks to receive letters. The ILC has requested that all incoming mail be stamped with the date when it arrives so that inmates know how long it has taken for them to receive it. Currently, only legal mail is date stamped upon arrival. Moreover, inmates who raise complaints while in the mailroom have been threatened with disciplinary action.

The Superintendent informed us that all the vacancies in the mailroom have been filled and we hope that the current, full level of staffing will address the problems of untimely delivery of mail.

Visiting Program

The prison visiting committee met with the ILC in Fishkill’s visiting room. The space was large and bright, with many tables, snack machines, posters and clearly written instructions painted on the walls. Whereas we often hear extensive complaints from inmates about the way officers treat visitors, most of the inmates we spoke with at Fishkill reported satisfaction with the program. We also commend Fishkill for having a Family Reunion Program, which is not generally available at medium security prisons.

Libraries

General Library

Our overall impression of the general library was positive. The space was crowded with inmates reading and working on computers. We were pleased to learn that Fishkill participates in a system of interlibrary loans, enabling inmates to order books from libraries in the surrounding community. We were also pleased to note that the library utilizes a CD Rom. The hours of the library were extensive, sufficient to meet the schedules of inmates in a facility with a broad range of programs.
At the time of our visit, there was frustration with finding books since the library’s computerized card catalogue was not working. We hope that it has been repaired, facilitating inmates’ access to reading material. The availability of books in Spanish was limited to one unit of shelves—an amount that seemed insufficient to meet the needs of the 11% of inmates who are Spanish-dominant. The library was full of inmates who seemed highly engaged, but the space struck us as too small and crowded for comfortable reading and research. Moreover, according to the librarian, there is not enough literature with an African American focus to meet the demands of the inmate population.

Books on substance abuse treatment can provide limited but helpful guidance for individuals suffering from addiction. Particularly in a facility like Fishkill, where almost 70% of inmates report some level of substance abuse and almost 27% are on the waiting list for treatment, relevant reading material could fill an urgent need. We identified a small selection of books on substance abuse prevention and treatment, but a greater selection of up-to-date material could provide needed assistance to inmates with a history of addiction.

**Law Library**

At the time of our visit, there were few inmates using the law library. Visitors spoke with the officer in charge of the library whom we found caring and helpful. She explained that she works closely with inmates to ensure that they develop their legal research skills and achieve their paralegal certification if they want it. According to a Deputy Superintendent, she is highly regarded and resourceful. The law library receives a low number of grievances; none of the inmates in our survey had complaints about its services. There are 20 to 24 inmate workers, two-thirds of whom have their paralegal certification. The library is in need of additional storage and Westlaw on CD Rom so that inmates can access information in a timely manner.

**CO/Staff Concerns**

The Visiting Committee met with members of the unions representing teaching, counseling, medical, corrections and maintenance staff at the facility. They expressed a variety of concerns, ranging from scheduling and management challenges to frustration in dealing with inmates with mental illness and disciplinary problems. There was satisfaction among the nurses about their recent pay increase, and both nurses and counselors were pleased with the four day, ten hour a day work week that they were recently granted.

Recruitment and retention were identified as major problems among all nursing, teaching and counseling staff. This problem was attributed largely to the promotion to management of individuals who are not trained or qualified to fill supervisory positions. Lack of competence in management, according to the staff, leads to extensive discontentment.

The representative of NYSCOPBA, the union that represents New York State Correction Officers, expressed the view that inmates are not disciplined severely enough by the Department and appeared to resent the programs and level of autonomy inmates were given at the prison. We were concerned about the negative image he presented of the inmate population and his willingness to impose severe sanctions, such as deprivation orders, on more inmates. He
confirmed that there are serious tensions between officers and inmates. He stated that the problems between staff and inmates have worsened in recent years, due largely to the influx of individuals with mental illness and the poor quality and limited training given to new officers. These problems, he told us, regularly put officers at risk.

**Final Meeting with Executive Team**

We met with the Superintendent and his Executive Team at the end of the day to review our major impressions. We told him of positive areas that we recognized, including some good educational instructors, the low number of staff vacancies throughout much of the facility, the PACE program, the bright and relatively clean environment of the overall facility and some significant advantages of the newly instituted RMU and the ASAT program. We were pleased to learn that much of the Executive Team has an active presence throughout the facility.

