



SHAWANGUNK CORRECTIONAL FACILITY

The Correctional Association visited Shawangunk Correctional Facility, a maximum security facility for men, located in Wallkill, New York, on July 1 and 2, 2009. The facility was built in 1985 in close proximity to its neighbor, Wallkill Correctional Facility, a medium security facility. At the time of our visit, Shawangunk had a population of 547, close to its capacity of 558 inmates. Of these, 524 men were in the prison's general population. The facility also has a 24-bed Special Housing Unit (SHU) for inmates in disciplinary confinement.

The prison offers a range of therapeutic, vocational, and educational programs. These programs include a Department of Transportation (DOT) industry program, a residential Sex Offender Counseling and Treatment Program (SOCTP), and a Close Supervision Unit (CSU) for inmates who are considered to be high security risks. The prison administrative staff also encourages and provides program space for several inmate-coordinated educational and support groups. At the time of our visit, there were 55 inmates in SOCTP, 56 in the CSU, and 20 inmates in the SHU. Staff from the Office of Mental Health (OMH) treat 41 inmates throughout all areas of the prison.

The Correctional Association visited Shawangunk to assess the facilities and conditions at the prison. The Visiting Committee obtained surveys about general prison conditions from 128 men in general confinement and from six men in the SHU. We also received 17 surveys from inmates residing in the SOCTP. In addition, we received 35 surveys from inmates specifically concerning substance abuse programs and 34 from inmates regarding their need for substance abuse treatment. We have not included in this report the results of the substance abuse treatment surveys or our evaluation of the substance abuse treatment program at Shawangunk, as they will be included in a subsequent report. We have based this prison report on findings from data provided by the facility prior to our visit; inmate surveys; conversations with the Superintendent, the executive team, program staff and inmates; observations during our visit; correspondence with inmates; and meetings with the staff union representatives and members of the Inmate Liaison Committee (ILC) and Inmate Grievance Review Committee (IGRC). Facility administrators had the opportunity to review a draft of this report and provided the CA with additional information and comments during a conference call on April 9, 2010. Their comments and updated data have been included in the final report.

Summary of Findings and Recommendations

The Visiting Committee was pleased to find seemingly low levels of tension and violence between inmates and staff and among inmates. We were also impressed with the facility's support of the college courses coordinated by the PACE program. We also noted some problems: issues with the prison's water system; inadequate job training and vocational programs; treatment of inmates in the Sex Offender Program; and insufficient staff training, particularly regarding mental health issues.

Our principal recommendations to relevant state, DOCS and prison officials include these measures:

- Fill all academic and vocational program vacancies as soon as possible.
- Initiate additional vocational programs and jobs that more closely reflect work opportunities available to formerly incarcerated individuals in their community.
- Meet with the ILC and IGRC to discuss ways to reduce tension within the prison and to improve the effectiveness and credibility among inmates of the grievance system.
- Provide training to all staff about the sex offender treatment program and require enhanced training for staff assigned to the sex offender treatment program.
- Fill all vacancies in the medical department as soon as possible.
- Review the quality of the sick call and clinic encounters and ensure that inmates are seen in a timely manner and that all healthcare staff adequately address inmates' medical needs.
- Re-evaluate inmates infected with hepatitis C to determine whether these patients are appropriate candidates for treatment.
- Meet regularly with the ILC and IGRC to discuss inmates' concerns with medical care.
- Improve the timeliness of specialty care appointments and review completed specialty consultations to ensure that there is adequate follow-up to specialists' recommendations.
- Hire a dental hygienist to perform teeth cleanings.
- Review the timeliness of inmates' access to dental care to ensure that all inmates are seen in a timely manner based upon their dental needs.
- Provide the nursing staff with additional training concerning psychotropic medications and assess whether there is sufficient nursing staff to properly distribute and monitor patients on psychotropic medications.

Shawangunk's General Inmate Population

The inmate population at Shawangunk differs somewhat from other populations incarcerated in the state's prisons; the population is older and has fewer Caucasian inmates, longer prison sentences, more convictions for violent felonies and longer stays at this prison before being released or transferred to another facility than inmates at most other prisons. Fifty-four percent of the population identifies as African-American, 30% identify as Hispanic, and 14% identify as White.¹ The median age at Shawangunk is 40 years old and 94% of inmates

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

have a sentence issuing a minimum of 10 years or more, compared to 30% system-wide. Only 9% of the inmates at the facility are under the age of 30, compared to 33% state-wide. The median minimum sentence is 25 years, and 94% of inmates are convicted of a violent felony, 25% more than the state-wide average. Seventy-four percent of the inmates have been at Shawangunk for more than a year, and the median time at Shawangunk is 2.6 years, four times longer than the state-wide average.

Seventy percent of the population has their high school diploma, General Equivalency Diploma (GED), or higher education degree, 15% higher than the system-wide average. Nine percent of the inmates are Spanish speaking with limited or no proficiency in English. Seventy-five percent of the population identified as having a substance abuse history, which is lower than the system-wide average of eighty-four percent. Of the 259 Corrections Officers (COs) employed at Shawangunk, seven were African American and 14 Hispanic.

Physical Plant

The Visiting Committee found the physical environment of the facility to be clean and organized. At the time of our visit, there was an ongoing renovation of the main kitchen, during which period, food services were operating out of an auxiliary kitchen. Additionally, we recognize that the administration faces challenges in improving the prison's water supply system. We received many complaints from inmates regarding the quality of water at the facility. Inmates reported that they receive water with high turbidity resulting in discoloration and poor taste. Many inmates believe the water causes health and skin problems. Administrative staff said that the water the facility receives is from neighboring Wallkill Correctional Facility and that measures were being taken to improve the quality of water. During an April 2010 phone call with administrators, we were informed that the water is repeatedly sent to an outside lab for testing, and its quality meets Department of Health standards. The water is tested daily at its source, the water treatment plant in Wallkill, and is tested quarterly at the point of service at Shawangunk. Additionally, we learned that since our visit, the facility has begun a hydrant flushing system, which is conducted four times a year.

Programs

The Visiting Committee toured the prison's academic, vocational, and industry programs. At the time of our visit, academic and vocational classes were not in session due to a two-week summer break between the spring and summer sessions; however, the Visiting Committee toured the classrooms and spoke with the prison's administrative staff and inmates regarding Shawangunk's programs.

According to the data we received from the facility, 54 inmates, or 10% of the population, were idle or did not participate in a program at the time of our visit. A total of 485 inmates were occupied with a job or program for the full day, while eight had half-day program assignments. Of the inmates we surveyed, 66% were satisfied, at least somewhat, with their job, lower than the average of 70% at other facilities we have visited. Although the facility reported that only 10% of the population is documented as unprogrammed, the Visiting Committee is concerned that 363 inmates, or 66% of the population, are assigned to porter positions, a rate

significantly higher than other facilities we have visited. Porter assignments involve performing maintenance and cleaning tasks for the prison and generally do not help individuals develop transferable skills. The 363 porter positions represent almost a 400% increase from the 74 assigned porters that Shawangunk employed at the time of the Correctional Association's last visit to the prison in 2003. Staff ascribed some of this increase to including half-day assignments and kitchen workers in the documentation of the number of inmates with porter positions. Even with job assignments being added to the reported number of porters, we are concerned whether porter jobs represent meaningful work and are an appropriate use of the prison manpower. Several prisoners complained that due to the high number of porters, most inmates do not receive any work at all despite being assigned the position.

