

The Correctional Association of New York

FOUNDED 1844

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Gowanda Correctional Facility

Housing approximately 1,750 male inmates, Gowanda is a medium security prison for men located in the town of Gowanda, NY. The facility has a Sex Offender Program, a Driving While Intoxicated Program and an Alcohol and Substance Abuse Treatment Program, as well as a variety of vocational and educational classes and Aggression Replacement Training. The Correctional Association visited Gowanda on June 28, 2005.

The Visiting Committee had mixed impressions of our visit. Throughout the day, we heard of widespread tensions between inmates and staff, with many complaints about verbal harassment. In contrast, inmates had very positive reports about the educational program. We attribute much of that program's effectiveness to former Superintendent Murry's support for education as an important component of inmates' future success.

A total of 1,271 grievances were filed in 2004, an increase of 22% (226) since 2003. Consistent with our findings, the most highly grieved area was staff misconduct. Gowanda has one of the highest rates of grievances for that issue of all medium security facilities in the state. Medical services and the package room also received a significant number of grievances. In 2004, the number of unusual incidents concerning inmate assaults on inmates increased from three to eleven, and the number concerning inmate assaults on staff increased from one to five.

The following is a summary of the Committee's observations and recommendations:

Programs

The Visiting Committee was impressed to find that 1,541 or almost 90% of Gowanda's inmates are in full-time jobs or educational, treatment or vocational programs, with an additional 57 participating in part-time activities. However, we were concerned to note that 368 inmates have porter assignments, and we encourage their placement in activities that provide the opportunity to learn meaningful skills or advance their education. The lack of vacancies in the vocational and educational staff ensures that inmates can access a variety of options and waiting lists in these areas are generally manageable.

Educational Program

Gowanda offers a range of educational classes to inmates, including Adult Basic Education, Pre-General Equivalency Degree (Pre-GED), GED, and English as a Second Language (ESL). Over 30% of Gowanda's inmates are enrolled in an educational program and

96 are on waiting lists. On the day we visited, the classes were closed for vacation. There are no vacancies in Gowanda's staff of 20 instructors.

We heard many positive comments about the educational classes and the teachers. Many inmates told us that they feel proud of their work in the educational program and that "teachers treat you like a human being."

We were pleased to learn that of the 80 inmates who took the GED exam in 2004, 68 or 85% passed. However, with almost 900 inmates at Gowanda who do not have a high school diploma or GED, the capacity of the class should be increased to accommodate additional students, and many more inmates should take the test and pass each year. Moreover, for the nearly 900 inmates who do have their diploma or GED, only two participate in postsecondary correspondence courses. Given the success of the current educational program in generating GED graduates and the significant number of inmates with a high school diploma, we urge the prison to seek out meaningful postsecondary educational opportunities for its population in order to prepare them for life after release.

Educational services for Spanish-speaking inmates are limited, with no ABE or GED for those who do not speak English. There is also no Spanish cell-study program, which prohibits individuals on keeplock or in the SHU who do not speak English from participating in an educational program.

Vocational Program

Gowanda has a total of 14 vocational shops and offers a range of vocational courses to inmates. Of the 14 vocational positions, there were no vacancies at the time of our visit. A total of 374 inmates are enrolled in vocational classes and 214 are on waiting lists. Members of the Visiting Committee toured some shops, but none were in session as most of the staff were out for summer vacation. Inmates throughout the facility had mixed comments about the vocational program. In particular, the drafting program was described positively. With no Spanish-speaking vocational teachers, however, inmates must translate for others who do not speak English.

The vocational supervisor had a very positive view of the program, stating that staffing levels, class sizes and equipment are all adequate. He was particularly proud of the vocational assessment shop offered by Gowanda, which enables inmates who are not yet sure of the class they are most interested in to sample a variety of shops before making a final decision. Overall, he described the program as preparing inmates to apply their skills to the community, teaching job and interview skills in addition to the specifics of each vocational shop. Limited space is the main restriction preventing expansion of the program.