We also described problems that we observed, including tense relations among inmates and younger officers, particularly on the 3:00 to 11:00pm shift. He told us that he thinks there is a generally good rapport among inmates and COs, but some on his executive staff acknowledged that more experienced officers bid for the earlier shift, creating a tenser environment on the evening shift. We also told him that we heard many reports of lost mail, and he informed us that this situation has been improved recently by fully staffing the mail room. We described our concerns about medical care, relating primarily to delays in access to care and staffing problems. We discussed the difficulties associated with incarcerating inmates with mental illness, including the need for increased officer training, more individual therapy and the need for more services in disciplinary segregation. Concerning the grievance system, the Superintendent said he would not consider placing grievance boxes in the facility, as his view is that they would serve no useful purpose. We explained our great concern with the unsuccessful GED passing rate in 2004, and he responded that last year’s poor rate may be simply an aberration. We raised our concerns over the large ASAT waiting list and discussed the need for the program’s expansion, especially of the residential component of the program. We encouraged the Superintendent to institute a permanent grievance officer, but he responded that rotating the position every six months is statewide DOCS policy.

**Recommendations**

**Medical**

- Improve the timeliness of access to providers for routine care.

- Fill the 6.5 RN and 3.0 LPN positions.

- Reduce the responsibilities of medical nurses to provide services and psychotropic medications to inmates with mental illness by assigning mental health nurses to Fishkill.

- Review the timing of the dispensation of medicine, particularly with regards to insulin for diabetic patients.
**Mental Health**

- Increase individual and group therapy for inmates with mental illness.
- Hire additional Spanish-speaking mental health staff.
- Review the timing of the dispensation of psychotropic medications so that inmates with mental illness are not kept awake at night.

**Inmate Officer Relations**

- Increase training for correction officers so that they can better recognize and understand mental illness and respond to related disciplinary problems with safety and sensitivity.
- Establish a mentoring program through which highly-regarded, seasoned officers can work with new COs, sharing their expertise and experience.
- Increase supervision of staff on the 3:00 to 11:00pm shift and rigorously investigate allegations of abuse.

**Grievance Program**

- Maintain a consistent Grievance Officer rather than rotating the position every six months.
- Institute grievance forms and drop-boxes throughout the facility to facilitate confidentiality until grievances are reviewed.

**Education**

- Increase the capacity of the GED program.
- Improve training and supervision for teachers and introduce mechanisms to ensure accountability for the success of their students.
- Conduct a thorough assessment of the additional staff and other resources that will be necessary to accommodate the substantial increase in the number of students that will result from the new requirement that inmates pass the GED exam.
- Establish an English as a Second Language course for Spanish-speaking inmates.
- Establish a Spanish cell study program for inmates in disciplinary segregation.

**Vocational and Job Programs**

- Reduce the number of inmates on the waiting lists for vocational classes and industry programs by expanding the number of positions available and, where appropriate, increasing the number of inmates who can be enrolled.
• 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.

• Hire a coordinator for the IPA program.

**Disciplinary Housing**

• Remove inmates with major mental disorders from disciplinary housing and place them in residential mental health treatment programs.

• Ensure that inmates with mental illness who remain in disciplinary housing have sufficient access to mental health counselors.

• Repair broken toilets, windows and toilets in the SHU.

**ASAT**

• Fill the substance abuse counselor and aide positions and ensure that one of the individuals is bilingual.

• Expand the number of participants in the residential ASAT program to substantially reduce the waiting list for the program.

• Create a follow-up program for ASAT graduates and coordinate it with the transitional services program.

**Mailroom and Packages**

• Stamp all incoming mail and packages with the date they are received.

**Libraries**

• Expand the space of the general and law libraries to increase storage and shelf space.

• Acquire up-to-date books on substance abuse and literature with an African American focus for the general library.

• Ensure that the computerized card catalogue in the general library is functional.

• Acquire Westlaw on CD Rom or some other system to enable inmates to perform computer-based legal research so inmates can access legal materials in a timely manner.