Considering the prison population's higher levels of education, staff members and inmates expressed concerns that the academic, vocational, and industrial positions available to inmates do not address their needs. We were pleased to hear that the facility offers Department of Labor (DOL) apprenticeships and employs an Inmate Program Associate (IPA) coordinator to supervise 69 IPAs. However, many inmates who responded to our survey complained of feeling over-qualified for their jobs or programs.

Consistent with prisons throughout the state, Shawangunk inmates receive limited wages for paid modules. The rate of pay has remained unchanged for approximately 20 years, although the cost of items in the prison commissary has increased with inflation, and commissary prices are comparable to charges for goods purchased outside the prison. Inmates may purchase only a limited dollar amount of goods at one time, a restriction that has not changed alongside price inflation. Prisoners at Shawangunk, and throughout the state, consistently complain about their growing inability to afford commissary goods. Sixty-nine percent of Shawangunk inmates who responded to our survey were dissatisfied with the commissary, similar to the level of dissatisfaction at other prisons we have visited (65%).

Academic Programs

Shawangunk offers Adult Basic Education (ABE), pre-General Equivalence Diploma (pre-GED), GED, and English as a Second Language (ESL) classes. The Visiting Committee found the classrooms well equipped and conducive to learning. At the time of our visit, academic class capacities were as follows: 20 in ABE, 60 in pre-GED, 40 in GED, 20 in ESL. All of these classes were below capacity with 16 students in ABE, 37 in pre-GED, 27 in GED, and 12 in ESL, despite a large number of inmates on the waitlists. The inmates on the waitlists for academic programs were as follows: 16 for ABE, 37 for Pre-GED, 27 for GED, and 12 for ESL. Two inmates were enrolled in a cell-study program. The prison was authorized to employ five academic instructors. At the time of our visit, one of these positions had been vacant since April 2009. In a conversation with administrators in April, 2010, PVP learned that the facility still had one teacher vacancy and had not sought to fill the position because prison officials assert they are meeting the educational needs of the population with their current staff. The prison has created a multi-level academic program to account for the instructor vacancy. Students ranging from ABE to Pre-GED are now in classes together. Each class contains inmate tutors to aid students who are experiencing difficulty. At the time of our April 2010 conversation, there were

only 12 inmates on waiting lists for educational courses: two for ABE, six for Pre-GED, three for GED, and one for ESL.

Although the facility offers an ESL course, there were no cell-study, ABE, or GED classes available to Spanish-speaking inmates. Shawangunk does not employ any Spanish-speaking teachers and would benefit from actively searching for that skill when filling the vacant academic teaching position.

There were 24 inmates who passed the GED in 2007 and 24 passing in 2008, out of 50 and 47 who took the test in those years, respectively. According to the facility, 70% of the inmate population has already completed their GED or high school diploma. This is significantly higher than the statewide average of 54%.² Inmates may participate in college correspondence courses if they pay for them; however, the facility offers no post-secondary education. Of the inmates we surveyed, 46% were at least somewhat satisfied with their academic program, significantly lower than the average of 58% at other prisons we have visited.

We were pleased that Shawangunk encourages the inmate-coordinated group, Prisoners for AIDS Counseling and Education (PACE) to facilitate and help teach the college correspondence courses. PACE initiates two courses per session, which last from three to six months. We commend the facility for its support of this inmate-led group, particularly in a maximum security prison where the majority of the population is serving long sentences for violent felonies. There are also condensed Spanish courses available twice per year. The Visiting Committee was informed that approximately 16 inmates participate in these correspondence courses, which is the full capacity for the program. The inmates enrolled in the college correspondence courses comprise only 4% of the population who have passed their GED and are capable of continuing their education past the high school equivalency. Considering the high number of Shawangunk inmates who have their GED, the facility would greatly benefit from a college program, particularly given that studies have shown that higher education fosters a more manageable prison environment and is proven to reduce recidivism.

Vocational Programs

Shawangunk offers three vocational programs: Cabinetry and Millwork, General Business, and Printing. At the time of our visit, there were 88 inmates, or 16% of the population, enrolled in one of the three programs. According to the prison administration, the Building Maintenance program closed when the instructor retired in April of 2009. Staff members expressed concern that there were insufficient vocational classes to meet the needs of the inmate population. Fifty-six percent of the inmate population reported being at least somewhat satisfied with their vocational program, compared to 63% satisfaction at other prisons we have visited. In our April 2010 conversation with facility administrators, we learned that only 14 inmates were on a waiting list for vocational programs. Facility staff informed us that an inmate's presence on a program waiting list does not necessarily mean that the inmate is idle. Of the 14 inmates on vocational program waiting lists, 12 of them were on the waiting list because the programs they are waiting for conflicted with their current program assignment.

² According to DOCS' 2008 Profile of the Inmate Population, system-wide averages are: High School Diploma, GED, or higher (54%).

According to DOCS, the average time that a Shawangunk inmate has spent in DOCS custody under their current bid is 11 years. As a result, many inmates have already completed their one vocational program allowed by DOCS policy and do not qualify for another vocational program. We were pleased to hear that the prison's administration allows inmates to participate in more than one vocational program in order to sustain their interests and remain occupied while at Shawangunk.

Industry

The Visiting Committee toured the Department of Transportation (DOT) Document Conversion Program which employed 26 inmates at the time of our visit. The DOT program offers the highest paid positions at Shawangunk, the highest among them being the one IPA coordinator, who makes 65 cents per hour. Staff told us that a large percentage of the population have the DOT program on their requested programs list and that the program only accepts inmates with their GED or high school diploma and clean disciplinary records. The Visiting Committee found the program well-run and valuable for inmates' development of data entry and computer skills. Although staff informed us that the expansion of the DOT program is not within their control, and was recently reduced in number of paid hours by the program management, it would be highly beneficial to continue the program and explore ways to expand the program when possible. Staff explained that the capacity of the program is directly related to the amount of work available. Inmates who responded to our survey were generally pleased with the DOT program, and the only complaints we received concerned the recent reduction in work.

Libraries

The Visiting Committee toured the general and law libraries and found them to be well kept. Ninety-two percent of inmates we surveyed were at least somewhat satisfied with the library services, significantly higher than the 64% satisfaction we have found at other prisons. We spoke with the one full-time librarian who explained that instead of browsing the stacks, inmates look up and choose books on computers in the waiting room. The librarian works with five inmate clerks who assist with library duties. A cart is sent to the SHU every week to deliver and receive requests from inmates in disciplinary confinement. The librarian believed the staffing to be sufficient for the number of hours that the library is open. The general library keeps approximately 16,000 books and borrows additional items through an interlibrary loan. A wide variety of Spanish materials is also available.