The facility offers one Department of Labor apprenticeship, which enables inmates to gain certification in skills that are recognized in the outside community. These valuable opportunities should be expanded so inmates have the opportunity to participate in additional apprenticeships.

Transitional Services

The Transitional Services program at Gowanda consists of phases I, II and III. Phase I is a full-day orientation program that lasts for two days for inmates transferred to the facility from another prison. It is a two-week program for those who are new to the system.

Phase II is a 90-day residential program in which inmates participate for half the day. It is described as a self-assessment program, addressing issues like goal setting, personal health care, sex education, substance abuse, communication, domestic violence and conflict resolution.

Phase III is a three-week residential program for inmates who have 24 months or less to their parole board hearing. Inmate facilitators run classes under the supervision of a counselor, and the participants learn job readiness and money management skills and prepare for their parole board hearing. The program provides some direct referrals to service agencies in the community and information about other outside agencies serving newly released individuals. Staff and inmate facilitators assist participants in writing letters to employers on the outside. The program has a small resource room with one computer and well-organized materials to assist inmates with finding jobs and locating health care and community resources throughout the state.

Sex Offender Program

Since 1996, Gowanda has had a Sex Offender Program (SOP) for inmates convicted of various sex offenses. The program had 350 participants on the day of our visit and has a capacity of 360. In 2004, 370 people graduated from the program. SOP consists of three, approximately two-month long phases in which inmates spend half the day in SOP classes with one consistent counselor throughout the program. Classes, which consist of approximately 12 to 20 inmates, are facilitated by inmates who have graduated from the program with oversight by a correction counselor. SOP staff consists of one senior counselor, seven correctional counselors and one clerk. SOP participants are also required to participate in Aggression Replacement Training (ART), which helps inmates develop positive methods to express their emotions and anger. SOP is run as a therapeutic community in which participants live in a unit separate from the general population and participate in recreation and group therapy together. During the other half of the day, SOP participants are enrolled in ART, an educational or vocational program or a prison job. Some of the residential groups have regular community meetings. In addition, SOP participants are required to perform study modules in their housing area. As part of the program, participants must disclose their history of improper sexual behavior. There are currently 27 inmates waiting to enroll in the program. Graduates of the program may remain on the unit while placement is arranged in other facilities. Participants can remain in the program beyond the general six-month period, and staff estimated that approximately 10% of the enrollees were there for longer than six months.

Inmates are removed from the program if they are found guilty of a tier III misbehavior report or are determined to have performed poorly in the program during one of the regular reviews of their progress by SOP staff. If removed from SOP, an inmate can reapply for the program in order to enroll again. In 2004, 116 inmates were removed for poor performance and 87 were removed for disciplinary problems.

There are no transitional services for inmates in the SOP who are nearing their release. Providing inmates with assistance in finding housing and a community-based treatment program upon reentry would ease their transition back into the community and could prevent future aggressive behavior.

There are limited Spanish materials available to Spanish-dominant inmates and in-class translation is conducted by inmates rather than staff. Confronting issues as sensitive as those relating to sex offenses is challenging in any language, and the program should ensure that Spanish-speaking individuals are able to address these issues in their own language. Currently, there is only one Spanish speaking counselor, but that counselor's classes are conducted in English. Consequently, inmates do most of the translation for their peers who do not speak English. In confronting personal and sometimes confidential issues, it is inappropriate for inmates to provide translation. Staff should perform these duties. Additionally, in order to facilitate a therapeutic environment, one class should be conducted in Spanish so that those who are Spanish-dominant can easily participate in all aspects of the program.

Inmates were generally pleased with the program, saying that there is a positive interaction among the participants. They mentioned that the program could benefit from additional staff and more therapeutic groups to address issues specific to certain sex offenses. Additionally, they complained of several problems regarding their housing area and their recreational facilities.

