The Correctional Association of New York

FOUNDED 1844

135 EAST 15th STREET, NEW YORK, N.Y. 10003 • (212) 254-5700 • Fax (212) 473-2807 • www.correctionalassociation.org

Sullivan Correctional Facility

Sullivan Correctional Facility, located in Sullivan County, New York, has a maximum security area confining 543 inmates and a minimum security annex with a population of 220 inmates. The Correctional Association toured only the maximum security area of the prison on July 20, 2006.

Members of the Correctional Association's Prison Visiting Committee conducted surveys, in-person and through the mail, with nearly 100 Sullivan inmates throughout the facility. We have based this letter on findings from these surveys, conversations with staff and inmates, correspondence with inmates and a meeting with the Inmate Liaison Committee and the inmate representatives on the Inmate Grievance Resolution Committee.

Sullivan has many programs for inmates with special needs, including a Behavioral Health Unit, a Special Needs Unit, an Intermediate Care Program and a Sensorially Disabled Unit (SDU). Although this letter does not include a separate section on the SDU, we surveyed and spoke with inmates who live and work on the unit and their responses are included in the information provided by the general population.

The Visiting Committee had many positive impressions of the prison. In particular, we heard many positive comments from inmates and staff about the Superintendent's open and receptive leadership style. We were impressed with several areas of the prison, including the Alcohol and Substance Abuse Treatment Program, which provides inmates with needed assistance as they return to the community, the Special Needs Unit, which provides a supportive community to inmates with developmental disabilities, and the Special Housing Unit (SHU), which was calm and without apparent conflict between inmates and staff. We were concerned, however, with the low number of inmates receiving their GED each year, the disproportionate number of inmates with mental illness in the SHU and the limited number of Spanish-speaking staff.

At the time of our visit, Sullivan confined 763 inmates, 78% of whom were convicted of a violent crime. Approximately 40% of the population had been at the prison for more than two years, nearly one-quarter had been there for more than four years, and 42% of the inmates had more than six years to serve before their earliest possible release date. Inmates filed a total of 592 grievances in 2005, an increase of 8% from 2004. Medical care, with 16% of all grievances, was the area that received the highest number of complaints, followed by staff misconduct, with 12%.

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

Programs

Nearly all of Sullivan's inmates are assigned to a program or a job for the full day, and only 23 inmates are identified as idle, or without any assignment. Although this information reflects a higher level of inmate activity than we see at most prisons, we were concerned to note that 283 inmates, or 37% of the population, work as porters, performing maintenance or cleaning tasks that typically do not involve the development of useful skills. In fact, we heard reports that many inmates assigned as porters have the skills to be Inmate Program Associates (IPAs) but there are insufficient positions for them. Moreover, according to the inmates, staff struggle in the summer to find sufficient work for porters because the warm, drier weather reduces the amount of cleaning necessary in the facility. One inmate told us, "They're just trying to keep us busy – sweeping, cleaning the [cell] bars, things like that."

In addition to porter positions, many inmates are assigned to jobs in the industry program, which at Sullivan consists of Food Service, Shipping and Receiving, a Sheltered Workshop and Recycling. The total enrollment in the industry program was 74 inmates at the time of our visit. Unlike the porters, inmates in an industry program typically have the opportunity to gain meaningful skills and earn a slightly higher wage than many other positions while providing a useful service.

We interviewed 77 inmates who were either currently assigned to a porter, industry or other job in the prison, or had such an assignment recently. An impressive 64% were satisfied with their placement and an additional 16% were satisfied "sometimes or somewhat."

Inmates complained of difficulties in accessing programs recommended by the parole board, such as Aggression Replacement Training or Alcohol and Substance Abuse Treatment. Although these programs prioritize inmates who are closer to their parole board appearances, some inmates told us that even people nearing release have difficulty enrolling.

Vocational Programs

Sullivan's vocational programs are Custodial Maintenance, Building Maintenance and Welding, with a total enrollment of 59 inmates. There are no vacancies in any of the instructor positions for these programs. Inmates requested vocational classes that would provide them with computer and office skills that would be useful upon release, or benefit individuals who are not interested in a vocation that involves manual labor. Given that nearly one-quarter of the population has been at the facility for over four years, instituting additional vocational programs would be a useful step in enabling inmates who remain at the facility for many years to continue to gain new skills by participating in different vocational activities.

Members of the Visiting Committee toured the Welding and Building Maintenance shops and met with instructors and some inmates enrolled in the programs. The instructors and inmates appeared engaged and positive, reporting sufficient materials and equipment. In addition, the inmates we spoke with had positive comments about the vocational staff. Inmates rarely receive

misbehavior reports in their vocational classes; one instructor told us that he gives less than one ticket each year to inmates in his shop.

The Building Maintenance class includes instruction on plumbing, electrical work and carpentry. The instructor reported no problems with the inclusion of inmates from the Intermediate Care Program and Special Needs Unit, who participate in the program along with general population inmates. "Everyone works at their own pace," he stated. When we toured the shop, the instructor was assisting an inmate with a math problem and explained that he often works with the educational teachers to develop complementary skills and lesson plans. We were impressed with the positive atmosphere in the program and noted a sign on the wall stating: "employability begins here."

Of the 39 inmates we surveyed who are currently in a vocational program or had been in one recently, 44% were satisfied with their placement and 46% were not. Inmates throughout the prison complained that the programs provide insufficient instruction because of restrictions on power tools, limiting the ability to learn transferable skills.

We were pleased to find that the facility offers two Department of Labor (DOL) apprenticeships, an important opportunity to earn certification in a trade that is recognized outside of prison. Inmates told us, however, that it is exceptionally rare for inmates to achieve this certification. The instructors confirmed that few inmates actually receive DOL Certificates, reporting that they give at most one each year, and they noted that the process is difficult, taking from two and a half to four years to achieve.