Seventy-seven percent of the surveyed inmates believed the law library to be at least somewhat satisfactory, a figure significantly higher than the average (57%) we have found at other prisons,. We were pleased to hear that most inmates do not have difficulty receiving law materials. Inmates reported that the law library would benefit from additional typewriters and implementation of the Lexis Nexis system for more efficient access to law materials.

Other Programs: Visiting, Mail/Packages, Food Services

The visiting room at Shawangunk has a capacity for 164 and is open every day of the week. There is also an outdoor visiting area with picnic tables that is open on weekends and holidays. A children's area provides a safe playing environment for children, which had colorful walls and was filled with toys. Staff reported that the children's area has a small capacity and often requires inmates to sign up for the room in advance. We were pleased to find that Shawangunk also offers an Honors Visiting Area for inmates with good behavior records, which allows more contact between inmates and their visitors. Sixty-four percent of the inmates surveyed were at least somewhat satisfied with the visiting program, significantly higher than we found at other prisons (48%). Some inmates, however, complained of disrespectful treatment of family members by staff working in the visiting area. We received complaints of some family members being repeatedly targeted and harassed by security staff, especially in the form of searches for contraband. Shawangunk also offers a Family Reunion Program (FRP), or "trailer visits", as an incentive for inmates who qualify with good behavior and completion of necessary programs.

Forty-four percent of Shawangunk inmates who responded to our survey rated the mail and package system as at least somewhat satisfactory, higher than we have found at other prisons we visited (34%). Some inmates' complaints concerned theft and destruction of packages. There were also complaints of the mail system delivering mail to the wrong recipients.

At Shawangunk, each housing block has its own messhall. Staff members informed us that the main kitchen services deliver food to each messhall. Of the inmates responding to our survey, 35% were at least somewhat satisfied with the food, somewhat higher than we have found at other prisons we have visited (30%). Some inmates reported that the portions are often too small and lack nutritional value.

Medical Care

The Visiting Committee met with the Nurse Administrator and toured the medical facilities at Shawangunk. We appreciated the extensive information provided by the facility prior to our visit, during our tour of the infirmary, and over the course of meeting with the executive team and medical staff. The medical department at Shawangunk includes a spacious 12-bed infirmary, which held five inmates at the time of our visit.

Although we received some negative comments from inmates about medical care, the general satisfaction of the prison's healthcare system is higher than other facilities we have visited. Of the 117 inmates at Shawangunk who responded to our survey questions concerning overall medical care, 10% rated it as good, 43% said it was fair, and 47% reported it to be poor. These statistics are somewhat higher than the average state-wide ratings of survey respondents finding healthcare to be good (9%), fair (37%), and poor (54%), but places the prison in the middle of the ranking of medical care for the 22 CA-visited prisons.³

³ The 21 other facilities used in this comparison are: Bare Hill, Cayuga, Five Points, Franklin, Gouverneur, Gowanda, Great Meadow, Green Haven, Greene, Hale Creek, Hudson, Lakeview, Marcy, Mid-State, Oneida, Sing

Authorized medical staff positions include: one clinical physician (Facility Health Services Director), a nurse practitioner (NP), a nurse administrator (NA), eight registered nurses (RN), and one x-ray technician. According to facility data, the clinical physician and x-ray technician positions have been permanently vacant as of April 30, 2009 and May 28, 2009, respectively. We were told that during the physician vacancy, the prison has employed a 20-hour per week extra service clinical physician, who comes to Shawangunk from Coxsackie, a half-time per diem clinical physician and a half-time NP. In our April 2010 phone conversation, prison administrators informed PVP that all authorized medical staff vacancies had been filled except for one per diem nurse position. The position of Facility Health Services Director (FHSD) was filled shortly after our visit. A clinical physician had continued to provide extra services eight hours per week for some time after the FHSD was hired, but the provision of extra physician services was placed on hold due to budgetary restrictions.

In addition to the permanent nursing staff, the facility employs per diem RNs equivalent to one full-time nursing position and extra service nurses equivalent to a half-time position. At the time of our visit, we were informed that the nursing staff has remained stable for some time despite requests by the facility to hire additional permanent nursing positions. Medical staff told us that the per diem nursing staff is almost always used. The nurse-inmate ratio at Shawangunk is approximately one nurse for every 70 patients; this exceeds the state-wide average of approximately one nurse for every 85 to 100 inmates. The lower nurse-inmate ratio as compared to the state-wide average is justified by the increased health needs of the older population within the prison (31% of Shawangunk's inmates are 45 or older compared to 23% department-wide) and by the greater number of inmates with chronic diseases. Both inmates and medical staff raised concerns that there is only one nurse available at night to cover both the infirmary and any medical emergencies that may arise. Inmates reported that there have been delays in responding to medical emergencies that occur in the housing area during the evening.

Staff informed us that over-time is not used frequently at Shawangunk. Meetings with all medical staff are held once per week and the NA meets with the nursing staff every day. The telemedicine training conferences held by DOCS and Albany Medical Center are viewed one to two times per month. The Visiting Committee was further informed that medical staff receives a minimum of 40 hours of new training per year.

Sick call is held four days per week, starting at 8:00 am and can go until 1:00 pm. We were informed that there are typically one or two staff members conduct sick call. Inmates are seen in the trauma room, but a second room can be used when there is a high volume of sick call patients. The prison estimated that approximately 350 inmates are seen during sick call each month. We were told by staff that sick call nurses previously triaged the inmates coming to sick call to determine the order in which they were seen by the nurse, but after receiving numerous complaints from inmates about this process, the sick call examinations now occur in the order the housing blocks are called to the clinic area.

Sing, Sullivan, Washington, Wende, Willard DTC and Wyoming. The CA visited these facilities during the period 2006 through August 2009.

Inmates who experience a medical emergency after regular sick call hours can request emergency sick call by notifying a corrections officer (CO) of their condition. This CO will then inform the medical department of the situation, and the inmate may be sent to the medical area for evaluation. Medical staff reported that they receive approximately 90 emergency sick calls per month. Although staff told us that inmates sometimes abuse the emergency sick call procedure, we were pleased to learn that medical staff do not issue misbehavior reports for abuse of emergency sick call.

Survey participants were somewhat critical of both access to sick call and the quality of the care they received from the sick call nurses. Levels of satisfaction regarding this service, however, are somewhat higher than other prisons we have visited. Inmates at Shawangunk reported a more frequent use of sick call than at other facilities we have toured. Fifty-four percent of these respondents said that they were able to access sick call when needed, 32% believe that only sometimes do they have such access, and 15% reported that they were unable to access sick call when needed. These figures are more satisfactory than the state-wide averages of 52%, 29%, and 19%, respectively, and place the prison in the upper third of the prisons we have visited. Shawangunk inmates had a mixed view of the quality of the sick call nurses, with 14% of the survey participants rating them as good, 40% assessing them as fair, and 47% believed them to be poor. Although critical of the care being provided, these figures place the prison in the middle of the ranking for the 22 CA-visited prisons concerning inmates' evaluation of sick call nurses.