Alcohol and Substance Abuse Treatment

Gowanda's Alcohol and Substance Abuse Treatment (ASAT) class is a six to eight month program that begins with a two-month orientation component. Participants spend half a day in the class and spend the other half of their day in programs throughout the facility. Classes have 18 to 24 students and are taught by counselors, but inmates are encouraged to facilitate certain lessons. Participants also have group sessions, and they have individual therapy on request.

We were pleased to learn that the program will undergo a transition in September involving the introduction of a residential, therapeutic community model. Staff told us that there will be additional training for counselors in the new model. Additionally, the orientation component, for which inmates are separate from the rest of the ASAT participants, will be eliminated so that all the inmates will live on the same unit and work collaboratively.

Resources for Spanish-dominant ASAT participants were limited. Inmates with little English ability said that the program lacks the materials and Spanish-speaking staff to adequately meet their needs. In particular, movies are shown without subtitles and many worksheets are distributed in English that they must struggle to translate. A class that is conducted in Spanish would enable those who do not speak English to benefit from the full range of treatment provided by the program.

Overall, inmates were largely satisfied with the program and found the staff helpful and caring. Most reported that ASAT's effectiveness depends on the effort that each individual puts

into it, and those who are ready to confront their substance abuse problem can learn a lot from the program. They were pleased to have access to individual counseling when they need it, but they criticized many of the movies as being outdated.

Driving While Intoxicated Program

Gowanda's Driving While Intoxicated (DWI) program has a capacity of 178 inmates and had 163 participants on the day of our visit. There are 125 people on the waiting list for the program. The program consists of three, two-month phases during which inmates participate in one half-day of staff-facilitated DWI programming and spend the rest of the day in programs throughout the facility. Participants live in a separate housing area. Eighty percent of inmates graduate from the program and staff estimated that approximately 30 inmates were removed from the program in 2004, mostly for fighting.

According to inmates, the value of the program depends greatly on both the effort applied by each individual as well as the abilities of the teachers, of whom they had mixed reviews. They also expressed frustration with an environment that they said is not therapeutic, particularly with certain teachers who stifle discussions about personal feelings and challenges. Phase 1 was widely viewed as ineffective, largely because the teacher is perceived as uncaring and uninterested in his work. Additionally, inmates and staff told us that the material is outdated and that the program could benefit from new materials on alcohol abuse and driving while intoxicated. In the class that we observed, participants were reading from an Alcoholics Anonymous book that was published in 1976. Inmates requested that they receive a certificate of completion at the end of the program, a request that struck visitors as a sensible motivating factor for the participants. Inmates also complained that since they share their dayroom with inmates in the SOP, they have limited access to television and movies, since SOP inmates have restricted access to material that is deemed sexually explicit.

Libraries

General Library

Many inmates reported that the staff of the general library is friendly and helpful, and that there is a good selection of books and magazines. They expressed concern that the library is only open five days a week and the waiting list to be called is long; therefore, some inmates may be able to go only once a month. They also noted that the small size of the library limits the number of inmates who can be in the space at one time. We were pleased to learn from the Superintendent that he has received approval to assign an additional clerk to the library, extending its hours.

Law Library

We heard many positive comments about the law library, and the staff and inmate law clerks were described as helpful and knowledgeable. Although some research materials were old, inmates stated that they were informative and useful. Additionally, in spite of the fact that new typewriters were recently acquired for the library, the inmate clerks could more effectively

perform their duties if they had access to computers in which existing forms, documents and legal briefs could be stored for common legal problems.

Visiting Program

Inmates at Gowanda expressed dissatisfaction with the limited amount of time they are permitted to spend with visitors and the policy of only receiving visitors once a week. In particular, they noted that the visiting room is too small. In addition to being frustrating for loved ones to have to conduct visits in such a crowded space, this lack of sufficient room makes it necessary to cut visits short on some days in order to accommodate all the visitors at the facility. This problem is alleviated in summer months because an outside patio is open, but in bad weather and throughout the year, inmates are frustrated with their inability to spend time with their visitors. We were pleased to learn that the Superintendent has attempted to address this problem by rearranging the tables in the visiting room, thereby increasing the number of visits that can occur at one time. We urged him to consult with inmates and staff to ensure that this change has adequately resolved the issue.