Educational Programs

Sullivan's educational offerings include Adult Basic Education (ABE), Pre-General Equivalency Diploma (Pre-GED) and GED, with a total enrollment of 91 inmates. In addition, 14 inmates in the Sensorial Disabled Unit utilize that unit's Resource Room, enabling inmates with visual or hearing impairments to participate in academic work. Inmates with mental illness in the Intermediate Care Program can participate in an ABE course that is designed for individuals on their unit. In addition, a program for inmates in the Special Needs Unit who have developmental disabilities focuses on the development of basic life skills. There are no vacancies in the staff of six teachers. There is a lab with 25 computers that each of the educational classes use once a week. We met with the educational supervisor, who stated that the program has sufficient resources and that he has no problem ordering materials that he needs.

Many inmates noted that since the prison lacks an English as a Second Language course and has no Spanish-speaking instructors, inmates with limited English skills struggle in their classes. The educational supervisor affirmed that a Spanish-speaking teacher would be useful, but stated that since there are few inmates who do not speak English, it is not a crucial position to fill. Members of the Visiting Committee met with one inmate in an educational class who did not speak English and was confused by his placement in the course since he could not follow the course material.

Nearly 50% of Sullivan's population has no high school diploma or GED, yet few inmates take the test each year at the prison, and very few pass. In 2004, 2005 and as of July 2006, 18, 26 and 14 inmates, respectively, had taken the exam. More alarming, only four, ten and six, respectively, passed each year. These figures mean that annually less than 2% of the population needing a GED is getting one. We were pleased to learn of at least one teacher's planned implementation of a tutoring session to increase pass rates, but the facility should institute additional measures to increase the number of Sullivan inmates who have a GED. We were concerned to learn that no major institutional changes have been made to the educational program since the Department instituted a requirement that all inmates receive their GED, rather than the equivalent of a ninth-grade education.

A total of 401 inmates or 56% of Sullivan's population have their high school diploma or GED. Although the educational supervisor informed the Committee that two inmates are currently enrolled in a postsecondary correspondence course, we met with many inmates who were not aware of this opportunity. Some inmates reported that the educational staff used to assist inmates in obtaining materials for these courses, but this practice apparently has ended. Postsecondary education is proven to help inmates achieve success upon return to their communities. Resources should be made available so that DOCS can provide inmates at Sullivan and all New York State prisons the opportunity to participate in college-level instruction, not simply correspondence courses.

Of the 40 inmates enrolled in an educational program when we visited or who had been enrolled in the year prior to our visit, 30% were satisfied with their class, 23% were satisfied "sometimes or somewhat" and 48% were not satisfied with the program. Some inmates reported that the quality of the program had diminished in recent years with changes in staff, including the loss of a Spanish-speaking teacher.

Medical Care

The inmates had mixed reviews of healthcare at Sullivan. Generally, inmates' statements about the care provided by nurses were positive, but they were more critical of the physician and the physician's assistant, and complained about specialty care. Overall, only 16% of the respondents to our survey rated healthcare as good, 38% rated it as fair and 47% rated it as poor.

Inmates filed more grievances about healthcare than about any other issue at the prison. In 2005, inmates filed 94 medical grievances, a 25% increase from the previous year. A review of a computerized summary of all medical grievances appealed to Central Office from January 2005 through May 2006 reveals that a significant number dealt with problems concerning access to specialty care, medications and general medical care. The 2005 Year-end Grievance Report prepared by the facility mentions that the Nurse Administrator (NA) holds monthly meetings with the ILC and the grievance staff for the purpose of at informally resolving grievances. We strongly endorse this practice and commend the medical and grievance staff for undertaking this effort to respond promptly to inmates' complaints.

During our visit we met with the NA who was forthcoming about the healthcare systems at the prison. Sullivan's medical staff has been relatively stable. The prison received authorization to hire two new nurses when the BHU was opened and is in the process of filling a

newly authorized nursing position. There are 10.5 FTE nurse II positions at the prison and there have been no nurse vacancies during the past two years. There is only one physician, the Facility Health Services Director, and a physician's assistant at the prison. We were pleased to learn that there are no vacancies in the medical staff. However, the NA reported that she is required to use a lot of overtime to cover all the nurse shifts.

Inmates were generally complimentary of the services provided by the nurses. Two-thirds of the respondents stated that they could access sick call when they needed to and less than 10% reported that they did not have adequate access to sick call. Thirty percent of the survey respondents rated sick call as good and only 36% rated it as poor, rates better than most prisons we have visited.

Access to the physician and PA were more problematic. Forty-one percent of the survey respondents said they frequently experience delays in access to these providers; 36% reported that they experience delays once or once in a while; and only 23% stated that they never experience delays in seeing their provider. The median time inmates reported it takes to see a provider was 21 days. The NA estimated that it takes at least two weeks to see the doctor or PA for routine care. Survey respondents were also critical of the quality of the care they receive from these providers; 47% rated the care as poor, 38% characterized it as fair and only 15% stated it was good.

Sullivan currently has 23 HIV-infected inmates on treatment. Since by DOCS' estimate, the HIV infection rate for the male prison population is 6.7%, it is likely that there may be approximately 50 HIV-infected inmates at Sullivan. It appears, therefore, that less than half of the HIV-positive population may have been identified. We urge the medical staff to enhance its efforts to encourage inmates to get tested and receive treatment. Similarly, 53 Sullivan inmates are known to be infected with Hepatitis C (HCV), whereas, based on HCV seroprevalence rates for male prisoners conducted by DOCS, it is likely that there may be approximately 100 HCV-infected inmates at Sullivan. Better efforts to identify inmates with HCV are needed. However, we were pleased to note that of the 53 HCV-infected inmates, 10 are currently receiving HCV therapy, a significantly higher rate of treatment than we have observed at other prisons. We commend the Sullivan medical staff for aggressively treating this illness.

Sullivan recently opened a Behavior Health Unit (BHU) for inmates with mental illness who have experienced significant problems in disciplinary segregation. The prison received additional nursing staff to address the medical needs of the inmates on the unit. Based on surveys of the BHU population, it appears that this additional staff is having a positive effect. Three-quarters of the BHU survey respondents stated they have adequate access to sick call, and 80% rated the services provided by the nursing staff as good or fair. However, almost two-thirds of the respondents reported that they frequently or once in a while experience delays in access to a physician or PA and 40% rated the care given by these providers as poor. Overall, 13% of the BHU inmates rated healthcare as good; 60% said it was fair; and 27% stated it was poor. Although most of the healthcare in the BHU is provided on the unit, these figures mirror the results for the general population.