Some survey participants provided comments about the sick call process. We received numerous complaints that COs are within hearing distance while sick call is being conducted, making inmates feel threatened and hesitant to reveal medical information to the sick call nurses. We received reports from inmates that security staff members failed to protect inmates' confidentiality regarding medical information the staff learned during inmate medical encounters. The Visiting Committee raised these concerns with the medical staff, and they acknowledged the presence of security staff but asserted that the level of security monitoring was justified. Given the intensity of inmates' concerns about confidentiality, which were significantly greater than we have heard at other prisons, it would benefit both staff and inmates to explore ways to alter the physical structure of the area to allow for adequate visual monitoring of the medical encounters while maintaining greater confidentiality in the verbal communications between the nurses and their patients. A minority of survey respondents said some of the nurses were caring and provided prompt care. More survey participants, however, raised concerns about the quality of the sick call process, noting: they sometimes have to wait hours in the clinic area before being seen at sick call; they are often given only ibuprofen or another over-the-counter analgesic regardless of their medical problem; some sick call nurses are dismissive of their complaints and appear uncaring; and some nurses fail to refer their patients to a doctor when their medical condition would justify an evaluation by a clinic provider.

Inmates who require care beyond sick call are seen in the medical area by a nurse practitioner or physician. The facility estimated that they receive 150 inmates for call-outs each month. Medical staff informed us that the majority of non-emergency cases are examined by the clinic staff within two weeks. Inmate survey participants were somewhat critical of the call-out system. Forty-five percent of respondents reported that they frequently experienced delays in seeing a physician and only 15% said they never experienced delays. These figures are

somewhat worse than the state-wide average of 21% of inmates never having experienced delays in clinic access. The median response from inmates, when asked to quantify the delay inmates experience before seeing a doctor, was that it takes 33 days to get to the clinic. This compares to a median of 21 days for other surveyed prisons. Some inmate comments we received reflected their lack of awareness of the schedule or procedure used to see a doctor. This may be the cause of some frustration and mistrust of medical services and could be alleviated with improved communication between medical staff and inmates.

The survey respondents' levels of satisfaction with the care received by doctors were significantly higher than other inmates we have surveyed. Twenty-two percent believed them to be good, 40% said they were fair, and 38% reported them to be poor. The average doctor rating for the 22 other prisons was 12% good, 35% fair, and 54% poor. In particular, inmates praised the quality of care provided by Dr. Miller. In response to our surveys, several inmates raised concerns about the delays they experienced in seeing a physician or NP. They also expressed the view that there was significant variability in the quality of care they received based upon the provider who examined them.

According to information provided by the facility, Shawangunk has 15 HIV-infected inmates, 14 of whom were receiving therapy at the time of our visit. Of these 15 HIV-infected patients, 11 had progressed to an AIDS diagnosis. Although there are no Shawangunk physicians who are qualified as HIV specialists under DOCS protocols, HIV-infected inmates receive treatment from three outside infectious disease (ID) specialists. We were told that the ID specialists hold clinics approximately twice per month at the Coxsackie Regional Medical Unit and that many HIV-infected patients are monitored through telemedicine conferences with the ID specialists. We were pleased to hear that Shawangunk has designated a nurse to coordinate HIV care; she monitors blood work, reviews medications and laboratory results before inmates are examined by the doctor, and coordinates their visits to the ID specialists.

There were 37 identified Hepatitis C (HCV) patients in the prison at the time of our visit, representing 7% of the prison population. This figure is less than the average of 9% throughout the Department. It appears that Shawangunk may not be aggressively evaluating its inmates to determine whether they are infected with HCV. According to facility data, of the 37 HCV-infected inmates, only one patient is receiving treatment. This represents a rate of treatment that is below the system-wide average of 5% of known HCV-infected inmates receiving therapy. We are also concerned that of the four inmates who are co-infected with HIV and HCV, none were receiving HCV therapy. At many prisons, HCV-infected inmates are usually evaluated by a gastroenterologist (GI) specialist to determine if they are appropriate candidates for treatment. Shawangunk medical staff reported that none of their HCV patients see a GI specialist and that the prison medical staff determines the course of evaluation and treatment, with approval required by Dr. Lester Wright's office. Liver biopsies are another essential step in determining HCV treatment. The prison's rate of utilization of this service per known HCV-infected inmate was similar to the average for other class one medical prisons. We were informed that the prison nurse, who regularly sees HIV-infected inmates, also follows inmates infected with HCV, a potentially effective method to ensure that these patients are closely monitored. Medical staff told us that over the last several years approximately 70% of the HCV-infected inmates who have completed HCV treatment have responded well to the therapy. This data demonstrates that

HCV treatment is effective for the inmate population and should be aggressively pursued. In our April 2010 phone conversation, prison administrators told PVP that all HCV-infected inmates were analyzed for possible treatment in accordance with our recommendations. Of the 44 inmates who were analyzed, 17 had already received treatment, 10 refused treatment, three were being evaluated for treatment, and 10 were being monitored for potential future treatment.

Shawangunk also incarcerates many inmates with other chronic medical conditions. There are 45 inmates with asthma, of whom 36 were on treatment; 74 inmates with hypertension, of whom 72 were on therapy; and 26 diabetics, all of whom were receiving daily medication. Inmates with these chronic illnesses place a significant burden on the medical department, requiring regular care from both nurses and physicians.

There have been three deaths in the past three years. The medical staff reported that none of these deaths were a result of HIV or HCV. One death occurred as a result of homicide, one from cancer, and the last as a result of cardiac arrest and old age.

During our visit, we were informed that Shawangunk does not have its own pharmacy, but receives medications from the HUB pharmacy in Ulster. The prison, however, keeps a small supply of basic medications on location. Staff informed us that medications are received from the pharmacy on the same day that prescriptions are faxed to Ulster. We were further informed that if medications are not available immediately, Shawangunk staff can obtain essential medications from a local pharmacy or wait until the next day if the case does not require urgent medical attention. We have received complaints from inmates regarding the long delays that many experience between filling a new prescription and receiving their appropriate medication. Fifty-eight percent of survey respondents reported that they at least sometimes experience problems in receiving their medications, a rate comparable to other prisons we have visited. We also received some inmate complaints regarding the failure on the part of the medical staff to properly explain the side-effects of prescribed medications. Shortly after our visit, Shawangunk implemented a computerized pharmacy system and trained staff to use it. PVP anticipates that this new system will make the medication dispensation system more efficient.

Inmates who require specialty care services are sent to outside specialists or are seen at the prison in specialty care clinics. Optometry and prosthetic clinics are available at Shawangunk. Inmates receiving care from a dermatologist are evaluated by telemedicine conferences with a specialist at Coxsackie Correctional Facility. Shawangunk has a large wheelchair-bound population and conducts physical therapy sessions three times per week at the prison. Staff members reported that although urgent medical cases receive immediate specialty care, the waiting period for non-emergency specialist care is approximately one month.

The CA analyzed DOCS computerized records of specialty care for all prisons for Fiscal Year 2006-07. Shawangunk's utilization of specialty care services is much higher than the state-wide averages for most specialties. For example, the prison had far above-average rates for cardiology, gastroenterology, ophthalmology, orthopedics, nephrology and physical therapy. We recognize that Shawangunk has a generally older population which poses the potential for increased health problems, and we commend the facility for actively seeking specialty care for those in need.