Packages

We heard many complaints throughout the facility about the package program, which are confirmed by the high number of grievances filed on this issue. Inmates told us that packages are often delivered with missing contents and that the rules about what is permitted change frequently and are inconsistently enforced. Additionally, it is widely believed that COs keep the items they want from inmates' packages. This perceived pilfering creates unnecessary distrust between staff and inmates, increasing tension in the facility. Instituting clear and consistent rules about what is allowed and ensuring that packages are delivered whole and in a timely manner would alleviate this tension.

Special Housing Unit

The capacity of Gowanda's Special Housing Unit (SHU) is 48 inmates, and when we visited there were 46 inmates on the unit. Medical nurses make daily rounds on the unit and speak with every inmate. Materials from the law library and general library are also accessible to inmates and library staff make regular rounds in the SHU. Some inmates stated that they would like to have the opportunity to meet with a counselor in private. Given the severe mental challenges posed by 23-hour isolation, providing some additional counseling to inmates in the SHU could help them to serve their disciplinary sentence and ease their return to the general population. The unit was generally calm and quiet, and inmates reported few problems with their treatment.

Most inmates in Gowanda's SHU have short sentences of 30 days or less because those with longer sentences are generally transferred to a different facility. Inmates on keeplock status are placed in the SHU for the duration of their keeplock time since Gowanda has only dormitory housing, other than the individual cells in the SHU.

A primary complaint of SHU inmates was the process by which they are notified that they may take a shower. Many said they miss their opportunity to shower because if they are not waiting at their cell door when it is their turn, it is not opened, and they are not permitted to shower. Instituting a more effective method of informing an inmate when it is his turn to shower would reduce unnecessary tension on the unit.

Medical

Some inmates had complaints about the medical care being provided at the prison, and medical services accounted for the second highest number of grievances in 2004. It appears, however, that the level of dissatisfaction with health care at Gowanda is not as significant as compared to complaints at other facilities we have visited and that the nature of the complaints appears not to be as serious. In particular, most inmates we interviewed considered medical care average or good. Their complaints seemed to focus on problems with timely access to providers and difficulties with medication.

During our interview with the medical staff, we learned that the facility has a half-time physician vacancy and a full-time pharmacist vacancy. The physician vacancy has existed for 18 months. Given that the prison is only authorized to fill 2.5 physician positions, this long-term 20% vacancy would naturally have an adverse effect on the prison's ability to provide timely access to doctors. Although the medical staff stated that inmates see a provider within one week for routine care, inmates reported greater delays, and half the inmates we spoke with complained about timely access to physicians.

We are also concerned about the low number of inmates who are identified as HIV-positive at the prison (34) and the fact that only 16 HIV-infected inmates are on treatment. Given that approximately 5% of the male population in New York State prisons is HIV-infected, we would expect a significantly greater number of HIV-positive inmates to be identified and that many more inmates would be on antiretroviral therapy. Similarly, there were only three patients on treatment for Hepatitis C (HCV) and 57 known to be infected with HCV. Given that more than 80% of the prison population has a history of substance abuse, we would expect significantly more inmates to be infected with HCV and that more patients should be on HCV therapy. The prison should review its population of inmates infected with HIV and/or HCV to determine whether more should be on therapy. In addition, the prison should review its procedures for identifying inmates infected with these chronic diseases.

In contrast to physician services, nursing care appeared to be adequate. We were pleased to learn that there are no nurse vacancies and that two or three nurses are assigned to daily sick call.

We commended the medical staff for having a chronic care coordinator who reviews the medical records of incoming inmates and performs regular chart reviews. We were informed that the prison has prompt access to emergency services; ambulances can be at the prison in less than five minutes. We were also pleased to learn that the prison is conducting quarterly quality improvement meetings.