Sullivan has no pharmacy staff and relies on the Ulster hub pharmacy to supply all of its medications. The NA reported that the prison can receive medications on the same day it faxes a prescription to the hub pharmacy, that refills are available in three to five days and that the hub pharmacy alerts the prison if an inmate is not refilling a medication needed for a chronic illness. We commend the prison for developing a system to monitor inmate compliance with their medication regimens. The inmates, however, did report some problems. Of the survey respondents who were on medication, more than 60% reported that that they sometimes experience problems obtaining their medications.

Inmates with limited English skills frequently have difficulties in accessing appropriate healthcare throughout the Department. At Sullivan, the doctor and a nurse speak Spanish, and the NA reported that these providers translate for Spanish-dominant inmates seeking care. The NA also reported that the telephonic translation service was available but did not work properly. Inmates with whom we spoke reported some problems with translation services. The inmates were aware of the Spanish-speaking medical staff, but reported to us that this staff generally does not translate during medical encounters with other providers and instead, inmates commonly translate for other inmates, jeopardizing patient confidentiality and potentially preventing individuals from accurately communicating about ailments or treatments.

Inmates also reported problems with access to specialty care, stating that it is difficult to convince the prison providers to request such services and that it takes a long time to see a specialist once an appointment is requested. Eighty percent of the respondents who were sent to a specialist stated that they have experienced delays in seeing a specialist, estimating that the median delay was two months. Moreover, nearly 70% of the survey respondents stated that there is inadequate follow-up by the prison provider to the recommendations made by the specialist.

Mental Health Care

Sullivan is an Office of Mental Health (OMH) Level One facility. Therefore, it has full-time mental health staff at all times and is staffed to treat inmates with the greatest need for mental health services. On the day of our visit, Sullivan had 197 patients on the mental health caseload, representing 26% of the inmate population, proportionally one of the highest caseloads of any prison we have visited. Sixty inmates were in the Intermediate Care Program; 45 were in the Behavioral Health Unit; 10 were in the Special Housing Unit; and 82 were in general population or one of the other special housing units.

Of the inmates in general population from whom we received a survey, 23% reported that they are, or had been, on the mental health caseload at Sullivan. The general assessment of mental health services was positive. Overall, one-third of general population inmates we interviewed rated mental health services as good; 41% said they were fair; and 26% stated they were poor.

Given the prevalence of inmates with mental illness in all housing areas, programs and other services, all Sullivan staff should be trained in how to recognize inmates who may be suffering from mental health crises and how to work more effectively with them. Indeed, we

spoke with staff who confirmed that additional training in working with people with mental illness would be beneficial.

Residential Crisis Treatment Program

The Residential Crisis Treatment Program (RCTP) consists of an eight-bed dorm and four observation cells. The RCTP is intended for the temporary housing of inmates who experience mental health crises and may be a danger to themselves or others or who otherwise exhibit serious psychological problems. At the time of our visit, there were two inmates in the dorm and all the observation cells were occupied. Inmates told us that an individual can remain in the RCTP area for several weeks or more waiting for placement in an appropriate mental health setting, an especially long time for inmates in fragile mental states. One inmate in an observation cell reported that he had been there for eight days. An inmate in the dorm stated that he had been there for 19 days. Lengthy stays such as these are not appropriate because the RCTP does not provide comprehensive therapy or any programs and is intended only for diagnostic evaluation of a patient, to determine what treatment is necessary and to ascertain where the patient should be confined. These lengthy stays support our general observation that there is insufficient capacity for residential mental health confinement throughout the New York State system. When we raised the inmates' claims with the Superintendent, he questioned whether the inmates accurately reported their times on the unit.

Intermediate Care Program

Members of the Visiting Committee toured the Intermediate Care Program (ICP), a residential program for inmates with mental illness. There were 60 inmates in the program on the day of our visit, and it has a capacity of 64. We conducted surveys with 11 ICP inmates, most of whom said they are pleased with their placement on the unit. When asked what they like about the ICP, many mentioned their access to mental health counselors and others noted calm and pleasant interactions among inmates on the unit. Nearly all the ICP inmates participate in programs. Some are in an educational program or ASAT that is dedicated solely to the ICP and others participate in programs along with the general population. Most were satisfied with their programs and with their treatment in the ICP.

Inmates were also pleased with the mental health treatment they receive in the ICP. Most reported that they are more compliant with their psychotropic medications since enrolling in the program, and they appreciate the group and individual therapy they receive. Since being in the ICP, the inmates we interviewed reported that they have had fewer incidences of psychiatric deterioration, resulting in fewer transfers to a residential crisis treatment program or Central New York Psychiatric Center. Similarly, they reported receiving fewer misbehavior reports or SHU sentences in the ICP than in the general population. Overall, most inmates described mental health care in the ICP as good, although some complained that security staff is often present during counseling sessions.

Although some inmates mentioned that they experience verbal harassment, threats and intimidation or false tickets, most inmates reported that relations with correction officers (COs) in the ICP are good or "somewhat good and bad." It appears that most security staff who work

in the ICP are respectful and sensitive to the needs of inmates with mental illness, although our view is that some could benefit from additional training in the area.

Nearly all inmates we spoke with reported that they feel safer in the ICP than they do in the general population. They reported low levels of confrontations with other inmates or with staff in the ICP. Finally, although inmates reported lower levels of self-harm and suicide attempts since being in the ICP, a significant number reported that such occurrences are relatively common on the unit.

Behavioral Health Unit

Sullivan's Behavioral Health Unit (BHU) is a 60-bed residential program consisting of Phases 2 and 3 of DOCS' BHU program for inmates with mental illness or behavioral problems, who are serving long-term disciplinary sentences in a SHU and who are experiencing difficulty coping in disciplinary confinement. Phase 2 has a capacity of 36 inmates and had a census of 29 inmates on the day of our visit. Phase 3 has a capacity of 24 and had a census of 16 inmates.