Inmates raised concerns about the delays in access and inadequate follow-up associated with specialty care services. Of the inmates responding to the CA survey, 63% stated that they had been to a specialist in the last two years. Sixty-five percent of these individuals stated that they experienced, at least some of the time, delays in access to specialty care. This figure is comparable to the average of 67% of survey respondents who reported experiencing delays in other prisons we have visited. Also similar to the state-wide average (65%), 60% of survey participants receiving specialty care services stated that there was inadequate follow-up by the prison to the specialists' recommendations. As with the other prisons we have visited, the high levels of inmate concerns about delays in access to necessary specialty care and inadequate follow-up reflect a system-wide problem with provision of specialty services.

Shawangunk has a quality improvement (QI) committee that meets quarterly to review healthcare. Minutes are kept of the meetings and provided to facility executive staff and the DOCS Division of Health Services (DHS) personnel for review. Prison staff told us that QI committee sometimes reviews medical charts as part of its QI efforts, but they have not used any of the new auditing tools developed by DHS to monitor healthcare. We were informed that the Shawangunk medical staff receives recommendations from DHS staff based on the prison's QI reports, and staff from DHS visit the prison annually. We were informed that past DOCS DHS recommendations have included medical staff coordination between Shawangunk and Wallkill. We were pleased to learn that the QI committee is considered a beneficial resource in medical procedural improvements at the facility.

Dental Care

The Visiting Committee toured the dental area and spoke with the dental staff. The dental area was well-equipped with three dental chairs. The prison has one dentist and one dental assistant. Shawangunk used to employ an oral surgeon, but presently has no oral surgeon or dental hygienist. Staff members reported that the employment of a dental hygienist would contribute to improving the quality of dental care at Shawangunk. The dentist, Dr. Ross, performs all cleanings, extractions, restorative work, and dentures. Staff members reported that dental emergencies are seen immediately and that it takes approximately two weeks to perform extractions. The waiting period for dentures after extractions typically lasts approximately six months. The dentist performs cleanings every other Friday for about six or seven patients, and the wait is between three and six months. It was further reported that dental patients are only sent offsite to Green Haven for wisdom teeth removal. Dr. Ross performs all other procedures, including surgeries. During times of his absence, the dentist from Wallkill fills in for him.

Several inmates commented about the dental services in the CA surveys. Inmates reported general satisfaction with the emergency dental services, but were particularly dissatisfied with the lengthy delays in receiving a dental cleaning, judging the waiting period to exceed one year. Of the inmates who responded to our survey, 18% believed the overall dental care to be good, 34% rated it as fair, and 48% said it is poor. These figures are worse than the averages for the seven prisons for which we have comparable data in which 23% of survey participants rated dental services as good, 33% reported them as fair, and 44% stated they were poor.

Mental Health Services

Shawangunk has an Office of Mental Health (OMH) level two classification, signifying that it employs full-time OMH staff and provides outpatient services for inmates on the mental health caseload. During episodes of crisis, inmates are sent to a Residential Crisis Treatment Program (RCTP) at another correctional facility. Staff members reported that inmates who require mental health attention beyond the scope of a level two facility are transferred to an OMH facility that better meets their needs. At the time of our visit, there were 41 inmates on the OMH caseload, approximately 8% of the population. According to prison staff, the majority of the inmates on the OMH caseload reside in the general population, the SOCTP, or the SHU.

The OMH staff members assigned to the prison include two full-time social workers and a part-time psychiatrist assigned to work with inmates with mental health needs. We were informed that all mental health staff divide their time between Shawangunk and Walkkill. We were pleased to hear that one of the three OMH staff members speaks Spanish.

OMH staff informed us that they schedule routine mental health appointments for inmates on the OMH caseload. At the time of our visit, staff members reported that 26 inmates, or 63% of the inmates on the mental health caseload, received psychotropic medication. We were told that while OMH prescribes medication, DOCS medical nurses make daily rounds to distribute one-to-one psychotropic medication. This means that the medical nurses see mental health patients every day to give them their medications, contributing an additional burden to the medical staff. Some members of the Shawangunk medical staff expressed dissatisfaction with the responsibility of psychotropic medication distribution and felt as if they lacked the training required to work with mentally ill inmates. They also expressed concern that the number of medical nurses is insufficient for the care of mentally ill inmates, especially since the mental health caseload drastically increased with the addition of the SOCTP in February 2008. The facility may benefit from either the addition of a mental health nurse position or further training for medical nurses specifically regarding working with the mentally ill. In our April 2010 phone conversation, prison administrators told us that the facility holds monthly meetings between medical and mental health staff, including nurses, the nurse administrator, OMH staff, and the Deputy Superintendent of Administration, to review medication issues and to ensure accurate patient information is being exchanged. These meetings are also a forum for OMH staff to explain to medical staff how to properly distribute psychotropic medications.

Of those we surveyed, only 7% of inmates reported experiencing difficulties receiving their mental health medications, compared to 16% at other prisons we visited. Additionally, OMH staff members reported that they visit the SHU daily and make recommendations for reduction in time sentences or transfers to keeplock as an alternative to the SHU. At the time of our visit, there were six inmates in the SHU who were on Shawangunk's mental health caseload.

Of the surveys we received from inmates who had received mental health services at the facility, 50% rated the mental health services as good, 25% rated them as fair, and 25% believed them to be poor. These levels of satisfaction are higher than averages at other prisons (33%, 36%, and 31%, respectively). Some inmates complained of delays in processing mental health referrals.

Sex Offender Program

In February 2008, Shawangunk opened a residential Sex Offender Counseling and Treatment Program (SOCTP), which seeks to treat inmates with sexual offense histories through group therapy, community meetings, and residential Alcohol and Substance Abuse Treatment (ASAT) programs. It is modeled after designs of ASAT therapeutic communities with an emphasis on impulse control. At the time of our visit, there were 55 inmates in the SOCTP, with a capacity for sixty-four. To be eligible for the SOCTP, inmates must be within three years of their conditional release date for moderate and high-risk offenders and within 18 months of their earliest release date for low-risk offenders.⁴

Residents are expected to complete the program within 24 to 36 months; however, due to the early stages of the program, there have yet to be any completions. OMH staff members informed us that approximately 90% of the inmates in the SOCTP were on the mental health caseload. Inmates we surveyed and with whom we spoke reported feeling afraid of being dismissed from the program based on minor disciplinary infractions. The facility's Retention Review Committee has the capability of removing inmates from the program as a result of disciplinary infractions and poor program performance. We are concerned that the facility may be administering punitive responses to what are perhaps symptoms of mental illness.