Pharmacy services have suffered from staff vacancies; the prison is currently missing one of its two authorized pharmacists. It is our understanding that the prison hired a new pharmacist last fall and that he is making great efforts to try to meet all of the needs of the facility's patients. But with half the pharmacist staff missing, it is not surprising that problems arise in meeting the needs of more than 1750 inmates. The second vacancy has existed for a long period of time, and it appears without the state authorizing a significant increase in the salary of state pharmacists, the facility will continue to have problems filling this position.

We were also informed that the prison has experienced long waits for orthopedic and neurology specialty care. Efforts should be made to schedule these clinics more frequently, and if that is not possible, Division of Health Services should be notified of the need to identify additional resources for these specialty services.

Dental care is also problematic due to staff vacancies. It is our understanding that the facility is missing two dentists, a problem that several other prisons are also experiencing. Again, it appears these vacancies are caused in major part by the inadequate salaries. Efforts must be made by state budget officials and DOCS central office staff to enable the prisons to offer competitive salaries for dental positions. Until those positions are filled, however, the prison must make arrangements with other facilities so that inmates have timely access to dental care.

Mental Health Services

Gowanda is a Level 4 mental health facility, which means it has limited mental health staff and no 24-hour mental health care. There is one, part-time psychiatric social worker responsible for the mental health care of Gowanda's inmates, who are classified by the Office of Mental Health (OMH) as needing a limited level of mental health services. In theory, inmates whose mental health problems intensify are transferred to another facility that offers additional services. Inmates in danger of inflicting self-harm or attempting suicide and in need of constant observation are placed in a cell in the SHU and an officer is stationed to watch them until they can be transferred to a Residential Crisis Treatment Center at an OMH Level 1 prison.

Most of the general population inmates and staff we interviewed expressed satisfaction with the level of mental health services at the facility. However, some inmates reported that they have observed inmates in the population who appear to be suffering from mental illness.

Disciplinary Process

Inmates throughout the facility were frustrated with the disciplinary process and the strict enforcement of what they perceived to be unimportant rule violations. At Gowanda, many infractions are classified as tier II or III violations – such as leaving a mirror out of a locker or leaving a locker unlocked – that would be lower level infractions at other places. The perception among inmates is that it is virtually impossible to get a tier I ticket. We understand that the former Superintendent believed that strictly enforcing certain rules after the population has been

warned that violations will not be tolerated reduces incidents of theft and violence, but it also creates a substantial amount of tension in the inmate population.

Recreation Periods

Inmates complained that they are not informed in advance when their housing area will be called for recreation. All inmates are “on notice,” waiting to find out whether they will be able to go to recreation. Informing inmates of which period they are to go to recreation would reduce their frustration regarding this issue.

Inmate-Staff relations

Many inmates described relations between inmates and staff as poor. Although physical abuse by staff is not a prevalent problem, verbal harassment is seen as widespread and correction officer (CO) retaliation for filing grievances is perceived as so common that many inmates simply do not use the process, believing that it will exacerbate their situation by precipitating the retaliation of officers. We question whether the high number of grievances for staff conduct in comparison with other medium security facilities would be even greater if the system were viewed as effective by inmates. Additionally, although we did not hear widespread reports of physical abuse, physical confrontations appear to have increased as unusual incidents for inmate assault on an inmate and inmate assault on staff have increased from three to 11 and one to five, respectively, from 2003 to 2004.

We were told that the problem is limited to some correction officers, primarily those with less experience. Adding credibility to their claims, inmates freely mentioned COs who are professional and helpful, clearly noting that not all Gowanda’s COs harass or abuse inmates. We have provided the Acting Superintendent with a list of names of the COs inmates identified as respectful and professional and those who inmates believe engage in misconduct. Inmates told us that they do not believe that either the administration or the more experienced COs have effectively addressed the problem of staff abuse, and that there is no accountability for the rogue COs who engage in inappropriate behavior.