Sixteen of the 45 BHU residents completed a survey provided by us in the mail summarizing their individual experiences and describing their impressions of the services on the unit. Based upon these surveys, inmate correspondence, observations and interviews conducted during our visit, and other information provided by state officials, we have concluded that the program provides meaningful services and therapy. However, we have also found that difficulties remain in realizing a comprehensive approach to meeting the needs of individuals with significant mental health treatment needs and problems coping in disciplinary confinement.

According to DOCS and OMH officials, participants in Phases 2 and 3 of the BHU program are generally provided 20 hours per week of programming services, primarily in group settings, in which the participants' hands and legs are not restrained during movement and sit together in open classrooms. However, newly admitted inmates to Phase 2 are required to complete an orientation period in which they are moved in shackles and placed in small cubicles for 10 hours of group counseling per week. It is our understanding from senior DOCS and OMH staff that this orientation period is intended to last approximately two to four weeks. Once the inmate has successfully completed orientation, he is moved to a general cell on the unit and is afforded up to four hours of programs per day during the workweek. This programming can include substance abuse treatment, aggression replacement training, educational classes, sex offender counseling or religious services. In addition to the 20 hours of out-of-cell programming, BHU residents may be afforded additional incentives and amenities such as additional showers, phone calls, recreational opportunities and on-the-unit job assignments. Consequently, Phase 3 participants who are successfully participating in the program can experience out-of-cell activities that are more comparable to the Intermediate Care Program than the SHU.

To monitor the progress of each patient, the BHU has a Treatment Team consisting of security, mental health and program staff who meet daily to assess the participants. The Treatment Team determines the treatment plan for each resident. It decides whether a participant should be afforded additional incentives as a reward for active participation and good behavior,

or have his privileges reduced due a relapse or misconduct. Participants who exhibit inappropriate behavior can be assessed by the Treatment Team as having one of three categories of relapses: (1) major relapse, which can result in a transfer to a lesser phase or removal; (2) moderate relapse, which can result in a transfer to a lower phase or increased security restraints; or (3) mild relapse, which can result in a reduction of incentives. Participants who have mild relapses could receive an "Information Report" from the Treatment Team noting their misbehavior but not adversely affecting their program participation.

Another essential purpose of the BHU program is to reduce the length of time individuals spend in disciplinary confinement. This goal can be accomplished by giving inmates time cuts in their remaining SHU sentences if they are compliant with prison rules and actively participating in the program. Although no formula is presented for how much time can be reduced from lengthy SHU sentences, the original BHU plans suggested that a cooperative inmate may spend approximately six months in each phase of the BHU program. According to the stated goals of the BHU, individuals who successfully complete the three phases could be released from disciplinary confinement and returned to general population or be transferred to a residential mental health program such as an ICP.

The inmates who responded to our survey illustrate the difficulties individuals have coping with prison and the SHU. The median time in prison for the survey respondents was almost ten years. They had a median total SHU sentence of seven years, and all but three had SHU sentences of five years or more**.** Their median time on the unit was seven months, but several had been there a year or more at the time of our visit. Eighty-five percent reported that they had at least one disciplinary conviction for a physical confrontation with staff resulting in SHU time, half had been found guilty of fighting with another inmate and 38% had been disciplined for use of drugs within prison. More than 80% admitted that they had a physical confrontation with staff while in prison, and nearly 90% stated they had a physical confrontation with another inmate during their incarceration. Nearly three-quarters had been subjected to a deprivation order while in SHU; 56% had been placed on a restricted diet; and nearly half had been deprived of showers in the SHU. Ninety-three percent stated that they had attempted to harm themselves while incarcerated, but none reported acts of self-harm while in Sullivan's BHU.

Current BHU inmates' disciplinary problems, however, did not end with placement in the BHU at Sullivan. Nearly two-thirds of the survey respondents stated they had been convicted of a Tier II offense in Sullivan's BHU and half had been convicted of a Tier III offense, the most serious violations of prison rules. Seven respondents had received additional SHU time as a result of misbehavior in this BHU.

The BHU respondents reported extensive interaction with the mental health system in DOCS. All sixteen have been provided mental health services in prison and all but one stated they were aware of their mental health diagnosis. The most frequent diagnoses were depression, antisocial personality disorder and bipolar disorder. Half reported that prior to being confined in the BHU, they had frequent contacts with mental health staff in the SHU, but the other half reported that their mental health contacts in the SHU occurred only once in a while. Nine of the 16 (56%) had been to Central New York Psychiatric Center (CNYPC), seven of whom were sent

to CNYPC during their SHU sentence. Fifteen (94%) had been placed in a Residential Crisis Treatment Program (RCTP) in prison, many of them multiple times, and 63% had been in an RCTP since being in SHU. These data demonstrate the severe and chronic nature of the BHU residents' mental problems and their frequent need for crisis intervention by mental health staff while in disciplinary confinement.

The BHU respondents were generally positive about the BHU program. Twenty-seven percent of the respondents rated the program as good, 67% rated it as fair and only one respondent rated it as poor. They seemed particularly satisfied with the mental health services; many respondents stated that they appreciated the opportunity to change their behavior and lives through the program. Several noted that some staff are extremely helpful and some said they appreciated their therapist. Likewise, the inmates were generally positive about the other educational and treatment programs on the unit. Three-quarters of those engaged in cell study were satisfied with the program. More than 60% were sometimes or fully satisfied with the reading material they receive. Eighty percent were sometimes or fully satisfied with law library services. This level of satisfaction is substantially higher than those we normally encounter for SHU inmates.

In their survey responses, the inmates reported different levels of involvement in the BHU programming. A majority described attending two group therapy sessions per day for a total of three to four hours of programming each weekday. Other inmates appear to have less group therapy, and many reported that the morning and afternoon sessions do not last for the full two hours, and sometimes last for only 60 to 75 minutes. BHU residents also described varying amounts of individual therapy. Most reported having individual sessions once per week to once per month, but a few stated that they have more frequent sessions. There was also a significant difference in the amount of therapy time in each individual session; the majority reported sessions in the range of 20 to 60 minutes.