At the time of our visit, we observed a group therapy session, which seemed to elicit thoughtful engagement from participants. We received 18 surveys from inmates specifically regarding the SOCTP. Overall, 18% reported that the SOCTP is very useful, 12% believe it to be useful, 41% find it somewhat useful, and 29% said that it is not useful at all. Many inmates who responded to our survey believed the group therapy to be helpful, but tedious, and felt that the incorporation of individual therapy would be beneficial. Eighty-eight percent of survey respondents had never received individual therapy while in the SOCTP. Some inmates complained about their placement in SOCTP and the uselessness of group therapy while others praised it for its effective therapeutic qualities. Most inmates who rated the SOCTP as somewhat and very useful expressed concern that both those in need of treatment as well as low-risk offenders were placed in the same program, creating tension between the levels of participation. This variance may explain the disparity in responses regarding the usefulness and satisfaction with the SOCTP.

SOCTP inmates join the general population for academic and vocational programs. Many inmates, however, reported extreme stigmatization from both general population inmates and officers, resulting in hesitation to leave the SOCTP area. Eighty-three percent of surveyed inmates reported that they experience discrimination from staff members due to their SOCTP status. Most (67%) reported that they do not feel safer in the SOCTP than in the general population.

Mental health staff reported that some COs do not receive training before working in the SOCTP and lack the understanding to respond appropriately to some of the population's issues. SOCTP inmates complained about the tension between staff and inmates, verbal harassment from staff and issuance of false misbehavior reports, which can result in dismissal from the

⁴ According to NY DOCS SOCTP Guidelines.

program. Of the SOCTP inmates who responded to our survey, 74% reported that security staff were present at least once during group therapy sessions. Sixty-one percent of the survey respondents believed inmate-officer relations were worse in the SOCTP than in the general population. Additionally, 82% responded that the staff members do not protect inmate-patients' confidentiality. The effectiveness of the program could be increased with more training for security staff working with sex offenders. In our April 2010 phone call with facility administrators, they told us that treatment and security staff hold biannual meetings to discuss issues and concerns regarding the SOCTP. PVP hopes that these meetings lead to increased training for security staff and reduced tension between security staff and SOCTP inmates.

Safety

Staff-Inmate Relations

Relations between inmates and staff at Shawangunk appear to be more positive than at other facilities we have visited. Of the Shawangunk inmates who responded to our survey, 40% believed relations with staff to be equally good and bad, and 13% rated relations as at least somewhat good, compared to 27% and 9% at other CA-visited prisons, respectively. Forty-seven percent of the Shawangunk survey participants assessed staff-inmate relations to be at least somewhat bad, significantly lower than the 64% average rating we have found at other prisons for which we have comparable data. Forty-five percent of respondents reported relations with staff to be at least somewhat better at Shawangunk than at other prisons where they had been incarcerated, and 25% believed relations to be average or about the same as other correctional facilities.

Of the inmates who responded to our survey, 94% believed that there were security officers at Shawangunk who do a good job. Eighty-two percent of survey participants reported that there were COs that engaged in serious misconduct. This is higher than the average of 77% which we have found at other prisons we have visited. The surveyed inmates estimated that 50% of the security staff do a good job and that 31% do a poor job, significantly better than the median value for all CA-visited prisons in which inmates estimated that 30% of the security staff do a good job and 50% do a poor job. Inmates reported that, for the most part, tension existed with younger staff members who had little experience working with prison populations. Most inmate complaints we received regarded the falsification of misbehavior reports and retaliation against inmates who have filed grievances against security officers. Inmates complained that the administrative staff condoned security staff misbehavior and that racial tension played a large role in relations between inmates and staff.

Shawangunk inmates also report less physical violence between inmates and staff. Seventeen percent of respondents believe physical confrontations with staff occur frequently, compared to 58% at other prisons we have visited. Twenty-six percent reported experiencing verbal harassment from security staff, significantly lower than the average of 52% we found at other prisons. Similar to other prisons we have visited, 9% of surveyed inmates said that sexual abuse occurred frequently, with 27% saying it occurred once in a while, 11% saying it occurred once, and 53% saying it never occurred. Shawangunk inmates reported greater problems with pat frisks at the prison. At rates slightly higher than other prisons we have visited, 74% of

surveyed inmates said that they had experienced an abusive pat frisk at least once, with 19% saying they experienced them frequently. Also at rates somewhat higher than other prisons, 40% of the inmates we surveyed said that abusive pat frisks occurred frequently throughout the prison, while 19% said they never occurred.

Seventy-eight percent of survey respondents believed that administrative staff does very little or nothing at all to prevent abuse of inmates. Increasing communication between staff and inmates, improving the grievance system, further guidance for new COs during orientation procedure, and training staff to work more effectively with people from different backgrounds could reduce the levels of tension and violence. Recruiting and hiring a more diverse staff, particularly Latino, African-American and Spanish-speaking security staff may also lower tension.

We also reviewed DOCS computer records concerning Shawangunk inmate disciplinary data for the period January 2003 through August 2006 and for all of 2008 and data about Unusual Incident Reports (UIRs) for 2003 through 2008 and compared these data to system-wide figures. The data place the prison near the bottom of all maximum security prisons in terms of the rate of disciplinary actions issued for assault-on-staff. Similarly, the prison's UIR rate for assaults-on-staff is very low, placing the prison near the bottom of all maximum security prisons both for the entire five-year period and for the period 2007-2008. Following our April 2010 call, the prison provided us with UIR data for 2009 that revealed that the prison had only one assault-on-staff UIR for the year, continuing the low rate of inmate-staff violence.

Inmate-Inmate Relations

Eighty-eight percent of survey respondents believed the level of inmate violence to be lower at Shawangunk than at other facilities where they have been incarcerated. Somewhat less than the average of 25% we have found at other facilities, 23% of inmates reported experiencing at least one physical confrontation with another inmate at Shawangunk. However, only 12% of inmates surveyed believed that fights occur frequently, a rate much lower than we have found at other prisons. Many inmates identified personal conflicts, stress, gangs, and drugs as the contributing factors of inmate violence at Shawangunk, in that order.

Staff members informed the Visiting Committee that drugs were somewhat of a problem at the facility and that urinalysis testing at random and upon suspicion is used to help prevent contraband drug use. During the month of our visit, the facility reported twelve misbehavior reports for positive drug tests, nine of which were caused by marijuana. Inmates who responded to our survey reported levels of drug use at Shawangunk to be about the same as at other facilities where they had been incarcerated. Staff members reported that drugs are, for the most part, unconnected with gang activity at Shawangunk. Both staff members and inmates agreed that there is much less gang activity at the facility than at other prisons.

We also reviewed DOCS computer data on inmate disciplinary actions for inmate assaults and fighting during the periods January 2003 through August 2006 and for 2008 as well as Unusual Incident Reports (UIRs) for assault-on-inmate incidents during the period 2003 through 2008. These data confirm low rates for inmate-on-inmate confrontations at Shawangunk

compared to other prisons in the state. The prison is in the bottom 25% of all maximum security state prisons in terms of the rates at which it issues misbehavior reports for assault-on-inmate and fighting. The rate of UIR assault-on-inmate incidents was also very low, placing the prison near the bottom of all maximum security prisons for the entire five-year period and in the bottom third for years 2007 and 2008. We commend the prison administration for consistently maintaining an environment with low levels of inmate tension and violence. The UIR data for 2009 provided recently by the prison showed that there were four assault-on-inmate incidents for the year, a rate consistent with the data for 2003 through 2008.