In particular, the 3:00 to 11:00pm shift was identified as the most problematic. Inmates described an atmosphere in which COs arbitrarily pull inmates out to berate them and yell in their face, or staff enforce frivolous rules that inmates believe are designed to harass them, rather than ensure safety or order. This environment of intimidation fosters possible unrest in the prison and cultivates an atmosphere of tension and fear.

Meeting with Staff

The Visiting Committee met with representatives of the NYSCOPBA, PEF and CSEA unions, representing all sectors of staff at the facility. They were largely satisfied with their work at Gowanda, but expressed some concerns and frustrations. Each felt that they are most pleased with the positive relationships among coworkers and what they feel is a safe environment in the prison with few unusual incidents or assaults. According to the less experienced correction officers, one of the most difficult aspects of their work is not knowing

where they will be posted each day. Since Gowanda has a large number of experienced staff, it takes many years of experience to have the seniority to bid on a particular post. COs who have been working for almost ten years still may not have the ability to bid on a post of their choosing and therefore, can be placed in a different position throughout the facility each day.

The staff described the relationship with the administration as constantly changing since there has been a high rate of turnover for superintendents. They feel that recent superintendents have had limited ability to influence DOCS Central Office on their behalf because they are nearing retirement. The staff themselves told us that they feel their relationship with Central Office is poor.

The maintenance staff stated that a great deal of work in the facility is outsourced that could be more efficiently and cost-effectively completed in-house with existing staff if they could work overtime.

Staff had extensive complaints about the health insurance benefits provided by the State. They have a very difficult time finding dentists who take their insurance, and the prescription plan is also a source of many complaints.

The staff told us that they see the inmate population as changed in recent years due to the influx of younger prisoners. According to them, this shift has led to Gowanda having more aggressive and less reasonable prisoners, although they agree that there is little violence among Gowanda's inmate population. Fewer inmates are willing to "snitch," or report unauthorized behavior or activities in the facility. Gangs and drugs are seen as substantially more problematic than they were approximately ten years ago. The staff disagreed that there is verbal abuse or harassment of inmates, and they feel that, in addition to maintaining security, their job is to require inmates to accept personal responsibility for their actions in preparation for their return to their communities. They disagreed with the inmates' assertion that the grievance system is largely ineffective. Staff were not surprised that the 3:00 to 11:00pm shift is identified as most problematic among inmates, but they stated that it is necessary to be more strict on that shift because there is more frisking to be completed to control the flow of contraband, at a time when more inmates are idle and there is less staff to insure order.

Final Meeting with Executive Team

In our final meeting with the executive team, we outlined our many positive impressions of the facility and the areas we thought could benefit from improvement. The vocational and educational programs struck us as beneficial and effective. In particular, inmates are pleased with the educational programs and feel that the teachers are dedicated and respectful. We also discussed our mostly positive impressions of the Driving while Intoxicated, Alcohol and Substance Abuse Treatment, Transitional Services and Sex Offender programs. We noted that each area lacks sufficient Spanish-speaking staff, a problem that we understand the executive team recognizes and is working to address. We commended the former Superintendent on the development of a therapeutic community for ASAT, and we told him that we were pleased to find that there are regular medical and library rounds in the SHU. We also discussed the

reported problem of scheduling showers in the SHU and mentioned the complaints about packages and the limited space in the visiting room.

We discussed our positive view of the newly renovated medical area and the cooperative staff and acknowledged that there were no nurse vacancies. Although we noted the high number of grievance about medical care, our impression was that the inmates did not raise as many medical complaints as at other prisons. However, we identified some problems with the dispensation of medication and access to providers, noting the half-time physician vacancy. We also reported problems with dental services, which the former Superintendent agreed exists at Gowanda because of the difficulty in attracting sufficient staffing.