The incentive and relapse program appears to have mixed results. Nearly 80% of the survey respondents reported receiving some incentives while in the program. However, almost 70% also reported experiencing one or more relapse and reductions in privileges or disciplinary actions. Six respondents (38%) have advanced to Phase 3 and at least two were returned to a lower phase. Six respondents have received some time cuts in their SHU sentences, but these have been very small reductions. Although the average SHU sentence for respondents is seven years, the time cuts have been one to three months, except for a time cut of six months reported by one individual.

The survey respondents were critical of the security staff. In identifying the aspect of the BHU they most disliked, many residents reported that some of the security staff undermine the mental health program by harassing inmates, issuing disciplinary tickets for minor offenses and rigidly enforcing ever-changing rules. Overall, 27% of the survey respondents rated relations with security staff as very or somewhat poor; 60% stated that relations were equally good and bad and 13% reported relations as somewhat good. These results support the conclusion that not all staff are viewed negatively but that some staff have an adverse effect on the program.

A majority of BHU respondents identified the following activities as common occurrences of staff misconduct on the unit: abusive pat frisks (86% of respondents); false misbehavior reports (85%); threats and intimidation by staff (83%); verbal harassment by staff (75%); retaliation by staff (75%); and physical confrontations between inmates and staff (50%). Twenty-seven percent of the respondents said they frequently feel unsafe on the unit, but 40% reported that they never feel unsafe. Sixty percent stated that they have experienced retaliation from staff for filing complaints about staff misconduct.

Concerning their individual experiences on the unit, 27% of respondents stated they had a physical confrontation with the staff since they have been at Sullivan's BHU. Fifty-six percent said that they were occasionally verbally harassed by staff, but only 19% reported that they were frequently verbally harassed. Compared to other SHU units we have inspected, the level of verbal harassment at Sullivan is lower, although it is still prevalent.

Another indication of program success is the transfer of inmates from disciplinary confinement to general population or a non-punitive residential mental health unit like the ICP. Unfortunately, during the first year of the unit's operation, very few inmates have successfully graduated from the program and too many have regressed. From the time the unit was opened in mid-2005 until July 2006, 20 inmates had graduated from Phase 2 to Phase 3 and four inmates had been removed from Phase 3 and returned to Phase 2. Sixteen inmates had been removed from Phase 2 at Sullivan and returned to Great Meadow's BHU, Phase 1; and eight inmates had been sent from Sullivan's BHU to a SHU. Only one inmate had been sent to general population and no inmates had left the BHU and been placed in an Intermediate Care Program. Given that the participants in Phase 2 and 3 have been carefully selected for their potential to integrate successfully into the program, we would have expected more favorable outcomes. After one year, more than one inmate should have completed the program and have been released from disciplinary confinement. Similarly, more inmates have regressed in their behavior than have advanced; altogether 28 inmates have been downgraded from the unit to a lower level or the SHU and only 21 have graduated to a higher phase. It is particularly concerning that eight inmates have been placed in a SHU where they will receive substantially less mental health services.

Overall, we commend the BHU treatment staff for providing significant programming to the inmates on the unit in a manner that the patients find helpful, enabling them to attempt to address their disruptive behavior. We also strongly endorse the unit's goal of removing inmates with serious mental health and disciplinary problems from the 23-hour isolation that occurs in normal SHU confinement. We also found the program staff to be generally supportive of the patients. Clearly, the BHU is substantially better than SHU confinement and provides some hope to its participants.

We recently visited the Great Meadow BHU and noted that the Sullivan BHU has a significantly better atmosphere and treatment modality than Great Meadow's BHU. Not only do Sullivan's BHU inmates receive more programming and greater freedom, they also appear to receive more effective treatment, as exhibited by their more positive expressions about their attempts to change their behavior. There also appears to be less tension between inmates and staff at Sullivan and apparently fewer disciplinary sanctions are being imposed.

However, the program is not accomplishing some of it primary goals – to eliminate, as much as possible, the pattern of repeated disciplinary actions and to assist inmates in getting out of disciplinary confinement. It appears that some security staff have not adopted the fundamental philosophy of the program: to provide incentives and other positive reinforcements for improved behavior rather than a punitive response to misconduct, in recognition of the fact that mental health and behavioral problems make it extremely difficult for participants to cope with the rigid nature of prison and disciplinary confinement. Until the level of tickets and other punitive actions is substantially reduced, we cannot conclude that the program is achieving a sufficiently supportive environment for the inmates, helping them to become more cooperative, reducing the incidence and intensity of disruptive behavior and consequently preparing them for return to general population or an ICP.

It is time to take a closer look at why so many BHU residents are not advancing and determine how the program can be modified to increase the number of successful outcomes and to reduce the number of BHU residents who cannot adjust their behavior in the current setting. Security staff may require additional training to understand and adopt the new approach needed for BHU patients, and more careful screening may be necessary to identify staff who will be accepting of individuals who exhibit challenging behavior and who cannot easily cope with prison life. We hope that better outcomes will result as the program develops.

Special Needs Unit

Sullivan has a Special Needs Unit (SNU) for inmates with developmental disabilities. On the day of our visit, the SNU was having a festival for its participants, which included a barbeque in the prison's yard, a performance by an inmate music group, and the presentation of awards to inmates in the program. Members of the Visiting Committee joined the festival for lunch and met with inmates in the SNU.

Most inmates we met with were pleased with their placement in the SNU. Although there were some complaints that COs threaten inmates with physical assault and verbally harass inmates, many reported that their treatment by security and civilian staff is better on the unit than in general population. In particular, inmates were pleased with the services they receive from the Office of Mental Health. SNU inmates go to sick call along with inmates from the general population. The inmates objected to this practice, stating that they would prefer having sick call separate from the inmates in the rest of the prison.

Transitional Services

Members of the Visiting Committee met with the Transitional Services instructor and the Inmate Program Associates (IPAs) who work in the program. Sullivan's Transitional Services program includes all three phases offered by the Department. The instructor and the IPAs are responsible for facilitating the classes, and the instructor praised his IPAs, reporting that, "they keep it interesting and ensure participation." The first week of Phase I is a one-week orientation for inmates new to the prison, providing them with information about prison rules, staffing and procedures. The second week is intended to assist inmates who have not yet taken the course

with adjustment to prison life. The instructor described Phase II as a "catch all" program, lasting for three months and including curriculum dealing with HIV/AIDS, anger management, living in prison and maintaining family connections while incarcerated.