Grievance Program

Inmates filed a total of 886 grievances in 2007, a decrease of 10% from the 984 filed in 2006. The most highly grieved area was medical (216), a 22% increase from the previous year. Grievances regarding staff misconduct and search and seizure for contraband remained at the same level between 2006 and 2007. The only significant decrease in grievances during this period was in the housing area. The facility provided us with updated grievance data in April 2010. Inmates filed a total of 862 grievances in 2008 and 880 grievances in 2009. There was a noticeable increase in medical and mess hall grievances filed from 2008 to 2009, and a significant decrease of package room and staff conduct grievances filed between those two years.

Inmates reported a general mistrust of the grievance process. Seventy-five percent of the inmates we surveyed had used the grievance system at Shawangunk. Of these inmates, 66% rated the grievance system as poor and 30% believed it to be somewhat effective. Although critical, this level of satisfaction is higher than the average of 75% of survey participants at other visited prisons who believed it to be poor. At a rate much higher than other prisons we have visited, 62% of those who have used the grievance system reported being retaliated against at least once for filing a formal complaint.

Transitional Services

The Visiting Committee toured the Transitional Services (TS) program and spoke with the TS Inmate Program Assistants (IPAs) and the one civilian staff coordinator. Shawangunk offers TS Phase I, Phase II and Phase III, as well as Anger Replacement Training (ART) classes. In addition, it hosts several inmate-coordinated volunteer programs. Shawangunk employs one civilian staff member to oversee the work done by IPAs.

Phase I is a one to two-week introduction to the facility and prison procedures, including an orientation on programs and administrative services. There are four IPAs who conduct approximately 15 Phase I sessions per year. There are five to 15 inmates in each class depending upon the number of incoming inmates at the time. The capacity for the program is 17 and is mandatory for every newly incarcerated individual who comes to Shawangunk. There were 161, 53, and 28 inmates who completed the Phase I program in 2007, 2008, and 2009 (through June), respectively.

Phase II focuses on basic skills needed to live a productive and crime-free life. The prison reported that no inmate had completed the Phase II class in the past three years.

Furthermore, the facility did not list the number of inmates on the Phase II waitlist and listed zero inmates currently in the program, despite its capacity for 17 inmates. IPAs informed us that when the prison had conducted Phase II classes, they were held two to three times per year in sessions that last between 60 to 90 days. Of the survey respondents who have taken Phase II at Shawangunk, 55% were at least somewhat satisfied, somewhat higher than we have found at other prisons we have visited.

The Phase III program focuses on transition and reintegration for inmates approaching their release date. In this phase, IPAs teach inmates how to gather their personal documents, write resumes and research jobs. Other class topics include career development, communications, family integration, and skills necessary for a successful transition back into community living. IPAs also told us that a Phase III program is being specifically prepared to address the needs of sex offenders. At the time of our visit, we were informed that IPAs conduct Phase III classes two to three sessions per year. The facility reported that the program has a capacity for 17 inmates, with 17 inmates currently in the program, and an additional 17 on the waitlist. Staff reported that 14, 13, and 17 inmates completed the Phase III program in 2007, 2008 and 2009 (through June), respectively. Of the inmates we surveyed who had participated in Phase III at Shawangunk, 49% were at least somewhat satisfied, comparable to the figures we found at other prisons we have visited.

Shawangunk also conducts Anger Replacement Training (ART) three times per year in cycles of ten weeks. According to the facility, at the time of our visit, there were 17 inmates enrolled in the program and 17 on the waitlist, with a capacity for 17. Staff reported that 51, 14, and 18 inmates completed the program in 2007, 2008, and 2009 (through June), respectively. IPAs reported that there are approximately 20 inmates in every class, with a waitlist in the hundreds. We were pleased to hear that, for every session, one or two attendance slots are reserved for inmates whose sentence exceeds their lifetimes and who would otherwise be unable to participate according to DOCS' policies. We were also told that inmates do not often get dismissed from the program, although they do have a very strict attendance policy. Due to the high number of violent offenders at Shawangunk (94%) who are required to participate in ART, the facility should consider expanding the capacity of the program to address the needs of the population.

Shawangunk also hosts other inmate-run volunteer programs such as Frontline and Breaking Barriers. Frontline offers an opportunity for inmates to address stress and anger prevention while waiting for enrollment in ART, which may take a period of years, depending on an individual's sentence. Breaking Barriers, a program associated with the Osbourne Association, teaches interpersonal coping skills and prison survival techniques. We commend the facility and inmates for recognizing the limited capacity of ART and attempting to minimize violence through productive volunteer programs.

Special Housing Unit

Shawangunk has a Special Housing Unit (SHU) with a capacity to house 16 inmates in disciplinary confinement and an additional eight who are in protective custody (PC). Members of the Visiting Committee toured the SHU, which housed seven inmates in disciplinary

confinement and five in protective custody. Protective custody is voluntary or involuntary placement in a housing unit separate from general population with the intention of protecting an inmate's safety.

According to the facility, there was only one Unusual Incident Report in the SHU during 2006, 2007, and 2008. When visiting the SHU, Shawangunk staff members informed us that none of the inmates were on deprivation orders, restricted diets, or cell shield orders. We were pleased to learn that the prison has not issued any orders for restricted diets in the past three years. When we requested information from OMH about the number of SHU inmates on the OMH caseload, we learned that six inmates in the SHU were on the mental health caseload, a high percentage of the inmates in the 16-bed SHU. OMH staff members reported that they visit the SHU daily and make referrals for alternatives to disciplinary confinement and reductions in SHU sentences when appropriate.

We received six surveys from inmates in disciplinary confinement. The average amount of time that these inmates had spent in the SHU was 26 months. Overall, the general level of satisfaction for surveyed SHU inmates at Shawangunk is higher than at other SHUs we have visited. Also more positive than other disciplinary housing units we have visited, 26% of surveyed inmates believed inmate-staff relations to be average or about the same as other prisons they have been, 45% believe relations to be better, and 29% think they are worse. We received some complaints of retaliation for filing grievances against staff in the forms of verbal abuse, threats and intimidation, abusive pat frisks, and loss of showers or recreation.

At the time of our visit, there were five inmates in protective custody. There are no programs designed specifically for inmates in PC. We received some complaints from inmates regarding their inability to access mandated programs such as ART or ASAT due to their PC status, as well as restrictions from cell-study programs. These inmates also seemed unaware of the reasons why they were placed in PC, with some complaining about being denied transfer to the general population. This issue could be alleviated with greater communication between inmates and administration.

Close Supervision Unit (CSU)

Shawangunk designates one housing block for inmates who are considered a high-risk to the safety and security of the facility. At the time of our visit, there were 56 inmates in this Close Supervision Unit (CSU) with a capacity for 64 residents. The CSU has more security staff assigned for monitoring and supervision than the general population housing blocks.