We reported extensive complaints among inmates about their treatment by correction officers, although we noted that the situation appears to have improved since our previous visit in 2000. Much of the inmates' discontent stems from their belief that they are issued arbitrary and frivolous misbehavior reports, as well as harassment by officers. Former Superintendent Murry discussed his belief that issuing misbehavior reports for issues that may not be serious at other facilities is a policy decision that promotes safety and efficiency and prevents theft. Additionally, he told us that he takes inmate complaints very seriously and responds to each one within five days.

We had a helpful discussion about the Superintendent's ability to investigate and discipline officers for inappropriate behavior. He explained that he has no hesitation in referring an issue to the Inspector General's office, with which he has a very good relationship. He expressed frustration with the arbitration process, which he described as sometimes ineffective in disciplining individuals responsible for misconduct.

Recommendations

Educational Program

- Investigate the feasibility of starting a college or other postsecondary education program at the facility and, at minimum, recruit additional inmates to participate in the post-secondary correspondence courses.
- Institute additional classes for Spanish-dominant inmates, including ABE, GED and cell study options.
- Increase the capacity of the GED program.

Vocational Program

- Increase the space available for the vocational shops.
- Increase the number of programs offering Department of Labor apprenticeship certificates.

Sex Offender Program

- Institute a separate class for Spanish-dominant inmates conducted in Spanish.

- Ensure that staff are available to translate for Spanish-speaking inmates when addressing sensitive issues.
- Institute a transitional services component for inmates in the program who are close to release.
- Meet with SOP participants to identify and resolve their concerns about their housing area and recreational facilities.

Alcohol and Substance Abuse Treatment Program

- Institute a separate class for inmates who are Spanish-dominant conducted in Spanish.
- Increase the assistance provided to participants who are approaching discharge from prison in identifying and contacting treatment programs in the community to which they can enroll in upon release.

Driving While Intoxicated Program

- Provide inmates with a certificate of achievement when they have successfully completed the program.
- Purchase updated materials on alcohol addiction and driving while intoxicated.
- Review the performance of all counselors to ensure that each class is addressing the needs of the students.

General Library

- Increase library hours and the library space available.

Law Library

- Provide computers and updated legal materials for inmate law clerks to use in assisting inmates.

Visiting Program

- Increase the indoor space available for visits.

Package Room

- Promulgate consistent and clear guidelines for what is permitted in packages.
- Investigate allegations that packages are routinely damaged or items improperly removed prior to delivery to an inmate.

Special Housing Unit

- Change the system of informing inmates that they are the next inmate to shower to ensure that the inmate has ample time to be waiting at the door when the CO arrives to let him out of his cell.

- Assign the psychiatric social worker to conduct regular mental health assessments of individuals in the SHU.

Medical Services

- Fill the vacant half-time physician and the full-time pharmacist and dentist positions. If the prison continues to be unable to fill these positions due to salary limitations, inform DOCS Central Office and appropriate Division of Budget officials so that they can take action to augment the salary levels offered to new staff.
- Review the delivery of medication to ensure that all inmates are receiving prescription refills and newly ordered medications in a timely manner.
- Review the timeliness of inmate access to physicians for routine care and if delays are noted, take action to address these delays.
- Review the patients infected with HIV and HCV to determine if all patients are receiving appropriate treatment. Also, review the protocols for identifying and testing inmates for HIV and HCV to ensure that all patients who may be at risk for these diseases are being diagnosed promptly.
- Review the timeliness of access to orthopedic and neurology clinics and if delays are found, increase the frequency of these clinics or request DOCS Division of Health Services assistance in identifying additional specialty care resources for these services.

Recreation Periods

- Establish a schedule and inform inmates of when they are permitted out of their housing areas to go to recreation.

Inmate-Staff Relations

- Institute measures to improve the process by which complaints about CO misconduct are investigated, and, when problems are identified, ensure that mechanisms for disciplining and/or dismissing COs are effective.
- 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.
- Increase the supervision of CO staff during the 3:00 to 11:00pm shift to ensure that harassment and abuse of inmates is not occurring.