Phase III is the portion of Transitional Services intended to prepare inmates for their return to the community. According to the instructor, all of the participants are within two years of their earliest possible release date. The curriculum consists of information about preparation for the parole board and job interviewing, budgeting and setting up a bank account upon release, computer skills and basic instruction on technologies that may have changed since an individual was incarcerated. Inmates in Phase III use handbooks prepared by Board of Parole and the New York Public Library to identify employment, community-based services and information about leaving prison. Program staff, including IPAs, assist participants with writing letters to potential employers or service providers. The instructor reported that the staff in the substance abuse treatment program, ASAT, provides assistance with obtaining treatment upon release. He also said that Transitional Services staff sometimes contact Alcoholics Anonymous or Narcotics Anonymous on behalf of inmates.

The instructor reported that increasing the number of community organizations coming into the prison to teach skills and establish connections would be helpful to inmates. He also discussed the difficulty of obtaining documentation for inmates who are approaching release, stating that many outside organizations will not work with inmates or provide them with identification until after they are released, making the discharge planning process more difficult.

Members of the Visiting Committee noted that comprehensive resources or information about employment or services in the community were not available, and that a bulletin board supposedly providing such information actually contained very little information. In particular, there was limited information about organizations or institutions outside of New York City.

The instructor reported that inmates in the SNU and ICP are integrated into Transitional Services if they are able to participate. If they cannot participate, according to the instructor, "they are on their own" to prepare for release.

Alcohol and Substance Abuse Treatment

Sullivan offers an Alcohol and Substance Abuse Treatment (ASAT) program for inmates who have been identified as having substance abuse problems. A total of 62 inmates are enrolled in the program, which is available for the general population in the main part of the prison, the Annex, the Special Needs Unit and the Behavioral Health Unit. For the general population, the program lasts for six months and the class sizes are 20 to 25 inmates. For SNU inmates, class sizes are reduced to 15 to 18 inmates and the class lasts for nine months in order to meet the needs of the inmates with developmental disabilities. Staffing for the program consists of one counselor and four Inmate Program Associates (IPAs), each of whom has worked in the program for between two and six years. The IPAs may receive a Department of Labor Certification for their work in the program. Of the inmates we interviewed who have been in ASAT at Sullivan, 55% reported that they were satisfied with the program, 10% said they were satisfied "sometimes or somewhat," and 35% said they were not satisfied. Although the prison did not provide us

with the number of inmates who have ASAT on their recommended program list, nearly 20% of all survey respondents told us they were waiting for ASAT.

Members of the Visiting Committee spoke with the counselor who instructs the general population and SNU ASAT program. He struck us as energetic and informed about substance abuse treatment modalities and the services available in the community. The required steps of Sullivan's ASAT program are: an intake evaluation; the development of a treatment plan followed by monthly evaluations; an updated treatment plan after three months; and a discharge treatment plan upon completion. He also reported that group therapy is used extensively, and he provides individual counseling for inmates who can benefit from it. He told us that he has an open-door policy in order to maintain effective communication with inmates, stating, "guys are in my office all day. The door's always open." Inmates from the PACE program, a peer-run educational HIV/AIDS program, conduct a training for ASAT participants resulting in a certificate of completion at the end of the educational program.

Sullivan's ASAT program has higher rates of completion and lower rates of program removal than we have seen at other prisons. We were pleased to note that in 2004, 2005 and by July of 2006, there were 60, 51 and 31 inmates who graduated from ASAT, respectively. Only 12, seven and three inmates, respectively, had been removed in those years. The counselor explained that he works with inmates to encourage them to participate and succeed in the program, and that removals from his classes are most often for misbehavior unrelated to ASAT, rather than conduct within the program or drug use. An inmate who receives a sentence of 30 days or more in disciplinary segregation is automatically removed from ASAT, regardless of whether the misbehavior was related to the program. This kind of disciplinary charge, according to the instructor, is the most common reason for program removal.

The counselor told us that additional staffing would be beneficial, enabling the prison to run more ASAT programs. Although he noted that many resources used in the program are several years old, he believes they are still useful. In particular, he was pleased with an extensive collection of approximately 150 videos that he uses as part of the program. Resources for Spanish-speakers are limited, as there currently are no bilingual IPAs or staff. Inmates with hearing impairments are assisted by a sign language translator and closed captioned videos.

The counselor did not report problems with providing substance abuse treatment to inmates with mental illness, stating that he does not discriminate based on mental health status. Moreover, he told us that the IPAs who work with him are patient and skilled at working effectively with people with mental illness.

Enrollment in ASAT is determined by DOCS Central Office, which prioritizes inmates who are closest to their earliest possible release date. The instructor reported that most inmates in the program are within two years of going before the parole board and it is extremely rare for an inmate with many years remaining on his sentence to be in the program.

ASAT and parole staff, rather than the Transitional Services program, provide the primary support to ASAT participants interested in accessing substance abuse treatment after release. In particular, the instructor with whom we spoke was knowledgeable about community

programs and works with inmates to identify appropriate placement upon release. He affirmed that inmates could benefit from more assistance with continuing substance abuse treatment and agreed that it is often difficult for formerly incarcerated people to identify and enroll in treatment in the community.

For inmates in the Annex who are not enrolled in ASAT but have treatment needs, Sullivan offers Narcotics Anonymous, which has an enrollment of 18 inmates, and Alcoholics Anonymous (AA), with an enrollment of 12. The ASAT counselor reported that Alcoholics Anonymous, in particular, helps inmates to gain post-release community support through its Bridging the Gap program, providing inmates with a temporary AA sponsor prior to leaving prison.

The instructor noted that additional involvement of outside treatment providers would be beneficial for inmates and praised the prison administration for supporting community involvement. Currently, outside involvement is primarily limited to AA and NA volunteers who work only with inmates in the Annex.