Inmates are selected for the unit by Shawangunk's CSU review committee, which is composed of prison administrative staff including a captain, a CSU counselor, and a disciplinary lieutenant. Criteria for being assigned to the unit include inmates who have a history of escape or gang affiliation, are confined for a notorious crime, have committed a serious felony while incarcerated, or have other factors in their criminal history or behavior in prison that would suggest they are safety risks to staff or other inmates. Although some inmates are referred by DOCS Central Office staff for placement in the unit, most CSU inmates are identified by the prison CSU review committee when they are admitted to Shawangunk. Upon admission,

inmates are given a written memorandum that explains to them the reasons that they are being designated to the CSU. This document also explains that the CSU is not a Special Housing Unit, and that the designation will not result in the same limitations as a SHU. We were told by staff that inmates who object to placement in the CSU can appeal to the Superintendent. Inmates can be discharged from the unit by the CSU review committee if their behavior demonstrates they no longer pose a safety risk. Each CSU inmate is assessed by the CSU review committee twice per year, in May and November, for continued confinement on the unit. The committee's recommendations are given to the Superintendent, who then makes the final determination. Although some inmates have been on the unit for 10 to 15 years, CSU inmates typically spend at least one year to 18 months on the unit before discharge to another general population housing unit. Staff reported that only a few CSU inmates have come to the unit directly from administrative segregation at another prison.

Several inmates responding to the CA survey raised concerns about placement in the CSU. Although they acknowledged the periodic evaluations by the CSU review committee, they asserted that there is no hearing and little opportunity for them to effectively challenge their initial or continuing placement on the unit. Moreover, they said that even if they are eligible for placement in a medium security prison, they can not be transferred to another prison until the CSU review committee approves their discharge from the CSU. Finally, they stated that the criteria for placement in CSU is not recorded in any Department document available to CSU residents and that for some inmates, it is unclear why they are on the unit and what they could do to get discharged.

CSU inmates are eligible to participate in prison programs, including educational, vocational, and prison industries. Prison officials informed us, however, that CSU inmates generally would not be eligible for some prison jobs, such as working in the storehouse, kitchen or other areas where there could be an increased opportunity for escape or create other security risks.

We received surveys from eight inmates in the CSU at the time of our visit. These inmates rated program services at the prison more positively than the general population inmates we surveyed. Seven CSU survey participants said they had a job or a program. Five said they were at least somewhat satisfied with their job and one said he was not satisfied with his job. While this rating is higher than we found among the general population inmates, CSU inmates, like inmates throughout the prison, complained that their porter positions were not sufficiently challenging to offer meaningful employment or job readiness. When we asked about the academic program, three said they were at least somewhat satisfied with it and one said he was not satisfied. Two respondents reported they were satisfied with the prison's vocational program and one said he was not. Several CSU inmates complained about their inability to participate in some of the prison's programs. Seven survey respondents said they were at least sometimes satisfied with the general and law libraries. Four inmates said they were at least somewhat satisfied with the visiting program, while only one said he was dissatisfied with the visiting program. Six surveyed inmates said they were not satisfied with the food.

While the CSU inmates we surveyed rated programs better than those in the prison's general population, they rated medical services more negatively. Inmates complained about delays to see the doctor and the poor attitude of providers, particularly the doctors.

The CSU survey participants also rated relations with staff more negatively than the general population inmates we surveyed, although the incidence of physical violence between CSU staff and inmates appeared low. Five CSU survey participants rated relations with security staff as bad while only two rated them as somewhat good. Surveyed CSU inmates estimated that 38% of COs do a good job while 15% do a poor job. The surveyed inmates reported that verbal harassment occurs more frequently than physical confrontations with staff. Six said that they had never experienced a physical confrontation with Shawangunk staff, and five said that physical confrontations occurred only once in a while. When we asked about verbal harassment, six said they had experienced it at least once, and five said that it occurred frequently throughout the facility. Of the CSU inmates we surveyed, three said they frequently felt unsafe, three said they felt unsafe only once in a while, and two said they never felt unsafe. Finally, several CSU inmates complained that they were arbitrarily assigned to the CSU, resulting in stigmatization that adversely affected their ability to participate in programs and to obtain parole.

Recommendations

We recommend that state policy makers work with DOCS Central Office administrators and facility officials to implement the following measures:

Programs

- Fill the academic and vocational program vacancies.
- Initiate additional vocational programs and jobs that more closely reflect work opportunities in the community.
- Increase the rate of pay for inmates at all DOCS facilities to reflect increases in the cost of items in the commissary.
- Raise the limit on the amount inmates can spend at the commissary.
- Permit inmates to browse the library stacks.
- Reassess the water quality, initiate measures to reduce the turbidity of the water and improve its taste, and continue to communicate with the inmate population concerning the actions being taken to address the water issue.

Safety

- Meet with the ILC and IGRC to discuss ways to reduce tension at the prison and to improve the effectiveness and credibility among inmates of the grievance system.

- Provide training to all prison staff concerning the sex offender program and require enhanced training for any staff assigned to the sex offender treatment unit.

Meet with inmates in the sex offender program to discuss measures that could be taken to reduce stigmatization of the unit residents and to enhance their safety throughout the prison.

Medical Care

- Promptly fill the vacant clinical physician and x-ray technician items. If the prison is not successful in identifying appropriate candidates due to the inability to pay new staff at rates comparable to salaries in the community, DOCS and other state agencies should take action to augment the authorized salary levels for these positions.
- Review the protocols for sick call to ensure that patients are provided adequate confidentiality by the security staff during their sick call encounters.
- Review the quality of sick call encounters to ensure that inmates' medical conditions are properly evaluated and those patients requiring additional medical attention by the clinic providers are promptly referred for a call-out.
- Ensure that inmates scheduled for a clinic call-out are promptly seen in accordance with their medical needs.
- Review the quality of medical encounters with the clinic providers to ensure that inmates' medical conditions are promptly diagnosed and properly treated.
- Re-evaluate inmates with hepatitis C to determine whether more patients are appropriate candidates for treatment.
- Conduct regular meetings among the Inmate Liaison Committee, Inmate Grievance Resolution Committee and the medical staff to discuss inmates' concerns with healthcare, including a discussion of the difficulties inmates have experienced in getting their medications in a timely manner.
- 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 recommendations made by the specialists.
- Enhance the facility's quality improvement activities, including the regular use of the DOCS auditing tools to evaluate routine healthcare.

Dental Care

- Hire a dental hygienist to perform teeth cleanings.
- Reduce the time it takes to schedule patients for routine dental services.

- Review a sample of dental charts to determine whether dental patients are receiving timely services and appropriate care.

Mental Health Services

- Provide the nursing staff with additional training concerning psychotropic medications.
- Evaluate whether the prison has sufficient nursing staff to distribute and monitor patients on psychotropic medications.

Special Housing Unit

- Enhance the programs available to protective custody inmates.

Close Supervision Unit

- Provide inmates assigned to the CSU with a written criteria for admission and discharge from the unit, and, for each inmate assigned to the unit, provide a written description of the inmate-specific facts and evaluations that justify their assignment to the unit when they are admitted and after each periodic review.
- Explore enhancing the procedures for assigning inmates to the CSU and re-evaluating them for continuing placement on the unit to allow inmates a greater opportunity to present information relevant to their admission to, and retention on, the unit.