Libraries

General Library

Members of the Visiting Committee toured Sullivan's library and spoke with the librarian, who has been in his position for 20 years. The books are tracked on a computerized card catalogue and stored in several rooms. The librarian noted that there is sufficient space for the material since the library moved into its current location. The library participates in an interlibrary loan system, enabling inmates to request books from libraries in the community. There are computers, televisions and VCRs for the inmates to use. The librarian reported that inmates in the ICP and the SNU regularly use the facilities, and that he sends materials to the SHU, the hospital and the BHU every 60 days, as required by the relevant DOCS' directives. We heard complaints from inmates in the SHU about their limited access to reading materials, and recommend that the librarian increase the frequency with which the library cart on these units is updated.

Of the inmates we surveyed, only 5% reported that they were not satisfied with library services. We commend the facility and the librarian on providing high quality library services to the inmate population.

Law library

Members of the Committee toured the law library, although there were no staff or inmates present. The room has print enlargers for inmates with visual impairments, along with microfiche and computers for inmates to conduct their legal work. Of the inmates we surveyed, 47% were satisfied with the law library and 32% were satisfied "sometimes or somewhat."

Inmate-Staff Relations

Sullivan's inmates reported better relations with staff than many other prisons we have visited, and staff confirmed that communication among inmates and staff is generally open and not hostile at the prison. Inmates cite good communication between staff and inmates, the relatively small size of the population and the good behavior of inmates as reasons for what some described as the "laid back" nature of the prison. Others attributed it to the prison's close proximity to New York, stating that inmates want to remain close to their families and prevent discord in order to do so. When asked to describe inmate-officer relations, the survey respondents were split evenly among those who described relations as bad, equally good and bad, and good. However, when they compared Sullivan to other prisons, 60% said relations with staff at Sullivan are better and only 12% described them as worse.

The inmates we met with pointed out some problems, including some COs who were described as being unnecessarily punitive and enforcing frivolous rules, yet they also described overall relations among inmates and staff as "pretty good." In particular, inmates complained about the new COs who are at the prison for their on-the-job training. Among the most common forms of abuse by staff that inmates reported were verbal harassment, abusive pat frisks and false misbehavior reports. Many inmates also cited threats and intimidation by staff and staff retaliation for filing complaints.

Eighty-nine percent of the inmates we interviewed reported that some Sullivan COs engage in serious misconduct and 95% of the respondents stated that there are COs at Sullivan who are helpful and professional. Fifteen percent was the median number of COs estimated to engage in misconduct and 60% was the median number whom respondents estimated to be professional.

Verbal harassment by staff was cited as a problem by many inmates, although some pointed out that the problem is limited only to a few staff members who engage in this behavior. Of the inmates we interviewed, 77% reported that they had personally been verbally harassed at least one time at Sullivan, and only 8% reported that they had never heard of the practice occurring at the prison.

A total of 89% of inmates reported that they had never personally experienced a physical confrontation with Sullivan staff and only 7% of inmates described the level of inmate-staff physical confrontations as worse at Sullivan than at other prisons. Many inmates noted that only certain officers are responsible for physical confrontations. Some reported that confrontations are most common on the 3:00 pm to 11:00 pm shift. Still others stated that confrontations are most common on the units where inmates with mental illness are housed, although our surveys with ICP and SNU inmates did not include widespread complaints about their treatment by staff.

Pat frisking was one area that inmates addressed most commonly, with 76% reporting that they have experienced an abusive pat frisk at least once, and 93% of survey respondents stating that they have heard about them occurring. Inmates reported that pat frisks have recently become more invasive and that some COs conduct frisks invasive enough to be considered strip frisks, although they do not use the private, strip frisk areas. Younger COs, they stated, were

more likely to conduct these inappropriate frisks than senior officers, although when we raised this issue with the Superintendent, he told us that it is likely that the more junior COs are following the procedure they learn at the academy more closely than the experienced COs.

Inmate-Inmate Relations

Inmates at Sullivan reported a low level of violence among prisoners. Only 7% reported that violence among inmates is frequent, although 81% stated that it does occur once in a while. Of the inmates we interviewed, 12% reported personally experiencing frequent physical confrontations with another inmate at Sullivan, and 47% stated that they never experienced any such confrontations at the prison. An impressive 94% of the inmates confirmed that there is less inmate-on-inmate violence at Sullivan than at other prisons. Personal conflicts and stress were most commonly cited as the causes for discord among inmates, and gambling and theft were also reported by a substantial number of inmates as contributing to inmate fights.

Although 44% of inmates reported that gang activity is common at Sullivan, 97% stated that there is less gang activity at the prison than at other facilities where they have been housed. Moreover, 79% said that Sullivan's gangs cause very little or no violence. Similarly, 42% of inmates stated that drug use is common at the prison, although approximately two-thirds believe that there is less drug activity at Sullivan than at other prisons. Seventy-one percent of respondents said that drugs are not a major source of violence.

Grievance Program

The grievance system received mixed reviews by the inmates. Sixty-seven percent of the survey respondents described the grievance system as poor. Over half the inmates reported that Sullivan's grievance system is "average or about the same" when comparing it with the grievance program at other prisons; 22% described it as worse than at other facilities; and only 11% thought it was better than elsewhere. Fifty-three percent of the inmates we surveyed reported experiencing retaliation for filing a grievance at least once, and 26% of the respondents said that they have been retaliated against frequently.

Packages

We received many complaints from inmates about the package program at the prison, with many reporting that the rules about items that are permitted change arbitrarily. Of the inmates we interviewed, 65% stated that they are not satisfied with the mail or package program at the facility.

Special Housing Unit

Two members of the Visiting Committee toured Sullivan's Special Housing Unit (SHU) and found it to be calm and well-managed. There were 19 inmates in the SHU, which has a capacity of 24. We were pleased to note that none of the inmates we interviewed in the SHU had received a deprivation order. In addition, all the inmates we surveyed reported that mental health staff and the sick call nurses make daily rounds on the unit. We were also impressed that the

facility has instituted a private room where inmates can meet with their counselors, and we commend the prison on the positive relations between inmates and staff in the SHU. The inmates did not complain about their treatment by staff on the unit.

Although inmates had no complaints about the services from the law library, some mentioned problems with their access to reading materials from the general library, stating that there is insufficient reading material and that the materials are not replaced frequently enough. The library cart, which is replenished every 60 days, according to the librarian, is the only access SHU inmates have to the general library.

Ten of the nineteen inmates in the SHU were on the mental health caseload, although inmates on the OMH caseload make up only one-quarter of the prison's population. These figures reflect the disproportionate use of disciplinary segregation for inmates with mental illness throughout the state. We reiterate our position that long-term isolation of people with serious mental illness is inhumane, ineffective in curbing disciplinary problems and emotionally harrowing, often leading to psychiatric deterioration. In order for DOCS and OMH to provide effective treatment for people with serious mental illness, additional resources must be made available.

Final Meeting with Executive Team

We met with the Superintendent and the executive team to discuss our initial impressions at the end of our visit. We noted that the inmates had positive comments about the programs, an assessment we generally concurred with. We mentioned that we found the SHU to be calmer than most such units with few problems, and we were pleased that a private counseling room has been made available to inmates and their counselors. We told the Superintendent that we found the ASAT counselor to be committed and dedicated to providing continuity between substance abuse treatment in prison and in the community. Finally, we reported that inmate-staff relations appeared better at Sullivan than at many other prisons we have visited.

Among the concerns we discussed were the limited number of programs, particularly since Sullivan has such a large population of inmates serving long sentences. When we suggested including a computer or business program for inmates who are not interested in or able to participate in manual labor, the Superintendent noted that although he is not opposed to the idea, the facility has limited space to add new programs. We discussed the need for additional Spanish-speaking staff to assist the large number of inmates who do not speak English. Additionally, we mentioned our concerns about timely access to doctors.

We discussed the inmates' perception that pat frisks have recently become more invasive. The Superintendent indicated that invasive pat frisks are necessary to find contraband, and that he is confident that the younger COs are not conducting frisks in a problematic manner, and instead, are following the guidelines they learn in the academy. The Superintendent noted that pat frisks are unpleasant for inmates and staff alike, but they are necessary for the security of the prison.

When we noted that inmates appeared to spend excessive amounts of time in observation cells, the Superintendent told us that the Office of Mental Health makes decisions about how long to confine an inmate for observation and where to send him.

The Superintendent reported that the BHU has been working effectively. In particular, he told us that relations between OMH and security staff are excellent, and that OMH staff includes the observations and opinions of the COs in the evaluations of the inmates in the program.

Recommendations

Programs

- Decrease the number of porters at the prison by increasing capacity in the vocational, educational and treatment programs and by introducing new programs.

- Introduce vocational classes, such as general business or career development that enable inmates to gain computer and office skills.

- Increase the number of inmates receiving their Department of Labor Certification.

- Hire a teacher for the educational program who speaks Spanish and institute an English as a Second Language course.

- Increase the capacity of the GED class.

- Provide inmates with a high school diploma or GED with the opportunity to participate in postsecondary education.

Transitional Services

- Recruit additional organizations providing services to formerly incarcerated people to work with inmates prior to their release.

- Increase the materials and information about outside organizations.

Alcohol and Substance Abuse Treatment

- Make Alcoholics Anonymous and Narcotics Anonymous available to the entire population, not just the inmates in the Annex.

Medical Care

- Reduce the time it takes for inmates to be seen by prison providers other than nurses and institute a review by DOCS Division of Health Services staff of the quality of these medical sessions.

- Hire a nurse for the newly authorized nurse position and after the position is filled, assess whether additional nursing resources are needed to reduce the amount of overtime required of the current nursing staff.

- Improve the timeliness of specialty care appointments and initiate a review of completed consultations to determine whether there has been adequate follow-up to the specialists' recommendations.

- Initiate a review of the procedures and patient education processes used to identify inmates to be tested for HIV and Hepatitis C to determine whether additional measures can be taken to encourage more inmates to be tested for these illnesses and to seek medical treatment.

- Review the procedures used to provide translation services for medical contacts with patients with limited English skills and resolve any problems with the telephonic translation services so that this service can be used when bilingual medical staff are not available.

Mental Health Care

- Provide additional residential mental health treatment for general population inmates with serious mental illness by expanding the ICP program at Sullivan and other DOCS facilities.

- Provide additional training to all security and program staff on mental health issues, including how to recognize and respond to an individual who may be experiencing mental health problems, how to identify a patient with mental illness who has become non-compliant with his medication regimen and how to communicate more effectively with inmates with mental illnesses.

- Review the length of stays of inmates confined in the RCTP during the last six months. If stays of more than a few days are identified, assess the reasons for these stays and, along with DOCS Central Office and OMH staff, develop a corrective plan to ensure that staff can diagnose RCTP patients, develop treatment plans and transfer patients to appropriate treatment facilities in a timely manner.

- Discontinue use of the caged treatment units for group therapy in the BHU for participants in the orientation program and institute an individualized determination for each patient about whether restraints during group therapy sessions are appropriate.

- Develop effective mechanisms to address BHU inmate misconduct other than additional disciplinary sanctions and provide additional staff training and monitoring to ensure that these mechanisms are properly implemented.

- Enhance the amount of time cuts granted to BHU inmates who have avoided misconduct and who are actively engaged in the program in order to facilitate their release from the BHU to general population or the ICP.

- Review the records of BHU inmates who have remained on the unit for more than twelve months, have been removed from the BHU program due to misconduct or have received multiple Tier III violations. Convene a meeting of BHU security and mental health staff to discuss these cases to assess why some individuals are unsuccessful in the program and whether the program can be altered to increase the percentage of BHU residents who complete the program.

Inmate-Staff Relations

- Review pat frisk practices to ensure that correction officers are following the protocols for proper frisks and that supervisors are present when necessary.

- Meet with the ILC representatives to discuss their perspectives on the extent of verbal harassment experienced by the inmate population and institute measures to improve communication among staff and inmates.

Packages

- Conduct a review of the procedure by which packages are distributed to inmates and provide each inmate in the facility with a copy of Directive 4911.

Special Housing Unit

- End the placement of inmates with severe mental illness in disciplinary segregation and place them instead in residential treatment programs.

- Increase the frequency with which the reading material on the library cart is replaced.